

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

**Single Audit Report and Schedule of
Expenditures of Federal Awards, State Financial Assistance,
Local and Other Entities Awards, and
Supplementary Information and
Schedule of Findings and Questioned Costs
For the Year Ended
April 30, 2025**

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South Broward Hospital District d/b/a Memorial Healthcare System
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Independent Auditor's Report

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

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

Opinion

We have audited the accompanying Schedule of Expenditures of Federal Awards, State Financial Assistance, Local and Other Entities Awards of South Broward Hospital District d/b/a Memorial Healthcare System (the System) for the year ended April 30, 2025, and the related notes (the Schedule).

In our opinion, the Schedule referred to above presents fairly, in all material respects, the expenditures of Federal Awards, State Financial Assistance, Local and Other Entities Awards of the System for the year ended April 30, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance) and Chapter 10.550, Rules of the Auditor General. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Schedule section of our report.

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

Responsibilities of Management for the Schedule

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

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance and Chapter 10.550, Rules of the Auditor General, will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Schedule.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.550, Rules of the Auditor General, we:

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

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

Other Matters

Other Information

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

ZOMMA Group, LLP

Coral Gables, FL

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Independent Auditor's Report on Compliance for Each Major Federal Program and State Project on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.550, Rules of the Auditor General

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

Report on Compliance for Each Major Federal Program and State Project

Opinion on Each Major Federal Program and State Project

We have audited South Broward Hospital District d/b/a Memorial Healthcare System's (the System) compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, and the requirements described in the Department of Financial Services' *State Projects Compliance Supplement*, that could have a direct and material effect on each of the System's major Federal programs and State projects for the year ended April 30, 2025. The System's major Federal programs and State projects are identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the System complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs and State projects for the year ended April 30, 2025.

Basis for Opinion on Each Major Federal Program and State Project

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance); and Chapter 10.550, Rules of the Auditor General. Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

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

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the System's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.550, Rules of the Auditor General will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the System's compliance with the requirements of each major Federal program and State project as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.550, Rules of the Auditor General, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the System's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the System's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over compliance. Accordingly, no such opinion is expressed.

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

Report on Internal Control Over Compliance

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

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and results of that testing based on the requirements of the Uniform Guidance and Chapter 10.550, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.

ZOMMA Group, LLP

Coral Gables, FL

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South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Expenditures of Federal Awards, State Financial Assistance,
Local and Other Entities Awards
For the Year Ended April 30, 2025

Federal Agency / Passed Through Agency	Program Title	Assistance Listing/CSFA Number**	Contract Number	Expenditures		
				Direct Award	Indirect Award	Total
FEDERAL AWARDS						
Federal Communication Commission	COVID - 19 Telehealth Program	32.006	637	\$ 118,156		\$ 118,156
	Total Federal Communication Commission			118,156		118,156
U.S. Department of Health & Human Services						
<i>Passed through North Broward Hospital District</i>	Comprehensive Community Mental Health Services	93.104	34368-17		16,658	16,658
					16,658	16,658
<i>Passed through North Broward Hospital District</i>	Consolidated Health Centers	93.224	SS-27565		99,749	99,749
					99,749	99,749
<i>Passed through OIC of Broward County, Inc.</i>	Teenage Pregnancy Prevention Program (PAUSE)	93.297	1 TP12023004095		188,589	188,589
					188,589	188,589
<i>Passed through NIH, Alliance for Clinical Trials in Oncology Foundation & Partners</i>	Cancer Treatment Research	93.395	1UG1CA189823-01		100,222	100,222
					100,222	100,222
<i>Passed through NIH, Florida Association of Pediatric Tumor Programs, Inc.</i>	Cancer Control	93.399	Unknown		88,837	88,837
					88,837	88,837
<i>Passed through State of Florida Department of Health</i>	Injury Prevention and Control Research and State and Community Based Programs	93.136	BW805		111,558	111,558
					111,558	111,558
<i>Passed through DCF, Broward Behavioral Health Coalition, Inc.</i>	Block Grants for Temporary Assistance for Needy Families	93.558	34368-17		372,430	372,430
					372,430	372,430
<i>Substance Abuse and Mental Health Services Administration</i>	Solutions and Opportunities for Uplifting Life	93.696	1H79SM086844-01	1,024,711		1,024,711
				1,024,711		1,024,711
<i>Passed through Broward Healthy Start Coalition, Inc.</i>	Medical Assistance Program	93.778	MHS22HS		205,571	205,571
<i>Passed through Broward Healthy Start Coalition, Inc.</i>	Medical Assistance Program	93.778	MHS23HS		1,075,241	1,075,241
					1,280,812	1,280,812
<i>Passed through DCF, Broward Behavioral Health Coalition, Inc.</i>	State Opioid Response Grants	93.788	34368-17		1,214,969	1,214,969
					1,214,969	1,214,969
<i>Passed through Broward County Board of Commissioners</i>	HIV Emergency Relief Project Grant	93.914	21-CP-HCS-8312-RW-01		743,851	743,851
					743,851	743,851
<i>Passed through State of Florida Department of Health</i>	HIV Prevention Activities - Health Dept. Based	93.940	CODPK		137,446	137,446
					137,446	137,446
<i>Passed through DCF, Broward Behavioral Health Coalition, Inc.</i>	Block Grants for Community Mental Health Services	93.958	34368-22		1,821,796	1,821,796
					1,821,796	1,821,796
<i>Passed through DCF, United Way of Broward County, Inc.</i>	Block Grant for Prevention and Treatment of Substance Abuse	93.959	65301		558,707	558,707
<i>Passed through DCF, Broward Behavioral Health Coalition, Inc.</i>	Block Grant for Prevention and Treatment of Substance Abuse	93.959	34368-17		2,043,196	2,043,196
					2,601,903	2,601,903
<i>Passed through Broward Healthy Start Coalition, Inc.</i>	Maternal and Child Health Services Block Grant	93.994	MHS22HS		32,080	32,080
<i>Passed through Broward Healthy Start Coalition, Inc.</i>	Maternal and Child Health Services Block Grant	93.994	MHS23HS		167,794	167,794
<i>Passed through State of Florida Department of Health</i>	Maternal and Child Health Services Block Grant	93.994	COQVO		254,512	254,512
					454,386	454,386
	Total U.S. Department of Health & Human Services			1,142,867	9,233,206	10,376,073
Federal Emergency Management Agency						
<i>Passed through State of Florida Division of Emergency Management</i>	COVID-19 Public Assistance Program	97.036	Z2024		78,692,313	78,692,313
					78,692,313	78,692,313
	Total Federal Emergency Management Agency				78,692,313	78,692,313
	Total Federal Awards			\$ 1,142,867	\$ 87,925,519	\$ 89,068,386

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

Continued on next page

The accompanying notes are an integral part of this Schedule.

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Expenditures of Federal Awards, State Financial Assistance,
Local and Other Entities Awards
For the Year Ended April 30, 2025

Federal Agency / Passed Through Agency	Program Title	Assistance Listing/CSFA		Expenditures				
		Number**	Contract Number	Direct Award	Indirect Award	Total		
STATE PROJECTS								
<u>Passed through Broward Healthy Start Coalition, Inc.</u>	HSTART & Fatherhood	64.131	MHS23HS (R1)	\$	\$	22,293	\$	22,293
	HSTART & Fatherhood	64.131	MHS23HS (R2)			117,263		117,263
	Total Broward Healthy Start Coalition, Inc.					139,556		139,556
<u>Florida Department of Children and Families</u>	State Opioid Settlement Trust Fund Services	60.355	34368-17			270,494		270,494
						270,494		270,494
	Substance Abuse and Mental Health Community Services	60.153	34368-17			500,000		500,000
						500,000		500,000
	Healthy Families Broward	N/A	BHSC HFB 24-25 MHS	295,178				295,178
				295,178				295,178
	Total Florida Department of Children and Families			295,178	770,494			1,065,672
<u>State of Florida Department of Health</u>	Trauma Center Financial Support	64.075	MOU TRA11	188,815				188,815
				188,815				188,815
	Children's Specialty Health Care - Contracted	64.076	COQAF	146,875				146,875
				146,875				146,875
	Telehealth Minority Maternity Care Pilot Program	64.052	CM072	507,140				507,140
				507,140				507,140
	Sickle Cell Disease Research and Treatment	64.143	CMOAC	1,343,294				1,343,294
				1,343,294				1,343,294
	Screening for Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and Syphilis.	N/A	SOW23-477	166,766				166,766
				166,766				166,766
	Total State of Florida Department of Health			2,352,890				2,352,890
	Total State Projects			2,648,068	910,050			3,558,118
LOCAL GOVERNMENT AWARDS								
<u>Broward County Commissioners</u>	Consumer Support Project	N/A	25-CP-HCS-0126-01	745,738				745,738
	Psychiatric Inpatient Services	N/A	25-CP-HCS-0126-01	933,941				933,941
	Adult Mental Health Program	N/A	25-CP-HCS-0126-01	317,147				317,147
				1,996,826				1,996,826
	Primary Care Services	N/A	24-CP-HCS-0126-01	4,987,957				4,987,957
				4,987,957				4,987,957
	Behavioral Health -Substance Abuse	N/A	22-CP-CSA-0126-01	280,568				280,568
				280,568				280,568
	Total Broward County Commissioners			7,265,351				7,265,351
<u>Children Services Council of Broward County</u>	CSC Youth Force Program	N/A	24-2170	825,269				825,269
				825,269				825,269
	CSC Youth Force PYD	N/A	20-2172	55,726				55,726
				55,726				55,726
	New DAY Program	N/A	22-2176	683,974				683,974
				683,974				683,974
	Family TIES Program	N/A	23-2177	936,741				936,741
				936,741				936,741
	Teen REACH Program	N/A	23-2178	680,502				680,502
				680,502				680,502
	Supporting MOMS Program	N/A	23-2179	1,222,167				1,222,167
				1,222,167				1,222,167
	CSC HEAL	N/A	21-2174	607,795				607,795
				607,795				607,795
	Behavioral Respite & Engagement for At-Risk-Kids (BREAK)	N/A	21-2173	132,137				132,137
				132,137				132,137
	Healthy Youth Transition	N/A	24-2171	687,936				687,936
				687,936				687,936
Maximazing Out-of-School Time	N/A	22-2175	93,838				93,838	
			93,838				93,838	
	Total Children Services Council of Broward County			5,926,085				5,926,085
	Total Local Government Awards			\$ 13,191,436	\$		\$	13,191,436

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

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South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Expenditures of Federal Awards, State Financial Assistance,
Local and Other Entities Awards
For the Year Ended April 30, 2025

Federal Agency / Passed Through Agency	Program Title	Assistance Listing/CSFA Number**	Contract Number	Expenditures		
				Direct Award	Indirect Award	Total
OTHER ENTITIES AWARDS						
<u>KID, Inc. Kinship Initiatives Support Services (KISS)</u>	Kids in Distress	N/A	KID-MHS-20-1	\$ 319,626	\$	319,626
				319,626		319,626
<u>Broward Healthy Start Coalition</u>	Project HOPE	N/A	HOPE2024MHS	56,236		56,236
				56,236		56,236
<u>City of West Park</u>	Families Matter	N/A	Unknown	118,745		118,745
				118,745		118,745
<u>Girls and Boys Club</u>	Case Management Services	N/A	Unknown	2,869		2,869
				2,869		2,869
<u>Broward County Public School</u>	Childrens Mental Health	N/A	34368-BSC	34,221		34,221
				34,221		34,221
<u>State of Florida Department of Health</u>	Primary Care Services	N/A	BW744	147,517		147,517
				147,517		147,517
<u>Florida Alcohol & Drug Abuse Association (FADAA)</u>	MAT Program	N/A	Unknown	1,787		1,787
				1,787		1,787
<u>Society for Academic Emergency Medicine Foundation (SAEMF)</u>	Sequential and simultaneous video laryngoscopy	N/A	Unknown	2,500		2,500
				2,500		2,500
<u>Lily USA, LLC</u>	Patients with Solid Tumors	N/A	A-33710	62,629		62,629
				62,629		62,629
Total Other Entities Awards				746,130	-	746,130
Total Award Expenditures Per Schedule FY 2025				\$ 17,728,501	\$ 88,835,569	\$ 106,564,070

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

The accompanying notes are an integral part of this Schedule.

South Broward Hospital District d/b/a Memorial Healthcare System
Notes to the Schedule of Expenditures of Federal Awards,
State Financial Assistance, Local and Other Entities Awards
For the Year Ended April 30, 2025

Note 1 Purpose of the Schedule

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

- Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Title 45 CFR Part 74, Appendix E, *Principles for Determining Cost Applicable to Research and Development Under Grants and Contracts with Hospitals* (Uniform Guidance).
- Chapter 10.550, Rules of the Auditor General for Local Government Entity Audits, State of Florida and Chapter 215.97, Florida Statutes and Department of Financial Services Rules, Chapter 69I-5, Florida Administrative Code.

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

The Schedule includes the grant activities for the System for the year ended April 30, 2025. The auditor is required to determine and provide an opinion on whether the Schedule is presented fairly, in all material respects, in relation to the Schedule as a whole. Further, the information in the Schedule serves as the primary basis for the auditor’s major programs, which is a key component of performing a single audit. The Schedule also provides assurance to those agencies that award financial assistance, that their programs or grants are included in the audit.

Note 2 Summary of Significant Accounting Policies

Basis of Presentation

The information in the Schedule is presented in accordance with the Uniform Guidance and Chapter 10.550, Rules of the Auditor General. The Schedule, at a minimum, entails the following:

1. Listing of individual Federal, State, Local, and Other Entities programs by awarding agency for which the System expended funds for the year ended April 30, 2025
2. Total Federal, State, Local, and Other Entities awards expended for the year ended April 30, 2025
3. Assistance Listing number and Catalog of State Financial Assistance (CSFA) number for each program that had expenditures for the year ended April 30, 2025
4. The name of the pass-through entity and the identifying number assigned by the pass-through entity for awards received as a subrecipient
5. The total amount provided to subrecipients from each Federal, State, and Local program, if any
6. Notes that describe the significant accounting policies used in preparing the Schedule and notes indicating the indirect cost rate applied

South Broward Hospital District d/b/a Memorial Healthcare System
Notes to the Schedule of Expenditures of Federal Awards,
State Financial Assistance, Local and Other Entities Awards
For the Year Ended April 30, 2025

Note 2 Summary of Significant Accounting Policies (continued)

Reporting Entity

The System's reporting entity is described in Note 1 of the Schedule. The Schedule includes all Federal and State assistance programs administered by the System during the year ended April 30, 2025, that are subject to a Uniform Guidance and State Single audit.

Basis of Accounting

The expenditures presented on the Schedule are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and following the Uniform Guidance and Chapter 10.550, Rules of the Auditor General, wherein certain types of expenditures are unallowable or have conditions or limits as far as the reimbursement.

- Indirect Costs – The Schedule includes a portion of allocated costs from a federally approved indirect cost rate plan. The System did not elect to use the 10% de minimis cost rate.
- Matching Costs – All expenditures are recorded based on funded amounts, while additional costs, such as matching costs, are not included in the Schedule.
- Capital Costs – The System records grant funds restricted for the acquisition of capital assets as capital contributions and grants in the accounting period in which they are earned and become measurable. These amounts are reported separately from operating and non-operating revenues.

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

Note 3 Pass-Through Federal and State Assistance

- The majority of the System's Federal assistance is received from pass-through entities and are identified as such on the Schedule. State funds are typically directly awarded from the State but can also be awarded through a pass-through entity.
- The System records expenditures of Federal programs and State awards when paid in cash to a pass-through entity (Subrecipients of the District). For the year ended April 30, 2025, the System did not pass-through any funds to sub-recipients as reflected on the Schedule.

South Broward Hospital District d/b/a Memorial Healthcare System
Notes to the Schedule of Expenditures of Federal Awards,
State Financial Assistance, Local and Other Entities Awards
For the Year Ended April 30, 2025

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

Matching resources and maintenance of effort amounts for Federal programs and State projects as well as vendor-relationship specified contracts, are listed on the Schedule, but are not included when computing the threshold for single audit requirements totals.

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

- BW800 – State of Florida Department of Health – Vendor relationship

Note 5 Program Clusters

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

Note 6 Contingencies

Grant monies received and disbursed by the System are for specific purposes subject to review by grantor agencies. Such reviews may result in requests for reimbursement due to unallowable expenditures. Based on prior experience, the System does not believe that such unallowances, if any, would have a material effect on the amounts reported in the Schedule. As of April 30, 2025, management is not aware of any material questioned or unallowable costs as a result of grant audits in process or completed.

Note 7 State of Florida Department of Children and Families

The State of Florida Department of Children and Families requires the accompanying Actual Expenses and Revenue Schedule, Schedule of Bed-Day Availability Payments, Schedule of State Earnings, and Schedule of Related Party Transaction Adjustments be presented for their contract year ending June 30, 2024.

Note 8 Subsequent Event

Subsequent events have been evaluated through **XXXXX**, which is the date the Schedule was available to be issued.

**South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Findings and Questioned Costs
For the Year Ended April 30, 2025**

Part I – Summary of Auditor’s Results

Financial Statements Section

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

Type of auditor's report issued (unmodified, qualified, adverse, or disclaimer).

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

_____ Yes X No

Significant deficiency(ies) identified that are not considered to be material weaknesses?

_____ Yes X None reported

Noncompliance material to the schedule noted?

_____ Yes X No

Federal Awards and State Financial Assistance Section

Type of auditor's report issued on compliance for major programs unmodified, qualified, adverse, or disclaimer).

Unmodified

Internal control over major programs:

Material weakness(es) identified?

_____ Yes X No

Significant deficiency(ies) identified that are not considered to be material weaknesses?

_____ Yes X None reported

Any audit findings disclosed that are required to be reported in accordance with 2 CFR section 200.516(a) of the Uniform Guidance?

_____ Yes X No

**South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Findings and Questioned Costs (Continued)
Year Ended April 30, 2025**

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

Federal Awards and State Financial Assistance Section (continued)

Identification of major Federal programs / State projects:

Assistance Listing Number(s)	Name of Federal Program or Cluster
---------------------------------	------------------------------------

93.959	Block Grant for Prevention and Treatment of Substance Abuse
97.036	Disaster Grants

CSFA Number(s)	Name of State Project
----------------	-----------------------

60.355	State Opioid Settlement Trust Fund Services
60.153	Substance Abuse and Mental Health Community Services
64.143	Sickle Cell Disease Research and Treatment

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

- Federal Programs \$ 2,672,052
- State Financial Assistance \$ 300,000

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

Part II – Financial Statement Findings Section

This section identifies the significant deficiencies, material weaknesses, fraud, illegal acts, violation of provisions of contracts and grant agreements, and abuse related to the Schedule that require reporting in a Uniform Guidance, Chapter 10.550, Rules of the Auditor General and *Government Auditing Standards* audit.

- **No matters were reported.**

**South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Findings and Questioned Costs (Continued)
Year Ended April 30, 2025**

Part III – Federal Awards Findings and Questioned Cost Section

This section identifies the audit findings required to be reported by the Uniform Guidance and Florida Statute Section 215.97(8)(i) and Chapter 10.554(1)(i)4, Rules of the Auditor General (for example, material weaknesses, significant deficiencies, and material instances of noncompliance, including questioned costs), as well as any abuse findings involving federal awards or state financial assistance that are material to a major Federal program or State project.

- **No matters were reported.**

Part IV – Other Matters

Corrective Action Plan – Current Year Findings

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

- No corrective plan per 2 CFR sections 200.511(a) and 200.511(c) of the Uniform Guidance, Section .315 of *Government Auditing Standards*, AG Rule 10.557(3)(e)6 and Section 215.97(8)(i), Florida Statutes, is required because there were no audit findings related to Federal programs or State projects.

**Summary Schedule of Prior Audit Findings – Federal programs and
State projects**

This section reports the status of any audit findings included in the prior audit's Schedule of Findings and Questioned Costs related to Federal programs and State projects. It also includes audit findings reported in the prior audit's Summary Schedule of Prior Audit Findings except audit findings listed as corrected or no longer valid or not warranting further action.

- No Summary Schedule of Prior Audit Findings per Uniform Guidance Subpart F 200.516 and AG Rules 10.557(3)(e)5 is required because there were no prior audit findings related to Federal programs or State projects.

Supplementary Information

DRAFT

South Broward Hospital District d/b/a Memorial Healthcare System
Actual Expenses and Revenue Schedule
For the Contract Year Ended June 30, 2024

[illegible]

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Bed-Day Availability Payments
For the Contract Year Ended June 30, 2024

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party		Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F	Amount Owed to Department (G-H or \$0, whichever is greater)
				Contracts, Local Govt. or State Agencies	Maximum # of Units				
A	B	C	D	E	(D-E) F	G	(F x C) H	I	
Children's Mental Health	Crisis Stabilization Unit	-	-	-	-	-	-	-	
Adult Mental Health	Crisis Stabilization Unit	-	-	-	-	-	-	-	
Children's Substance Abuse	Substance Abuse Detox	\$ 369.29	512	-	512	\$ 126,540	\$ 189,224	-	
Adult Substance Abuse	Substance Abuse Detox	-	-	-	-	-	-	-	
Adult Mental Health	Short-term Residential Treatment	-	-	-	-	-	-	-	

Total Amount Owed to Department = \$ -

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of State Earnings
For the Contract Year Ended June 30, 2024

Total Expenditures (Line 1)	\$ 9,098,889
Less Other State and Federal Funds (Line 2)	-
Less Non-Match SAMH Funds (Line 3)	(4,018,799)
Less Unallowable Costs per 65E-14, F.A.C. (Line 4)	-
Total Allowable Expenditures (Line 5: Sum of lines 1, 2, 3, and 4)	<u>5,080,090</u>
Maximum Available Earnings (Line 6: Line 5 times 75%)	3,810,068
Amount of State Funds Requiring Match (Line 7)	2,851,088
Amount Due to Department (Line 6 - Line 7 or \$0, whichever is less)	<u><u>\$ -</u></u>

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

South Broward Hospital District d/b/a Memorial Healthcare System
Schedule of Related Party Transaction Adjustments
For the Contract Year Ended June 30, 2024

Revenues From Grantee	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Total
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	XXX					
Total Revenue From Grantee	XXX					NOT APPLICABLE
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	YYY					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>

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

FY 2025 Audit Results
Report to the Audit and Compliance Committee
of the Board of Commissioners

[DATE]



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

We are pleased to present this report related to our 2025 audit of the basic financial statements (hereafter, the financial statements) of South Broward Hospital District d/b/a Memorial Healthcare System (the System). Our report shares the results of our audit work as required by professional standards alongside other meaningful insights, which we believe will help you in executing your oversight responsibility for the System's financial reporting process.

It will be our pleasure to respond to any questions you have regarding this report. We appreciate the opportunity to continue to be of service to the System.

[Firm Signature]

This report is intended solely for the information and use of the Audit and Compliance Committee of the Board of Commissioners and management, and is not intended to be, and should not be, used by anyone other than these specified parties.

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Executive summary

Audit status

The 2025 audit is nearing completion.

We expect the System to be able to issue the financial statements as planned following the Audit and Compliance Committee of the Board of Commissioners (the Committee) approval of the financial report.

After completing our remaining procedures, we expect to issue an unmodified opinion on the financial statements.

Significant changes to the planned audit strategy

There were no significant changes to the planned audit strategy communicated to the Committee in our report dated January 16, 2025.

Significant risks

We have issued a separate communication dated January 16, 2025, regarding the planned scope and timing of our audit and identified significant risks. We identified a significant risk related to grant revenue recognition subsequent to those we communicated to you in our report dated January 16, 2025, due to the significant amount of Federal Emergency Management Agency (FEMA) funding recorded.

Audit adjustments or uncorrected misstatements

During our audit, we identified uncorrected misstatements as further described on p. 10.

Recommendations to management

We have a recommendation to management as further described in Appendix B.

Understand the client

Risk assessment

Further audit procedures

Evaluation

Delivery

Accounting policies and practices

The following required communications summarize our responsibilities regarding the financial statement audit as well as observations from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Matter to Report	Yes	No
Our responsibilities	✓	We described our responsibilities under auditing standards generally accepted in the United States of America in our engagement letter dated November 15, 2021. Our audit of the financial statements does not relieve management or you of your responsibilities, which are also described in that letter.
Planned scope and timing of the audit	✓	We have issued a separate communication dated January 16, 2025, regarding the planned scope and timing of our audit and identified significant risks. We identified a significant risk related to grant revenue recognition subsequent to those we communicated to you in our report dated January 16, 2025, due to the significant amount of FEMA funding recorded.
Accounting policies and practices		
Preferability of accounting policies and practices	✓	Under accounting principles generally accepted in the United States of America, management may select among alternative accounting practices in certain circumstances. In our view, in such circumstances, management has selected the preferable accounting policies and practices.
Adoption of, or change in, accounting policies	✓	Management has the ultimate responsibility for the appropriateness of the accounting policies used by the System. The System did not adopt any significant new accounting policies nor change any significant accounting policies during the current period.
Significant accounting policies in controversial or emerging areas	✓	We did not identify any significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.
Significant or unusual transactions	✓	We did not identify any significant or unusual transactions.

Significant accounting estimates

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events, and certain assumptions about future events.

Allowances for Doubtful Accounts and Contractual Discounts and Directed Payment Program (DPP) Revenues and Receivables

Accounting policy

Accounts receivable are reduced to their estimated net collectible amounts. DPP revenues and receivables are the calculated shortfall between Medicaid reimbursement rates and the costs of providing care.

Management's estimation process

The System recognizes revenue in the period in which services are rendered. Net patient service revenue is measured at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. An allowance for contractual adjustments is established for unbilled and billed accounts for which contractual adjustments are not recorded at the time of billing or where the recorded contractual is not sufficient, based on the System's best estimate of net revenue dollars that will not be collected. Management also evaluates that all required disclosures are included in the financial statements. Management determines the allowance for doubtful accounts by utilizing the Revenue Cycle Analytics (RCA) software, which identifies potentially uncollectible accounts, by applying historical experience to an aging of accounts, and by considering the financial and credit history and current economic conditions. Management estimated DPP revenues and receivables based on hospital Medicaid Managed Care claims with discharge dates within 10/1/2023 to 9/30/24 (DPP year 4). Management also evaluates that all required disclosures are included within the financial statements related to this program.

Basis for our conclusion on the reasonableness of the estimate

We tested the propriety of information underlying management's estimates including the transfer of information from the patient billing system (EPIC) to RCA, the patient aging reports utilized by management to obtain the gross accounts receivable balances, the reperformance of the hindsight analysis to analyze the adequacy of the year-end allowances, and the credit balance allowance process. We then developed our own independent estimate of the net accounts receivable and compared our results to management's estimate. Based on the procedures performed, we concluded that management's estimates are reasonable. We reviewed the accounting and financial reporting for the DPP program. We also tested management's calculation of revenue and receivables recorded related to this program, including testing the inputs used in the calculations and agreement to payment support, if available. We concluded that management's estimates related to the DPP program are reasonable.

Significant accounting estimates

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events, and certain assumptions about future events.

Third-Party Payor Settlements and Waiver Days

Accounting policy

The System retroactively calculated and determined that contractual adjustments arising under reimbursement agreements with third-party payors are recognized on an estimated basis in the period the services are rendered and adjusted in future periods as final settlements are determined. The revenue related to Section 1115 Waiver Days is estimated using prior audits completed by the Medicare Administrative Contractors (MAC).

Management's estimation process

Some third-party payors retrospectively determine final amounts reimbursable to the System for services rendered to their beneficiaries based on allowable costs. These payors reimburse the System on the basis of interim payment rates until the retrospective determination of allowable costs can be made. In most instances, the accumulation and allocation of allowable costs and other factors result in final settlements different from the interim payment rates. Management estimates the amount of receivables from, or payables to, third-party payors in the same period that the related services are rendered. Differences between the original estimates and subsequent revisions (including final settlements) are included in the period revisions are made. Management also evaluates that all required disclosures for third-party settlements are included in the financial statements. Revenue associated with Section 1115 Waiver Days is based on the impact on Medicare Disproportionate Share Hospital (DSH) payments by hospital by fiscal year, net of reserves, determined by reviewing prior audits completed by the MAC.

Basis for our conclusion on the reasonableness of the estimate

We tested the propriety of information underlying management's estimates. We utilized our third-party reimbursement specialist to assess management's third-party liability positions and supporting correspondence, reviewed the calculations, and had discussions with management. We discussed the accounting and financial reporting for the Provider Reimbursement Review Board Decision in Florida Section 1115 DSH Waiver Days Groups vs. First Coast Service Options. We also tested management's calculation of revenue, including testing the inputs determined by reviewing prior audits completed by the MAC. Based on our discussions with management, who has assessed the prior year estimates and determined no adjustment of the estimates are needed, and the procedures we performed, we concluded that management's estimates are reasonable.

Significant accounting estimates

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events, and certain assumptions about future events.

Medical Malpractice Liabilities

Accounting policy

A liability for unpaid claims and estimated incurred but not reported claims, net of their related anticipated insurance recoveries, are estimated in the period that claims are incurred and adjusted in future periods as final settlements are determined.

Management's estimation process

The System is self-insured for a portion of the medical malpractice liabilities. Accruals are based on estimated ultimate losses and costs associated with settling claims and the relationship of past reported claims to eventual claim payments. The accrual includes an estimate of the losses that will result from unreported claims, which are probable of having occurred before the end of the reporting period. Management's liability estimates are based on actuarial studies using both current and historical information.

Basis for our conclusion on the reasonableness of the estimate

We tested the propriety of information underlying management's estimates, including verification of information provided to the actuaries, confirmation with legal counsel and testing of claim activity. We utilized our firm's actuary specialist to assess management's processes and assumptions. Based on our procedures, we concluded that management's estimates are reasonable.

Accounting for Pension Plan Liabilities

Accounting policy

Pension liabilities and related pension amounts are actuarially determined in accordance with the parameters established by the GASB. The difference between the total pension liability and plan fiduciary net position at the plan's measurement date and any associated deferred outflows/inflows as of the year ended are recognized in the financial statements.

Management's estimation process

Management, with input from its actuary, developed the actuarial assumptions based on relevant criteria. Management reviewed and approved the financial statement estimates derived from the pension plan's actuarial reports.

Basis for our conclusion on the reasonableness of the estimate

We audited the underlying data supporting the estimate and reviewed management's methodology, including evaluating the actuarial reports and assumptions used. We utilized our firm's actuary specialist to assess management's processes and assumptions. Based on our procedures, we concluded that management's estimates are reasonable.

Valuation of Investments (Including Pension Investments)

Accounting policy

Investments are reported at fair value.

Management's estimation process

Management recorded investments at fair value, based on information obtained from their year-end custodian investment statements.

Basis for our conclusion on the reasonableness of the estimate

We tested the valuation of a sample of investment securities and concluded that the System's methodology and assumptions utilized to estimate fair value are appropriate, and the fair value of the investments balances recorded are reasonable.

Audit adjustments and uncorrected misstatements

Audit adjustments

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

Uncorrected misstatements

Uncorrected misstatements were identified during the audit.

Uncorrected misstatements or matters underlying them could potentially cause future-period financial statements to be materially misstated, even if we have concluded that the uncorrected misstatements are immaterial to the financial statements under audit.

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Uncorrected misstatements

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

Business-type Activities

Description	Effect—Debit (Credit)				
	Assets	Liabilities	Net Position	Revenue	Expense
Reclassification of credit balances within patient accounts receivable to a liability	\$ 10,600,000	\$ (10,600,000)	\$ -	\$ -	\$ -
Total effect	-	-	-	\$ -	\$ -
Statement of net position effect	\$ 10,600,000	\$ (10,600,000)	\$ -		

In addition to the above misstatement, we identified the following misstatement (i.e., omitted, incomplete and (or) inaccurate disclosures) that management has concluded is immaterial to the financial statements taken as a whole. We agree with management's conclusion in that regard.

- The System has elected to present its blended component units within a single column in the financial statements and omitted disclosures required for presenting condensed combining financial statements (statement of net position, statement of revenues, expenses and changes in net position and statement of cash flows) of the System and its blended component units in the notes to the financial statements as required by GASB Cod. Sec. 2600.115.

Observations about the audit process

Matter to Report	Yes	No
Observations about the audit process		
Significant issues discussed with management	✓	No significant issues arising from the audit were discussed or were the subject of correspondence with management.
Disagreements with management	✓	There were no disagreements with management.
Significant difficulties encountered in performing the audit	✓	We did not encounter any significant difficulties in performing the audit.
Consultations with other accountants	✓	We are not aware of any consultations management had with other accountants about accounting or auditing matters.
Significant matters that required consultation	✓	We did not encounter any difficult or contentious matters that required consultation outside our engagement team and that are, in our professional judgment, significant and relevant to your responsibility to oversee the financial reporting process.

Independence

Shared responsibilities for independence

Independence is a joint responsibility and is managed most effectively when management, audit committees (or their equivalents), and audit firms work together in considering compliance with American Institute of Certified Public Accountants (AICPA) and Government Accountability Office (GAO) independence rules. For RSM to fulfill its professional responsibility to maintain and monitor independence, management, the Audit and Compliance Committee of the Board of Commissioners, and RSM each play an important role.

Our responsibilities

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

The System's responsibilities

- Timely inform RSM, before the effective date of transactions or other business changes, of the following:
 - New affiliates, directors, or officers.
 - Changes in the organizational structure or the reporting entity impacting affiliates such as partnerships, related entities, investments, joint ventures, component units, and jointly governed organizations.
- Provide necessary affiliate information such as new or updated investment structure charts, as well as financial information required to perform materiality calculations needed for making affiliate determinations.
- Understand and conclude on the permissibility, prior to the System and its affiliates, officers, directors, or persons in a decision-making capacity, engaging in business relationships with RSM.
- Not entering into relationships resulting in close family members of RSM covered persons, temporarily or permanently acting as an officer, director, or person in an accounting or financial reporting oversight role at the System.

Market and industry update

We are pleased to provide real-time, middle market relevant macroeconomic perspectives to help clients anticipate and address the unique issues and challenges facing their businesses and the industries in which they operate. Our insights and analysis benefit clients and others by deepening their understanding of the importance of the middle market to economic growth and stability. For more articles, guides and webcasts, [view all RSM Insights](#).

01

[AI strategies and insights for CEOs and boards](#)

AI can enhance decision making and open opportunities for growth

05

[Governing cybersecurity requires understanding](#)

Boards and management teams must meet in the middle to understand systemic digital risk

02

[Generative AI](#)

Get insights to capitalize on opportunities while addressing risks

06

[2025 Economic and policy updates](#)

Will a new administration work in your favor or bring new challenges? Our team offers insights

03

[The Real Economy](#)

A monthly economic report for middle market business leaders

07

[Critical insights for boards and audit committees](#)

Guidance for board members and audit committees serving public and private companies

04

[The Real Economy: Industry Outlook](#)

Industry-specific quarterly insights

08

[Tax regulatory resources](#)

Insights on tax policy and regulation

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Appendices

Appendix A—Significant written communications between management and our firm

Copies of significant written communications between our firm and the management of the System, including the draft representation letters to be provided to us by management, are attached.

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[Client Letterhead]

[DATE]

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

This representation letter is provided in connection with your audit of the basic financial statements of the business-type activities and fiduciary activities of South Broward Hospital District d/b/a Memorial Healthcare System (the System) as of and for the year ended April 30, 2025, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

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

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated November 15, 2021, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.
4. The methods, data and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in the context of U.S. GAAP, and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.
5. Related-party transactions have been recorded in accordance with the economic substance of the transaction and appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP. Types of related party transactions engaged in by the System include:
 - a. Those with component units for which the System is accountable.
 - b. Those with other organizations for which the nature and significance of their relationship with the System are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete.

- c. Interfund transactions, including interfund accounts and advances receivable and payable, sale and purchase transactions, interfund transfers, long-term loans, leasing arrangements and guarantees, as applicable.
6. The financial statements include all fiduciary activities required by GASB Statement No. 84, *Fiduciary Activities* (GASB 84), as amended.
7. We have evaluated the Memorial Healthcare System Supplemental Executive Retirement Plan (the IRS 457(f) Plan) under the requirements of GASB 84 and determined that the IRS 457(f) Plan is not a fiduciary activity of the System. The investment assets and related plan liability is recorded in the basic financial statements. However, we have concluded that the IRS 457(f) Plan is not material to the System to require separate disclosure in the notes to the financial statements.
8. All events subsequent to the date of the financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.
9. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
10. Management has followed applicable laws and regulations in adopting, approving and amending budgets.
11. Risk disclosures associated with deposit and investment securities are presented in accordance with GASB requirements.
12. Provisions for uncollectible receivables have been properly identified and recorded.
13. Capital assets, including infrastructure, intangible assets, and right-to-use assets are properly capitalized, reported and, if applicable, depreciated.
14. The System has properly separated information in debt disclosures related to direct borrowings and direct placements of debt from other debt and disclosed any unused lines of credit, collateral pledged to secure debt, terms in the debt agreements related to significant default or termination events with finance-related consequences and significant subjective acceleration clauses, as applicable, in accordance with GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*.
15. Components of net position (net investment in capital assets, restricted, and unrestricted) are properly classified and, if applicable, approved.
16. Interfund, internal and intra-entity activity and balances have been appropriately classified and reported.
17. The System's policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available is appropriately disclosed and net position is properly recognized under the policy.
18. There are no tax abatement agreements required to be disclosed in accordance with the requirements of GASB Statement No. 77, *Tax Abatement Disclosures*.
19. Leases have been properly identified, recorded and disclosed in accordance with GASB Statement No. 87, *Leases*.

20. Subscription-based technology information arrangements have been properly identified, recorded and disclosed in accordance with GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*.
21. We have no direct or indirect legal or moral obligation for any debt of any organization, public or private, or to special assessment bond holders, that is not disclosed in the financial statements.
22. There are no conduit debt obligations and/or certain arrangements associated with conduit debt obligations required to be reported in accordance with GASB Statement No. 91, *Conduit Debt Obligations*.
23. We have complied with all aspects of laws, regulations and provisions of contracts and agreements that would have a material effect on the financial statements in the event of noncompliance. We have disclosed all instances of identified or suspected noncompliance with laws, regulations, and provisions of contracts and grant agreements whose effects should be considered by management when preparing the financial statements, when applicable. In connection therewith, we specifically represent that we are responsible for determining that we are subject to the requirements of the Single Audit Act because we have received, expended or otherwise been the beneficiary of the required amount of federal awards during the period of this audit. The System engaged another licensed Certified Public Accounting firm to perform the Single Audit.
24. We have informed you of all uncorrected misstatements. As of and for the year ended April 30, 2025, we believe that the effects of the uncorrected misstatements aggregated by you and summarized below are quantitatively and qualitatively immaterial, both individually and in the aggregate, to the business-type activities basic financial statements. For purposes of this representation, we consider items to be material, regardless of their size, if they involve the misstatement or omission of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

Business-type Activities Description	Effect—Debit (Credit)				
	Assets	Liabilities	Net Position	Revenue	Expense
Reclassification of credit balances within patient accounts receivable to a liability	\$ 10,600,000	\$ (10,600,000)	\$ -	\$ -	\$ -
Total effect	-	-	-	\$ -	\$ -
Statement of net position effect	\$ 10,600,000	\$ (10,600,000)	\$ -		

In addition to the above misstatement, we identified the following misstatement (i.e., omitted, incomplete and (or) inaccurate disclosures) that management has concluded is immaterial to the financial statements taken as a whole:

The System has elected to present its blended component units within a single column in the financial statements and omitted disclosures required for presenting condensed combining financial statements (statement of net position, statement of revenues, expenses and changes in net position and statement of cash flows) of the System and its blended component units in the notes to the financial statements as required by GASB Cod. Sec. 2600.115.

25. We have requested an unsecured electronic copy of the auditor's report and basic financial statements and agree that the auditor's report and basic financial statements will not be modified in any manner.

Information Provided

26. We have provided you with:

- a. Access to all information of which we are aware that is relevant to the preparation and fair presentation of the basic financial statements such as records, documentation and other matters.
- b. Additional information that you have requested from us for the purpose of the audit.
- c. Unrestricted access to persons within the System from whom you determined it necessary to obtain audit evidence.
- d. Minutes of the meetings of the governing board and committees, or summaries of actions of recent meetings for which minutes have not yet been prepared.

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

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

29. We have disclosed to you all information that we are aware of regarding allegations of fraud or suspected fraud affecting the System's basic financial statements involving:

- a. Management.
- b. Employees who have significant roles in internal control.
- c. Others where the fraud could have a material effect on the basic financial statements.

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

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

32. We have disclosed to you all known actual or possible litigation, claims or assessments and unasserted claims or assessments whose effects should be considered when preparing the financial statements.

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

34. We are aware of the deficiencies in internal control over financial reporting that you have brought to our attention. We are not aware of any other deficiencies in internal control over financial reporting, including significant deficiencies or material weaknesses, in the design or operation of internal controls that could adversely affect the System's ability to record, process, summarize and report financial data.

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

36. It is our responsibility to inform you of all current and potential affiliates of the System as defined by the "State and Local Government Client Affiliates" interpretation (ET sec. 1.224.020). Financial interests, and other relationships with, affiliates of the System may create threats to independence.

We have:

- a. Provided you with all information we are aware of with respect to current and potential affiliates, including degree of influence assessments and materiality assessments.
- b. Notified you of all changes to relevant considerations that may impact our determination of the existence of current or potential affiliates involving: (i) changes in the determination of the materiality of an entity to the System's financial statements as a whole, (ii) the level of influence the System has over an entity's financial reporting process, or (iii) the level of control or influence the System or a potential or current affiliate has over an investee that is not trivial or clearly inconsequential, sufficiently in advance of their effective dates to enable the System and RSM US LLP to identify and eliminate potential impermissible services and relationships between RSM US LLP or its associated entities and those potential affiliates, prior to the effective dates.
- c. Made you aware, to the best of our knowledge and belief, of any non-audit services that the System or any of our affiliates has engaged RSM US LLP or any of its associated entities to perform.

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

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

39. The following representations relate to receivables:

- a. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to home health resource group, resource utilization group, ambulatory payment classification and DRG assignments, as applicable.
- b. Recorded valuation allowances are necessary, appropriate and properly supported.
- c. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available.

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

- a. All required Medicare, Medicaid and similar reports have been properly filed.
- b. Management is responsible for the accuracy and propriety of all filed cost reports.

- c. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations, and are patient-related and properly allocated to applicable payors.
- d. The employed reimbursement methodologies and principles are in accordance with applicable rules and regulations.
- e. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors or other regulatory agencies.
- f. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
- g. Recorded third-party settlements include differences between filed (and to-be-filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. Although management believes that the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.

41. The following representations relate to contingencies:

- a. There are no instances of noncompliance with Medicare and Medicaid antifraud and abuse statutes, in any jurisdiction, whose effects are considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements. This is including, but not limited to, the anti-kickback statute of the Medicare and Medicaid Patient and Program Protection Act of 1987, limitations on certain physician referrals (the Stark law) and the False Claims Act.
- b. Billings to third-party payors comply in all material respects with applicable coding guidelines (e.g., ICD-10 and CPT-4) and laws and regulations, including those dealing with Medicare and Medicaid antifraud and abuse, and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies (e.g., the Food and Drug Administration), if required; and properly rendered.
- c. There have been no internal or external investigations relating to compliance with applicable laws and regulations, including investigations in progress that would have an effect on the amounts reported in the financial statements or on the disclosure in the notes to the financial statements.
- d. There have been no oral or written communications from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, including those related to Medicare and Medicaid antifraud and abuse statutes; deficiencies in financial reporting practices; or other matters that could have a material adverse effect on the financial statements.
- e. Guarantees, whether written or oral, under which the System is contingently liable, including guarantee contracts and indemnification agreements have been properly recorded or disclosed in the financial statements.

- h. We continue to maintain commercial insurance policies and/or programs of self-insurance for general liability, director and officer liability, auto, workers' compensation, cyber security and business interruption risk that provides adequate coverage for the risks commensurate with the System's business. Management periodically reviews such insurance coverages and intends to maintain appropriate levels of insurance coverage to address such risks.
 - i. The System reported all material known asserted and unasserted claims and incidents for financial statement reporting purposes. Adequate and reasonable provisions have been made for losses related to asserted and unasserted malpractice, health insurance, workers' compensation and any other claims.
- 42. The System is exempt from income taxes as it is a political subdivision of the State of Florida. It also has dual status as a tax-exempt entity under Internal Revenue Code (IRC) Section 501(a) as an entity described in Section 501(c)(3). The System is in compliance with the provisions of IRC Section 501(c)(3) and is exempt from federal income tax under IRC Section 501(a), as evidenced by a determination letter.
- 43. Management has evaluated all individuals providing services to the System to determine if they are being properly treated as either independent contractors or employees pursuant to applicable state and federal laws. Management believes that all individuals being treated as independent contractors meet the criteria to be treated as such, and accordingly, we do not believe there is any exposure for payroll taxes, or penalties or interest for underpayment of payroll or other taxes.
- 44. Provision has been made, when material, for estimated retroactive adjustments by third-party payors under reimbursement agreements.
- 45. The System is in compliance with bond indentures or other debt instruments and agreements.
- 46. For each of its outstanding bond issues, the System is in compliance with post-issuance requirements, as specified in the IRC, including, but not limited to, the areas of arbitrage and private business use.
- 47. There are no pending changes in the organizational structure, financing arrangements or other matters that could have a material effect on the financial statements of the System.
- 48. The System is in compliance with all contractual agreements, grants and donor restrictions.
- 49. As of April 30, 2025, we have accounted for the fourth year of the Direct Payment Program (DPP).
- 50. The schedules showing Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio included within the Independent Auditor's Report on the Schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio have been prepared in accordance with Section 3.07 of the Master Trust Indenture between U.S. Bank Trust Company, National Association and the System, dated September 1, 2003.
- 51. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Supplementary Information

52. With respect to supplementary information presented in relation to the basic financial statements as a whole:
- a. We acknowledge our responsibility for the presentation of such information.
 - b. We believe such information, including its form and content, is fairly presented in accordance with U.S. GAAP.
 - c. The methods of measurement or presentation have not changed from those used in the prior period, except for as disclosed in the financial statements.
 - d. When supplementary information is not presented with the audited basic financial statements, we will make the audited basic financial statements readily available to the intended users of the supplementary information no later than the date of issuance of the supplementary information and the auditor's report thereon.
53. With respect to management's discussion and analysis and pension related schedules presented as required by GASB to supplement the basic financial statements:
- a. We acknowledge our responsibility for the presentation of such required supplementary information.
 - b. We believe such required supplementary information is measured and presented in accordance with guidelines prescribed by U.S. GAAP.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.

Compliance Considerations

54. In connection with your audit conducted in accordance with *Government Auditing Standards*, we confirm that management:
- a. Is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework.
 - b. Is responsible for compliance with the laws, regulations and provisions of contracts and grant agreements applicable to the auditee.
 - c. Is not aware of any instances of identified and suspected fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements that have a material effect on the financial statements.
 - d. Is responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
 - e. Acknowledges its responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.

- f. Has a process to track the status of audit findings and recommendations (when applicable).
- g. Has identified for the auditor previous audits, attestation engagements and other studies related to the objectives of the audit and whether related recommendations have been implemented, when applicable.
- h. Is not aware of any investigations or legal proceedings that have been initiated with respect to the period under audit.
- i. In connection with the audit, you have requested us to perform certain non-audit services for the System. Management acknowledges its responsibilities as it relates to non-audit services performed by the auditor, including that it assumes all management responsibilities; that it oversees the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge or experience; that it evaluates the adequacy and results of the services performed; and that it accepts responsibility for the results of the services.

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

Shane Strum
Interim Chief Executive Officer

Irfan Mirza
Interim Chief Financial Officer

[Responsible Party Letterhead]

[DATE]

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

In connection with your examination of the South Broward Hospital District d/b/a Memorial Healthcare System's (the System) compliance with *Section 218.415, Florida Statutes, Local Government Investment Policies* (the specified requirements) during the period from May 1, 2024 to April 30, 2025, in accordance with attestation standards established by the American Institute of Certified Public Accountants, we confirm, to the best of our knowledge and belief, the following representations made to you during the course of your engagement:

1. We assert that, during the period from May 1, 2024 to April 30, 2025, the System was in compliance with the specified requirements.
2. We assert that, as of April 30, 2025, the System had effective internal control over compliance with the specified requirements.
3. All relevant matters are reflected in the measurement or evaluation of the compliance with the specified requirements.
4. There are no known matters contradicting the compliance with the specified requirements or our assertion nor any communication from regulatory agencies affecting the compliance with the specified requirements or our assertion.
5. We are responsible for the System's compliance with the specified requirements, for our assertion and for establishing and maintaining effective internal control over the System's compliance with the specified requirements.
6. We understand that we are responsible for the selection of the criteria against which the compliance with the specified requirements is being evaluated. The criteria are contained in *Section 218.415, Florida Statutes, Local Government Investment Policies*.
7. We understand that we are responsible for determining that such criteria are suitable, will be available to the intended users, and are appropriate for the purpose of your engagement.
8. We have performed an evaluation of the System's compliance with the specified requirements. Based on our evaluation, the System has complied with the specified requirements during the period from May 1, 2024 to April 30, 2025, based on the abovementioned criteria.
9. No events or transactions have occurred subsequent to April 30, 2025, that would have a material effect on the System's compliance with the specified requirements.

10. We have made available to you all documentation related to the System's compliance with the specified requirements as agreed upon in the terms of the engagement.
11. We have responded fully to all inquiries made to us by you during your engagement.
12. There have been no deficiencies in internal control relevant to your engagement of which we are aware.
13. There has been no knowledge of fraud or suspected fraud affecting the System involving:
 - a. Management.
 - b. Employees who have significant roles in internal control.
 - c. Others where fraud could have a material effect on the System's compliance with the specified requirements.
14. We acknowledge our responsibility for the design and implementation of programs and controls to provide reasonable assurance that fraud is prevented and detected.
15. We have no knowledge of any allegations of fraud or suspected fraud affecting the System received in communications from employees, former employees, analysts, regulators or others.
16. There has been no known noncompliance with the specified requirements during the period from May 1, 2024 through April 30, 2025 or through the date of this letter.
17. There are no known communications from regulatory agencies, internal auditors or other practitioners concerning the System's possible noncompliance with the specified requirements received by us during the period from May 1, 2024 through April 30, 2025, or through the date of this letter.
18. We have requested an unsecured electronic copy of the auditor's report and agree that the auditor's report will not be modified in any manner.

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

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

Shane Strum
Interim Chief Executive Officer

Irfan Mirza
Interim Chief Financial Officer

Appendix B—Recommendations to Management

A copy of our communication of recommendations to management identified during our audit is attached.

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[Firm Letterhead With Address]

[DATE]

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

This letter includes comments and suggestions with respect to matters that came to our attention in connection with our audit of the financial statements of South Broward Hospital District d/b/a Memorial Healthcare System (the System) as of and for the year ended April 30, 2025. These items are offered as constructive suggestions to be considered part of the ongoing process of modifying and improving the System's practices and procedures.

Expense Approval Policy

We noted that pharmacy directors can approve vendor invoices for medication and supplies that exceed the System's currently established dollar thresholds for invoice approval. We recommended that the System establish an exception policy within the expense approval matrix to provide pharmacy directors the ability to approve vendor invoices for payments at specific dollar thresholds determined reasonable for operational efficiency. This will enhance the System's internal control process and allow for the purchase of medication and supplies required for operations on an ongoing basis.

This letter is intended solely for the information and use of management, and the Board of Commissioners and others within the organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

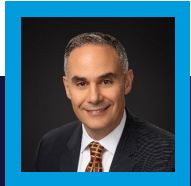
[Firm Signature]

Appendix C—Recent accounting pronouncements

The following accounting pronouncements have been issued as of the report date but are not yet effective and may affect the future financial reporting by the System.

Pronouncement	Summary
GASB Statement No. 102: <i>Certain Risk Disclosures</i>	For fiscal years beginning after June 15, 2024. The objective of this Statement is to provide users of financial statements with essential information about risks related to a government’s vulnerabilities due to certain concentrations or constraints.
GASB Statement No. 103: <i>Financial Reporting Model Improvements</i>	For fiscal years beginning after June 15, 2025. The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government’s accountability. This Statement also addresses certain application issues.
GASB Statement No. 104: <i>Disclosure of Certain Capital Assets</i>	For fiscal years beginning after June 15, 2025. The objective of this Statement is to provide users of government financial statements with essential information about certain types of capital assets. This Statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by GASB Statement No. 34: <i>Basic Financial Statements—and Management’s Discussion and Analysis—for State and Local Governments</i> .

RSM contacts



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National Health Care Leader

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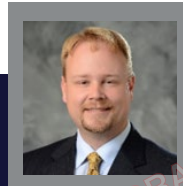


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South Broward Hospital District

d/b/a Memorial Healthcare System

Financial Report

April 30, 2025

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Independent Auditor's Report

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

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and fiduciary activities of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the years ended April 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the System's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and fiduciary activities of the System, as of April 30, 2025 and 2024, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

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

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

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

[Firm Signature]

Fort Lauderdale, Florida

[DATE]

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

Independent Auditor's Report

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and fiduciary activities of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the years ended April 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the System's basic financial statements, and have issued our report thereon dated [DATE].

Report on Internal Control Over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of This Report

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

Fort Lauderdale, Florida

[DATE]

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

Management's Discussion and Analysis – Unaudited

Required Financial Statements

The South Broward Hospital District d/b/a Memorial Healthcare System (the System) is a special tax district created under the Laws of Florida and a 501(c)(3) not-for-profit entity. The System operates Memorial Regional Hospital and Joe DiMaggio Children's Hospital at Memorial Regional Hospital, both located in Hollywood, Florida; Memorial Regional Hospital South (a campus of Memorial Regional Hospital) located in Hollywood, Florida; Memorial Hospital Pembroke, located in Pembroke Pines, Florida; Memorial Hospital West, located in Pembroke Pines, Florida; and Memorial Hospital Miramar, located in Miramar, Florida. The System also operates the 24/7 Care Center and Memorial Manor Nursing Home, both located in Pembroke Pines, Florida. Other components of the System include Memorial Physician Group; Memorial Outpatient Pharmacy Services; Memorial Neuroscience Institute; Memorial Rehabilitation Institute; Memorial Outpatient Behavioral Health; U-18 Sports Medicine; Memorial Primary Care; three Urgent Care Centers; Memorial Cancer Institute, including a partnership with Moffitt Cancer Center; Memorial Cardiac and Vascular Institute; Graduate Medical Education; Memorial Health Network; Broward Guardian; and Memorial Health Assurance. As of April 30, 2025, the System operates a total of 2,035 licensed hospital beds and 120 licensed nursing home beds.

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

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

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

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

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

Management's Discussion and Analysis – Unaudited

Summary of Financial Information

The financial statements consist of four parts: (a) management's discussion and analysis; (b) the audited financial statements; (c) required supplementary information; and (d) supplementary information. The audited financial statements also include notes that explain in more detail some of the information in the financial statements. The financial statements are intended to describe the results of operations, the changes in net position, the sources and uses of cash and cash equivalents, and the capital structure of the System. The following selected financial data as of April 30, 2025 and 2024, and for the years then ended, for the System's business-type activities are derived from the audited financial statements of the System. The data should be read in conjunction with the financial statements, related notes and supplementary information contained therein.

Condensed Statements of Net Position				
	2025	2024	Dollar Increase (Decrease)	Percentage Increase (Decrease)
	<i>(In Thousands)</i>			
Other non-capital assets	\$ 3,771,812	\$ 3,460,206	\$ 311,606	9.0%
Capital assets, net	1,385,448	1,260,684	124,764	9.9%
Right-to-use lease assets, net	50,467	56,654	(6,187)	(10.9%)
Right-to-use subscription assets, net	93,504	111,943	(18,439)	(16.5%)
Total assets	5,301,231	4,889,487	411,744	8.4%
Deferred outflows of resources	76,877	117,212	(40,335)	(34.4%)
Total current liabilities	685,059	657,226	27,833	4.2%
Long-term debt	861,348	881,813	(20,465)	(2.3%)
Lease payable, net of current portion	45,660	44,242	1,418	3.2%
Subscription liability, net of current portion	38,436	51,858	(13,422)	(25.9%)
Other noncurrent liabilities	133,065	216,496	(83,431)	(38.5%)
Total liabilities	1,763,568	1,851,635	(88,067)	(4.8%)
Deferred inflows of resources	52,047	14,176	37,871	>100%
Net investment in capital assets	521,363	390,329	131,034	33.6%
Restricted net position	34,957	29,659	5,298	17.9%
Unrestricted net position	3,006,173	2,720,900	285,273	10.5%
Total net position	\$ 3,562,493	\$ 3,140,888	\$ 421,605	13.4%

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

Management's Discussion and Analysis – Unaudited

Management's Discussion of Financial Performance

	Statements of Revenues, Expenses and Changes in Net Position			
	2025	2024	Dollar Increase (Decrease)	Percentage Increase (Decrease)
	<i>(In Thousands)</i>			
Operating revenue:				
Net patient service revenue	\$3,216,313	\$3,003,774	\$ 212,539	7.1%
Disproportionate share distributions	33,125	45,371	(12,246)	(27.0%)
Other operating revenues	285,543	223,076	62,467	28.0%
Total operating revenue	3,534,981	3,272,221	262,760	8.0%
Operating expenses:				
Salaries and wages	1,670,828	1,557,796	113,032	7.3%
Employee benefits	286,359	265,478	20,881	7.9%
Professional fees	91,085	79,081	12,004	15.2%
Supplies	739,018	637,353	101,665	16.0%
Purchased services	232,430	240,218	(7,788)	(3.2%)
Facilities	96,324	91,361	4,963	5.4%
Depreciation and amortization	162,823	145,170	17,653	12.2%
Other	118,510	108,999	9,511	8.7%
Total operating expenses	3,397,377	3,125,456	271,921	8.7%
Operating income	137,604	146,765	(9,161)	(6.2%)
Nonoperating revenues, net	267,824	99,156	168,668	>100%
Excess of revenues over expenses	405,428	245,921	159,507	64.9%
Capital contributions and grants	16,177	30,773	(14,596)	(47.4%)
Increase in net position	421,605	276,694	144,911	52.4%
Net position at the beginning of the year	3,140,888	2,864,194	276,694	9.7%
Net position at the end of the year	\$3,562,493	\$3,140,888	\$ 421,605	13.4%

For fiscal year 2025, the System's total operating revenue increased by 8.0% and operating expenses increased by 8.7%, resulting in operating income decreasing by 6.2% from the prior year of \$146.8 million to approximately \$137.6 million. The System's excess of revenues over expenses increased from \$245.9 million for the fiscal year ended April 30, 2024, to \$405.4 million for the fiscal year ended April 30, 2025.

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

Management's Discussion and Analysis – Unaudited

Net patient service revenue increased by 7.1% from \$3.004 billion for the fiscal year ended April 30, 2024, to \$3.216 billion for the fiscal year ended April 30, 2025, primarily due to increased patient volumes, price increases, and more favorable payor mix. Total admissions, including observation discharges, increased by 1.5% from 121,373 for the fiscal year ended April 30, 2024, to 123,184 for the fiscal year ended April 30, 2025, with the acuity of patients, as measured by case-mix index, remaining stable at 1.57, and occupancy increasing from 73.9% to 74.1%. Total surgical volume increased from 46,697 cases to 46,851 cases, or 0.3%; hospital outpatient visits increased from 668,112 to 723,043, or 8.2%; emergency visits, including the 24/7 Care Center, decreased from 453,115 to 440,090, or 2.9%; and patient days decreased from 487,554 to 482,281, or 1.1% for these periods.

For the fiscal years ended April 30, 2024 and 2025, the System recognized approximately \$107.5 million and \$109.3 million, respectively, of net patient service revenue under the Medicaid supplemental financing initiative called the Hospital Directed Payment Program (DPP). DPP is administered regionally and is intended to bridge the difference between Medicaid reimbursement rates and the costs of providing the care. Florida's DPP provides a financial incentive for all hospitals to engage in quality initiatives with the Medicaid managed care plans in their region. Hospitals that participate receive their DPP funding via their local Medicaid managed care plans.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds from the Low Income Pool (LIP) must be regarded as Medicaid patient days for purposes of computing Medicare Disproportionate Share Hospital (DSH) payments. Centers for Medicare & Medicaid Services (CMS) declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2023, CMS entered into settlement discussions with the affected hospitals, resulting in the issuance of formal payment instructions. During the fiscal year ended April 30, 2024, the System changed its estimate and recognized \$14.1 million of interest due from CMS related to this matter, which was included in nonoperating revenues, net in the accompanying statements of revenues, expenses and changes in net position. Besides the recognition of interest, there were no additional material changes in estimates related to this matter in fiscal years 2025 and 2024.

Other operating revenue increased as the System recognized \$223.1 million and \$285.5 million for the fiscal years ended April 30, 2024 and 2025, respectively. The increase was primarily attributable to an increase in outpatient pharmacy revenue, driven by volumes of higher cost specialty drugs. Total revenue recognized by the System from disproportionate share distributions, which includes both DSH and LIP funding, was \$45.4 million and \$33.1 million for the fiscal years ended April 30, 2024 and 2025, respectively. The decrease was primarily driven by lower DSH revenue, as no amounts for the State Fiscal Year ending June 30, 2025, were recognized in fiscal year 2025 since the DSH model had not been approved by the State Legislature as of year-end. Refer to Note 3 for further information.

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

Management's Discussion and Analysis – Unaudited

Total operating expenses increased from \$3.125 billion for the fiscal year ended April 30, 2024, to \$3.397 billion for the fiscal year ended April 30, 2025, or 8.7%. The increase in salaries and wages was driven by additional staffing needs related to higher patient volumes, along with the System's ongoing focus on recruitment and retention efforts, which contributed to a reduced reliance on purchased outside labor. Correspondingly, the increase in employee benefits was primarily due to higher headcount and wages, resulting in greater overall benefit costs. This was partially offset by a decrease in pension expense due to improved returns on pension plan assets. The increase in professional fees resulted from greater utilization of contracted physician services to support expanded clinical volumes. The increase in supplies expense was driven by both higher medical supply and pharmaceutical costs associated with increased patient volumes, as well as greater utilization of higher-cost specialty drugs. Purchased services declined, largely reflecting a reduction in outsourced labor as internal staffing capacity increased. This decrease was partially offset by higher costs associated with new patient care initiatives and expanded security efforts. The increase in facilities expenses was attributable to higher routine repairs and maintenance of clinical equipment and facility infrastructure across the System. Depreciation and amortization expense increased due to the completion of major projects in the prior year, including the new freestanding Memorial Cancer Institute and the System's Enterprise Resource Planning (ERP) system replacement, both of which incurred a full year of depreciation and amortization expense in fiscal year 2025. The increase was further driven by the ongoing growth in the System's infrastructure and technology assets. The increase in other operating expenses was driven by higher medical equipment rental costs, increased Public Medical Assistance Trust Fund assessments due to higher net patient service revenue, and a lease termination loss related to the acquisition of Memorial Hospital Pembroke.

Nonoperating revenues, net, increased by \$168.8 million, from \$99.1 million for the fiscal year ended April 30, 2024, to \$267.8 million for the fiscal year ended April 30, 2025. The increase is primarily driven by higher COVID-19 relief funding from the Federal Emergency Management Agency, which totaled \$78.4 million for the fiscal year ended April 30, 2025, compared to \$22.4 million for the fiscal year ended April 30, 2024, as well as improved investment performance. Investment returns benefited from favorable market conditions, resulting in \$117.9 million of unrealized gains and \$99.9 million of realized gains for the year ended April 30, 2025, compared to \$10.0 million and \$79.0 million, respectively, for the year ended April 30, 2024. These increases were partially offset by \$14.1 million of interest income recognized for the fiscal year ended April 30, 2024, related to the Medicare DSH Waiver Days settlement.

Capital contributions and grants decreased by \$14.6 million, from \$30.8 million for the fiscal year ended April 30, 2024, to \$16.2 million for the fiscal year ended April 30, 2025, primarily due to timing of contributions from the Joe DiMaggio Children's Hospital Foundation and the Memorial Foundation in the prior year. These contributions supported the construction of the four-floor expansion of Joe DiMaggio Children's Hospital and the new, freestanding Memorial Cancer Institute facility located on the campus of Memorial Hospital West.

In fiscal year 2025, the System's Board of Commissioners adopted a millage rate of 0.0869, which is less than the prior year millage rate of 0.0937. In fiscal years 2025 and 2024, the System used the gross tax proceeds solely to offset the cost of the System's governmental obligations, including the county's Medicaid match, community redevelopment assessment and tax collector fees. No tax dollars were used for the operations of the System's facilities.

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

Management's Discussion and Analysis – Unaudited

Income available for debt service was \$404.3 million and \$465.0 million for the fiscal years ended April 30, 2024 and 2025, respectively. The long-term debt service coverage ratio was 6.71 and 7.62 for the fiscal years ended April 30, 2024 and 2025, respectively, as defined by the System's Master Trust Indenture. The investment policy of the System is consistent with Section 218.415 of the Florida Statutes, which is designed to ensure the prudent management of financial assets. Cash, cash equivalents and investments, excluding assets whose use is limited and restricted assets, increased from \$2.617 billion at April 30, 2024, to \$2.794 billion at April 30, 2025. Cash, cash equivalents and investments, including assets whose use is limited and restricted assets, increased from \$2.729 billion at April 30, 2024, to \$2.917 billion at April 30, 2025, primarily as a result of \$190.2 million cash provided by operating activities, \$77.9 million provided by noncapital financing activities, unrealized investment gains of \$117.9 million, and realized investment gains of \$99.9 million, offset by \$306.5 million used in capital and related financing activities. Net patient accounts receivable decreased from \$361.9 million at April 30, 2024, to \$359.5 million at April 30, 2025, due to aging accounts resulting in higher allowances. Additions to capital assets, excluding right-to-use lease and subscription assets, increased from \$147.4 million in fiscal year 2024, to \$239.7 million in fiscal year 2025, largely driven by the acquisition of the land, buildings, structures and site improvements located at the Memorial Hospital Pembroke campus for \$96.0 million as well as the fourth-floor expansion of the Family Birthplace at Memorial Regional Hospital. The estimated cost to complete all construction projects in process at April 30, 2025, is \$165.0 million. Additions to right-to-use lease assets increased from \$2.5 million in fiscal year 2024, to \$12.1 million in fiscal year 2025, which was driven by growth in clinical services and efforts to optimize space on hospital campuses. Additional offsite space was leased to support expanding operations and reduce congestion, improving access and efficiency across the System. Additions to right-to-use subscription assets decreased from \$77.8 million in fiscal year 2024 to \$17.1 million in fiscal year 2025, primarily due to the System's ERP replacement project completed in fiscal year 2024. Total debt decreased from \$894.7 million at April 30, 2024 to \$879.6 million at April 30, 2025, primarily attributable to scheduled maturities of long-term debt. Refer to Note 4, Note 7, Note 9, Note 15 and Note 16 for further discussion of other funding, capital asset, long-term debt, right-to-use lease asset and right-to-use subscription asset activity, respectively.

Taxes and Uncompensated Care

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

The financial strength of the System minimizes the tax burden in south Broward County. In September 2024, the System's Board of Commissioners voted once again to reduce the tax millage rate from 0.0937 mills to 0.0869 mills.

With no net tax revenue, the System's financial strength enables it to absorb the financial burden of providing a continued high level of uncompensated care and to develop and support state-of-the-art facilities.

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

Management's Discussion and Analysis – Unaudited

Source of Patient Charges

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

	2025	2024
Medicare	12.9%	12.9%
Medicaid	3.0%	3.2%
Managed care	76.1%	75.6%
Other	8.0%	8.3%
Total	100.0%	100.0%

Summary of Financial Information

As of and for the Years Ended April 30, 2024 and 2023

Condensed Statements of Net Position				
	2024	2023 (*)	Dollar Increase (Decrease)	Percentage Increase (Decrease)
	(In Thousands)			
Other non-capital assets	\$ 3,460,206	\$ 3,200,033	\$ 260,173	8.1%
Capital assets, net	1,260,684	1,217,578	43,106	3.5%
Right-to-use lease assets, net	56,654	72,406	(15,752)	(21.8%)
Right-to-use subscription assets, net	111,943	-	111,943	100.0%
Total assets	4,889,487	4,490,017	399,470	8.9%
Deferred outflows of resources	117,212	71,041	46,171	65.0%
Total current liabilities	657,226	558,216	99,010	17.7%
Long-term debt	881,813	896,930	(15,117)	(1.7%)
Lease payable, net of current portion	44,242	59,179	(14,937)	(25.2%)
Subscription liability, net of current portion	51,858	-	51,858	100.0%
Other noncurrent liabilities	216,496	163,663	52,833	32.3%
Total liabilities	1,851,635	1,677,988	173,647	10.3%
Deferred inflows of resources	14,176	18,876	(4,700)	(24.9%)
Net investment in capital assets	390,329	283,120	107,209	37.9%
Restricted net position	29,659	29,444	215	0.7%
Unrestricted net position	2,720,900	2,551,630	169,270	6.6%
Total net position	\$ 3,140,888	\$ 2,864,194	\$ 276,694	9.7%

(*) Fiscal year 2023 amounts do not reflect the adoption of GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*.

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

Management's Discussion and Analysis – Unaudited

Management's Discussion of Financial Performance

	Statement of Revenues, Expenses and Changes in Net Position			
	2024	2023 (*)	Dollar Increase (Decrease)	Percentage Increase (Decrease)
	<i>(In Thousands)</i>			
Operating revenue:				
Net patient service revenue	\$3,003,774	\$2,682,483	\$ 321,291	12.0%
Disproportionate share distributions	45,371	67,539	(22,168)	(32.8%)
Other operating revenues	223,076	180,654	42,422	23.5%
Total operating revenue	3,272,221	2,930,676	341,545	11.7%
Operating expenses:				
Salaries and wages	1,557,796	1,434,958	122,838	8.6%
Employee benefits	265,478	194,297	71,181	36.6%
Professional fees	79,081	66,176	12,905	19.5%
Supplies	637,353	547,440	89,913	16.4%
Purchased services	240,218	303,357	(63,139)	(20.8%)
Facilities	91,361	80,174	11,187	14.0%
Depreciation and amortization	145,170	109,569	35,601	32.5%
Other	108,999	108,283	716	0.7%
Total operating expenses	3,125,456	2,844,254	281,202	9.9%
Operating income	146,765	86,422	60,343	69.8%
Nonoperating revenues, net	99,156	23,415	75,741	>100%
Excess of revenues over expenses	245,921	109,837	136,084	>100%
Capital contributions and grants	30,773	1,408	29,365	>100%
Increase in net position	276,694	111,245	165,449	>100%
Net position at the beginning of the year	2,864,194	2,752,949	111,245	4.0%
Net position at the end of the year	\$3,140,888	\$2,864,194	\$ 276,694	9.7%

(*) Fiscal year 2023 amounts do not reflect the adoption of GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*

For fiscal year 2024, the System's total operating revenue increased by 11.7% and operating expenses increased by 9.9%, resulting in operating income increasing by 69.8% from the prior year of \$86.4 million to approximately \$146.8 million. The System's excess of revenues over expenses increased from \$109.8 million for the fiscal year ended April 30, 2023, to \$245.9 million for the fiscal year ended April 30, 2024.

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

Management's Discussion and Analysis – Unaudited

Net patient service revenue increased by 12.0% from \$2.682 billion for the fiscal year ended April 30, 2023, to \$3.004 billion for the fiscal year ended April 30, 2024, primarily due to increased patient volumes, price increases, and more favorable payor mix. Total admissions, including observation discharges, increased by 3.4% from 117,402 for the fiscal year ended April 30, 2023, to 121,373 for the fiscal year ended April 30, 2024, with the acuity of patients, as measured by case-mix index, decreasing from 1.58 to 1.57, and occupancy decreasing from 74.7% to 73.9%. Total surgical volume increased from 44,576 cases to 46,697 cases, or 4.8%; hospital outpatient visits increased from 614,106 to 668,112, or 8.8%; emergency visits, including the 24/7 Care Center, decreased from 461,649 to 453,115, or 1.8%; and patient days increased from 483,279 to 487,554, or 0.9% for these periods.

For the fiscal years ended April 30, 2023 and 2024, the System recognized approximately \$75.3 million and \$107.5 million, respectively, of net patient service revenue under the Medicaid supplemental financing initiative called the Hospital Directed Payment Program (DPP). DPP is administered regionally and is intended to bridge the difference between Medicaid reimbursement rates and the costs of providing the care. Florida's DPP provides a financial incentive for all hospitals to engage in quality initiatives with the Medicaid managed care plans in their region. Hospitals that participate receive their DPP funding via their local Medicaid managed care plans.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds from the Low Income Pool (LIP) must be regarded as Medicaid patient days for purposes of computing Medicare Disproportionate Share Hospital (DSH) payments. Centers for Medicare & Medicaid Services (CMS) declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2023, CMS entered into settlement discussions with the affected hospitals, resulting in the issuance of formal payment instructions. As a result, the System recognized \$65.4 million of additional net patient service revenue during the fiscal year ended April 30, 2023 for cost report years 2007 through 2020. Additionally, during the fiscal year ended April 30, 2024, the System changed its estimate and recognized \$14.1 million of interest due from CMS related to this matter, which was included in nonoperating revenues, net in the accompanying statements of revenues, expenses and changes in net position.

Other operating revenue increased as the System recognized \$180.7 million and \$223.1 million for the fiscal years ended April 30, 2023 and 2024, respectively. The increase was primarily attributable to an increase in outpatient pharmacy revenue, driven by volumes of higher cost specialty drugs as well revenue generated by external contract pharmacy relationships which began in late fiscal year 2023. Total revenue recognized by the System from disproportionate share distributions, which includes both DSH and LIP funding, was \$67.5 million and \$45.4 million for the fiscal years ended April 30, 2023 and 2024, respectively. The decrease was driven by lower DSH payments due to the offsetting higher amounts of other Medicaid supplemental payments, such as DPP, and an increase in LIP reserves due to lower than expected uninsured charity care costs. Refer to Note 3 for further information.

On May 1, 2023, the System implemented GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB Statement No. 96). As a result, fiscal year 2023 amounts do not reflect the adoption of GASB Statement No. 96. During the fiscal year ended April 30, 2024, the impact of this Statement related to subscription-based technology arrangements resulted in a decrease of \$2.2 million in operating expenses and an increase of \$1.9 million of interest expense included within nonoperating revenues, net. The decrease in operating expenses included decreases of \$0.5 million in professional fees, \$26.5 million in purchased services, and \$1.2 million in other operating expenses offset by an increase of \$26.0 million in depreciation and amortization. Refer to Note 16 for further information on adoption of GASB Statement No. 96.

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

Management's Discussion and Analysis – Unaudited

Total operating expenses increased from \$2.844 billion for the fiscal year ended April 30, 2023, to \$3.125 billion for the fiscal year ended April 30, 2024, or 9.9%. The increase in salaries and wages was related to additional staffing needed due to higher patient volumes and increased number of employees as a result of a reduction of purchased outside labor. The increase in employee benefits was primarily attributable to an increase in payroll taxes due to higher salaries and wages and an increase in pension expense mainly driven by lower pension asset returns. The increase in professional fees was primarily due to higher utilization of consulting and contracted physician services. The increase in supplies expense was directly correlated to the increase in volumes as well as an increase in supply chain costs due to inflationary pressure. The decrease in purchased services was primarily due to labor cost reduction for nurse travelers driving higher internal labor utilization and the implementation of GASB Statement No. 96, offset by higher purchased services related to new IT project initiatives, including the implementation of the System's new ERP. The increase in facilities expenses was due to higher routine repairs and maintenance activity for clinical equipment and facility maintenance across the System. The increase in depreciation and amortization was primarily attributable to the implementation of GASB Statement No. 96 and an increase in capital assets in fiscal year 2024, largely due to the construction projects as listed further below. The increase in other operating expenses was the result of Public Medical Assistance Trust Fund assessments due to an increase in net patient service revenue partially offset by software purchases in line with GASB Statement No. 96 implementation.

Nonoperating revenues, net, increased from \$23.4 million for the fiscal year ended April 30, 2023, to \$99.1 million for the fiscal year ended April 30, 2024, or by \$75.7 million. The increase is primarily attributable to \$14.1 million of interest due from CMS related to the Medicare DSH Waiver Days settlement, \$22.4 million of COVID-19 related relief funds from the Federal Emergency Management Agency, and an increase in net investment returns due to the favorable performance of the fixed-income segment of the investment portfolio, which has benefited from a higher interest rate environment in the current year, resulting in realized gains of \$79.0 million for the fiscal year ended April 30, 2024, compared to \$43.4 million for the fiscal year ended April 30, 2023, an increase of \$35.6 million. Additionally, to a lesser extent, the increase is also driven by investing cash from the System's operating portfolio in money market accounts during the fiscal year ended April 30, 2023, which took its full effect during the fiscal year ended April 30, 2024.

Capital contributions and grants increased from \$1.4 million for the fiscal year ended April 30, 2023, to \$30.8 million for the fiscal year ended April 30, 2024, primarily due to significant contributions from the Memorial Foundation and the Joe DiMaggio Children's Hospital Foundation to support the construction of the new, freestanding Memorial Cancer Institute facility located on the campus of Memorial Hospital West and the four-floor expansion of Joe DiMaggio Children's Hospital.

In fiscal year 2024, the System's Board of Commissioners adopted a millage rate of 0.0937, which is less than the prior year millage rate of 0.1010. In fiscal years 2024 and 2023, the System used the gross tax proceeds solely to offset the cost of the System's governmental obligations, including the county's Medicaid match, community redevelopment assessment and tax collector fees. No tax dollars were used for the operations of the System's facilities.

Income available for debt service was \$260.3 million and \$404.3 million for the fiscal years ended April 30, 2023 and 2024, respectively. The long-term debt service coverage ratio was 4.22 and 6.71 for the fiscal years ended April 30, 2023 and 2024, respectively, as defined by the System's Master Trust Indenture. The long-term debt service coverage ratio for the fiscal year ended April 30, 2023, does not reflect the adoption of GASB Statement No. 96.

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

Management's Discussion and Analysis – Unaudited

The investment policy of the System is consistent with Section 218.415 of the Florida Statutes, which is designed to ensure the prudent management of financial assets. Cash, cash equivalents and investments, excluding assets whose use is limited and restricted assets, increased from \$2.454 billion at April 30, 2023, to \$2.617 billion at April 30, 2024. Cash, cash equivalents and investments, including assets whose use is limited and restricted assets, increased from \$2.563 billion at April 30, 2023, to \$2.729 billion at April 30, 2024, primarily as a result of \$317.6 million cash provided by operating activities, \$22.4 million provided by noncapital financing activities, realized investment gains of \$79.0 million, and unrealized investment gains of \$10.0 million, offset by \$267.5 million used in capital and related financing activities. Net patient accounts receivable increased from \$340.2 million at April 30, 2023, to \$361.9 million at April 30, 2024, in line with the increase in the net patient service revenue, as volumes have continued to improve and contractual pricing has increased. Additions to capital assets, excluding right-to-use lease and subscription assets, decreased from \$269.9 million in fiscal year 2023, to \$147.4 million in fiscal year 2024, largely due to the completion of the four-floor expansion of Joe DiMaggio Children's Hospital in fiscal year 2023 and the opening of the freestanding Memorial Cancer Institute facility in January 2024, which were both under construction throughout fiscal year 2023, as well as the purchase of two parcels of land and future development site at the corner of Hollywood Boulevard and State Road 7 in fiscal year 2023. The estimated cost to complete all construction projects in process at April 30, 2024, is \$155.5 million. Additionally, additions to right-to-use subscription assets were \$77.8 million in fiscal year 2024, largely due to the replacement of the System's ERP in fiscal year 2024. Total debt decreased from \$909.3 million at April 30, 2023 to \$894.7 million at April 30, 2024, primarily attributable to scheduled maturities of long-term debt. Refer to Note 4, Note 7, Note 9 and Note 16 for further discussion of other funding, capital asset, long-term debt and right-to-use subscription asset activity, respectively.

Taxes and Uncompensated Care

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

The financial strength of the System minimizes the tax burden in south Broward County. In September 2023, the System's Board of Commissioners voted once again to reduce the tax millage rate from 0.1010 mills to 0.0937 mills.

With no net tax revenue, the System's financial strength enables it to absorb the financial burden of providing a continued high level of uncompensated care and to develop and support state-of-the-art facilities.

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

Management's Discussion and Analysis – Unaudited

Source of Patient Charges

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

	2024	2023
Medicare	12.9%	13.4%
Medicaid	3.2%	3.6%
Managed care	75.6%	74.5%
Other	8.3%	8.5%
Total	100.0%	100.0%

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

**Statements of Net Position – System
April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	\$ 427,752	\$ 271,605
Investments	2,366,530	2,345,956
Patient accounts receivable, net of estimated uncollectibles of \$771,000 and \$592,658 at April 30, 2025 and 2024, respectively	359,566	361,946
Inventories	63,342	58,009
Other current assets	385,787	265,034
Restricted assets:		
Investments under indenture agreements for debt service	33,866	28,785
Investments under self-insurance agreements	13,752	13,215
Total current assets	3,650,595	3,344,550
Noncurrent assets:		
Designated investments for employee disability	21,542	20,105
Capital assets, net	1,385,448	1,260,684
Right-to-use lease assets, net	50,467	56,654
Right-to-use subscription assets, net	93,504	111,943
Other assets	46,717	46,500
Restricted assets, net of current portion:		
Investments under self-insurance agreements	52,958	49,051
Total assets	\$ 5,301,231	\$ 4,889,487
Deferred outflows of resources:		
Pension related items	\$ 63,399	\$ 102,455
Loss on defeasance	13,478	14,757
Total deferred outflows of resources	\$ 76,877	\$ 117,212

(Continued)

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

**Statements of Net Position – System (Continued)
April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Liabilities, Deferred Inflows of Resources and Net Position		
Current liabilities:		
Accounts payable and accrued expenses	\$ 160,963	\$ 170,414
Accrued compensation and payroll taxes	254,118	240,100
Estimated third-party payor settlements	144,728	118,630
Current installments of long-term debt	18,280	12,935
Current portion of estimated claims liability	17,263	15,443
Current portion of lease payable	8,417	14,555
Current portion of subscription liability	24,420	22,462
Other current liabilities	56,870	62,687
Total current liabilities	685,059	657,226
Noncurrent liabilities:		
Long-term portion of estimated claims liability	27,923	27,487
Net pension liability	41,944	128,128
Other noncurrent liabilities	63,198	60,881
Lease payable	45,660	44,242
Subscription liability	38,436	51,858
Long-term debt	861,348	881,813
Total liabilities	\$ 1,763,568	\$ 1,851,635
Deferred inflows of resources:		
Pension related items	\$ 37,925	\$ -
Lease related items	14,122	14,176
Total deferred inflows of resources	\$ 52,047	\$ 14,176
Net position:		
Net investment in capital assets	\$ 521,363	\$ 390,329
Restricted	34,957	29,659
Unrestricted	3,006,173	2,720,900
Total net position	\$ 3,562,493	\$ 3,140,888

See notes to financial statements.

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

**Statements of Revenues, Expenses and Changes in Net Position – System
Years Ended April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Operating revenue:		
Net patient service revenue	\$ 3,216,313	\$ 3,003,774
Disproportionate share distributions	33,125	45,371
Other operating revenues	285,543	223,076
Total operating revenue	3,534,981	3,272,221
Operating expenses:		
Salaries and wages	1,670,828	1,557,796
Employee benefits	286,359	265,478
Professional fees	91,085	79,081
Supplies	739,018	637,353
Purchased services	232,430	240,218
Facilities	96,324	91,361
Depreciation and amortization	162,823	145,170
Other	118,510	108,999
Total operating expenses	3,397,377	3,125,456
Operating income	137,604	146,765
Nonoperating revenues, net	267,824	99,156
Excess of revenues over expenses	405,428	245,921
Capital contributions and grants	16,177	30,773
Increase in net position	421,605	276,694
Net position at the beginning of the year	3,140,888	2,864,194
Net position at the end of the year	\$ 3,562,493	\$ 3,140,888

See notes to financial statements.

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

**Statements of Cash Flows – System
Years Ended April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Cash flows from operating activities:		
Receipts from third-party payors and patients	\$ 3,110,837	\$ 2,965,652
Payments to vendors	(1,283,360)	(1,139,369)
Other receipts	309,531	261,962
Payments to employees	(1,871,458)	(1,708,113)
Claims and self-insurance payments	(75,363)	(62,497)
Net cash provided by operating activities	190,187	317,635
Cash flows from noncapital financing activities:		
COVID-19 relief funds	78,425	22,429
Transitional reinsurance program recoveries	936	-
Ad valorem tax receipts	7,456	7,596
Payments for governmental obligations	(8,951)	(7,609)
Net cash provided by noncapital financing activities	77,866	22,416
Cash flows from capital and related financing activities:		
Acquisition and construction of capital assets	(239,287)	(156,070)
Capital contribution and grant receipts	30,768	11,485
Recoveries from damage and defects related to capital assets	523	-
Principal payments on long-term debt	(12,935)	(12,390)
Interest payments on long-term debt	(30,613)	(31,438)
Change in investments restricted under debt service	(5,081)	(316)
Principal payments on leases	(13,618)	(17,274)
Interest payments on leases	(1,932)	(2,113)
Termination payments on leases	(4,000)	-
Principal payments on SBITAs	(27,964)	(25,562)
Interest payments on SBITAs	(2,404)	(1,920)
Initial implementation costs on SBITAs	(35)	(31,951)
Net cash used in capital and related financing activities	(306,578)	(267,549)
Cash flows from investing activities:		
Proceeds from sales, maturities or repayment of investments	3,589,594	2,965,761
Purchases of investments	(3,505,422)	(3,016,975)
Investment income received	113,890	91,563
Custodial fees paid	(3,390)	(3,800)
Net cash provided by investing activities	194,672	36,549
Net change in cash and cash equivalents	156,147	109,051
Cash and cash equivalents:		
Beginning of year	271,605	162,554
End of year	\$ 427,752	\$ 271,605

(Continued)

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

**Statements of Cash Flows – System (Continued)
Years Ended April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Reconciliation of operating income to net cash provided by operating activities:		
Operating income	\$ 137,604	\$ 146,765
Adjustments to reconcile operating income to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	162,823	145,170
Provision for doubtful accounts	308,960	145,100
Loss on termination of right-to-use assets	3,928	-
(Gain) loss on disposal of capital assets	(269)	310
Changes in operating assets, deferred outflows of resources, liabilities and deferred inflows of resources:		
Patient accounts receivable	(306,580)	(166,843)
Other current assets and inventories	(137,085)	(42,464)
Other assets	373	1,948
Lease receivable and related deferred inflows of resources	492	373
Accounts payable and accrued expenses	(8,265)	12,717
Accrued compensation and payroll taxes	14,018	58,709
Estimated third-party payor settlements	26,098	13,124
Other current liabilities	(5,817)	7,079
Other noncurrent liabilities	854	2,405
Net pension liability and related deferred outflows and inflows of resources	(9,203)	(4,629)
Estimated claims liability	2,256	(2,129)
Net cash provided by operating activities	\$ 190,187	\$ 317,635
Supplemental noncash investing, capital and financing activities:		
Noncash investment and other nonoperating income	\$ 10,551	\$ 12,640
Nonoperating depreciation expense	2,141	2,100
Nonoperating loss on disposal of assets	234	320
Unrealized gains on investments	117,917	10,048
Noncash interest expense	1,232	1,186
Decrease in noncash capital assets	869	13,022
Right-to-use lease asset additions	12,112	2,593
Right-to-use lease asset deletions	3,213	1,187
Right-to-use SBITA additions	17,075	45,885
Right-to-use SBITA deletions	576	-
(Decrease) increase in noncash capital contributions and grants	(14,591)	19,288
Medicare DSH Waiver Days settlement interest income	-	14,148

See notes to financial statements.

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

**Statements of Fiduciary Net Position – Pension Trust Fund
April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Assets, Liabilities and Net Position		
Investments:		
SEC-registered money market funds	\$ 18,872	\$ 15,141
U.S. government and agency obligations	167,834	169,265
Asset-backed / mortgage obligations	8,646	7,342
Corporate debt	98,202	91,341
Commercial mortgage securities	-	3,904
Floating rate mutual fund	56,327	53,440
U.S. equities	150,095	132,954
U.S. equity exchange traded funds	176,033	161,403
International equities	86,979	96,813
Global mutual funds	271,549	249,862
Foreign bonds	7,331	4,862
Total investments	1,041,868	986,327
Due from broker for investment sold	3,248	3,495
Total assets	\$ 1,045,116	\$ 989,822
Investment management fee payable	\$ 1,151	\$ 1,152
Total liabilities	\$ 1,151	\$ 1,152
Restricted for pension benefits	\$ 1,043,965	\$ 988,670
Total net position	\$ 1,043,965	\$ 988,670

See notes to financial statements.

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

**Statements of Changes in Fiduciary Net Position – Pension Trust Fund
Years Ended April 30, 2025 and 2024
(In Thousands)**

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 51,345	\$ 75,961
Interest and dividends	27,284	26,565
Less investment expense	(2,587)	(3,172)
Net investment income	76,042	99,354
Employer pension contributions	37,350	43,650
Total additions	113,392	143,004
Deductions:		
Benefit payments	57,987	43,344
Administrative expenses	110	111
Total deductions	58,097	43,455
Increase in net position	55,295	99,549
Net position at the beginning of year	988,670	889,121
Net position at the end of year	\$ 1,043,965	\$ 988,670

See notes to financial statements.

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

Notes to Financial Statements

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

Nature of Organization: The South Broward Hospital District d/b/a Memorial Healthcare System (the System) is a special tax district created under the Laws of Florida and a 501(c)(3) not-for-profit entity. The System operates Memorial Regional Hospital and Joe DiMaggio Children's Hospital at Memorial Regional Hospital, both located in Hollywood, Florida; Memorial Regional Hospital South (a campus of Memorial Regional Hospital) located in Hollywood, Florida; Memorial Hospital Pembroke, located in Pembroke Pines, Florida; Memorial Hospital West, located in Pembroke Pines, Florida; and Memorial Hospital Miramar, located in Miramar, Florida. The System also operates the 24/7 Care Center and Memorial Manor Nursing Home, both located in Pembroke Pines, Florida. Other components of the System include Memorial Physician Group; Memorial Outpatient Pharmacy Services; Memorial Neuroscience Institute; Memorial Rehabilitation Institute; Memorial Outpatient Behavioral Health; U-18 Sports Medicine; Memorial Primary Care; three Urgent Care Centers; Memorial Cancer Institute, including a partnership with Moffitt Cancer Center; Memorial Cardiac and Vascular Institute; Graduate Medical Education; Memorial Health Network; Broward Guardian; and Memorial Health Assurance. As of April 30, 2025, the System operates a total of 2,035 licensed hospital beds and 120 licensed nursing home beds.

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

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

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

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

In accordance with Governmental Accounting Standards Board (GASB) Statement No. 80, *Blending Requirements for Certain Component Units—an amendment of GASB Statement No. 14*, and GASB Statement No. 61, *The Financial Reporting Entity: Omnibus an amendment of GASB Statements No. 14 and No. 34*, MHN, Broward Guardian, and Memorial Health Assurance are blended within the financial results of the System because of the significance of the component units' operational and financial relationships with the System and, in certain cases, because the component unit is a nonprofit corporation for which the System is the sole corporate member. Additionally, the System also reports a defined benefit pension plan as a fiduciary component unit. Further information on the plan is included in Note 10 of the financial statements.

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

Notes to Financial Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes to Financial Statements

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

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

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

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

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

Other assets: Other assets consist primarily of the following:

South Florida Community Care Network d/b/a Community Care Plan (SFCCN): The System is an equal partner in SFCCN, a managed care network governed by an agreement between two governmental entities, the System and the North Broward Hospital District, which are the sole members of SFCCN. SFCCN administers various health programs and is designated by the State of Florida as a Provider Service Network (PSN). SFCCN operates pursuant to contracts with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Health (DOH), and the Florida Healthy Kids Corporation (FHK). As a PSN, SFCCN comprises a network of hospitals, physicians, and ancillary providers developed to deliver integrated, managed care services to covered enrollees across multiple Florida counties.

The System accounts for its investment in SFCCN under the equity method and it measures the value of its investment in SFCCN based on the net asset value of its membership interest. The System evaluates the value of its investment by considering available evidence, including general market conditions and the investee's financial condition. This investment may not be transferred unless all existing SFCCN members agree in writing in advance. For the years ended April 30, 2025 and 2024, the System recognized income from its investments in SFCCN of approximately \$1,161,000 and \$5,482,000, respectively, which is included in nonoperating revenues, net in the accompanying statements of revenues, expenses and changes in net position. As of April 30, 2025 and 2024, the System's investment in SFCCN was approximately \$33,277,000 and \$32,116,000, respectively, and is included in other assets in the accompanying statements of net position.

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

Notes to Financial Statements

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

Leases: The System applies GASB Statement No. 87, *Leases* (GASB Statement No. 87), for the measurement, recognition, and disclosure of both lessee and lessor leases. GASB Statement No. 87 requires leases with durations greater than twelve months to be recognized on the statements of net position. The System capitalizes leases with an initial, individual value of \$176,000 or greater. Refer to Note 15 for further information.

The System is a lessee for various noncancellable operating leases for office space, medical equipment and data processing equipment, and a lessor for noncancellable leases of medical and retail office space in its managed facilities.

At the commencement of a lease, the System initially measures the lease payable or receivable at the present value of fixed payments expected to be made or received during the lease term. Subsequently, the lease payable or receivable is reduced by the principal portion of lease payments made or received. The lease asset or deferred inflow of resources is initially measured as the initial amount of the lease payable or lease receivable, adjusted for lease payments made or received at or before the lease commencement date. Subsequently, the lease asset is amortized on a straight-line basis over the shorter of the term of the respective lease or the life of the related asset and the deferred inflow of resources is recognized as revenue over the life of the lease term.

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

- (1) The System uses its estimated incremental borrowing rate as the discount rate for leases, as most of the leases do not provide a readily determinable implicit interest rate.
- (2) The lease term includes the noncancellable period of the lease.
- (3) Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase options that the System is reasonably certain to exercise. Lease receipts included in the measurement of the lease receivable are composed of fixed payments from the lessee.

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

Subscription-Based Information Technology Arrangements: The System applies GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB Statement No. 96), for the measurement, recognition and disclosure of subscription-based information technology arrangements (SBITA). A SBITA is a contract that conveys control of the right to use another party's (a SBITA vendor's) IT software, alone or in combination with tangible capital assets (the underlying IT assets), as specified in the contract for a period of time in an exchange or exchange-like transaction. GASB Statement No. 96 requires SBITAs with durations greater than twelve months to be recognized on the statements of net position. The System is obligated under various noncancellable SBITAs. The System capitalizes subscriptions with an initial, individual value of \$176,000 or greater. Refer to Note 16 for further information.

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

Notes to Financial Statements

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

At the commencement of a SBITA, the System initially measures the subscription liability at the present value of fixed payments expected to be made during the subscription term. Subsequently, the subscription liability is reduced by the principal portion of subscription payments made. The subscription asset is measured as the initial amount of the subscription liability, adjusted for subscription payments made at or before the subscription commencement date, in addition to certain initial direct costs. Subsequently, the subscription asset is amortized on a straight-line basis over the shorter of the respective SBITA term or the life of the related IT asset.

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

- (1) The System uses the incremental borrowing rate as the discount rate for SBITAs, as most of the subscriptions do not provide a readily determinable implicit interest rate.
- (2) The subscription term includes the noncancellable period of the subscription.
- (3) Subscription payments included in the measurement of the subscription liability are composed of fixed payments and purchase options that the System is reasonably certain to exercise.

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

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

Compensated absences: Personal leave time, which includes holiday, sick and vacation time, that is accrued but not used at April 30, 2025 and 2024, is included in accrued compensation and payroll taxes and other noncurrent liabilities in the accompanying statements of net position. The gross increases and decreases for compensated absences are disclosed as a net change.

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

Notes to Financial Statements

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

Pensions: The System applies GASB Statement No. 67, *Financial Reporting for Pension Plans* (GASB Statement No. 67), GASB Statement No. 68, *Accounting and Financial Reporting for Pensions—an amendment of GASB Statement No. 27* (GASB Statement No. 68), GASB Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date—an amendment of GASB Statement No. 68* (GASB Statement No. 71), GASB Statement No. 73, *Accounting and Financial Reporting for Pensions and Related Assets That Are Not Within the Scope of GASB Statement No. 68, and Amendments to Certain Provisions of GASB Statements 67 and 68* (GASB Statement No. 73), and GASB Statement No. 82, *Pension Issues—an amendment of GASB Statements No. 67, No. 68 and No. 73* (GASB Statement No. 82), for the measurement, recognition, and disclosure of pension expenses, liabilities, assets and deferred inflows and outflows of resources. The Plan's fiduciary net position has been determined on the same basis as it is reported by the Plan, for purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources, and pension expense related to the Plan. The Plan's financial statements are prepared using the accrual basis of accounting, whereby employer contributions to the Plan are recognized when due and the employer has made a formal commitment to provide the contributions. Benefits and refunds are recognized when due and payable in accordance with the terms of the Plan's policy.

Costs of borrowing: Premiums and discounts associated with long-term debt are amortized using the straight-line method over the life of the debt since the result is not significantly different from the effective interest method of amortization. Debt issuance costs, excluding prepaid bond insurance, are expensed in the year of issuance. Losses resulting from the defeasance of debt are recorded as deferred outflows of resources and amortized over the shorter of the remaining life of the refunded debt or the life of the new debt using the straight-line method since the results are not significantly different from the effective interest method of amortization.

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

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

The restricted component of net position consists of restricted assets; assets that have constraints placed on them externally by creditors, grantors, contributors, laws or regulations of other governments or laws through constitutional provisions or enabling legislation, reduced by liabilities or deferred inflows related to those restricted assets. The unrestricted component of net position consists of the net amount of assets and deferred outflows of resources and liabilities and deferred inflows of resources that do not meet the definitions of the other two components of net position.

When an expense is incurred for purposes for which both restricted and unrestricted resources are available, the System's policy is to apply restricted resources first, and then unrestricted resources as needed.

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

Notes to Financial Statements

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

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

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

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

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

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

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

Notes to Financial Statements

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

New accounting pronouncements: In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements* to provide guidance on the accounting and financial reporting for SBITAs for government end users. This Statement: (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. The requirements of this Statement are effective for fiscal years beginning after June 15, 2022, which for the System was May 1, 2023. The effect of adopting GASB Statement No. 96 as of May 1, 2023, resulted in the restatement of certain balances as follows (in thousands):

	Balances at April 30, 2023, as Previously Reported	Change to Implement GASB Statement No. 96	Balances at May 1, 2023, as Restated
Other current assets	\$ 198,843	\$ (6,079)	\$ 192,764
Right-to-use subscription assets, net	-	60,076	60,076
Current portion of subscription liability	-	(16,750)	(16,750)
Subscription liability, net of current portion	-	(37,247)	(37,247)

In May 2022, the GASB issued Statement No. 99, *Omnibus 2022* (GASB Statement No. 99). The Statement provides guidance addressing various accounting and financial reporting issues identified during the implementation and application of certain GASB pronouncements, including: accounting and financial reporting for exchange or exchange-like financial guarantees; certain derivative instruments that are neither hedging derivative instruments nor investment derivative instruments; and clarification of certain provisions of: GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments* (GASB Statement No. 34), GASB Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements* (GASB Statement No. 94), GASB Statement No. 87, and GASB Statement No. 96.

The requirements of GASB Statement No. 99 are effective as follows:

- The extension of the use of LIBOR, disclosures for nonmonetary transactions, pledges of future revenues by pledging governments, clarifications of certain provisions in GASB Statement No. 34, and terminology updates were effective immediately.
- The requirements related to GASB Statement No. 87, GASB Statement No. 94, and GASB Statement No. 96 were effective for fiscal years beginning after June 15, 2022, and all reporting periods thereafter.
- The requirements related to financial guarantees and the other requirements related to derivative instruments were effective for fiscal years beginning after June 15, 2023, and all reporting periods thereafter.

The requirements of this Statement which were effective immediately had no material impact on the financial statements. The System implemented the requirements related to GASB Statement No. 87 as of May 1, 2022. Additionally, the System implemented the requirements related to GASB Statement No. 96 as of May 1, 2023. The System implemented the remainder of the requirements of this Statement as of May 1, 2023, which had no material impact on the financial statements.

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

Notes to Financial Statements

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

In December 2023, the GASB issued Statement No. 102, *Certain Risk Disclosures* (GASB Statement No. 102). The Statement requires governments to disclose essential information about risks related to vulnerabilities due to certain concentrations or constraints. The Statement defines a concentration as a lack of diversity related to an aspect of a significant inflow or outflow of resources; and a constraint as a limitation imposed on a government by an external party or by formal action of the government's highest level of decision-making authority, such as a voter-approved property tax cap or a state-imposed debt limit. Concentrations and constraints may limit a government's ability to acquire resources or control spending. The Statement generally requires a government to disclose information about a concentration or constraint if all of the following criteria are met: (a) a concentration or constraint is known to the government prior to issuing the financial statements; (b) the concentration or constraint makes the government vulnerable to the risk of a substantial impact; and (c) an event or events associated with the concentration or constraint that could cause a substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued. The requirements of GASB Statement No. 102 are effective for fiscal years beginning after June 15, 2024, and all reporting periods thereafter. Earlier application is encouraged. The System has not elected to implement the requirements of this Statement early and is still evaluating the potential impacts.

In May 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements* (GASB Statement No. 103). The Statement provides guidance built on GASB Statement No. 34, to improve key components of the financial reporting model. The targeted improvements contained in GASB Statement No. 103 establish or modify existing accounting and financial reporting requirements related to: management's discussion and analysis, unusual or infrequent items (previously known as extraordinary and special items), presentation of the proprietary fund statements of revenues, expenses and changes in fund net position, major component unit information, and budgetary comparison information. The requirements of Statement No. 103 are effective for fiscal years beginning after June 15, 2025, and all reporting periods thereafter. Earlier application is encouraged. The System has not elected to implement the requirements of this Statement early and is still evaluating the potential impacts.

In September 2024, the GASB issued Statement No. 104, *Disclosure of Certain Capital Assets* (GASB Statement No. 104). The Statement requires governments to disclose separately certain types of capital assets in the capital assets note disclosures required by Statement No. 34. The Statement also establishes requirements for capital assets held for sale, including additional disclosures for those capital assets. The requirements of GASB Statement No. 104 are effective for fiscal years beginning after June 15, 2025, and all reporting periods thereafter. Earlier application is encouraged. The System has not elected to implement the requirements of this Statement early and is still evaluating the potential impacts.

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

Notes to Financial Statements

Note 2. Uncompensated Care

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

The following information measures the level of uncompensated care provided during the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Uncompensated care, based on established rates	\$ 1,123,781	\$ 910,382
Percentage of uncompensated care patients to all patients served based upon total charges	4.9%	4.5%

For the years ended April 30, 2025 and 2024, uncompensated care includes approximately \$814,821,000 and \$765,282,000, respectively, of charges forgone for services provided under the System's charity care policy. Using the System's average ratio of cost to charges, the cost of charity care provided was approximately \$121,581,000 and \$118,710,000 for the years ended April 30, 2025 and 2024, respectively.

Note 3. Net Patient Service Revenue

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

Medicare

Reimbursement for certain services subject to special reimbursement formulas under the Medicare program is subject to audit and settlement by a Medicare Administrative Contractor. Audits and final settlements have been completed through 2018 for Memorial Hospital West, with audit fieldwork substantially completed for 2019 and 2020. For Memorial Hospital Pembroke, audits and final settlements have been completed through 2019, and audit fieldwork for 2022 is currently in progress. Memorial Regional Hospital has completed audits and final settlements through 2020. And for Memorial Hospital Miramar, audits and final settlements have been completed through 2022, except for 2021, where audit fieldwork has been substantially completed. All related final settlements are not expected to differ materially from the recorded amounts. Medicare program beneficiaries accounted for approximately 12.9% of the System's gross patient charges in both fiscal years 2025 and 2024.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds from the Low Income Pool must be regarded as Medicaid patient days for purposes of computing Medicare DSH payments. This matter affected the System's cost reports dating back to fiscal year 2007. CMS declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2023, CMS entered into settlement discussions with the affected hospitals, instructing its Medicare Administrative Contractors (MACs) to reopen and adjust certain hospital cost reports to revise upward the Medicare DSH payments (the Medicare DSH Waiver Days settlement). These retrospective reopenings applied to the System's cost reports for fiscal years 2007 through 2016. MACs were also instructed to allow amendments to non-final cost reports for the affected hospitals to include additional documentation for those periods. This applied to the System's cost reports for fiscal years 2017 through 2020. Beginning with fiscal year 2021, the relevant documentation was included in the original filed cost reports, based on the favorable court decision.

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

Notes to Financial Statements

Note 3. Net Patient Service Revenue (Continued)

As of April 30, 2025 and 2024, the receivable from the Medicare DSH Waiver Days settlement, including interest, was approximately \$62,340,000 and \$76,594,000, respectively, which is included in other current assets in the accompanying statements of net position. During the year ended April 30, 2024, the System changed its estimate and recognized approximately \$14,148,000 of interest related to this matter, which was included in nonoperating revenues, net in the accompanying statements of revenues, expenses and changes in net position. Besides the recognition of interest, there were no additional material changes in estimate related to this matter in fiscal years 2025 and 2024.

Medicaid

Reimbursement under the Florida Medicaid program is based on a variety of prospective rate methodologies. Medicaid program beneficiaries accounted for approximately 3.0% and 3.2% of the System's gross patient charges in fiscal years 2025 and 2024, respectively.

During the years ended April 30, 2025 and 2024, the System recognized approximately \$109,314,000 and \$107,482,000, respectively, of net patient service revenue under the Medicaid supplemental financing initiative called the Hospital Directed Payment Program (DPP). This included approximately \$195,972,000 of DPP funding net of intergovernmental transfers (IGTs) of \$86,658,000 for the year ended April 30, 2025, and \$189,103,000 of DPP funding net of IGTs of \$81,621,000 for the year ended April 30, 2024. DPP is administered regionally and is intended to bridge the difference between Medicaid reimbursement rates and the costs of providing the care. Hospitals that participate receive their DPP funding via their local Medicaid managed care plans. Florida's DPP provides a financial incentive for all hospitals to engage in quality initiatives with the Medicaid managed care plans in their region. Total DPP payments are subject to a 2% withholding for each of the three quality measures (6% in total). Each measure is applied collectively to participant hospitals. If the group of participant hospitals meet a benchmark measure, then all participants receive back the 2% withheld for the respective measure.

During the years ended April 30, 2025 and 2024, the net patient service revenue recognized for DPP primarily included Medicaid HMO Plan years ended September 30, 2024 and 2023, respectively, which was net of 6% withheld for certain quality measures, and quality measures for the Medicaid HMO Plan year ended September 30, 2023 and 2022, respectively. Measurement of performance against these benchmarks for the Medicaid HMO Plan year ended September 30, 2024, was still being conducted by the State Medicaid Agency as of April 30, 2025. Total receivables from DPP funding was approximately \$120,893,000 and \$13,667,000 as of April 30, 2025 and 2024, respectively, which was reported in other current assets in the accompanying statements of net position. Subsequent to April 30, 2025, the System received approximately \$99,032,000 of the outstanding DPP receivables reported as of the fiscal year then ended. As of April 30, 2025, government administrative approval has not yet been received for the Hospital Directed Payment Program related to the Medicaid HMO Plan year ended September 30, 2025.

Insurance and Other Payors

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

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

Notes to Financial Statements

Note 3. Net Patient Service Revenue (Continued)

Net Patient Service Revenue

The difference between gross patient charges and the contractually established rate for all payors is accounted for as contractual adjustments. The System's gross patient charges, charity care adjustments, provision for doubtful accounts and contractual adjustments for the years ended April 30, 2025 and 2024, are as follows (in thousands):

	2025	2024
Gross patient charges	\$ 22,764,756	\$ 20,148,780
Charity care adjustments	(814,821)	(765,282)
Provision for doubtful accounts	(308,960)	(145,100)
Contractual adjustments	(18,424,662)	(16,234,624)
Net patient service revenue	<u>\$ 3,216,313</u>	<u>\$ 3,003,774</u>

Net Patient Accounts Receivable

The System grants credit without collateral to its patients, most of which are local residents that are insured under third-party payor agreements. Net patient accounts receivable, reported as current assets by the System at April 30, 2025 and 2024, consists of the following amounts (in thousands):

	2025	2024
Receivable from Medicare	\$ 213,171	\$ 125,630
Receivable from Medicaid	103,531	63,980
Receivable from patients' insurance carriers	2,206,175	1,621,490
Receivable from other	345,363	325,014
Total patient accounts receivable	<u>2,868,240</u>	<u>2,136,114</u>
Less allowance for charity care and contractual adjustments	(1,737,671)	(1,181,510)
Less allowance for doubtful accounts	(771,003)	(592,658)
Patient accounts receivable, net	<u>\$ 359,566</u>	<u>\$ 361,946</u>

Concentrations of Credit Risk

The mix of net receivables from patients and third-party payors at April 30, 2025 and 2024, is as follows:

	2025	2024
Medicare	10.3%	8.4%
Medicaid	4.4%	1.6%
Managed care	77.9%	84.2%
Other	7.4%	5.8%
Total	<u>100.0%</u>	<u>100.0%</u>

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

Notes to Financial Statements

Note 4. Other Funding Sources

The System receives funding from various components of the State Medicaid program, including the LIP and DSH payments. The State's LIP distributes funding to the System in support of programs that provide coverage for uninsured and underinsured patients. The LIP is a federal matching program that provides the State with the opportunity to receive additional distributions based upon a fixed annual pool of approximately \$1.5 billion distributed by the State based on a measure of charity care cost. DSH is a federally mandated additional Medicaid payment intended to recognize the higher cost of treating a disproportionate share of low-income patients, subject to federal State-wide limits. Both are subject to a provider-specific cost limits which are retrospectively audited. Audits have been completed through the State Fiscal Year ended June 30, 2022. There were no material differences between original estimates and subsequent revisions in fiscal years 2025 and 2024.

Total revenue recognized by the System from LIP and DSH funding was approximately \$33,125,000 and \$45,371,000 for the years ended April 30, 2025 and 2024, respectively, and was reported as disproportionate share distributions in the accompanying statements of revenues, expenses and changes in net position. As of April 30, 2025 and 2024, the System had total receivables and total unearned revenue from LIP funding of approximately \$50,216,000 and \$8,448,000, respectively, which are reported in other current assets and other current liabilities, respectively, in the accompanying statements of net position. In addition, the System had reserves from LIP funding of approximately \$70,388,000 and \$45,249,000 as of April 30, 2025 and 2024, respectively, which are reported in estimated third-party payor settlements in the accompanying statements of net position. Subsequent to April 30, 2025, the System received approximately \$122,601,000 in LIP funding and remitted approximately \$62,342,000 in IGTs related to the receivables at year-end. As of April 30, 2025, the DSH model for the State Fiscal Year ending June 30, 2025, had not been approved by the State Legislature; therefore, no amounts related to this year were recognized during the year ended April 30, 2025. Accordingly, the System had no receivables or unearned revenue from DSH funding as of April 30, 2025, compared to approximately \$8,485,000 of receivables from DSH funding as of April 30, 2024, which were reported in other current assets in the accompanying statements of net position.

For the years ended April 30, 2025 and 2024, the System recognized approximately \$78,425,000 and \$22,429,000, respectively, of COVID-19 related relief funds from the Federal Emergency Management Agency (FEMA) for expenses incurred during the pandemic, which were reported as nonoperating revenues, net in the accompanying statements of revenue, expenses and changes in net position.

Note 5. Cash, Cash Equivalents and Investments

Custodial credit risk

The System's unrestricted bank deposit balances in the accompanying statements of net position was approximately \$195,394,000 and \$120,823,000 at April 30, 2025 and 2024, respectively. At April 30, 2025 and 2024, the System's deposits consisting of cash and money market accounts were covered by federal depository insurance and a collateral pool pledged to the State Treasurer of Florida by financial institutions that comply with the requirements of Florida Statutes and have been designated as Qualified Public Depositories (QPDs) by the State Treasurer. QPDs are required to pledge collateral to the State Treasurer with a market value equal to a percentage of the average daily balance of all governmental deposits in excess of any federal deposit insurance. In the event of a default by a QPD, all claims for governmental deposits would be satisfied by the State Treasurer from the proceeds of federal deposit insurance, pledged collateral of the public depository in default, and, if necessary, a pro rata assessment to the other QPDs participating in the collateral pool.

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

Notes to Financial Statements

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

At April 30, 2025 and 2024, pursuant to Florida Statute 218.415, investment securities, with the exception of certificates of deposit and money market accounts, are held with a third-party custodian, and all securities purchased by, and all collateral obtained by the System are properly designated as an asset of the System. The securities are held in accounts separate and apart from the assets of the financial institution. The System's bond indentures stipulate that all bond and trustee held funds be "Eligible Investments" as defined in the indentures and be maintained in separate accounts with a bond trustee. All bond and trustee held investments are held in accounts separate and apart from the assets of the financial institution.

Cash Equivalents and Investments

At April 30, 2025 and 2024, the System's cash equivalents and investments, including assets whose use is limited and restricted assets, are as follows (in thousands):

	2025	2024
Unrestricted cash equivalents	\$ 440,488	\$ 282,834
Unrestricted investments	2,366,530	2,345,956
Designated investments for employee disability	21,717	20,225
Restricted assets:		
Investments for MSSP repayment mechanism (*)	671	669
Investments under indenture agreements for debt service	33,866	28,785
Investments under self-insurance agreements	66,710	62,266
	<u>\$ 2,929,982</u>	<u>\$ 2,740,735</u>

(*) Included in Other assets in the accompanying statements of net position

As of April 30, 2025 and 2024, designated investments for employee disability included in cash and cash equivalents were approximately \$175,000 and \$120,000, respectively.

The System's investment policy, as amended from time to time, is approved by the Board of Commissioners of the South Broward Hospital District (the Board). The investment policy is designed to maximize financial return to the System consistent with the risks incumbent in each investment and designed to preserve the appropriate diversification in the portfolio. The System utilizes an independent investment consultant to identify and hire investment managers, implement strategies and monitor risk and performance. The investment policy authorizes investment in equity strategies up to a 20% limitation of investable assets. At April 30, 2025 and 2024, approximately 16.54% and 15.87%, respectively, of investable assets were in low volatility equity mutual funds and/or exchange traded funds.

Fair Value Measurements

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

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

Level 2: Observable inputs other than quoted prices.

Level 3: Unobservable inputs.

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

Notes to Financial Statements

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

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

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

The tables below present the fair value leveling of the System's cash equivalents and investments as of April 30, 2025 and 2024, in accordance with GASB Statement No. 72 (in thousands):

	2025			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ 193,838	\$ -	\$ -	\$ 193,838
SEC-registered money market funds	149,324	-	-	149,324
Commercial paper	-	45,242	-	45,242
U.S. treasuries	860,397	-	-	860,397
U.S. agencies / U.S. agency mortgage bonds	-	322,598	-	322,598
Supranational bonds	-	1,916	-	1,916
Corporate debt / asset-backed securities	-	850,016	-	850,016
U.S. equity / equity mutual funds	164,681	320,010	-	484,691
Municipal securities	-	21,855	-	21,855
Group annuity contract	-	-	105	105
	<u>\$ 1,368,240</u>	<u>\$ 1,561,637</u>	<u>\$ 105</u>	<u>\$ 2,929,982</u>

	2024			
	Level 1	Level 2	Level 3	Total
Money market accounts	\$ 117,196	\$ -	\$ -	\$ 117,196
SEC-registered money market funds	89,152	-	-	89,152
Commercial paper	-	109,178	-	109,178
U.S. treasuries	847,436	-	-	847,436
U.S. agencies / U.S. agency mortgage bonds	-	302,058	-	302,058
Supranational bonds	-	5,835	-	5,835
Corporate debt / asset-backed securities	-	804,014	-	804,014
U.S. equity / equity mutual funds	179,037	255,837	-	434,874
Municipal securities	-	30,117	-	30,117
Group annuity contract	-	-	875	875
	<u>\$ 1,232,821</u>	<u>\$ 1,507,039</u>	<u>\$ 875</u>	<u>\$ 2,740,735</u>

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

Notes to Financial Statements

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

Interest Rate Risk

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

At April 30, 2025 and 2024, the System had cash equivalents and investments maturing as follows (in thousands):

	2025				
	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
Money market accounts	\$ 193,838	\$ 193,838	\$ -	\$ -	\$ -
SEC-registered money market funds	149,324	149,324	-	-	-
Commercial paper	45,242	45,242	-	-	-
U.S. treasuries	860,397	261,540	314,602	284,255	-
U.S. agencies / U.S. agency mortgage bonds	322,598	9,894	83,253	72,163	157,288
Supranational bonds	1,916	-	1,916	-	-
Corporate debt / asset-backed securities	850,016	93,882	523,120	206,001	27,013
U.S. equity / equity mutual funds	484,691	484,691	-	-	-
Municipal securities	21,855	1,120	11,000	9,725	10
Group annuity contract	105	105	-	-	-
	<u>\$2,929,982</u>	<u>\$ 1,239,636</u>	<u>\$ 933,891</u>	<u>\$ 572,144</u>	<u>\$ 184,311</u>

	2024				
	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
Money market accounts	\$ 117,196	\$ 117,196	\$ -	\$ -	\$ -
SEC-registered money market funds	89,152	89,152	-	-	-
Commercial paper	109,178	109,178	-	-	-
U.S. treasuries	847,436	310,951	317,833	218,652	-
U.S. agencies / U.S. agency mortgage bonds	302,058	20,771	65,487	73,395	142,405
Supranational bonds	5,835	-	5,835	-	-
Corporate debt / asset-backed securities	804,014	75,252	478,617	212,499	37,646
U.S. equity / equity mutual funds	434,874	434,874	-	-	-
Municipal securities	30,117	-	14,020	16,058	39
Group annuity contract	875	875	-	-	-
	<u>\$2,740,735</u>	<u>\$ 1,158,249</u>	<u>\$ 881,792</u>	<u>\$ 520,604</u>	<u>\$ 180,090</u>

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

Notes to Financial Statements

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

Credit Risk

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

At April 30, 2025 and 2024, the System's cash equivalents and investments have credit ratings as follows (in thousands):

	S&P Rating or Comparable as of April 30, 2025												
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BBB	BBB-	BB+	B
Money market accounts	\$ 193,838	\$ 193,838	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SEC-registered money market funds	149,324	149,324	-	-	-	-	-	-	-	-	-	-	-
Commercial paper	45,242	45,242	-	-	-	-	-	-	-	-	-	-	-
U.S. treasuries	860,397	860,397	-	-	-	-	-	-	-	-	-	-	-
U.S. agencies / U.S. agency mortgage bonds	322,598	7,849	314,749	-	-	-	-	-	-	-	-	-	-
Supranational bonds	1,916	1,916	-	-	-	-	-	-	-	-	-	-	-
Corporate debt / asset-backed securities	850,016	111,481	4,245	14,163	38,118	42,123	135,381	211,237	112,196	119,272	59,776	1,928	96
Municipal securities	21,855	5,380	9,223	5,163	1,784	305	-	-	-	-	-	-	-
	2,445,186	\$ 1,375,427	\$ 328,217	\$ 19,326	\$ 39,902	\$ 42,428	\$ 135,381	\$ 211,237	\$ 112,196	\$ 119,272	\$ 59,776	\$ 1,928	\$ 96
U.S. equities, and group annuity contracts	484,796												
	\$ 2,929,982												

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

Notes to Financial Statements

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

	S&P Rating or Comparable as of April 30, 2024													
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BBB	BBB-	BB+	B	
Money market accounts	\$ 117,196	\$ 117,196	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SEC-registered money market funds	89,152	89,152	-	-	-	-	-	-	-	-	-	-	-	
Commercial paper	109,178	109,178	-	-	-	-	-	-	-	-	-	-	-	
U.S. treasuries	847,436	576,049	271,387	-	-	-	-	-	-	-	-	-	-	
U.S. agencies / U.S. agency mortgage bonds	302,058	3,592	298,466	-	-	-	-	-	-	-	-	-	-	
Supranational bonds	5,835	5,835	-	-	-	-	-	-	-	-	-	-	-	
Corporate debt / asset-backed securities	804,014	121,886	6,857	11,196	23,186	54,072	102,817	190,984	128,372	108,289	53,379	2,854	122	
Municipal securities	30,117	7,431	10,495	7,169	4,076	451	-	495	-	-	-	-	-	
	2,304,986	\$1,030,319	\$ 587,205	\$ 18,365	\$ 27,262	\$ 54,523	\$ 102,817	\$ 191,479	\$ 128,372	\$ 108,289	\$ 53,379	\$ 2,854	\$ 122	
U.S. equities, and group annuity contracts	435,749													
	\$ 2,740,735													

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

Notes to Financial Statements

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

Concentration of Credit Risk

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

At April 30, 2025, investments in any one issuer representing 5% or more of the System's total investments were approximately \$148,781,000 (5.1%) invested in issues of the Federal National Mortgage Association. At April 30, 2024, there were no investments in any one issuer representing greater than 5% or more of the System's total investments.

Note 6. Other Current Assets

At April 30, 2025 and 2024, the System's other current assets consist of the following amounts (in thousands):

	2025	2024
Due from Medicare	\$ 125,279	\$ 144,349
Due from Medicaid	178,530	25,505
Prepaid expense	23,008	34,844
Due from the Foundations	4,986	18,649
Accrued interest receivable	15,998	12,642
Lease receivable	4,775	4,575
Other receivables	33,211	24,470
	<u>\$ 385,787</u>	<u>\$ 265,034</u>

Refer to Note 3 and Note 4 for additional information related to other receivables due from Medicare and Medicaid.

**South Broward Hospital District
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Notes to Financial Statements

Note 7. Capital Assets, Net

A summary of the activity for capital assets and the related accumulated depreciation is as follows for the years ended April 30, 2025 and 2024 (in thousands):

	Balance at May 1, 2023	Additions	Transfers	Deletions	Balance at April 30, 2024
Depreciable assets:					
Land improvements	\$ 32,094	\$ -	\$ 41	\$ -	\$ 32,135
Buildings and improvements	1,566,326	3,574	116,110	(1,380)	1,684,630
Equipment	751,468	34,539	32,327	(31,000)	787,334
Total depreciable assets	2,349,888	38,113	148,478	(32,380)	2,504,099
Accumulated depreciation:					
Land improvements	(22,509)	(1,366)	-	-	(23,875)
Buildings and improvements	(862,551)	(46,875)	-	1,088	(908,338)
Equipment	(556,887)	(55,260)	-	30,487	(581,660)
Total accumulated depreciation	(1,441,947)	(103,501)	-	31,575	(1,513,873)
Net depreciable assets	907,941	(65,388)	148,478	(805)	990,226
Land	117,826	5,334	-	-	123,160
Construction in progress	191,811	103,965	(148,478)	-	147,298
Capital assets, net	\$ 1,217,578	\$ 43,911	\$ -	\$ (805)	\$ 1,260,684
	Balance at May 1, 2024	Additions	Transfers	Deletions	Balance at April 30, 2025
Depreciable assets:					
Land improvements	\$ 32,135	\$ 4,385	\$ -	\$ -	\$ 36,520
Buildings and improvements	1,684,630	68,969	79,311	(579)	1,832,331
Equipment	787,334	38,613	36,650	(19,541)	843,056
Total depreciable assets	2,504,099	111,967	115,961	(20,120)	2,711,907
Accumulated depreciation:					
Land improvements	(23,875)	(1,458)	-	-	(25,333)
Buildings and improvements	(908,338)	(51,783)	-	345	(959,776)
Equipment	(581,660)	(61,056)	-	19,152	(623,564)
Total accumulated depreciation	(1,513,873)	(114,297)	-	19,497	(1,608,673)
Net depreciable assets	990,226	(2,330)	115,961	(623)	1,103,234
Land	123,160	23,387	-	-	146,547
Construction in progress	147,298	104,330	(115,961)	-	135,667
Capital assets, net	\$ 1,260,684	\$ 125,387	\$ -	\$ (623)	\$ 1,385,448

At April 30, 2025 and 2024, noncash capital additions that are included in accounts payable and accrued expenses were approximately \$24,973,000 and \$25,842,000, respectively. The System is currently engaged in construction projects at its facilities. The estimated cost to complete all construction projects in process at April 30, 2025, is approximately \$164,993,000.

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

Notes to Financial Statements

Note 8. Self-Insurance

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

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

Chapter 768.28 of the Florida Statutes also provides that judgments may be claimed or rendered in excess of these limits; however, these amounts must be reported to, and approved by, the State Legislature. In addition, the System has excess insurance coverage that varies by claim year. Specific excess coverage to cover any damages rendered against the System as a result of the passage of a claims bill for professional and general liability ranges from \$10 million to \$25 million in excess insurance coverage, with self-insured retention that ranges from \$2 million to \$10 million. Specific excess coverage for workers' compensation includes retention that ranges from \$125,000 to \$1,000,000 per incident.

The System's management estimates and accrues for the cost of unreported claims based on historical data and actuarial projections. The liability includes estimates of the ultimate cost of claims (including future claim adjustment expenses) that have been reported but not settled, and of claims that have been incurred but not reported. The estimated claims liability for professional and general liability and workers' compensation has been discounted based on an interest rate of 4.5% and 4.0% at April 30, 2025 and 2024, respectively.

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

	Liability at Beginning of Year	New Claims and Changes in Estimates	Claim Payments	Liability at End of Year	Estimated Amount Due Within One Year
Years ended April 30:					
2023	\$ 49,140	\$ 43,027	\$ (47,108)	\$ 45,059	\$ 16,573
2024	45,059	60,368	(62,497)	42,930	15,443
2025	42,930	77,619	(75,363)	45,186	17,263

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

Notes to Financial Statements

Note 9. Long-Term Debt

The following is a summary of long-term debt as of April 30, 2025 and 2024 (in thousands):

	2025	2024
Series 2021A Hospital Revenue Bonds – \$200,000 authorized and issued:		
Serial Bonds, interest rates of 2.25% to 3.00%, maturing in amounts ranging from \$4,545 to \$10,765 beginning May 1, 2037 through May 1, 2048	\$ 82,150	\$ 82,150
3.00% Term Bond due May 1, 2050	40,105	40,105
3.00% Term Bond due May 1, 2051	41,325	41,325
3.00% Term Bond due May 1, 2052	36,420	36,420
	<u>200,000</u>	<u>200,000</u>
Unamortized premium, net	7,199	7,466
	<u>207,199</u>	<u>207,466</u>
Series 2021B Hospital Revenue Bonds – \$50,000 authorized and issued:		
2.85% Term Bond due May 1, 2051	6,160	6,160
2.85% Term Bond due May 1, 2052	43,840	43,840
	<u>50,000</u>	<u>50,000</u>
Unamortized discount, net	(270)	(279)
	<u>49,730</u>	<u>49,721</u>
Series 2018 Hospital Revenue Bonds – \$101,575 authorized and issued:		
Serial Bonds, interest rate of 5.00%, maturing on May 1, 2045	20,715	20,715
4.00% Term Bond due May 1, 2048	80,860	80,860
	<u>101,575</u>	<u>101,575</u>
Unamortized premium, net	207	216
	<u>101,782</u>	<u>101,791</u>
Series 2017 Hospital Revenue and Refunding Revenue Bonds – \$101,420 authorized and issued:		
Serial Bonds, interest rates of 3.25% to 5.00%, maturing in amounts ranging from \$3,835 to \$15,305 beginning May 1, 2022 through May 1, 2032	87,900	93,570
Unamortized premium, net	5,980	6,834
	<u>93,880</u>	<u>100,404</u>
Series 2016A Hospital Revenue and Refunding Revenue Bonds – \$160,620 authorized and issued:		
Serial Bonds, interest rates of 3.375% to 4.00%, maturing in amounts ranging from \$11,235 to \$20,435 beginning May 1, 2027 through May 1, 2040	31,670	31,670
3.50% Term Bond due May 1, 2039	38,825	38,825
4.00% Term Bond due May 1, 2044	90,125	90,125
	<u>160,620</u>	<u>160,620</u>
Unamortized premium, net	1,664	1,752
	<u>162,284</u>	<u>162,372</u>
Series 2016 Hospital Revenue and Refunding Revenue Bonds – \$173,040 authorized and issued:		
Serial Bonds, interest rates of 2.75% to 5.00%, maturing in amounts ranging from \$1,600 to \$24,070 beginning May 1, 2017 through May 1, 2037	143,740	146,590
Unamortized premium, net	8,012	8,628
	<u>151,752</u>	<u>155,218</u>
Series 2015 Hospital Revenue and Refunding Revenue Bonds – \$154,905 authorized and issued:		
Serial Bonds, interest rates of 3.00% to 5.00%, maturing in amounts ranging from \$1,195 to \$7,915 beginning May 1, 2016 through May 1, 2037	77,485	81,900
4.00% Term Bond due May 1, 2040	9,560	9,560
4.00% Term Bond due May 1, 2045	18,735	18,735
	<u>105,780</u>	<u>110,195</u>
Unamortized premium, net	7,221	7,581
	<u>113,001</u>	<u>117,776</u>
Total debt	879,628	894,748
Less current portion	(18,280)	(12,935)
Long-term portion	<u>\$ 861,348</u>	<u>\$ 881,813</u>

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

Notes to Financial Statements

Note 9. Long-Term Debt (Continued)

At April 30, 2025 and 2024, the System's long-term debt is comprised solely of revenue bonds issued under its Master Trust Indenture (MTI) dated as of September 1, 2003, as supplemented to date by the Supplemental Indenture dated as of November 1, 2021. The System is the only member of the obligated group although the MTI provides for additional membership. The obligations issued under the MTI are payable solely from and are secured by a pledge of and a lien on the gross patient charges of the obligated group and any future member of the obligated group and certain accounts created under the MTI, provided, however, the lien and pledge of the accounts under the MTI do not extend to obligations issued for the benefit of the Revenue Certificate holders. As of April 30, 2025 and 2024, amounts on deposit in certain accounts under the MTI were approximately \$33,866,000 and \$28,785,000, respectively, and are presented as restricted assets in investments under indenture agreements for debt service in the accompanying statements of net position.

The MTI contains certain restrictive debt covenants for the System, including a minimum debt service ratio and an incurrence test for the addition of indebtedness. As of April 30, 2025 and 2024, the System was in compliance with all of its debt covenants.

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

Series 2015 Bonds: \$154,905,000 issued on April 14, 2015, as tax-exempt fixed rate bonds and are callable on or after May 1, 2025, at par in the amount of \$105,780,000, without premium. The 2015 Bonds provided funds to refund and redeem a portion of the Series 2006 Bonds and to finance certain eligible projects and costs of issuance.

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

The refunding of the Series 2006 Bonds resulted in a loss on defeasance of approximately \$5,975,000. At April 30, 2025 and 2024, the unamortized value of the deferred amount was approximately \$3,259,000 and \$3,531,000, respectively, which is included in loss on defeasance, net in the accompanying statements of net position. The deferred amount is being charged to operations through the year 2037.

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

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

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

Notes to Financial Statements

Note 9. Long-Term Debt (Continued)

The refunding of the Series 2006 and advance refunding of the 2008 Bonds resulted in a loss on defeasance of approximately \$15,936,000. At April 30, 2025 and 2024, the unamortized value of the deferred amount was approximately \$8,802,000 and \$9,606,000, respectively, which is included in loss on defeasance, net in the accompanying statements of net position. The deferred amount is being charged to operations through the year 2036.

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

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

The refunding of the Series 2007 Bonds resulted in a loss on defeasance of approximately \$3,070,000. At April 30, 2025 and 2024, the unamortized value of the deferred amount was approximately \$1,417,000 and \$1,620,000, respectively, which is included in loss on defeasance, net in the accompanying statements of net position. The deferred amount is being charged to operations through the year 2032.

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

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

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

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

Notes to Financial Statements

Note 9. Long-Term Debt (Continued)

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

	Principal	Interest Payments	Total Debt Service
Years ending April 30:			
2026	\$ 18,280	\$ 30,335	\$ 48,615
2027	20,080	29,454	49,534
2028	21,070	28,466	49,536
2029	22,090	27,441	49,531
2030	23,110	26,416	49,526
2031-2035	133,265	117,686	250,951
2036-2040	142,045	93,510	235,555
2041-2045	154,765	67,553	222,318
2046-2050	187,165	35,148	222,313
2051-2055	127,745	5,646	133,391
	<u>\$ 849,615</u>	<u>\$ 461,655</u>	<u>\$ 1,311,270</u>

A summary of the activity for long-term debt is summarized as follows for the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Balance at beginning of year	\$ 894,748	\$ 909,320
Principal payments on long-term debt	(12,935)	(12,390)
Amortization of premiums and/or discounts	(2,185)	(2,182)
Balance at end of year	<u>\$ 879,628</u>	<u>\$ 894,748</u>

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68

Plan Description

The Plan is a single employer, noncontributory defined benefit pension plan administered by the System, covering substantially all full-time regular employees that were hired on or before October 31, 2011. Effective November 1, 2011, the Plan was closed to new hires and rehires. Eligible employees hired or had a status change on or after November 1, 2011, are covered under the Memorial Healthcare System 401(a) Retirement Plan (the 401(a) Plan). Refer to Note 12 for further discussion of the 401(a) Plan. The Plan does not issue a stand-alone financial report; however, it is reported as a pension trust fund in the financial statements of the System herein. The Board has the authority to establish and amend the benefit provisions of the Plan.

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

Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Benefits Provided

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

The Plan is permitted to distribute the actuarial equivalent present value of a participant's benefit that is \$1,000 or less as soon as administratively practical following the participant's date of termination or distribute to the participant (if elected) or into an eligible retirement plan (if the participant does not make an election) the actuarial equivalent present value of a participant's benefit when it exceeds \$1,000 but does not exceed \$5,000. The Plan previously permitted lump-sum distributions to participants when the actuarial equivalent present value of the retirement benefit did not exceed \$50,000 and the participant had not began receiving a monthly retirement benefit. Effective August 1, 2024, the Plan was amended to remove the \$50,000 limit, allowing retirement benefits to be paid as a single lump sum, in lieu of an annuity form of payment, regardless of the present value of such benefit.

Funding Policy

The Plan's funding policy provides for actuarially determined amounts, which, together with investment earnings, are sufficient to fund the Plan as prescribed under Part VII, Chapter 112 of the Florida Statutes. There are no employee contributions. The Plan's funding policy provides for actuarially determined periodic contributions that, for individual employees, increase gradually over time so that sufficient assets will be available to pay benefits when due. The portion of the actuarially determined contribution for normal cost is determined using the projected unit credit actuarial funding method with proration based on service. The actuary uses the level dollar method to amortize the unfunded liability over the average future working lifetime of active participants which was 9 and 7 years as of May 1, 2024 and 2023, respectively. The same amortization method is used for experience gains or losses, changes in benefits, or changes in actuarial assumptions. The actuarial value of assets uses a five-year smoothing for investment gains and losses. The annual contributions to the Plan during fiscal year ended April 30, 2025 were approximately \$37,350,000, and were in excess of the actuarially determined contribution of approximately \$25,653,000 computed through an actuarial valuation performed as of May 1, 2024. The annual contributions to the Plan during fiscal year ended April 30, 2024, were approximately \$43,650,000, and were in excess of the actuarially determined contribution of approximately \$36,684,000 computed through an actuarial valuation performed as of May 1, 2023. During the fiscal years ended April 30, 2025 and 2024, actual annual contributions as a percentage of covered payroll were 13.0% and 14.7%, respectively.

**South Broward Hospital District
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Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

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

Participant data as of April 30, 2025 and 2024, is as follows:

	2025	2024
Active plan members or employees	2,675	2,937
Inactive plan members or employees or beneficiaries currently receiving benefits	3,158	2,961
Inactive plan members or employees entitled to but not yet receiving benefits	2,179	2,234
Total	8,012	8,132

Net Pension Liability

The net pension liability of the System reported, as of April 30, 2025 and 2024, was measured as of April 30, 2024 and 2023, respectively. The total pension liability reported by the System as of April 30, 2025 and 2024, is based on the liability determined using May 1, 2023 and 2022 census data and valuation date using update procedures to roll forward to the measurement date of April 30, 2024 and 2023, respectively.

The following schedule presents the change in net pension liability reporting for the System for the fiscal years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Total pension liability		
Service cost	\$ 12,002	\$ 12,667
Interest	66,787	62,748
Differences between expected and actual experience	16,345	34,642
Changes in assumptions	(38,425)	10,704
Benefit payments	(43,344)	(39,210)
Net change in total pension liability	13,365	81,551
Total pension liability – beginning	1,017,249	935,698
Total pension liability – ending (a)	\$ 1,030,614	\$ 1,017,249
Plan fiduciary net position		
Contributions – employer	\$ 43,650	\$ 39,894
Net investment income	99,354	32,549
Benefit payments	(43,344)	(39,210)
Administrative expense	(111)	(105)
Net change in plan fiduciary net position	99,549	33,128
Plan fiduciary net position – beginning	889,121	855,993
Plan fiduciary net position – ending (b)	\$ 988,670	\$ 889,121
Plan's net pension liability ending – (a) – (b)	\$ 41,944	\$ 128,128

**South Broward Hospital District
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Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Pension Expense and Deferred Outflows and Inflows of Resources

The System recorded approximately \$28,148,000 and \$39,022,000 in pension expense for the fiscal years ended April 30, 2025 and 2024, respectively, which is included in employee benefits expense in the accompanying statements of revenues, expenses and changes in net position.

The following schedule presents information about the pension-related deferred outflows and inflows of resources at April 30, 2025 and 2024 (in thousands):

	Deferred Outflows of Resources	
	2025	2024
Differences between expected and actual experience	\$ 22,027	\$ 25,740
Employer's contribution to the plan subsequent to the measurement date of the net pension liability	37,350	43,650
Changes in assumptions	4,022	11,428
Net difference between projected and actual earnings on pension plan investments	-	21,637
Total deferred outflows of resources	<u>\$ 63,399</u>	<u>\$ 102,455</u>
	Deferred Inflows of Resources	
	2025	2024
Changes in assumptions	\$ 23,925	\$ -
Net difference between projected and actual earnings on pension plan investments	14,000	-
	<u>\$ 37,925</u>	<u>\$ -</u>

The following schedule presents the future amortization of pension-related deferred outflows and inflows of resources, excluding the balance attributable to the employer's contribution to the Plan in the current fiscal year and subsequent to the net pension liability measurement date. The difference between projected and actual earnings on pension investment is recorded in pension expense over a five-year period. Under GASB standards, the difference between projected and actual earnings on pension plan investments is amortized into pension expense over a closed five-year period. The changes in assumptions and differences between expected and actual experience is amortized into pension expense over the average remaining service lives of active and inactive members, which were 2.65 and 2.99 years as of May 1, 2023 and 2022, respectively.

**South Broward Hospital District
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Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

The employer's contribution to the Plan reported by the System in the fiscal year ended April 30, 2025, will be reported as a reduction in the net pension liability in the next fiscal year. Other amounts reported as pension-related deferred outflows of resources and deferred inflows of resources at April 30, 2025, will be recognized as an increase (reduction) to pension expense for the fiscal years ending April 30, as follows (in thousands):

Years ending April 30:

2026	\$	(8,844)
2027		8,382
2028		(3,300)
2029		(8,114)
	\$	<u>(11,876)</u>

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Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Actuarial Methods and Assumptions

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

The assumptions used to measure the total pension liability of the System as of the measurement date of April 30, 2024 and 2023, follows. Significant assumptions used in the May 1, 2023 and 2022 valuation were based on the results of actuarial experience studies performed within five years of each respective valuation date.

	2025	2024																																																
Measurement date	April 30, 2024	April 30, 2023																																																
Valuation date	May 1, 2023, rolled forward from May 1, 2023 to April 30, 2024	May 1, 2022, rolled forward from May 1, 2022 to April 30, 2023																																																
Actuarial cost method	Entry age normal actuarial cost method	Entry age normal actuarial cost method																																																
Asset valuation method	Fair market value for plan investments	Fair market value for plan investments																																																
Long-term expected rate of return	7.00%	6.60%																																																
Discount rate	7.00%	6.60%																																																
Mortality rates	Based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females.	Based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females.																																																
Projected salary increases	<table><thead><tr><th colspan="2">Percentage</th></tr><tr><th>Age</th><th>Increase*</th></tr></thead><tbody><tr><td>Less than 35</td><td>6.00%</td></tr><tr><td>35-39</td><td>5.25%</td></tr><tr><td>40-44</td><td>4.00%</td></tr><tr><td>45-49</td><td>3.50%</td></tr><tr><td>50-54</td><td>3.00%</td></tr><tr><td>55-59</td><td>2.50%</td></tr><tr><td>60 or older</td><td>2.25%</td></tr><tr><td colspan="2">*Includes inflation at 2.50%</td></tr><tr><td colspan="2">Age-based rated based on plan experience per the rates above.</td></tr><tr><td colspan="2">The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2024.</td></tr></tbody></table>	Percentage		Age	Increase*	Less than 35	6.00%	35-39	5.25%	40-44	4.00%	45-49	3.50%	50-54	3.00%	55-59	2.50%	60 or older	2.25%	*Includes inflation at 2.50%		Age-based rated based on plan experience per the rates above.		The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2024.		<table><thead><tr><th colspan="2">Percentage</th></tr><tr><th>Age</th><th>Increase*</th></tr></thead><tbody><tr><td>Less than 35</td><td>6.00%</td></tr><tr><td>35-39</td><td>5.25%</td></tr><tr><td>40-44</td><td>4.00%</td></tr><tr><td>45-49</td><td>3.50%</td></tr><tr><td>50-54</td><td>3.00%</td></tr><tr><td>55-59</td><td>2.50%</td></tr><tr><td>60 or older</td><td>2.25%</td></tr><tr><td colspan="2">*Includes inflation at 2.50%</td></tr><tr><td colspan="2">Age-based rated based on plan experience per the rates above.</td></tr><tr><td colspan="2">The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2023.</td></tr></tbody></table>	Percentage		Age	Increase*	Less than 35	6.00%	35-39	5.25%	40-44	4.00%	45-49	3.50%	50-54	3.00%	55-59	2.50%	60 or older	2.25%	*Includes inflation at 2.50%		Age-based rated based on plan experience per the rates above.		The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2023.	
Percentage																																																		
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Cost of living adjustments	None	None																																																
Experience study date	May 1, 2019	May 1, 2019																																																

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

Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Discount Rate

The discount rate used to measure the total pension liability reported by the System as of April 30, 2025, was 7.00%, reflecting a 0.40% increase from the prior year. The discount rate used to measure the total pension liability reported by the System as of April 30, 2024, was 6.60%, showing no change from the discount rate used to measure the total pension liability reported by the System as of April 30, 2023. The projection of cash flows used to determine the discount rate assumed that employer contributions are made at 100% of the annual actuarial determined value and that future contributions will be made in the same manner. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive plan participants. Therefore, the long-term expected rate of return on Plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The Florida Statutes require the System to make an actuarially determined contribution to the Plan each year. Thus, as long as the System continues to fund the Plan based on the contributions, the Plan will remain adequately funded. Actuaries perform a valuation on census data and asset information every year as of May 1st. The annual valuation includes a contribution amount that the System funds each year. An alternative method applies for the System due to the Florida Statutes, requiring that the System fund an actuarially determined dollar amount of contribution each year. As long as the System remains financially able to make the contributions each year, there will not likely be a point in time where the Plan will run out of money and not be able to make benefit payments.

Investment Policy

The Board adopted an investment policy for the Plan that adheres to the investment guidelines and permissible investments outlined in Florida Statutes, Title XIV, Chapters 215.44 and 215.47. The investment policy has target percentages for certain asset classes and permits variances of +/- 5% as an allowable range. The Board and its Finance Committee uses an independent registered financial advisor to assist in monitoring investment activities, investment policy formulation and investment manager selection. The following are the Board's adopted investment policy asset allocation midpoint percentages for both the measurement dates as of the April 30, 2024 and 2023:

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

Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

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

- **Domestic equity:** The following list of investments may be purchased in the Domestic equity portfolio: common and preferred stock; securities convertible into common stock, including 144a stock limited to 10% of the portfolio and must be in securities that are of size to be index eligible; warrants; American Depositary Receipts; no-load mutual funds; bank, trust or insurance company pooled funds; cash and cash equivalents; exchange traded funds; and initial public offerings. Large and small capitalization companies and defensive or enhanced indexing strategies utilizing domestic large cap equity index funds and/or exchange traded funds in combination with futures and swaps are included as domestic equities.
- **Global equity (including dedicated emerging markets):** The following list of investments may be purchased in a global equity portfolio: common and preferred stocks of issuers whose primary stock exchange listing, registration or headquarters are located in the United States, or countries comprising the Morgan Stanley Capital International All Country World Index (MSCI ACWI Index). The exceptions to this are stocks in emerging markets, subject to certain limitations. Other permissible investments include: securities convertible into common stock, including offerings under Securities Act Rule 144, limited to 20% of the portfolio at market value; warrants; ADRs listed on a major U.S. exchange; forward contracts for foreign currency to be used in defensive hedging only; World Equity Benchmarks (WEBs); exchange traded funds; initial public offerings (only after notification to the System's Finance Committee and its Investment Consultant); no-load mutual funds; bank, trust or insurance company pooled funds; and cash or cash equivalents.
- **Fixed income:** The following list of investments may be purchased in the fixed-income portfolios: U.S. Treasury obligations, Treasury inflation protected bonds, government agencies and government sponsored agency debentures and mortgage pass-through; mortgage-backed To-Be-Announced (TBA) notes; collateralized mortgage obligations, limited to 25% of the portfolio; non-agency issued mortgages originated in Florida per Statute 215.47(2)(b)(c)(d); commercial mortgage-backed securities; corporate bonds and other corporate obligations, including equipment trust certificates; high-yield bonds and secured bank loans; 144a fixed income securities with and without registration rights; asset-backed securities; indexed notes, floaters, and other variable rate obligations; pooled accounts or other collective investment funds; certificates of deposit, bankers' acceptances, and commercial paper rated at least A-1 by S&P or P-1 by Moody's; mutual funds; municipal bonds; complex tranches of collateralized mortgage obligations, asset-backed securities, and commercial mortgage-backed securities (including interest only, principal only, super floaters, inverse floaters, and support bonds), limited to 10% of the portfolio at market value; and U.S. dollar global bonds and non-U.S. dollar global bonds, limited to 5% each (10% total) of the portfolio at market value. Investments not listed above may be purchased only if the investment manager receives written approval from the System's Finance Committee.
- **Alternative investments—long/short equity hedge fund:** A hedge fund refers to an investment or strategy that is not a long-only portfolio of traditional equity. The Plan will generally invest in strategies that have at least yearly liquidity and reasonable levels of transparency.

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

Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

Pension Plan Fiduciary Net Position

Stand-alone financial statements are not issued for the Plan. Detailed information about the pension plan's fiduciary net position used to compute the System's net pension liability as of April 30, 2025 and 2024, is available in the separately issued financial statements of the System for the years ended April 30, 2024 and 2023, which include the pension trust fund statements that can be obtained from the System's website at www.mhs.net.

Expected Rate of Return

The projected long-term rate of return on pension plan investments at April 30, 2024 and 2023, was determined using a model of current capital market simulations. It is designed to simulate a wide range of plausible scenarios of future capital market performance over a 10-year time period. It reflects the capital market conditions prevailing at the start date of the simulation. The long-term rate of return on pension plan investments was determined using best-estimate ranges of expected future rates of return (expected returns, net of pension plan investment expense) developed for each major asset class. These ranges are combined to support the long-term expected rate of return assumptions for the Plan by weighting the expected future rates of return by the asset allocation percentage and by considering active and passive management investment strategies. Best estimates of arithmetic real rates of return (expected returns, net of pension plan investment expense and inflation) for major assets classes included in the Plan's asset allocations as of the measurement date April 30, 2024 and 2023, as reported by the System as of April 30, 2025 and 2024, respectively, are summarized in the following table:

Asset Class	2025	2024
	Long-Term Expected Real Rate of Return	
US Large-Cap Equity	3.9%	4.7%
US Small / Mid-Cap Equity	4.7%	*
Global Equity	4.4%	4.9%
Global Low Volatility	*	4.5%
Defensive Equity	*	3.9%
US Aggregate Bond	2.4%	2.3%
US High Yield Corporate Bond	4.6%	6.2%
US Leverage Loan	4.0%	6.3%

* Not available based on rates of return modeling changes year over year

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

Notes to Financial Statements

Note 10. Employer Pension Disclosures, As Required By GASB Statement No. 68 (Continued)

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

The following presents the sensitivity of the net pension liability calculation to a 1.0% increase and a 1.0% decrease in the discount rate used to measure the total pension liability as of the measurement date of April 30, 2024 and 2023, as reported by the System as of April 30, 2025 and 2024, respectively (in thousands):

	2025		
	Current		
	1% Decrease 6.00%	Discount Rate 7.00%	1% Increase 8.00%
Net pension liability (asset)	\$ 165,205	\$ 41,944	\$ (62,070)

	2024		
	Current		
	1% Decrease 5.60%	Discount Rate 6.60%	1% Increase 7.60%
Net pension liability	\$ 255,274	\$ 128,128	\$ 21,312

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67

The net pension liability of the Plan as of April 30, 2025 to be reported by the System as of April 30, 2026, was measured as of April 30, 2025. The total pension liability of the Plan as of April 30, 2025, is based on the liability determined using May 1, 2024 census data and a May 1, 2024 valuation date using update procedures to roll forward to the measurement date of April 30, 2025. The net pension liability as of April 30, 2024 to be reported by the System as of April 30, 2025, was measured as of April 30, 2024. The total pension liability of the Plan as of April 30, 2024, is based on the liability determined using May 1, 2023 census data and a May 1, 2023 valuation date using update procedures to roll forward to the measurement date of April 30, 2024.

The components of the net pension liability as of the Plan's years ended April 30, 2025 and 2024, were as follows (in thousands):

	2025	2024
Net pension liability		
Total pension liability	\$ 1,084,628	\$ 1,030,614
Plan fiduciary net position	(1,043,965)	(988,670)
Net pension liability	\$ 40,663	\$ 41,944
Plan fiduciary net position as a percentage of the total pension liability	96.3%	95.9%

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

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

The following presents the sensitivity of the net pension liability calculation to a 1.0% increase and a 1.0% decrease in the discount rate used to measure the total pension liability as of April 30, 2025 and 2024 (in thousands):

	2025		
	Current		
	1% Decrease 6.00%	Discount Rate 7.00%	1% Increase 8.00%
Net pension liability (asset)	\$ 156,930	\$ 40,663	\$ (58,926)
	2024		
	Current		
	1% Decrease 6.00%	Discount Rate 7.00%	1% Increase 8.00%
Net pension liability (asset)	\$ 165,205	\$ 41,944	\$ (62,070)

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Actuarial Methods and Assumptions

Significant assumptions used in the May 1, 2024 and 2023 valuations, with measurement dates of April 30, 2025 and 2024, under GASB Statement No. 67 were based on the results of actuarial experience studies performed within five years of each respective valuation date. The assumptions used to measure the total pension liability as of the measurement dates of April 30, 2025 and 2024, were based on actuarial valuation dates of May 1, 2024 and 2023, as follows:

2025		2024
Measurement date	April 30, 2025	April 30, 2024
Valuation date	May 1, 2024, rolled forward from May 1, 2024 to April 30, 2025	May 1, 2023, rolled forward from May 1, 2023 to April 30, 2024
Actuarial cost method	Entry age normal actuarial cost method	Entry age normal actuarial cost method
Asset valuation method	Fair market value for plan investments	Fair market value for plan investments
Long-term expected rate of return	7.00%	7.00%
Discount rate	7.00%	7.00%
Mortality rates	Based on the Pri-2012 Benefits-weighted Employee and Annuitant Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females.	Based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females.
Projected salary increases	Percentage	Percentage
	<u>Age</u>	<u>Age</u>
	<u>Increase*</u>	<u>Increase*</u>
	Less than 35	6.00%
	35-39	5.25%
	40-44	5.00%
	45-49	4.50%
	50-54	4.00%
	55-59	3.50%
	60 or older	3.25%
	*Includes inflation at 2.50%	*Includes inflation at 2.50%
	Age-based rated based on plan experience per the rates above.	Age-based rated based on plan experience per the rates above.
	The salary increase assumption was adjusted to reflect a one-time 1.00% increase at May 1, 2025.	The salary increase assumption was adjusted to reflect a one-time 2.00% increase at May 1, 2024.
Retirement rates	Age-graded rates that participants are assumed to retire from age 52 through age 75 based on plan experience. The assumption was updated to reflect the results of the most recent experience study.	Age-graded rates that participants are assumed to retire from age 52 through age 75 based on plan experience.
Cost of living adjustments	None	None
Experience study date	May 1, 2024	May 1, 2019

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Discount Rate

The discount rate used to measure the total pension liability of the Plan as of April 30, 2025, was 7.00%, reflecting no change from the prior year. The discount rate used to measure the total pension liability of the Plan as of April 30, 2024, was 7.00%, reflecting a 0.40% increase from the discount rate used to measure the total pension liability of the Plan as of April 30, 2023. The projection of cash flows used to determine the discount rate assumed that employer contributions are made at 100% of the annual actuarial determined value and that future contributions will be made in the same manner. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive plan participants. Therefore, the long-term expected rate of return on Plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The Florida Statutes require the System to make an actuarially-determined contribution to the Plan each year. Thus, as long as the System continues to fund the Plan based on the contributions, the Plan will remain adequately funded. The valuation includes the annual contribution amount that the System funds each year. An alternative method applies for the System due to the Florida Statutes, requiring that the System fund an actuarially determined dollar amount of contribution each year. As long as the System remains financially able to make the contributions each year, there will never be a point in time where the Plan will run out of money and not be able to make the benefit payments.

Termination Rates

As part of the demographic assumption studies performed every three to five years, to ensure that assumptions are still appropriate for the population, a study of termination rates was performed for the May 1, 2024 valuation. The results of this study were not significant to the Plan valuations.

Lump Sum Election Rate

The Plan was amended effective August 1, 2024, to remove the \$50,000 ceiling on the lump sum optional form of payment. Accordingly, it was assumed that 30% of active participants who terminate or retire will elect to receive their retirement benefit as a lump sum. This assumption was used to measure the total pension liability of the Plan as of April 30, 2025.

Rate of Return

For the years ended April 30, 2025 and 2024, the annual money-weighted rate of return on pension plan investments, net of pension plan investment expense, was 7.7% and 11.2%, respectively. The money-weighted rate of return is used to express investment performance, net of investment expense, adjusted for the changing amounts actually invested.

Expected Rate of Return

The projected long-term rate of return on pension plan investments at April 30, 2025 and 2024, was determined using a model of current capital market simulations. It is designed to simulate a wide range of plausible scenarios of future capital market performance over a 30-year time period. It reflects the capital market conditions prevailing at the start date of the simulation. The long-term rate of return on pension plan investments was determined using best-estimate ranges of expected future rates of return (expected returns, net of pension plan investment expense) developed for each major asset class. These ranges are combined to support the long-term expected rate of return assumptions for the Plan by weighting the expected future rates of return by the largest asset allocation percentage and by considering active and passive investment strategies.

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Best estimates of arithmetic real rates of return (expected returns, net of pension plan investment expense and inflation) for major asset classes included in the Plan's asset allocations as of April 30, 2025 and 2024, are summarized in the following table:

Asset Class	2025	2024
	Long-Term Expected Real Rate of Return	
U.S. Large-Cap Equity	4.7%	3.9%
U.S. Small / Mid-Cap Equity	*	4.7%
Global Equity	4.9%	4.4%
U.S. Aggregate Bond	2.5%	2.4%
U.S. High Yield Corporate Bond	4.8%	4.6%
U.S. Leveraged Loan	3.9%	4.0%

* Not available based on expected rates of return modeling changes year over year

Fair Value Measurements—Pension Plan Assets

The tables below present the fair value leveling of the Plan's investments as of April 30, 2025 and 2024, in accordance with GASB Statement No. 72 (in thousands):

	2025		
	Level 1	Level 2	Total
Asset-backed / mortgage obligations	\$ -	\$ 8,646	\$ 8,646
Corporate debt	-	98,202	98,202
Floating rate mutual fund	-	56,327	56,327
Foreign bonds	-	7,331	7,331
Global mutual funds	271,549	-	271,549
International equities	71,191	15,788	86,979
SEC-registered money market funds	18,872	-	18,872
U.S. agencies / U.S. agency mortgage bonds	-	81,657	81,657
U.S. equities	145,870	4,225	150,095
U.S. equity exchange traded funds	176,033	-	176,033
U.S. treasuries	86,177	-	86,177
	<u>\$ 769,692</u>	<u>\$ 272,176</u>	<u>\$ 1,041,868</u>

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

	2024		
	Level 1	Level 2	Total
Asset-backed / mortgage obligations	\$ -	\$ 7,342	\$ 7,342
Commercial mortgage securities	-	3,904	3,904
Corporate debt	-	91,341	91,341
Floating rate mutual fund	-	53,440	53,440
Foreign bonds	-	4,862	4,862
Global mutual funds	249,862	-	249,862
International equities	81,405	15,408	96,813
SEC-registered money market funds	15,141	-	15,141
U.S. agencies / U.S. agency mortgage bonds	-	99,252	99,252
U.S. equities	130,051	2,903	132,954
U.S. equity exchange traded funds	161,403	-	161,403
U.S. treasuries	69,957	56	70,013
	<u>\$ 707,819</u>	<u>\$ 278,508</u>	<u>\$ 986,327</u>

Interest Rate Risk

Interest rate risk exposure is managed by limiting investment maturities in accordance with parameters in the Plan's investment policy. At April 30, 2025 and 2024, the Plan had investments maturing as follows (in thousands):

	2025				
	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
Asset-backed / mortgage obligations	\$ 8,646	\$ 13	\$ 5,029	\$ 1,241	\$ 2,363
Corporate debt	98,202	6,344	54,411	21,975	15,472
Floating rate mutual fund	56,327	56,327	-	-	-
Foreign bonds	7,331	-	3,440	2,487	1,404
Global mutual funds	271,549	271,549	-	-	-
International equities	86,979	86,979	-	-	-
SEC-registered money market funds	18,872	18,872	-	-	-
U.S. agencies / U.S. agency mortgage bonds	81,657	-	5,258	7,807	68,592
U.S. equities	150,095	150,095	-	-	-
U.S. equity exchange traded funds	176,033	176,033	-	-	-
U.S. treasuries	86,177	50,310	13,413	6,393	16,061
	<u>\$ 1,041,868</u>	<u>\$ 816,522</u>	<u>\$ 81,551</u>	<u>\$ 39,903</u>	<u>\$ 103,892</u>

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

	2024				
	Fair Value	No Maturity Date or Less than 1 Year	1 -5 Years	6-10 Years	Greater Than 10 Years
Asset-backed / mortgage obligations	\$ 7,342	\$ -	\$ 4,082	\$ 1,959	\$ 1,301
Commercial mortgage securities	3,904	-	-	-	3,904
Corporate debt	91,341	4,469	55,585	15,402	15,885
Floating rate mutual fund	53,440	53,440	-	-	-
Foreign bonds	4,862	-	1,015	1,123	2,724
Global mutual funds	249,862	249,862	-	-	-
International equities	96,813	96,813	-	-	-
SEC-registered money market funds	15,141	15,141	-	-	-
U.S. agencies / U.S. agency mortgage bonds	99,252	-	3,277	12,900	83,075
U.S. equities	132,954	132,954	-	-	-
U.S. equity exchange traded funds	161,403	161,403	-	-	-
U.S. treasuries	70,013	50,338	3,105	4,164	12,406
	\$ 986,327	\$ 764,420	\$ 67,064	\$ 35,548	\$ 119,295

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Credit Risk

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

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

At April 30, 2025 and 2024, the Plan's investments have credit ratings as follows (in thousands):

	S&P Rating or Comparable as of April 30, 2025													
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BB+	B+	BBB	BBB-	Below BBB-
Asset-backed / Mortgage obligations	\$ 8,646	\$ 8,646	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Corporate debt	98,202	1,536	1,136	660	4,401	4,129	9,148	9,749	10,196	8,860	3,782	18,187	14,786	11,632
Floating rate mutual fund	56,327	-	-	-	-	-	-	-	-	-	-	-	-	56,327
Foreign bonds	7,331	-	-	-	-	619	981	3,284	399	785	796	-	-	467
Global mutual funds	271,549	-	-	-	-	-	-	-	-	-	-	-	-	271,549
International equities	86,979	-	-	-	-	-	-	-	-	-	-	-	-	86,979
SEC-registered money market funds	18,872	18,872	-	-	-	-	-	-	-	-	-	-	-	-
U.S. agencies / U.S. agency mortgage bonds	81,657	-	81,657	-	-	-	-	-	-	-	-	-	-	-
U.S. equities	150,095	-	-	-	-	-	-	-	-	-	-	-	-	150,095
U.S. equity exchange traded funds	176,033	-	-	-	-	-	-	-	-	-	-	-	-	176,033
U.S. treasuries	86,177	62,253	23,924	-	-	-	-	-	-	-	-	-	-	-
	<u>\$ 1,041,868</u>	<u>\$ 91,307</u>	<u>\$ 106,717</u>	<u>\$ 660</u>	<u>\$ 4,401</u>	<u>\$ 4,748</u>	<u>\$ 10,129</u>	<u>\$ 13,033</u>	<u>\$ 10,595</u>	<u>\$ 9,645</u>	<u>\$ 4,578</u>	<u>\$ 18,187</u>	<u>\$ 14,786</u>	<u>\$ 12,099</u>
														<u>\$ 740,983</u>

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

	S&P Rating or Comparable as of April 30, 2024														
	Total	AAA	AA+	AA	AA-	A+	A	A-	BBB+	BB+	B+	BBB	BBB-	Below BBB-	Not rated
Asset-backed / Mortgage obligations	\$ 7,342	\$ 7,342	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Commercial mortgage securities	3,904	3,904	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate debt	91,341	-	1,472	1,670	3,873	8,961	11,417	11,105	14,627	2,551	6,355	7,568	9,107	12,635	-
Floating rate mutual fund	53,440	-	-	-	-	-	-	-	-	-	-	-	-	-	53,440
Foreign bonds	4,862	2,139	2,723	-	-	-	-	-	-	-	-	-	-	-	-
Global mutual funds	249,862	-	-	-	-	-	-	-	-	-	-	-	-	-	249,862
International equities	96,813	-	-	-	-	-	-	-	-	-	-	-	-	-	96,813
SEC-registered money market funds	15,141	15,141	-	-	-	-	-	-	-	-	-	-	-	-	-
U.S. agencies / U.S. agency mortgage bonds	99,252	-	99,252	-	-	-	-	-	-	-	-	-	-	-	-
U.S. equities	132,954	-	-	-	-	-	-	-	-	-	-	-	-	-	132,954
U.S. equity exchange traded funds	161,403	-	-	-	-	-	-	-	-	-	-	-	-	-	161,403
U.S. treasuries	70,013	-	70,013	-	-	-	-	-	-	-	-	-	-	-	-
	\$ 986,327	\$ 28,526	\$ 173,460	\$ 1,670	\$ 3,873	\$ 8,961	\$ 11,417	\$ 11,105	\$ 14,627	\$ 2,551	\$ 6,355	\$ 7,568	\$ 9,107	\$ 12,635	\$ 694,472

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

Notes to Financial Statements

Note 11. Pension Plan Disclosures, As Required by GASB Statement No. 67 (Continued)

Concentration of Credit Risk

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

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

At April 30, 2025 and 2024, there were no investments with any one issuer representing greater than 5% or more of the Plan's total investments.

Custodial Risk

The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan may not be able to recover the full value of the investment or collateral securities that are in the possession of an outside party. As of April 30, 2025 and 2024, the Plan's investment portfolio was held in accounts with two third-party custodians in the Plan's name.

Foreign Currency Risk

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

As of April 30, 2025 and 2024, global equities had a target percentage of 25% and an approved Policy range of 0% to 80% of the Plan's assets. The following table shows the Plan's exposure to foreign currencies as of April 30, 2025 and 2024 (in thousands):

Currency	2025	2024
Australian dollar	\$ 3,101	\$ 3,468
British sterling pound	12,394	12,639
Canadian dollar	8,192	10,957
Danish krone	5,148	10,842
EMU (euro)	22,426	21,396
Hong Kong dollar	3,661	2,742
Japanese yen	9,792	11,665
Swiss franc	6,676	8,576
Total Plan investments subject to foreign currency risk	<u>\$ 71,390</u>	<u>\$ 82,285</u>

Percentage of total Plan investments	6.9%	8.3%
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**South Broward Hospital District
d/b/a Memorial Healthcare System**

Notes to Financial Statements

Note 12. Defined-Contribution Plans

The System implemented the 401(a) Plan for employees who were hired or had a status change on or after November 1, 2011. The 401(a) Plan is a defined-contribution plan under which the System makes required contributions for each eligible employee. Prior to January 1, 2024, eligible employees were defined as those who were full-time (working 72 hours or more per pay period), who were paid 1,872 eligible hours (regular hours excluding overtime) in a calendar year or at least 1,404 eligible hours in their first calendar year of participation, and who maintain active employment status on the last day of the calendar year. The required employer contribution was equal to 2.5% of eligible compensation during such Plan year and an employee was 100% vested after five contributions. Beginning January 1, 2024, employees are now immediately eligible if they are age 21 and a full-time employee expected to work 72 or more hours biweekly. The System increased its required contribution to 3.0% and shortened the time it takes to be vested in matching contributions to three years. In order to receive a contribution, employees must be actively employed on December 31st each year and work at least 1,872 hours during the calendar year. However, no hours are required for the year in which employees are hired.

Eligible employees may also participate in the Memorial Healthcare System 403(b) Retirement Plan (the RSP Gold Plan). Employees are eligible to participate immediately, and full-time and part-time regularly scheduled employees who work 40 or more hours per pay period are eligible for employer matching contributions. The RSP Gold Plan is a defined contribution plan under which the System makes required contributions of up to 55% of the employee's contribution (based on the employee's years of service), not to exceed 5% of the employee's eligible compensation. Prior to January 1, 2024, employees vested 20% per year of employment for employer matched funds. Beginning January 1, 2024, the System shortened the time it takes to be vested in matching contributions to three years, and also amended the RSP Gold Plan to permit Roth elective deferrals.

Participants in the 401(a) Plan and RSP Gold Plan can elect investment options for their individual accounts from among the allowable mutual fund options. In the event investment elections are not provided by the participant, the 401(a) and RSP Gold Plan utilize target date funds as the Qualified Default Investment Alternative. The System's contribution and interest forfeited by employees who leave employment before vesting will periodically be used to reduce the System's current period contribution requirement. For the year ended April 30, 2025 and 2024, the System's contribution expense was approximately \$24,214,000 and \$19,779,000, respectively, for the 401(a) Plan and approximately \$31,158,000 and \$27,769,000, respectively, for the RSP Gold Plan, and is included in employee benefits expense in the accompanying statements of revenues, expenses and changes in net position.

Note 13. Regulatory Matters

In May 1984, the State Legislature enacted the Health Care Consumer Protection and Awareness Act (the Act) in an effort to improve access to medical care for indigent persons. The Act established, among other things, the Public Medical Assistance Trust Fund (PMATF), which is financed by an assessment on the net operating revenues of Florida hospitals. In 1992, the State Legislature transferred the authority to levy assessments to AHCA. The amount of the PMATF assessment is 1.5% of adjusted inpatient operating revenue and 1.0% of adjusted outpatient operating revenue. In addition, an assessment of 0.04% of total operating expenses is levied to be used in the operation of AHCA in the performance of its various functions and duties. The assessed amount recognized by the System was approximately \$40,211,000 and \$37,945,000 for the years ended April 30, 2025 and 2024, respectively, and is included in other operating expenses in the accompanying statements of revenues, expenses and changes in net position.

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

Notes to Financial Statements

Note 13. Regulatory Matters (Continued)

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

Note 14. Other Noncurrent Liabilities

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

A summary of the activity for other noncurrent liabilities is summarized as follows for the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Balance at beginning of year	\$ 60,881	\$ 55,472
AHCA assessments	870	2,002
Disability expense	(16)	504
Retirement benefits	1,463	3,003
Other	-	(100)
Balance at end of year	<u>\$ 63,198</u>	<u>\$ 60,881</u>

Note 15. Leases

Lessee: As a lessee, the System is obligated under various noncancellable operating leases for office space, medical equipment, and data processing equipment. These leases have terms greater than one year and up to fifteen years, requiring monthly, quarterly or annual payments. Many of the System's leases include escalation clauses and renewal options that are factored into the determination of lease payments, when appropriate. In addition, the System expenses variable payments for increases that are based on the consumer price index (CPI) as well as variable payments based on usage which are not included in the measurement of the lease liability. The amount of lease expense recognized for variable payments not included in the measurement of the lease liability was approximately \$70,000 and \$155,000 for the years ended April 30, 2025 and 2024, respectively.

Effective November 20, 2024, the System acquired the land, buildings, structures, and site improvements located at the Memorial Hospital Pembroke campus for a total purchase price of \$96,000,000. As part of the transaction, the System also paid a \$4,000,000 lease termination fee to end the existing lease, which was scheduled to expire on June 30, 2025. As a result, the System recognized lease termination expense of approximately \$3,837,000 for the year ended April 30, 2025, which is included in other operating expenses in the accompanying statements of revenues, expenses and changes in net position. In connection with the termination, the related right-to-use asset and lease liability were derecognized in the accompanying statements of net position.

For the years ended April 30, 2025 and 2024, the System did not recognize other payments attributable to residual value guarantees or termination penalties not previously included in the measurement of the lease liability, with the exception of the amounts disclosed above.

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

Notes to Financial Statements

Note 15. Leases (Continued)

A summary of the activity for right-to-use lease assets and the related accumulated amortization is as follows for the years ended April 30, 2025 and 2024 (in thousands):

	Balance at May 1, 2024	Additions	Deletions	Balance at April 30, 2025
Leased assets being amortized:				
Equipment	\$ 11,212	\$ 362	\$ (10,274)	\$ 1,300
Real estate	79,404	11,750	(16,478)	74,676
Total leased assets being amortized	90,616	12,112	(26,752)	75,976
Accumulated amortization:				
Equipment	(7,733)	(3,061)	10,274	(520)
Real estate	(26,229)	(12,246)	13,486	(24,989)
Total accumulated amortization	(33,962)	(15,307)	23,760	(25,509)
Total, net of accumulated amortization	\$ 56,654	\$ (3,195)	\$ (2,992)	\$ 50,467

	Balance at May 1, 2023	Additions	Deletions	Balance at April 30, 2024
Leased assets being amortized:				
Equipment	\$ 10,819	\$ 393	\$ -	\$ 11,212
Real estate	78,678	2,200	(1,474)	79,404
Total leased assets being amortized	89,497	2,593	(1,474)	90,616
Accumulated amortization:				
Equipment	(3,807)	(3,926)	-	(7,733)
Real estate	(13,284)	(13,327)	382	(26,229)
Total accumulated amortization	(17,091)	(17,253)	382	(33,962)
Total, net of accumulated amortization	\$ 72,406	\$ (14,660)	\$ (1,092)	\$ 56,654

A summary of the activity for the lease payable balance is as follows for the years ended April, 30, 2025 and 2024 (in thousands):

	2025	2024
Balance at beginning of year	\$ 58,797	\$ 74,707
Additions	12,112	2,593
Deletions	(3,214)	(1,229)
Lease payments	(13,618)	(17,274)
Balance at end of year	\$ 54,077	\$ 58,797

**South Broward Hospital District
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Notes to Financial Statements

Note 15. Leases (Continued)

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

	Principal	Interest	Total
Years ending April 30:			
2026	\$ 8,417	\$ 1,661	\$ 10,078
2027	10,165	1,343	11,508
2028	9,524	1,026	10,550
2029	8,980	721	9,701
2030	6,167	468	6,635
2031-2035	10,311	706	11,017
2036-2040	513	35	548
	<u>\$ 54,077</u>	<u>\$ 5,960</u>	<u>\$ 60,037</u>

Lessor: As a lessor, the System leases medical and retail office space in its managed facilities. These leases have terms greater than one year and up to eight years requiring monthly or annual payments. Many of the System's leases include escalation clauses and renewal options that are factored into the determination of lease payments, when appropriate. In addition, the System receives variable payments for increases that are based on CPI, which are not included in the measurement of the lease receivable. For the year ended April 30, 2025, the System recognized approximately \$704,000 in lease termination income, which is included in nonoperating revenues, net in the accompanying statements of revenues, expenses and changes in net position. For the years ended April 30, 2025 and 2024, the System did not recognize other payments attributable to residual value guarantees or termination penalties not previously included in the measurement of the lease receivable, with the exception of the amounts disclosed above.

As of April 30, 2025 and 2024, the short-term lease receivable was approximately \$4,775,000 and \$4,575,000, respectively, and the long-term lease receivable was approximately \$10,234,000 and \$10,264,000, respectively, which is included in other current assets and other assets, respectively, in the accompanying statements of net position. The total amount of inflows of resources recognized for the years ended April 30, 2025 and 2024, is as follows (in thousands):

	2025	2024
Lease revenue (*)	\$ 5,059	\$ 4,792
Interest income	707	667
Other variable	2	36

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

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

Notes to Financial Statements

Note 16. Subscription-Based Information Technology Arrangements

On May 1, 2023, the System implemented GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, which requires SBITAs with durations greater than twelve months to be recognized on the statements of net position.

These subscriptions have terms greater than one year and up to ten years requiring monthly, quarterly, or annual payments. Many of the System's subscriptions include escalation clauses and renewal options that are factored into the determination of subscription payments, when appropriate. In addition, the System expenses variable payments for increases that are based on CPI as well as variable payments based on usage which are not included in the measurement of the subscription liability. The amount of subscription expense recognized for variable payments not included in the measurement of the subscription liability was approximately \$3,692,000 and \$3,815,000 for the years ended April 30, 2025 and 2024, respectively. As of April 30, 2025, the System's commitments under SBITAs before the commencement of the subscription term was approximately \$952,000. For the years ended April 30, 2025 and 2024, the System did not recognize other payments attributable to residual value guarantees or termination penalties not previously included in the measurement of the subscription liability.

A summary of the activity for right-to-use subscription assets and the related accumulated amortization is as follows for the years ended April 30, 2025 and 2024 (in thousands):

	Balance at May 1, 2024	Additions	Deletions	Balance at April 30, 2025
Subscription assets being amortized	\$ 137,700	\$ 17,110	\$ (10,540)	\$ 144,270
Less accumulated amortization	(25,757)	(34,882)	9,873	(50,766)
Total, net of accumulated amortization	\$ 111,943	\$ (17,772)	\$ (667)	\$ 93,504

	Balance at May 1, 2023 (*)	Additions	Deletions	Balance at April 30, 2024
Subscription assets being amortized	\$ 60,076	\$ 77,836	\$ (212)	\$ 137,700
Less accumulated amortization	-	(25,969)	212	(25,757)
Total, net of accumulated amortization	\$ 60,076	\$ 51,867	\$ -	\$ 111,943

(*) Restated due to the implementation of GASB Statement No. 96

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

Notes to Financial Statements

Note 16. Subscription-Based Information Technology Arrangements (Continued)

A summary of the activity for the subscription liability balance is as follows for the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Balance at beginning of year (*)	\$ 74,320	\$ 53,997
Additions	17,075	45,885
Deletions	(575)	-
Payments	(27,964)	(25,562)
Balance at end of year	<u>\$ 62,856</u>	<u>\$ 74,320</u>

(*) Beginning balance for the year ended April 30, 2024, was restated due to the implementation of GASB Statement No. 96

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

	Principal	Interest	Total
Years ending April 30:			
2026	\$ 24,420	\$ 1,718	\$ 26,138
2027	10,572	1,217	11,789
2028	5,919	963	6,882
2029	5,603	766	6,369
2030	4,417	575	4,992
2031-2035	11,925	1,045	12,970
	<u>\$ 62,856</u>	<u>\$ 6,284</u>	<u>\$ 69,140</u>

Note 17. Compensated Absences

A summary of the activity for accrued compensated absences is summarized as follows for the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Balance at beginning of year	\$ 176,540	\$ 158,402
Change	11,857	18,138
Balance at end of year	<u>\$ 188,397</u>	<u>\$ 176,540</u>

For the years ended April 30, 2025 and 2024, the short-term portion of accrued compensated absences was approximately \$165,674,000 and \$153,801,000, respectively, and the long-term portion was approximately \$22,722,000 and \$22,739,000, respectively. These amounts are included in accrued compensation and payroll taxes and in noncurrent liabilities, respectively, in the accompanying statements of net position.

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

Notes to Financial Statements

Note 18. Nonoperating Revenues, Net

Nonoperating revenues and expenses consist of activities that are peripheral, incidental, or not considered to be central to the provision of health care services. A summary of the activity for nonoperating revenues, net is as follows for the years ended April 30, 2025 and 2024 (in thousands):

	2025	2024
Investment income and other, net	\$ 104,516	\$ 84,673
Medicare DSH Waiver Days settlement interest	-	14,148
Depreciation expense	2,141	2,100
Unrealized gains on investments	117,917	10,048
Interest expense	(33,716)	(34,242)
COVID-19 relief funds	78,425	22,429
Ad valorem taxes, net	(1,459)	-
	<u>\$ 267,824</u>	<u>\$ 99,156</u>

The System recognized gross ad valorem tax revenue of approximately \$7,492,000 and \$7,609,000 for the years ended April 30, 2025 and 2024, respectively. For the years ended April 30, 2025 and 2024, the System used the gross ad valorem tax proceeds to cover the majority of the cost of its governmental obligations, including the county's Medicaid match, community redevelopment assessments and the tax collectors' fee. These amounts are reported net in nonoperating revenues in the accompanying statements of revenues, expenses and changes in net position.

Note 19. Related Parties

The System has related party relationships with two Foundations, Memorial Foundation, Inc. (Memorial Foundation) and Joe DiMaggio Children's Hospital Foundation, Inc. (JDCH Foundation), collectively referred to as the Foundations, which raise money to benefit the System and the citizens located within the South Broward Hospital District. For the years ended April 30, 2025 and 2024, the System recognized contributions from the Foundations of approximately \$3,471,000 and \$3,118,000, respectively, included in other operating revenues and approximately \$15,818,000 and 26,484,000, respectively, included in capital contributions and grants, in the accompanying statements of revenues, expenses and changes in net position. The capital contributions and grants for the years ended April 30, 2025 and 2024, were primarily used to support the construction of the new, freestanding Memorial Cancer Institute facility located on the campus of Memorial Hospital West and the four-floor expansion of Joe DiMaggio Children's Hospital. As of April 30, 2025 and 2024, total receivables due from the Foundations were approximately \$4,986,000 and \$18,649,000, respectively, and were included in other current assets in the accompanying statements of net position.

Note 20. Reclassifications

During the fiscal year ended April 30, 2025, the System adopted a new accounting policy for classifying certain employee-related costs as benefits expense to more accurately reflect the nature of those expenditures. As a result of this change, approximately \$33,077,000 was reclassified from supplies expense to benefits expense in the accompanying statements of revenues, expenses and changes in net position.

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

Notes to Financial Statements

Note 20. Reclassifications (Continued)

To conform to the presentation used in the fiscal year 2025 financial statements and supplementary information, the System reclassified approximately \$27,240,000 and \$16,613,000 from supplies expense to benefits expense for the years ended April 30, 2024 and 2023, respectively. This reclassification also resulted in a shift between payments to vendors and claims and self-insurance payments in the accompanying statements of cash flows. Additionally, it was reflected as an increase in both new claims incurred and claims paid in the rollforward of the System's self-insurance claims liability as disclosed in Note 8. These reclassifications did not affect total expenses, changes in net position or beginning net position.

Note 21. Subsequent Events

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

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

Schedule of Changes in the Plan's Net Pension Liability and Related Ratios – Unaudited
Last 10 fiscal years
(In Thousands)

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total pension liability										
Service cost	\$ 10,509	\$ 12,002	\$ 12,667	\$ 12,692	\$ 13,375	\$ 16,436	\$ 16,386	\$ 16,902	\$ 17,460	\$ 17,579
Interest	71,220	66,787	62,748	57,782	55,647	56,111	54,578	52,277	48,950	45,777
Differences between expected and actual experience	33,873	16,345	34,642	5,810	3,288	1,273	(13,440)	830	(926)	(1,572)
Changes in benefit terms	(17,182)	-	-	-	-	-	-	-	-	-
Changes in assumptions	13,581	(38,425)	10,704	7,307	10,323	(18,609)	(20,003)	-	305	25,721
Benefit payments	(57,987)	(43,344)	(39,210)	(35,139)	(33,013)	(35,788)	(24,903)	(20,812)	(18,572)	(16,302)
Net change in total pension liability	54,014	13,365	81,551	48,452	49,620	19,423	12,618	49,197	47,217	71,203
Total pension liability – beginning	1,030,614	1,017,249	935,698	887,246	837,626	818,203	805,585	756,388	709,171	637,968
Total pension liability – ending (a)	\$ 1,084,628	\$ 1,030,614	\$ 1,017,249	\$ 935,698	\$ 887,246	\$ 837,626	\$ 818,203	\$ 805,585	\$ 756,388	\$ 709,171
Plan fiduciary net position										
Contributions – employer	\$ 37,350	\$ 43,650	\$ 39,894	\$ 34,648	\$ 35,136	\$ 41,122	\$ 37,043	\$ 38,343	\$ 37,295	\$ 37,649
Net investment (loss) income	76,042	99,354	32,549	(27,097)	197,540	(8,993)	48,985	48,286	53,179	(9,762)
Benefit payments	(57,987)	(43,344)	(39,210)	(35,139)	(33,013)	(35,788)	(24,903)	(20,812)	(18,572)	(16,302)
Administrative expense	(110)	(111)	(105)	(162)	(192)	(225)	(235)	(225)	(261)	(235)
Net change in plan fiduciary net position	55,295	99,549	33,128	(27,750)	199,471	(3,884)	60,890	65,592	71,641	11,350
Plan fiduciary net position – beginning	988,670	889,121	855,993	883,743	684,272	688,156	627,266	561,674	490,033	478,683
Plan fiduciary net position – ending (b)	\$ 1,043,965	\$ 988,670	\$ 889,121	\$ 855,993	\$ 883,743	\$ 684,272	\$ 688,156	\$ 627,266	\$ 561,674	\$ 490,033
Plan's net pension liability – ending (a) – (b)	\$ 40,663	\$ 41,944	\$ 128,128	\$ 79,705	\$ 3,503	\$ 153,354	\$ 130,047	\$ 178,319	\$ 194,714	\$ 219,138
Plan fiduciary net position as a percentage of total pension liability	96.3%	95.9%	87.4%	91.5%	99.6%	81.7%	84.1%	77.9%	74.3%	69.1%
Covered payroll	\$ 287,369	\$ 296,115	\$ 308,229	\$ 304,098	\$ 324,895	\$ 335,633	\$ 348,296	\$ 369,605	\$ 387,420	\$ 405,279
Plan's net pension liability as a percentage of covered payroll	14.2%	14.2%	41.6%	26.2%	1.1%	45.7%	37.3%	48.2%	50.3%	54.1%

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

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

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

Notes to Schedule

Valuation date Liability determined using May 1 census data and valuation date using update procedures to roll forward to the measurement date. The census data and valuation date are both one year prior to the measurement date and the Plan fiscal year end. The System reports this liability in its financial statements one year after the measurement date.

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

Actuarial cost method Entry age normal actuarial cost method under GASB Statements No. 67 and No. 68.

Asset valuation method Fair market value for fiduciary net position used to determine net pension liability under GASB Statements No. 67 and No. 68.

Long-term expected rate of return 7.00% beginning with the April 30, 2024 measurement date; 6.60% beginning with the April 30, 2021 measurement date; 6.75% as of the April 30, 2020 measurement date; and 7.00% beginning with the April 30, 2016 measurement date.

Mortality rates For the May 1, 2024 valuation, mortality rates were based on the Pri-2012 Benefits-weighted Employee and Annuitant Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females. For the May 1, 2022 and May 1, 2023 valuations, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2021 for males and females. For the May 1, 2021 and May 1, 2020 valuations, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2020 for males and females. For the May 1, 2019 valuation, mortality rates were based on the Pri-2012 Benefits-weighted Employee, Annuitant, and Disabled Mortality tables for males and females projected from 2012 using generational projection Scale MP-2018 for males and females. For the May 1, 2018 valuation, mortality rates were based on the RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale MP-2018 for males and females. Prior to the May 1, 2018 valuation, mortality rates were based on the RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale BB (male).

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

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

Notes to Schedule

Projected salary increases	<p>For the May 1, 2024 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 3.25% and was adjusted to reflect a one-time 1.00% increase at May 1, 2025. For the May 1, 2023 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25% and was adjusted to reflect a one-time 2.00% increase at May 1, 2024. For the May 1, 2022 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25% and was adjusted to reflect a one-time 2.00% increase at May 1, 2023. For the May 1, 2021 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25% and was adjusted to reflect a one-time 2.00% increase at May 1, 2022. For the May 1, 2020 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 2.25%. For the May 1, 2019 valuation, an age-graded select and ultimate table of rates was used starting with 5.25% and grading down to 3.75% in 2019 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2018 valuation, an age-graded select and ultimate table of rates was used starting with 5.00% and grading down to 3.50% in 2018 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2017 valuation, an age-graded select and ultimate table of rates was used starting with 4.75% and grading down to 3.25% in 2017 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2016 valuation, an age-graded select and ultimate table of rates was used starting with 4.50% and grading down to 3.00% in 2016 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2015 valuation, an age-graded select and ultimate table of rates was used starting with 4.25% and grading down to 2.75% in 2015 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%.</p>
Retirement rates	<p>An age-graded schedule of retirement rates was used, ranging from age 52 through 75, based on plan experience. For the May 1, 2020 and May 1, 2024 valuations, the assumption was updated to reflect the results of the most recent experience studies.</p>
Benefit changes	<p>Effective August 1, 2024, the Plan was amended to remove the \$50,000</p>

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

**Schedule of System Contributions – Unaudited
Last 10 fiscal years
(In Thousands)**

	2025	2024	2023	2022	2021
Actuarially determined contribution	\$ 25,653	\$ 36,684	\$ 36,278	\$ 33,648	\$ 35,136
Contributions in relation to the actuarially determined contribution	37,350	43,650	39,894	34,648	35,136
Contribution deficiency (excess)	(11,697)	(6,966)	(3,616)	(1,000)	-
Covered payroll	287,369	296,115	308,229	304,098	324,895
Contributions as a percentage of covered payroll	13.0%	14.7%	12.9%	11.4%	10.8%
	2020	2019	2018	2017	2016
Actuarially determined contribution	\$ 38,723	\$ 37,043	\$ 38,343	\$ 37,295	\$ 37,649
Contributions in relation to the actuarially determined contribution	41,122	37,043	38,343	37,295	37,649
Contribution deficiency (excess)	(2,399)	-	-	-	-
Covered payroll	335,633	348,296	369,605	387,420	405,279
Contributions as a percentage of covered payroll	12.3%	10.6%	10.4%	9.6%	9.3%

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

Schedule of System Contributions – Unaudited (Continued)
Unaudited
(In Thousands)

Notes to Schedule

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

Methods and assumptions used to determine annual required contributions.

Actuarial cost method Projected unit credit cost method.

Amortization method Beginning with the May 1, 2015 valuation – Level dollar amount, closed.

Remaining amortization period 1-9 years, the average future work life expectancy of the active participants in the year the amortization base is established.

Asset valuation method Five-year smoothed market value

Inflation 2.50% beginning with the May 1, 2015 valuation

Salary increases For the May 1, 2024 valuation, an age-graded salary scale was used starting at 6.00%, grading down to 3.25%. For the May 1, 2020 to May 1, 2023 valuations, an age-graded salary scale was used starting at 6.00%, grading down to 2.25%. For the May 1, 2019 valuation, an age-graded select and ultimate table of rates was used starting with 5.25% and grading down to 3.75% in 2019 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2018 valuation, an age-graded select and ultimate table of rates was used starting with 5.00% and grading down to 3.50% in 2018 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2017 valuation, an age-graded select and ultimate table of rates was used starting with 4.75% and grading down to 3.25% in 2017 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2016 valuation, an age-graded select and ultimate table of rates was used starting with 4.50% and grading down to 3.00% in 2016 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%. For the May 1, 2015 valuation, an age-graded select and ultimate table of rates was used starting with 4.25% and grading down to 2.75% in 2015 and increasing 0.25% per year to 2020 when rates are 5.50% and grading down to 4.00%.

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

Schedule of System Contributions – Unaudited (Continued)
Unaudited
(In Thousands)

Notes to Schedule

Investment rate of return	7.0% for the May 1, 2024 valuation; 6.60% for the May 1, 2021 to May 1, 2023 valuations; 6.75% for the May 1, 2020 valuation; 7.00% for the May 1, 2015 to May 1, 2019 valuations.
Retirement rates	An age-graded schedule of retirement rates was used, ranging from age 52 through 75, based on plan experience. For the May 1, 2020 and May 1, 2024 valuations, the assumption was updated to reflect the results of the most recent experience studies.
Mortality rates	For the May 1, 2020 to May 1, 2024 valuations – Pub-2010 separate Employee and Annuitant Below Median Headcount-Weighted Mortality Tables for males and females projected generationally using Scale MP-2018 for males and females. For the May 1, 2016 to May 1, 2019 valuations – combined RP-2000 Mortality tables for males and females projected forward generationally using Scale BB. For the May 1, 2015 valuation – RP-2014 Employee and Annuitant Mortality tables for males and females with the Scale MP-2014 backed out to 2006 and projected forward from 2006 generationally using Scale BB (male).
Other information	The benefit formula for participants hired after May 1, 2010 was changed. At May 1, 2011, the Plan was closed to employees hired or rehired after October 31, 2011.

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

**Schedules of Plan Investment Returns – Unaudited
Last 10 fiscal years**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Annual money-weighted rate of return (loss), net of investment expense	7.7%	11.2%	3.8%	(3.1)%	28.7%	(1.3)%	7.7%	8.5%	10.7%	(2.0)%

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Supplementary Information

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

Combining Statements of Net Position – System
April 30, 2025
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Assets and Deferred Outflows of Resources							
Current assets:							
Cash and cash equivalents	\$ 749	\$ 812	\$ 801	\$ 323	\$ 131	\$ 424,936	\$ 427,752
Investments	-	-	-	-	-	2,366,530	2,366,530
Patient accounts receivable, net of estimated uncollectibles	219,408	96,312	20,415	14,373	1,343	7,715	359,566
Inventories	29,939	12,482	3,300	3,784	293	13,544	63,342
Other current assets	197,975	73,293	15,907	14,219	24	84,369	385,787
Restricted assets:							
Investments under indenture agreements for debt service	-	-	-	-	-	33,866	33,866
Investments under self-insurance agreements	-	-	-	-	-	13,752	13,752
Total current assets	448,071	182,899	40,423	32,699	1,791	2,944,712	3,650,595
Noncurrent assets:							
Designated investments for employee disability	-	-	-	-	-	21,542	21,542
Capital assets, net	566,480	327,528	125,517	83,987	6,856	275,080	1,385,448
Right-to-use lease assets, net	8,168	2,095	648	-	183	39,373	50,467
Right-to-use subscription assets, net	1,455	219	152	-	-	91,678	93,504
Other assets	409	1,150	9	3	-	45,146	46,717
Restricted assets, net of current portion:							
Investments under self-insurance agreements	-	-	-	-	-	52,958	52,958
Total assets	\$ 1,024,583	\$ 513,891	\$ 166,749	\$ 116,689	\$ 8,830	\$ 3,470,489	\$ 5,301,231
Deferred outflows of resources:							
Pension related items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63,399	\$ 63,399
Loss on defeasance	-	-	-	-	-	13,478	13,478
Total deferred outflows of resources	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,877	\$ 76,877

(Continued)

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

Combining Statements of Net Position – System (Continued)
April 30, 2025
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Liabilities, Deferred Inflows of Resources and Net Position							
Current liabilities:							
Accounts payable and accrued expenses	\$ 54,167	\$ 25,229	\$ 15,994	\$ 7,942	\$ 580	\$ 57,051	\$ 160,963
Accrued compensation and payroll taxes	19,368	8,854	2,686	3,154	356	219,700	254,118
Estimated third-party payor settlements	83,694	31,229	13,711	16,094	-	-	144,728
Current installments of long-term debt	-	-	-	-	-	18,280	18,280
Current portion of estimated claims liability	-	-	-	-	-	17,263	17,263
Current portion of lease payable	1,881	311	148	-	47	6,030	8,417
Current portion of subscription liability	417	30	40	-	-	23,933	24,420
Other current liabilities	26,095	14,245	4,123	5,147	132	7,128	56,870
Total current liabilities	185,622	79,898	36,702	32,337	1,115	349,385	685,059
Noncurrent liabilities:							
Long-term portion of estimated claims liability	-	-	-	-	-	27,923	27,923
Net pension liability	-	-	-	-	-	41,944	41,944
Other noncurrent liabilities	10,962	5,684	1,362	2,072	-	43,118	63,198
Lease payable	7,341	1,903	560	-	140	35,716	45,660
Subscription liability	1,026	56	83	-	-	37,271	38,436
Long-term debt	-	-	-	-	-	861,348	861,348
Total liabilities	204,951	87,541	38,707	34,409	1,255	1,396,705	1,763,568
Deferred inflows of resources:							
Pension related items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,925	\$ 37,925
Lease related items	375	1,652	-	-	-	12,095	14,122
Total deferred inflows of resources	\$ 375	\$ 1,652	\$ -	\$ -	\$ -	\$ 50,020	\$ 52,047
Net position:							
Net investment in capital assets	\$ 540,584	\$ 320,090	\$ 125,127	\$ 83,469	\$ 6,851	\$ (554,758)	\$ 521,363
Restricted	-	-	-	-	-	34,957	34,957
Unrestricted	278,673	104,608	2,915	(1,189)	724	2,620,442	3,006,173
Total net position	\$ 819,257	\$ 424,698	\$ 128,042	\$ 82,280	\$ 7,575	\$ 2,100,641	\$ 3,562,493

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

Combining Statements of Net Position – System
April 30, 2024
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Assets and Deferred Outflows of Resources							
Current assets:							
Cash and cash equivalents	\$ 717	\$ 781	\$ 773	\$ 384	\$ 120	\$ 268,830	\$ 271,605
Investments	-	-	-	-	-	2,345,956	2,345,956
Patient accounts receivable, net of estimated uncollectibles	222,980	90,686	17,439	23,092	1,327	6,422	361,946
Inventories	28,411	11,053	3,035	3,452	-	12,058	58,009
Other current assets	94,136	55,258	13,368	10,084	10	92,178	265,034
Restricted assets:							
Investments under indenture agreements for debt service	-	-	-	-	-	28,785	28,785
Investments under self-insurance agreements	-	-	-	-	-	13,215	13,215
Total current assets	346,244	157,778	34,615	37,012	1,457	2,767,444	3,344,550
Noncurrent assets:							
Designated investments for employee disability	-	-	-	-	-	20,105	20,105
Capital assets, net	542,671	339,924	19,608	84,272	6,750	267,459	1,260,684
Right-to-use lease assets, net	10,993	2,461	7,082	531	232	35,355	56,654
Right-to-use subscription assets, net	941	345	-	-	-	110,657	111,943
Other assets	480	1,940	9	5	-	44,066	46,500
Restricted assets, net of current portion:							
Investments under self-insurance agreements	-	-	-	-	-	49,051	49,051
Total assets	\$ 901,329	\$ 502,448	\$ 61,314	\$ 121,820	\$ 8,439	\$ 3,294,137	\$ 4,889,487
Deferred outflows of resources:							
Pension related items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 102,455	\$ 102,455
Loss on defeasance	-	-	-	-	-	14,757	14,757
Total deferred outflows of resources	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 117,212	\$ 117,212

(Continued)

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

Combining Statements of Net Position – System (Continued)
April 30, 2024
(In Thousands)

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Liabilities, Deferred Inflows of Resources and Net Position							
Current liabilities:							
Accounts payable and accrued expenses	\$ 57,530	\$ 29,517	\$ 6,489	\$ 8,228	\$ 547	\$ 68,103	\$ 170,414
Accrued compensation and payroll taxes	16,344	7,708	2,246	2,738	313	210,751	240,100
Estimated third-party payor settlements	70,280	29,130	8,465	10,722	-	33	118,630
Current installments of long-term debt	-	-	-	-	-	12,935	12,935
Current portion of estimated claims liability	-	-	-	-	-	15,443	15,443
Current portion of lease payable	2,856	1,100	5,869	568	45	4,117	14,555
Current portion of subscription liability	416	217	-	-	-	21,829	22,462
Other current liabilities	28,868	14,639	4,945	5,402	121	8,712	62,687
Total current liabilities	176,294	82,311	28,014	27,658	1,026	341,923	657,226
Noncurrent liabilities:							
Long-term portion of estimated claims liability	-	-	-	-	-	27,487	27,487
Net pension liability	-	-	-	-	-	128,128	128,128
Other noncurrent liabilities	10,306	5,539	1,355	2,009	-	41,672	60,881
Lease payable	9,045	1,486	1,533	-	187	31,991	44,242
Subscription liability	456	98	-	-	-	51,304	51,858
Long-term debt	-	-	-	-	-	881,813	881,813
Total liabilities	\$ 196,101	\$ 89,434	\$ 30,902	\$ 29,667	\$ 1,213	\$ 1,504,318	\$ 1,851,635
Deferred inflows of resources:							
Lease related items	\$ 456	\$ 2,476	\$ -	\$ -	\$ -	\$ 11,244	\$ 14,176
Total deferred inflows of resources	\$ 456	\$ 2,476	\$ -	\$ -	\$ -	\$ 11,244	\$ 14,176
Net position:							
Net investment in capital assets	\$ 516,979	\$ 332,377	\$ 18,929	\$ 83,717	\$ 6,749	\$ (568,422)	\$ 390,329
Restricted	-	-	-	-	-	29,659	29,659
Unrestricted	187,793	78,161	11,483	8,436	477	2,434,550	2,720,900
Total net position	\$ 704,772	\$ 410,538	\$ 30,412	\$ 92,153	\$ 7,226	\$ 1,895,787	\$ 3,140,888

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

**Combining Statements of Revenues, Expenses and Changes in Fund Net Position – System
Year Ended April 30, 2025
(In Thousands)**

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Operating revenue:							
Net patient service revenue	\$ 1,630,020	\$ 890,068	\$ 213,029	\$ 324,927	\$ 14,338	\$ 143,931	\$ 3,216,313
Disproportionate share distributions	20,296	6,697	3,537	2,595	-	-	33,125
Other operating revenues	67,724	25,913	4,334	4,338	356	182,878	285,543
Total operating revenue	1,718,040	922,678	220,900	331,860	14,694	326,809	3,534,981
Operating expenses:							
Salaries and wages	789,792	378,545	108,261	130,161	13,143	250,926	1,670,828
Employee benefits	139,946	69,065	19,351	24,428	2,717	30,852	286,359
Professional fees	45,272	29,778	7,367	7,425	139	1,104	91,085
Supplies	342,210	194,035	29,615	36,936	1,849	134,373	739,018
Purchased services	109,288	66,968	19,124	27,059	1,526	8,465	232,430
Facilities	54,179	23,427	7,416	10,780	874	(352)	96,324
Depreciation and amortization	78,361	40,812	14,557	12,995	600	15,498	162,823
Other	54,092	29,085	11,672	10,143	677	12,841	118,510
Total operating expenses	1,613,140	831,715	217,363	259,927	21,525	453,707	3,397,377
Operating income (loss)	104,900	90,963	3,537	71,933	(6,831)	(126,898)	137,604
Nonoperating revenues, net	19,080	11,035	9,576	8,205	11	219,917	267,824
Excess (deficit) of revenues over (under) expenses	123,980	101,998	13,113	80,138	(6,820)	93,019	405,428
Other changes in net position:							
Capital contributions and grants	11,982	4,064	-	131	-	-	16,177
Equity transfers	(21,477)	(91,902)	84,517	(90,142)	7,169	111,835	-
Increase (decrease) in net position	114,485	14,160	97,630	(9,873)	349	204,854	421,605
Net position at the beginning of the year	704,772	410,538	30,412	92,153	7,226	1,895,787	3,140,888
Net position at the end of the year	\$ 819,257	\$ 424,698	\$ 128,042	\$ 82,280	\$ 7,575	\$ 2,100,641	\$ 3,562,493

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

**Combining Statements of Revenues, Expenses and Changes in Fund Net Position – System
Year Ended April 30, 2024
(In Thousands)**

	Memorial Regional Hospital and Affiliated Providers	Memorial Hospital West	Memorial Hospital Pembroke	Memorial Hospital Miramar	Memorial Hospital Manor	Other Non- Hospital Operations and Eliminations	Combined
Operating revenue:							
Net patient service revenue	\$ 1,512,965	\$ 845,984	\$ 210,853	\$ 304,045	\$ 12,947	\$ 116,980	\$ 3,003,774
Disproportionate share distributions	24,757	11,094	7,842	1,678	-	-	45,371
Other operating revenues	53,436	29,739	4,441	4,274	105	131,081	223,076
Total operating revenue	1,591,158	886,817	223,136	309,997	13,052	248,061	3,272,221
Operating expenses:							
Salaries and wages	738,966	356,688	103,649	121,253	12,448	224,792	1,557,796
Employee benefits	128,457	63,206	17,957	22,388	2,631	30,839	265,478
Professional fees	36,422	28,044	6,834	7,090	140	551	79,081
Supplies	302,383	173,708	28,832	33,108	2,637	96,685	637,353
Purchased services	112,058	70,124	20,190	27,421	1,613	8,812	240,218
Facilities	50,941	21,988	7,418	10,559	771	(316)	91,361
Depreciation and amortization	70,937	34,610	14,469	12,087	529	12,538	145,170
Other	50,703	25,833	7,551	8,581	629	15,702	108,999
Total operating expenses	1,490,867	774,201	206,900	242,487	21,398	389,603	3,125,456
Operating income (loss)	100,291	112,616	16,236	67,510	(8,346)	(141,542)	146,765
Nonoperating revenues (expenses), net	1,386	1,227	4,813	1,488	(10)	90,252	99,156
Excess (deficit) of revenues over (under) expenses	101,677	113,843	21,049	68,998	(8,356)	(51,290)	245,921
Other changes in net position:							
Capital contributions and grants	17,796	8,275	-	25	4,288	389	30,773
Equity transfers	(82,864)	(102,194)	(12,637)	(65,784)	7,812	255,667	-
Increase in net position	36,609	19,924	8,412	3,239	3,744	204,766	276,694
Net position at the beginning of the year	668,163	390,614	22,000	88,914	3,482	1,691,021	2,864,194
Net position at the end of the year	\$ 704,772	\$ 410,538	\$ 30,412	\$ 92,153	\$ 7,226	\$ 1,895,787	\$ 3,140,888

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

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

Opinion

We have audited the accompanying schedules of Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio (the Schedules) for the year ended April 30, 2025, based on the consolidated financial statements of South Broward Hospital District d/b/a Memorial Healthcare System (the System) as of and for the year ended April 30, 2025.

In our opinion, the Schedules referred to above present fairly, in all material respects, the Net Income Available for Debt Service and Long-Term Debt Service Coverage Ratio for the year ended April 30, 2025, in accordance with Section 3.07 of the Master Trust Indenture between U.S. Bank Trust Company, National Association (USBTC) and the System, dated September 1, 2003.

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

The Schedules were prepared by management of the System based on the provisions prescribed by Section 3.07 of the Master Trust Indenture between USBTC and the System, dated September 1, 2003. As a result, the Schedules may not be suitable for another purpose. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Schedules

Management is responsible for the preparation and fair presentation of the Schedules in accordance with the financial reporting provisions of Section 3.07 of the Master Trust Indenture between USBTC and the System, dated September 1, 2003, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of the Schedules that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Schedules

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

In performing an audit in accordance with GAAS, we:

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

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

Restriction on Use

Our report is intended solely for the information and use of management and the Board of Commissioners of the System and USBTC, and is not intended to be and should not be used by anyone other than these specified parties.

[Firm Signature]

Fort Lauderdale, Florida

[DATE]

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

Schedule of Net Income Available for Debt Service ⁽¹⁾

Year Ended April 30, 2025

(In Thousands)

Excess of revenues over expenses	\$ 405,428
Average of unrestricted contributions and grants for the prior three fiscal years	16,120
Unrealized gains on investments	(117,917)
Interest expense	31,312
Depreciation and amortization ⁽²⁾	130,082
Gain on disposal of assets	(35)
Net income available for debt service	<u>\$ 464,990</u>

(1) This schedule computes the System's Net Income Available for Debt Service (as defined in the Master Trust Indenture) for the year ended April 30, 2025.

(2) Depreciation and amortization excludes amortization of right-to-use subscription assets.

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

Schedule of Long-Term Debt Service Coverage Ratio ⁽¹⁾

Year Ended April 30, 2025

(In Thousands)

Net Income Available for Debt Service	\$	464,990
Maximum Annual Debt Service ⁽²⁾	\$	61,042
Long-Term Debt Service Coverage Ratio ⁽³⁾		7.62

(1) This schedule computes the System's Long-Term Debt Service Coverage Ratio (as defined in the Master Trust Indenture) for the year ended April 30, 2025.

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

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

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

Independent Accountant's Report

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

We have examined South Broward Hospital District d/b/a Memorial Healthcare System's (the System) compliance with *Section 218.415, Florida Statutes, Local Government Investment Policies* (the specified requirements) during the period May 1, 2024 to April 30, 2025. Management of the System is responsible for the System's compliance with the specified requirements. Our responsibility is to express an opinion on the System's compliance with the specified requirements based on our examination.

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

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

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

In our opinion, the System complied, in all material respects, with specified requirements during the period May 1, 2024 to April 30, 2025.

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

[Firm Signature]

Fort Lauderdale, Florida

[DATE]

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

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

Report on the Financial Statements

We have audited the financial statements of the business-type activities and fiduciary activities of South Broward Hospital District d/b/a Memorial Healthcare System (the System), as of and for the fiscal year ended April 30, 2025, and have issued our report thereon dated [DATE].

Auditor's Responsibility

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

Other Reporting Requirements

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

Prior Audit Findings

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

Official Title and Legal Authority

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

Financial Condition and Management

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

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

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

Property Assessed Clean Energy (PACE) Programs

The System has not established a PACE program authorized pursuant to Section 163.08(1) or (2), Florida Statutes.

Special District Component Units

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

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

- a. The total number of System employees compensated in the last pay period of the System's fiscal year as 17,639.
- b. The total number of independent contractors to whom nonemployee compensation was paid in the last month of the System's fiscal year as 521.
- c. All compensation earned by or awarded to employees, whether paid or accrued, regardless of contingency as approximately \$1,670,828,000.
- d. All compensation earned by or awarded to nonemployee independent contractors, whether paid or accrued, regardless of contingency as approximately \$229,951,000.
- e. Each construction project with a total cost of at least \$65,000 approved by the System that is scheduled to begin on or after October 1 of the fiscal year being reported, together with the total expenditures for such projects. This information is disclosed in Appendix A.
- f. A budget variance based on the budget adopted under Section 189.016(4), Florida Statutes, before the beginning of the fiscal year being reported if the System amends a final adopted budget under Section 189.016(6), Florida Statutes. This information is disclosed in Appendix B.

As required by Section 218.39(3)(c), Florida Statutes, and Section 10.554(1)(i)8., Rules of the Auditor General, the System reported:

- a. The millage rate or rates imposed by the System as 0.0869 mills.
- b. The total amount of ad valorem taxes collected by or on behalf of the System as approximately \$7,492,000.
- c. The total amount of outstanding bonds issued by the System and the terms of such bonds. This is disclosed in Note 9 of the financial statements.

Additional Matters

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

Purpose of this Letter

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

Fort Lauderdale, Florida

[DATE]

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Appendix A

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

**Schedule of Construction Projects (Unaudited)
Fiscal Year Ended April 30, 2025**

Project Name	Cost Incurred to Date	Total Budgeted Cost
MHW Elevator 1-2 Modernization	\$ 50,698	\$ 321,000
MPG Pediatric Cardiology IT Equipment	369,687	1,707,017
MHS Simulation Lab 9581 Premier Parkway	-	1,216,945
MRH Nuclear Med-Gamma Camera	-	700,000
MHS Fitness Ctr RTU	-	156,000

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Appendix B

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

Schedule of Revenues and Expenses – Budget and Actual (Unaudited)

Fiscal Year Ended April 30, 2025

	Original Budget		
	Original	Final	Actual
<u>Revenues:</u>			
Taxes:			
Ad Valorem Taxes (Millage 0.0869)	\$ 7,899,000	\$ 7,907,000	\$ 7,907,000
Less Discount on Taxes	(37,000)	(277,000)	(277,000)
Patient Charges	21,947,158,000	22,764,756,000	22,764,756,000
Less Deductions from Revenue:			
Contractual Allowances	(18,070,082,000)	(18,424,662,000)	(18,424,662,000)
Charity Care	(684,318,000)	(814,821,000)	(814,821,000)
Provision for Uncollectible Accounts	(91,941,000)	(309,105,000)	(309,105,000)
Other Operating Revenues	270,170,000	318,668,000	318,668,000
Investment Income	80,718,000	215,535,000	215,535,000
Other Non-Operating Revenue	-	87,464,000	87,464,000
Total Revenues	\$ 3,459,567,000	\$ 3,845,465,000	\$ 3,845,465,000
<u>Expenditures:</u>			
Salaries and Wages	\$ 1,617,241,000	\$ 1,670,828,000	\$ 1,670,828,000
Employee Benefits	287,305,000	286,359,000	286,359,000
Supplies and Services	973,469,000	1,062,533,000	1,062,533,000
Depreciation and Amortization	164,215,000	162,823,000	162,823,000
Interest	34,002,000	33,716,000	33,716,000
Other Operating Expenses	228,818,000	224,897,000	224,897,000
Total Operating Expenses	3,305,050,000	3,441,156,000	3,441,156,000
Contributions to Fund Balance and Reserves	154,517,000	404,309,000	404,309,000
Total Expenses and Contributions to Fund Balance	\$ 3,459,567,000	\$ 3,845,465,000	\$ 3,845,465,000



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

DATE: April 30, 2025
TO: Shane Strum, Interim President and Chief Executive Officer, MHS
SUBJECT: **AUDIT AND COMPLIANCE – FOURTH QUARTERLY REPORT FISCAL YEAR 2025**

Attached is a copy of the fourth quarterly report of fiscal year 2025 summarizing the activities of the Internal Audit and Compliance Department from February 1, 2025, through April 30, 2025, for your records.

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

A handwritten signature in black ink, appearing to read 'Denise D. DiCesare'.

Denise (Denny) DiCesare
Chief Compliance and Internal Audit Officer

cc: Alan Whaley, Interim Chief Operating Officer, MHS
Irfan Mirza, Interim Chief Financial Officer, MHS

I. WRITTEN STANDARDS AND PROCEDURES

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

Reviewed:

- Cost Reports and Credit Balance Reports, and
- Hazardous and Medical Waste Disposal.

Revised:

- Reimbursement and Billing, and
- DEA Compliance.

II. COMPLIANCE OFFICER

The Compliance Officer attended the following meetings during the quarter:

- ISACA WOW! Conference IT Security,
- Where the New Administration Stands on Health Care and AI,
- Florida Compliance and Privacy Consortium: One Session, and
- HCCA 29th Annual Compliance Institute.

III. TRAINING AND EDUCATION

The following compliance training was provided during the quarter:

- New Employee Orientation: Twelve Sessions,
- Leadership Essentials: Two Sessions,
- Compliance Working Committee: One Session,
- Conflicts of Interest Subcommittee: One Session,
- Memorial Physician Leadership: Outside Activities Laws Training, and
- MPG Physician Business Meeting – Conflicts of Interest Training.

IV. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 105 calls, of which 33 were callbacks, were placed to the System's Compliance Hotline covering 67 new topics and seven old topics. Four topics were compliance allegations (four calls). Two topics were HIPAA Privacy allegations (two calls). Two topics were Patient Safety allegations (two calls). Two topics were Quality of Care/Service allegation (two call). All of the calls were investigated and one of the compliance allegations was substantiated.

Finally, one new topic and two old topics were informational (one call, two callbacks), 22 topics were incomplete calls (22 calls), and 33 new topics and five old topics (38 calls, 31 callbacks) 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 were two referring physicians, one vendor, and one student sanctions during the quarter.

B. Conflicts of Interest

The Calendar Year (CY) 2025 Conflicts of Interest Questionnaire cumulative employee completion rate is 77%, in which 13,555 of the 17,462 employees completed their questionnaire.

There were 229 reports of possible or potential conflict of interest that were researched. responses made in error to questions.

VI. RISK ASSESSMENT, MONITORING & AUDITING

VII. RESPONSE & PREVENTION

A. Internal Audit Recurring Quarterly Reports

South Broward Hospital District Construction Projects

Thirty-two payment vouchers for twelve construction projects were audited during the quarter, as shown on Exhibit A. One exception was found during this audit.

South Broward Hospital District Requests for Proposal and Competitive Quotes

Twelve Requests for Proposal (RFP) and 30 Competitive Quotes were audited during the quarter, as shown on Exhibit B. One exception was found in the RFP and 10 exceptions were found in the competitive quotes during these audits.

Board and Government Relations Expenses

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

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

Employee Travel Reimbursement Expense

Employee Travel Expenses were audited during the quarter. A summary of total reimbursement per cost center and a list of expenses audited for the quarter will be presented and discussed during the meeting.

B. Internal Audits

Internal Audit of the Privacy and Security of Voice Recognition Devices Available in Patient Rooms at MRHS

Background

Technological advancements have steadily increased the availability and scope of Artificial Intelligence (AI). AI is a wide-ranging tool that enables people to rethink how we integrate information, analyze data, and overall improve the human experience. Memorial Healthcare System (MHS) launched a pilot program to leverage the human speech interactive AI to improve the quality of life of MHS patients while admitted to a selection of rooms at Memorial Regional Hospital South (MRHS). All Alexa devices are in patient rooms in various rehabilitation units. These Alexa devices are intended to execute simple tasks, such as “Turn TV Volume Up/Down” for patients who have limited use of their limbs, as well as more need-based tasks, such as, “Please call my nurse.” While the Alexa device has been a patient satisfier in executing such tasks, concerns have been raised about how much is being captured by such devices when medical consultations are taking place, and whether patients are given the opportunity to decide if they would like to participate in this program. With this background, the purpose of this audit was to review Opt-In/Opt-Out procedures of voice recognition devices available in patient rooms and verify the privacy and security of the data retention/activation of conversations held within range of such devices.

Observations

The Florida Digital Bill of Rights (FDBR) exemptions including covered entities under the Health Insurance Portability and Accountability Act (HIPAA) from complying, however, like the state of Florida and federal requirements, grants customers the right to Opt-Out of Voice Recognition that collect data via voice recognition. We found no formal process of the patient being offered any Opt-Out option, and if the patient was presented with an ad-hoc Opt-Out decision point, there is no formal process to document the patient's choice. Our third-party vendor, Aiva Health, chose to Opt-Out of Amazon's Alexa Privacy Policy for data retention and storage of voice recordings, but as of March 28, 2025, Amazon removed the Opt-Out option.

Recommendations

We recommended a formal process is developed to provide the option to admitted patients, to opt-in or out of using the Alexa devices and that the patient's choice is documented in the patient's records. We also recommended medical staff receives reinforced training on muting or otherwise disabling Alexa devices during medical consultations.

Philoron Wright, Chief Executive Officer, MRHS and David Webb, Chief Financial Officer, MRHS agreed with our findings and recommendations. An action plan to address these findings has been attached to this report.

C. Compliance Audits

Compliance Audit of the 340B Program at Memorial Healthcare System Contract Pharmacies - FY 2025 Fourth 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. To be eligible, patients must have an established relationship and receive health care services from the covered entity, and the responsibility for the care remains with the covered entity. An individual is not a patient of the covered entity if the only health care service received from the entity is the dispensing of a drug for subsequent self-administration or administration in the home setting. 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 all prescriptions written in this location and prescriptions of continuum care for Ryan White patients are 340B eligible.

MHS does not fill with 340B-priced for prescriptions written by physicians in connection with services provided in clinics and other locations that are not on MHS's cost report unless the prescription meets an applicable exception such as a referral exception and physician administered drug exception. The 340B rules permit prescriptions written outside MHS to be filled with 340B

drugs if they are written pursuant to a referral and the referral and outcome of the referral are documented in the patient's medical record or the patient obtained subsequent services from MHS for the same condition after the referral. 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.

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. A total of 227 contract pharmacy claims met the 340B eligibility requirements and 13 of 240 claims were prescribed by providers from ineligible locations who referred patients to the Memorial Regional Hospital (MRH) Pharmacy Medication Management (MM) program with a documented encounter as part of the care coordination that for this circumstance has been recognized to qualify the prescribed medication as eligible for 340B requirements pending Legal opinion. Of the 13 pharmacy claims, one prescribed medication was not on the list of selected medications that triggered a referral to the MM service. Of the 13 claims, there were two that did not have referrals to the MM service from the MHS providers. There were 11 referral orders noted with medical necessity documentation for MM services as an internal referral for continuity of care for patients with associated chronic medical conditions and were prescribed with high risk/high-cost medications. The associated CPT code used for Pharmacy MM services were for MTM services and is only reportable for Medicare Part D claims. There is no associated CPT code for MM services from American Medical Association (AMA). These services were not billed. The MM program is on the Corporate Compliance Audit Workplan under New Programs. A full audit will be conducted to evaluate the appropriateness of referrals, documentation of medical necessity and medication optimization, and the charges recorded on the cost report associated with the MM services as compared to Medication Therapy Management (MTM).

Recommendations

We recommended that the two claims without referral orders to MM services and the one claim with the prescribed medication not included on the list of medication that triggered a MM referral be reviewed by the 340B team for correction and refund, if necessary. We recommended the Legal Department opine on the level of risk involved in utilizing the Medication Management program to qualify prescriptions written by providers from ineligible locations.

Dorinda Segovia, Vice President & Chief Pharmacy Officer, MHS, Tina Hodges, Vice President, Reimbursement and Revenue Integrity agreed with the findings and have provided action plans.

Compliance Audit of Documentation and Billing of the Levels of Neonatal Care in the Neonatal Intensive Care Unit at JDCH

Background

The Memorial Healthcare System (MHS) Joe DiMaggio Children's Hospital (JDCH) Wasie Neonatal Intensive Care Unit (NICU) was awarded by the American Academy of Pediatrics (AAP) to be a Level IV facility with the capabilities of a regional NICU offering a full range of pediatric medical and surgical services including surgical treatment of complex congenital or acquired

malformations. AAP developed the “Standards for Levels of Neonatal Care: II, III, and IV” to promote high-quality and consistent neonatal care services throughout the nation. The MHS Corporate Compliance and Internal Audit Department was requested by leadership to perform an audit of the NICU particularly on the levels of care (LOC) including transfers to or coming from the other MHS facilities. The purpose of this audit was to determine if documentation supported the level of care provided in accordance with the AAP Standards for Levels of Neonatal care, and to determine the accuracy of coding, and billing levels of neonatal care in the NICU at JDCH.

Observations

We reviewed a total of 30 patient accounts with 41 claims (hospital accounts), 252 dates of service (DOS) with orders for LOC and 3,122 DOS billed. All 30 patient accounts had orders and diagnoses supporting medical necessity for admissions, transfers and changes of the LOC. Out of 252 DOS, there were four DOS where the assigned LOC should have been higher than what was ordered based on the documentation of treatment provided. The discrepancy on the assigned LOC and the LOC treatment provided was an opportunity for improvement in aligning MHS LOC with AAP’s standards. As a Level IV facility, the Wasie JDCH NICU may use revenue codes 0170 to 0174 depending on the intensity of treatment provided. We noted in three patient accounts that the orders placed in Epic, our electronic health records, a specific subspecialty triggered a discrepancy with the ordered LOC, revenue code used, and LOC accommodation codes. A review of the other subspecialties noted that this issue was isolated with the specific subspecialty. Prior to the audit, Accounts Receivable Management (ARM) corrected the affected accounts, and other measures were initiated to monitor NICU LOC charges. We noted in nine patient accounts, there were 12 DOS LOC assignment orders that were automatically cancelled instead of discontinued when a new order is placed. Normally, when a new LOC is assigned and ordered in Epic, the previous order should automatically discontinue. When orders were cancelled, the ordered LOC and revenue code were not reported on the claim in contrast to when orders were discontinued, the ordered LOC and revenue code were reported for the dates of service. In three patient accounts, we noted discrepancies occurred when NICU providers and staff changed the LOC on bed transfers and the NICU providers modified previous orders instead of placing a new order to change the LOC. Of the transfers between JDCH NICU and Memorial Hospital West (MHW) or Memorial Hospital Miramar (MHM) NICUs, we noted a billing error occurred in six patient accounts when the receiving MHS facility left the admission type as “newborn” instead of changing it to “urgent”. To correct the billing error, the nurse auditors changed the admission type to “urgent” and changed the revenue code from NICU to Pediatric Intensive Care Unit (PICU). The reimbursement on NICU accounts were based on (Diagnosis Related Group) DRG and reimbursement was not impacted. The assigned LOC orders, the revenue codes, and the LOC accommodation codes discrepancies resulted in an error rate of 15.50%.

Recommendations

We recommended that JDCH management monitor and verify with the NICU providers that the assigned LOC orders are appropriateness for the level of treatment provided and aligns with the AAPs standards. We recommended ARM review the claims with the incorrect LOC revenue code reported, correct and rebill, if appropriate. We recommended NICU management regularly monitor the NICU census with the assigned LOC and LOC accommodation charges for accuracy. We recommended NICU management collaborate with Epic Information Technology (IT) to develop processes to monitor for accuracy and report changes in the assigned LOC when new orders are placed and to prevent inappropriate changes to the assigned LOC. We recommended NICU management reeducate the NICU providers and staff when making changes to the LOC assignment in Epic. We recommended Epic IT work with Patient Financial Service (PFS) and ARM to develop a process to prevent errors made on

admission type for accounts with transfers.

Caitlin Stella, Chief Executive Officer, JDCH, Ananda Rampat, Chief Financial Officer, JDCH and Allysa Posen, Financial Director, JDCH agreed with the findings and recommendations of this audit and have provided an action plan.

Compliance Audit of Documentation and Billing of Current Procedural Terminology Code 96374 Intravenous Push in the Emergency Department at MHW

Background

Current Procedural Terminology (CPT) Code 96374 is reported for the initial intravenous (IV) push, in which the drug is given in 15 minutes or less. CPT codes 96375 and 96376 are add-on codes reported for each additional sequential IV push of a new and the same substance or drug provided in a facility. CPT code 96360 is reported for the initial IV infusion of fluids or hydration services for 31 minutes to one hour. Medicare pays for IV push, infusion and hydration services when documentation of diagnosis codes indicates the reason for which the service is performed, thus, meeting medical necessity. When reporting facility claims for medication administration, the codes for IV push, infusions and hydrations should follow a hierarchy wherein chemotherapy services are primary over therapeutic, prophylactic, or diagnostic services, which are primary over hydration with the infusion primary to IV push and intramuscular (IM)/subcutaneous (SC) administrations the last. The Memorial Healthcare System (MHS) Corporate Compliance and Internal Audit Department received a comparative billing analysis from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), in January 2025 that an unusual pattern and potential data aberrance existed at Memorial Hospital West (MHW) for CPT code 96374 IV push. In response to this notice, the Compliance Office conducted an audit of the location at MHW with the highest frequency of charges for CPT code 96374, the Emergency Department (ED). Since facility reporting of IV push charges should follow the hierarchy for reporting claims, the Compliance Office decided to perform an audit of all the routes of medication administrations including infusions, hydrations and IM/SC administration. MHS ED uses the Assisted Infusion Charging (AIC) tool in Epic, our electronic health records (EHRs), to prompt nurses in posting IV charges by calculating the quantity in units of the administered IV medication charges. The purpose of this audit was to determine if documentation supported medical necessity for CPT code 96374 IV push services and determine the accuracy of coding, charging, and billing in the ED at MHW.

Observations

All 30 patient accounts with 80 medication administrations reviewed had provider orders and diagnoses supporting medical necessity for the IV push, infusion and hydration services. There was one IV push and one IM/SC administration that were missing the CPT codes and the billing on the claims. There was one hydration service that was not given for more than 30 minutes and should not have been coded and billed as per CMS guidelines. There were two IV push services where the medication administration should not have been reported because the medications were given when the patients were in observation status. Lastly, there was one IV infusion and one IV push administration that did not follow the hierarchy for reporting medication charges which resulted in incorrect coding. The coding and billing errors originated from the ED nurses not accepting the AIC prompts and from issues that occurred before the AIC tool was used, which resulted in an error rate of 8.75% with an underpayment of \$2,335.00. Subsequently, Account Receivable Management (ARM) reviewed, corrected and rebilled the accounts with the affected claims. We did not see any duplicated entries for the medication charges on all claims. The unusual pattern and data aberrancy

may have resulted from the high volume and acuity of patients seen at the ED and therefore, not substantiated.

Recommendations

We recommended ED leadership reeducate the nurses on the completeness of the Medication Administration Record (MAR) to include the stop times for IV infusions and hydration services. We recommended ED leadership reeducate the nurses on appropriate posting of IV charges in Epic using the AIC tool. We recommended ED leadership do regular audits to monitor IV documentation and charges for accuracy. We recommended Corporate Finance continue to review all IV charges whenever new Epic features are implemented to ensure charges are accurate.

Joseph Stuczynski, Chief Executive Officer, MHW, Katherine Wong, Chief Financial Officer, MHW and Judy Frum, Chief Operating Officer, MHW agreed with the findings and recommendations of this audit and have provided an action plan.

Compliance Audit of Documentation and Billing of the Comprehensive Outpatient Medical Nutrition Therapy Services at MHP

Background

Medical nutrition therapy (MNT) is a nutrition-based examination that includes nutritional diagnostic therapy, counseling and education services for the purpose of managing an acute or chronic condition or disease. MNT service includes an initial assessment and intervention followed by reassessment and intervention encounter(s) provided by a licensed or certified nutrition professional. A physician referral is required. Services are time-based and face-to-face so start and stop times or total times must be documented. Medicaid reimburses MNT services furnished under the direction of a physician, including telemedicine services using at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner. Modifier 95 must be used to bill telemedicine and Centers for Medicare and Medicaid Services (CMS) requires a patient consent.

CMS's National Coverage Determination (NCD) for "MNT" provides coverage for beneficiaries diagnosed with renal disease or diabetes. On September 19, 2024, Memorial Hospital Pembroke (MHP) opened the Comprehensive Outpatient MNT Services for patients with a variety of diagnoses. Management notified the Compliance and Internal Audit Department of the new program and requested an audit. The purpose of the audit was to determine if services provided are medically necessary and supported by documentation and determine the accuracy of coding, charging, and billing of MNT at MHP.

Observations

All 30 dates of service had documentation to support reasonable and medically necessary for the services provided. Start and stop or total time was documented as required by Current Procedural Terminology (CPT). Of 30 dates of service, two visits were completed through telemedicine and included the required attestation documentation that contained telemedicine informed consent. Three of 30 dates of service had documentation that MNT was provided but the referrals were for Diabetes Self-Management Training (DSMT). Additionally, three dates of services had referrals from non-physician providers. These findings resulted in a 20% error rate. All 30 dates of services had the correct CPT codes for the initial assessment and reassessment. Charges for the two telemedicine visits were identified by the Registered Dietitian (RD); however, the appropriate modifier was not applied during billing due to the absence of hard-coded modifier settings in Epic. The CPT codes for MNT services are hard coded by the Reimbursement and Revenue Integrity

department to align with the services provided by staff. Once the service is completed, charges are selected and entered in Epic. Diagnosis codes for 10 of 30 dates of service entered by coders did not concur with the referral diagnosis or were not to the highest level of specificity as required by the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM diagnosis code(s)) guidelines. Health Information Management (HIM) reviewed and corrected the findings. Of the 30 dates of service, 16 were reimbursed, including three that had incorrect referral or referrals from non-physician providers. The remaining 14 dates of service were not reimbursed as per the payor's contractual agreement or denied for non-covered services. We noted two of the 14 dates of service were denied authorization as the services were deemed not medically necessary based on NCD. One was paid by the patient, and the other had modifier 'GZ' appended to indicate that service was expected to be denied as not reasonable or necessary. Memorial Healthcare System (MHS) does not refuse services to patients based on their ability to pay. However, MHS ensures that coverage is active at the time of service for patients who have insurance. These findings resulted in a 17% error rate.

Recommendations

We recommended the MNT program management ensure that order/referral comply with Medicare and Medicaid requirements. We recommended MNT management review Medicare and Medicaid accounts retrospectively to ensure order/referral comply with requirements and collaborate with Accounts Receivable Management (ARM) to rebill or refund if appropriate. We recommended the MNT management review telehealth visits retrospectively and collaborate with Reimbursement and Revenue Integrity management and ARM management to rebill with appropriate modifier. We recommended the Reimbursement and Revenue Integrity management collaborate with MNT management to develop a process to include the appropriate modifier for telemedicine charges. We recommended HIM reeducate coders to ensure referral diagnoses are included and to code to the highest level of specificity when supported by the medical record documentation as per coding guidelines. We recommended the ARM management rebill or refund the identified dates of services as appropriate.

Felicia Turnley, Executive Officer and Administrator, MHP and Patrick Connor, Chief Financial Officer, MHP agreed with the audit findings and recommendations and have provided the action plan.

Compliance Audit of Orthopedic Surgery Procedures for Memorial Physician Group Professional Coding and Billing

Background

Memorial Healthcare System (MHS) has a team of highly trained orthopedic surgeons that offer advanced diagnosis, minimally invasive procedures, and joint replacement surgery for various conditions related to bones, joints, and muscles care. Centers for Medicare and Medicaid Services (CMS) requires reasonable documentation of medical, surgical, and evaluation and management (E/M) services provided by the healthcare providers in all settings. The documentation validates medical necessity, place of service, and correct reporting of the services billed to the insurances for reimbursement. The physicians and the Advanced Practice Registered Nurses (APRNs) report health care services using code sets to identify medical procedures and professional services on the health care billing claims. The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes are used to indicate the reason for care. The Current Procedural Terminology (CPT) codes are used to report services and procedures. Modifiers are appended to the CPT codes to report services that are altered under certain circumstances. CMS has

established a global surgical package to ensure that Medicare Administrative Contractors (MACs) make payments for the same services consistently across all jurisdictions nationwide. CMS's Center for Program Integrity manages the Open Payments Program, a federally mandated program to increase the transparency of financial relationships between the drug and medical device companies and the healthcare providers. The purpose of this audit was to determine whether documentation and coding complied with the Medicare and payor requirements when billing for orthopedic surgery procedures services.

Observations

We reviewed 168 accounts for 21 physicians and two APRNs. Some of the findings may overlap. Of the 168 accounts reviewed, we noted that for 139 accounts the CPT codes were appropriate for the procedures documented. In the remaining 29 accounts, 17 accounts had documentation that supported a different CPT code and 12 accounts had documentation that was insufficient to support billing for the services. This resulted in an 18% error rate for the procedures with an estimated overpayment amount of \$577.73 and underpayment amount of \$155.76. There were 102 accounts that appropriately reported the modifiers. Reimbursement in the remaining 29 accounts was not affected, since the modifiers were informational. Seventy-four accounts had ICD-10-CM codes that were supported by documented medical necessity. In the remaining accounts, we noted that medical record documentation supported additional or different ICD-10-CM codes. However, reimbursement was not affected. Of the 168 accounts 16 were denied payment due to payor guidelines, one of which was billed to a program payor. The accounts were appealed and expected to be paid except for one account which was denied for being experimental service as per the patient insurance policy. In addition, there were 125 of the procedures accounts that had additional CPT codes reported for E/M services on the same date of service as the procedure services. We noted seven accounts supported a different E/M CPT code and three accounts had insufficient documentation for billing for the E/M services. We collected and analyzed the CMS Open Payments data for each of the physicians and APRNs in this audit and there were no significant findings.

Recommendations

We recommended that Memorial Physician Group (MPG) Business Office correct and rebill or refund accounts as appropriate. We recommended that the MPG Business Office reeducate providers on medical record documentation, coding, and billing of orthopedic surgery procedures. Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer, MPG, agreed with the findings and recommendations and have provided an action plan, which is attached.

Follow Up Compliance Audit of Documentation and Billing of Nivolumab One MG Injection in the Memorial Cancer Institute at MRH

Background

The Memorial Cancer Institute (MCI) at Memorial Regional Hospital (MRH) provides services such as chemotherapy and immunotherapy to patients with different types and stages of cancer. Nivolumab is a programmed death receptor-1 (PD-1) blocking antibody called monoclonal antibodies that act as substitute that can restore, enhance or mimic the immune system's attack on cancer cells. It can be used alone or in combination with other therapeutic agents to interfere with the growth and spread of cancer cells in the body. It is approved by the U.S. Food and Drug Administration (FDA) for intravenous (IV) injection use for the treatment of specific types of cancers.

Nivolumab is a high-cost drug that Memorial Healthcare System (MHS) acquires at a reduced cost through the 340B Drug Pricing Program. The Centers for Medicare & Medicaid Services (CMS) require providers to use Healthcare Common Procedure Coding System (HCPCS) modifiers "JG" or "TB" on outpatient drug claims to indicate 340B program participation. As of January 1, 2025, the "JG" modifier has been discontinued, and all 340B covered entities must use the "TB" modifier. Correct payment depends on properly and accurately reporting the correct HCPCS codes and units of service. Based on the HCPCS J9299 code descriptor, one mg is equal to one unit billed. Medicare reimburses outpatient hospitals for both the administered and discarded amounts of single-use vials, as long as the documented total dose is within the vial's labeled amount and the discarded portion is reported with modifier JW. As of July 1, 2023, CMS also requires modifier JZ to indicate that no drug was discarded, and the full dose was administered.

Observations

A compliance audit of documentation and billing of Nivolumab in the MCI at MRH was completed in August 2023. The audit reviewed 11 accounts with 74 dates of service. All 74 were charged with the correct units of medication administered. Of seven encounters which had discarded waste documented, two had charging errors resulting in 29% error rate. With this background, the purpose of this follow-up audit was to determine if MRH implemented the action plan recommendations from the previous compliance audit for Clinical Pharmacy management to develop a process and reeducate the staff to correctly document and charge discarded medication for single-use vials and for the Pharmacy Patient Assistance Program (PAP) and Reimbursement management to identify PAP patients and their medications to ensure 340B compliance, educate staff on the JW and JG modifiers and ensure that administered and wasted doses are credited prior to billing Medicare and modify existing standard operating procedure.

All 28 dates of service reviewed had physician orders and appropriate documentation to support medical necessity for Nivolumab administration. The medical record documentation for all 28 dates of service had the patient's diagnosis with the ordered dosage and the frequency of administration. The start and stop time of medication administration was documented on the Medication Administration Record (MAR), for all 28 dates of service. There was no documentation of waste on our sample. However, subsequent to the previous audit, discarded/wasted medications are no longer documented manually and are now automatically recorded in Epic based on ordered dose and MAR documentation. Of 28 dates of service, 21 were billed with the correct units of medication administered and included the required modifiers. The remaining seven dates of service received Nivolumab at no cost through the PAP were appropriately credited prior to billing Medicare. All were billed for services provided appropriately.

Recommendations

None.

Aurelio Fernandez, Interim Chief Executive Officer, MRH, Walter Bussell Chief Financial Officer, MRH, agreed with this audit and since there were no recommendations, an action plan was not required.

C. Services Provided by Protiviti

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

D. 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.

	PO#6007559 Interventional Radiology Turner Construction Co. #401622 MHS	PO#10237956 Douglas Road Free Standing Emergency Department DPR Construction #PRJ0087	PO#10237778 Red Road Free Standing Emergency Department DPR Construction #PRJ00092	PO#10049832 MOB II Third Floor Sports Medicine Thornton Construction Co. Inc. #PRJ00148 MHM	Family Birthplace PO#6007570 Turner Constuction Co., Inc. #400622/PRJ00037 MRH
	Amount	Amount	Amount	Amount	Amount
Original Contract Sum	\$ 1,826,577	\$ 38,225,376	\$ 23,259,123	\$ 2,321,339	\$ 43,850,159
Prior Change Orders					
<i>Change in contract sum by Turner</i>					1,873,005
Current Change Orders				65,966	
Prior Owner Purchase Orders	(401,108)				(7,196,957)
Current Owner Purchase Orders	205,923	(6,947,517)	(4,304,099)		
Current Contract Sum to Date	\$ 1,631,392	\$ 31,277,859	\$ 18,955,024	\$ 2,387,305	\$ 38,526,207
Previous Payments	1,538,316			1,744,554	29,896,783
		1 4,307,030	1 3,241,532	4 248,353	24 1,109,823
				5 78,915	25 843,802
				6 73,440	26 458,658
					27 211,256
Total Payments	1,538,316	4,307,030	3,241,532	2,145,262	32,520,322
Balance	\$ 93,076	\$ 26,970,829	\$ 15,713,492	\$ 242,043	\$ 6,005,885
Owner Purchased Materials					
Retainage	20,034	248,816	216,329		2,039,407
Payments	1,538,316	4,307,030	3,241,532	2,145,262	32,520,322
Work completed	\$ 1,558,350	\$ 4,555,847	\$ 3,457,860	\$ 2,145,262	\$ 34,559,729
Status	Active	Active	Active	Active	Active

 Morris, Valerie M17  

Contract sum increase by Turner should have been reflected as a change order. Represents budget movement between project line items. Turner to correct.

	Command Center PO#6007669 LEE Construction Group, Inc. #PRJ-00012 MHS	Chiller Three Replacement PO#60078442 Lee Construction #PRJ-00061 MRHS	MOB Women Center PO#6006642 ANF Group, Inc. #450218 MHM	PO#6007171 Memorial Cancer Center Expansion DPR Construction #431019 MHW	PO#6007169 Hurricane Hardening Thornton Construction Co. #410121/PRJ00060 MRHS	PO#6007692 MOB II 3rd Floor Time Share Fit Out Thornton Construction Co. #830922 MHM
	Amount	Amount	Amount	Amount	Amount	Amount
Original Contract Sum	\$ 1,021,046	\$ 1,325,069	\$ 35,067,236	\$ 86,165,924	\$ 13,613,113	\$ 2,148,948
Prior Change Orders			(5,101,409)	(15,571,906)		
<i>Change in contract sum by Turner</i>						
Current Change Orders		(168,575)	(750,000)	(494,336)	(1,891,946)	(320,239)
Prior Owner Purchase Orders				101,973	(46,111)	
Current Owner Purchase Orders						
Current Contract Sum to Date	\$ 1,021,046	\$ 1,156,494	\$ 29,215,826	\$ 70,201,655	\$ 11,675,057	\$ 1,828,709
Previous Payments	126,358		27,791,202	65,323,070	11,437,776	1,530,857
2	328,776	1 115,513			21 234,925	
3	348,442	2 61,971				
4	70,253	3 230,655				
		4 547,122				
Total Payments	873,829	955,262	27,791,202	65,323,070	11,672,701	1,530,857
Balance	\$ 147,217	\$ 201,232	\$ 1,424,624	\$ 4,878,585	\$ 2,355	\$ 297,852
Owner Purchased Materials						
Retainage	43,719	24,231		101,027	159,638	
Payments	873,829	408,140	27,791,202	65,323,070	11,672,701	1,530,857
Work completed	\$ 917,548	\$ 432,371	\$ 27,791,202	\$ 65,424,097	\$ 11,832,339	\$ 1,530,857
Status	Active	Active	Active	Active	Active	Active


Original Contract Sum
Prior Change Orders
Change in contract sum by Turner
Current Change Orders
Prior Owner Purchase Orders
Current Owner Purchase Orders
Current Contract Sum to Date

Previous Payments



Total Payments
Balance

Owner Purchased Materials
Retainage
Payments
Work completed
Status

PO#10114035 Dania Beach Primary Care Center Build Out Lee Construction Group Inc. #PRJ00116 Dania Beach Primary Care	PO#6007850 Operating Room Cysto Rooms 7 & 8 Renovation #PRJ00082 MHP	PO#10112910 Campus Signage #PRJ00103 MHM	PO#6007523 Emergency Department Trauma Center Turner Construction Company #400222/PRJ00030 MRH	PO#10216146 MCI Conversion to MCVI Lee Construction Group, Inc. #PRJ00075 MHW
Amount				Amount
\$ 1,857,646	\$ 1,395,842	\$ 1,293,615	\$ 16,401,716	\$ 5,879,430
			(663)	
			-	
	262,000	165,000	(1,858,812)	
\$ 1,857,646	\$ 1,657,842	\$ 1,458,615	\$ 14,542,241	\$ 5,879,430
			9,879,795	
1 304,746	1 79,176	1 100,875	25 184,711	1 436,263
2 507,091	2 103,396	2 73,700	26 362,383	
3 167,112	3 55,458	3 145,628	27 406,566	
4 327,559	4 229,133			
1,306,508	467,163	320,203	10,833,454	436,263
\$ 551,138	\$ 1,190,679	\$ 1,138,412	\$ 3,708,787	\$ 5,443,168
46,452	13,048	5,682	397,456	13,688
1,306,508	467,163	320,203	10,833,454	436,263
\$ 1,352,961	\$ 480,211	\$ 325,885	\$ 11,230,910	\$ 449,950
Active	Active	Active	Active	Active

 Morris, Valerie

AF23

Turner Construction invoice#24 for \$309,170.12. Amount paid was \$328,101.15. Overpaid \$18,931.03.

IA spoke with AP and an Internal Credit Memo was added to the vendor's account in the amount of \$18,931.03 to be offset on the next invoice for this project.

Morris, Valerie AF26 ***
#18K overpayment was recovered from another Turner project (400622- invoice number EG400622PA26TURNER). Check date 5/22/2025)

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

RFPs	Current Phase - 4th Quarter FY 2025	Audited Last Quarter	Audited Current Quarter	Exceptions
1 Tissue Tracking and Point of Use Technology Solution	Ranking & Selection	Receipt	Analysis	None
2 Janitorial Services RFP	Ranking & Selection	Analysis	Analysis	None
3 Rewards and Recognition RFP	On Hold	On Hold	On Hold	None
4 Contact Center Augmentation RFP	Ranking & Selection	Analysis	Analysis	None
5 Parking Management Service	Oral Presentation	Receipt	Analysis	None
6 Pre Employment Background and Drug Screening RFP	Oral Presentation	New	Advertising/Mailing	None
7 Mobile Cart Solution Workstation on Wheels RFQ	Analysis	New	Design	None
8 Pharmacy Central Distribution Software RFP	Selection	New	Receipt	None
9 Joint Replacement RFP	Analysis	Receipt	Receipt	None
10 Clinical Engineering Computerized Maintenance Management System	Selection	Oral Presentation	Oral Presentation	Awarded in 2023. IA unable to review award and non award letters sent to vendors.
11 Pest Control RFP	Selection	Oral Presentation	Receipt	None
12 EPIC On-Premise to Azure RFP	Selection	Analysis	Selection	None

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

Completed Competitive Quotes	Amount \$	Exceptions
1 MRI Magnetom Equipment for Infusion Services at MHM	2,814,665	None
2 Computed Tomography Scanner for MCVI Conversion Project at MHW	2,510,320	None
3 DAX Copilot for Epic User Licenses MHS	2,090,608	None
4 Computed Tomography Scanner for Outpatient MRI, CT, Laboratory and Infusion Services at MHM	1,799,659	None
5 Procuity LexW Isotour Beds for MHW	1,598,414	None
6 Digital Computed Tomography Scanner for Diagnostic Radiology at MHW	1,530,540	None
7 Three Year Clinical Decision Support Software Agreement for MHS	1,480,295	None
8 One Year Proofpoint Email Security Software Agreement Renewal for MHS	1,172,170	None
9 Generator and Automatic Transfer Switches for Douglas Road Free Standing Emergency Department	1,138,795	None
10 Chiller, Air Handlers and Components for Douglas Road Free Standing Emergency Department	1,137,550	None
11 Two Year Hosted Service Fee for Dictation Subscription Licenses	832,136	None
12 Six Month Rental Agreement for Mobile Magnetic Resonate Imaging Units at MHW	775,500	None
13 Years Two and Three Subscription to Physician Documentation Software	742,350	None
14 Three Air Handling Units, Condensers and Minisplits for Red Road Free Standing Emergency Department	661,500	None
15 Operating Room Internet Protocol Upgrade at JDCH	591,916	None
16 Single Photon Emission Computed Tomography and Computed Tomography Scanner for MCVI Conversion Project at MHW	585,000	None
17 Diesel Generator for Red Road Free Standing Emergency Department	505,241	None
18 Three Year Subscription for Service for Generator and Components for Cardiac Catherization Equipment at MRH	455,999	None
19 Pacemakers for MCVI at MRH	360,980	None
20 Three Year Pressure Washing Contract for MCI at MHW	340,126	None
21 Patient Drug for Infusion Specialty Pharmacy at MHW	555,310	Approval stopped with Mr. Whaley
22 Patient Drug for Infusion Specialty Pharmacy at MHW	555,310	Approval stopped with Mr. Whaley
23 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped with Mr. Whaley
24 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped with Mr. Whaley
25 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped with Mr. Whaley
26 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped at P. Brillantes. Supply Chain Management moved purchase order forward due to patient care.
27 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped at P. Brillantes. Supply Chain Management moved purchase order forward due to patient care.
28 Patient Drug for Infusion Specialty Pharmacy at MHW	503,580	Approval stopped with Mr. Whaley
29 Patient Drug for Infusion Specialty Pharmacy at MHW	462,000	Approval stopped with Mr. Whaley
30 Incubators and Bed Replacements for Neonatal Intensive Care Units at MHM, MHW and JDCH	2,049,042	Approval stopped with Mr. Whaley. IA was told the root cause was identified and a redesign of the Business Process for requisition approvals by IT, Finance and SCM is in progress to resolve this issue.

**Memorial Healthcare System
Investor Contact Log
Fiscal Year 2025**

Quarter: Ended	Contact:	Representing:	Discussion:
July 31,2024	Stephen Infranco	Standard & Poor's	Rating discusson
	Beth Wexler and Vanessa Chebli	Moody's	Rating discussion
October 31, 2024	Stephen Infranco	Standard & Poor's	Management change discussion.
	Beth Wexler	Moody's	Management change discussion.
January 31, 2025	None.		
April 30, 2025	None.		

**Memorial Healthcare System
Non Audit Engagement Report
Q4 FY 2025**

Quarter Ended	RSM US LLP Engagement:		
	For professional services rendered in connection with Independent Special District Performance Review.	\$	50,000
Q4 FY2025	For professional services rendered and expenses incurred in connection with the preparation of Memorial Health Network (MHN) year end 4/30/2024 tax returns.	\$	3,229
	For professional services rendered in connection with consultation services related to the analysis of 4960 excise tax for the fiscal year ending April 30, 2024.	\$	4,500
	Total	\$	57,729
Q4 FY2024	Total spend, provided for comparative purpose	\$	64,513

Quarter Ended	Zomma Group LLP Engagement:		
Q4 FY2025	For professional services rendered and expenses incurred in connection with Non Audit Engagements.	\$	-
Q4 FY2024	Total spend, provided for comparative purpose	\$	-



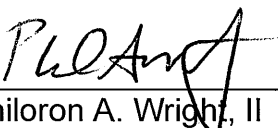
MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE

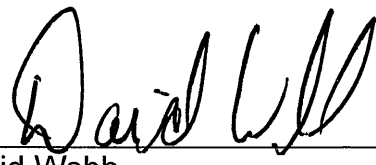
To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: June 2, 2025
From: Philoron Wright, Chief Executive Officer, MRHS
David Webb, Chief Financial Officer, MRHS
Subject: **Action Plan: INTERNAL AUDIT OF THE PRIVACY AND SECURITY OF VOICE RECOGNITION DEVICES AVAILABLE IN PATIENT ROOMS**

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 a formal process is developed to provide the option to admitted patients, to opt in or out of using the Alexa devices and that the patient's choice is documented in the patient's records.	Will determine location for documentation of the patient opt in-opt out and will work with appropriate documentation team to develop in the electronic medical record.	December, 2025
We recommend medical staff receives reenforced training on muting or otherwise disabling Alexa devices during medical consultations.	Develop training module and assign to all staff interacting with patient rooms with Alexa devices.	December, 2025

cc: Shane Strum, Interim Chief Executive Officer, MHS


Philon A. Wright, II
Chief Executive Officer
Memorial Regional Hospital South


David Webb
Chief Financial Officer
Memorial Regional Hospital South



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: June 27, 2025

From: Dorinda Segovia, Vice President & Chief Pharmacy Officer, MHS
Tina Hodges, Vice President, Reimbursement and Revenue Integrity, MHS

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**Subject: Action Plan: COMPLIANCE AUDIT OF THE 340B PROGRAM AT
MEMORIAL HEALTHCARE SYSTEM CONTRACT PHARMACIES - FY 2025 FOURTH
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 that the two claims without referral orders to Medication Management (MM) services and the one claim with the prescribed medication not included on the list of medication that triggered a MM referral be reviewed by the 340B team for correction and refund, if necessary.	<p>No action plan necessary. The three claims have been reviewed by the 340B team.</p> <p>The two claims without referrals were found to have Medication Management (MM) referrals ordered for the patient at an earlier date. These referrals meet the program intent and requirements.</p> <p>The claim with the prescribed medication not listed was not 340B eligible. No further action needed.</p>	N/A
We recommend the Legal Department opine on the level of risk involved in utilizing the MM program to qualify prescriptions written by providers from ineligible locations.	Referred to MHS legal department for review, analysis, and advice.	August 15, 2025

cc: Shane Strum, Interim Chief Executive Officer, MHS



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

Date: June 18, 2025

From: Caitlin Stella, Chief Executive Officer, JDCH
Allysa Posen, Finance Director, JDCH

*CBStella
6-27-25*

Subject: Action Plan: COMPLIANCE AUDIT OF THE DOCUMENTATION AND BILLING OF THE LEVELS OF NEONATAL CARE IN THE NEONATAL INTENSIVE CARE UNIT (NICU) AT JOE DIMAGGIO CHILDREN'S HOSPITAL (JDCH)

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 JDCH management regularly monitor assigned levels of care (LOC) LOC orders for appropriateness and if needed, verify with the NICU providers (Neonatologists, Advanced Practice Registered Nurses and Physician Assistants) that the assigned LOC is appropriate for the level of treatment provided and aligns with the American Academy of Pediatrics standards.	Level of care guidelines developed in 2023 and shared with all three NICUs. Working with Dr. Foster and Dr. Kahn to reeducate Physicians when fall outs are identified.	Ongoing

We recommend Accounts Receivable Management (ARM) review the claims with the incorrect LOC revenue code reported, correct and rebill, if appropriate.	ARM will correct and rebill any NICU accounts if appropriate for rebilling.	Ongoing
We recommend NICU management regularly monitor NICU census with the assigned LOC and LOC accommodation charges for accuracy of billing.	NICU Leaders (DON, Nurse Managers and CM/Charge) validate Levels of Care in EPIC are assigned correctly to each patient.	Ongoing
We recommend NICU management collaborate with Epic Information Technology (IT) to develop processes to monitor for accuracy and report changes in the assigned LOC when new orders are placed and to prevent inappropriate changes to the assigned LOC.	EPIC developed a dashboard that monitors assigned levels of care for each patient by Tiffany Cook. Changes can be checked manually in EPIC. Additionally, Epic IT opened Service Now request REQ0927404 and TASK1069042 to address preventing inappropriate changes to the assigned LOC.	Ongoing and built for IT on June 30, 2025
We recommend NICU management reeducate the NICU providers and staff when making changes to the LOC assignment in Epic.	NICU leadership to provide Level of Care education regarding eligibility criteria for each level to providers and Nursing leadership team. Plan to reeducate in the July Clinical Manager / Charge nurse and NICU Critical Care meeting.	July 31, 2025
We recommend Epic IT work with Patient Financial Service and ARM to develop a process to prevent errors made on admission type for accounts with transfers.	Epic IT opened Service Now request REQ0927406 and TASK1069044 to ARM Prelude team on developing a process to automate admission type for accounts with transfers.	July 15, 2025

cc: Shane Strum, Interim Chief Executive Officer, MHS



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

Date: June 17, 2025

From: Joseph Stuczynski, Chief Executive Officer, MHW
Katherine Wong, Chief Financial Officer, MHW
Judy Frum, Chief Operating Officer, MHW

Three handwritten signatures in blue ink are visible next to the names of the executives: Joseph Stuczynski, Katherine Wong, and Judy Frum.

Subject: Action Plan COMPLIANCE AUDIT OF THE DOCUMENTATION AND BILLING OF CURRENT PROCEDURAL TERMINOLOGY CODE 96374 INTRAVENOUS PUSH IN THE EMERGENCY DEPARTMENT AT MEMORIAL HOSPITAL WEST

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 Emergency Department (ED) leadership reeducate the nurses on the completeness of the Medication Administration Record to include the stop times for intravenous (IV) infusions and hydration services.	All ED RNs will be reeducated on medication administration documentation, to include intravenous infusion and hydration service stop times, in an effort to satisfy American Medical Association (AMA) CPT guidelines. Documentation of reeducation will be maintained in Department records.	8/1/25
We recommend ED leadership reeducate the nurses on appropriate posting of IV charges in Epic using the Assisted Infusion Charging tool.	All ED RNs will be reeducated on AMA CPT coding compliance hierarchy and EPIC Assisted Infusion Charging tool. Documentation of reeducation will be maintained in Department records.	8/1/25

<p>We recommend ED leadership do regular audits to monitor IV documentation and charges for accuracy.</p>	<p>ED Leadership will audit 30 patient charts per month, focusing on medication administration documentation and CPT charges, to achieve 100% compliance. These audits will be maintain/logged in Department records.</p>	<p>9/1/25</p>
<p>We recommend Corporate Finance continue to review all IV charges anytime new Epic features are implemented to ensure charges are accurate.</p>	<p>The Revenue Integrity Team, within Corporate Finance, will review charges, as a quality check, when informed of changes made to charge capture methodology.</p>	<p>Ongoing</p>

cc: Shane Strum, Interim Chief Executive Officer, MHS



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

Date: June 25, 2025

From: Felicia Turnley, Chief Executive Officer, MHP 
Patrick Connor, Chief Financial Officer, MHP 

Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING
OF THE COMPREHENSIVE OUTPATIENT MEDICAL NUTRITION
THERAPY SERVICES AT MEMORIAL HOSPITAL PEMBROKE**

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 medical nutrition therapy (MNT) program management ensure that order/referral comply with Medicare and Medicaid requirements.	All patient accounts are now being reviewed at least two weeks prior to the scheduled appointment to ensure referral orders are signed by an MD or DO for patients with Medicaid and/or Medicare coverage.	Current and ongoing
We recommend MNT management review Medicare and Medicaid accounts retrospectively to ensure services comply with requirements and collaborate with Accounts Receivable Management (ARM) to rebill or refund if appropriate.	A retrospective compliance review of accounts is underway. Any accounts requiring rebilling or refunding will be coordinated with Accounts Receivable Management.	8/31/2025
We recommend the Reimbursement and Revenue Integrity management collaborate with outpatient nutrition management to develop a process to include the appropriate modifier for telemedicine charges.	Through consultation with Reimbursement and Revenue Integrity, we've agreed to hard code the recommended modifier to telehealth procedure charge codes. We will monitor going forward to validate the effectiveness of the added modifier.	7/31/2025

We recommend the MNT management review telehealth visits retrospectively and collaborate with Reimbursement and Revenue Integrity management and ARM management to rebill with appropriate modifier.	Previous telehealth procedures will be reviewed and where appropriate, will be re-billed with the recommended modifier.	8/31/2025
We recommend Health Information Management reeducate coders to ensure referral diagnoses are included and to code to the highest level of specificity when supported by the medical record documentation as per coding guidelines.	HIM will monitor during routine coding audits. Reeducation will be given to coders to code diagnoses from referral orders to the highest level of specificity documented as per official coding guidelines.	Routine audit will be ongoing and refresher education will be completed by 7/31/2025.
We recommend the ARM management to rebill or refund the identified dates of services as appropriate.	Health Information Management has submitted the identified accounts to ARM for rebilling.	7/31/2025

cc: Shane Strum, Interim Chief Executive Officer, MHS



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

Date: June 23, 2025

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

DS
MS

ES

Subject: Action Plan: COMPLIANCE AUDIT OF ORTHOPEDIC SURGERY PROCEDURES FOR MEMORIAL PHYSICIAN GROUP PROFESSIONAL CODING AND BILLING

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 Memorial Physician Group (MPG) Business Office correct and rebill or refund accounts as appropriate.	Memorial Physician Group Business Office will correct and rebill or refund accounts as appropriate.	07/15/2025
We recommend that the MPG Business Office reeducate providers on medical record documentation, coding, and billing of orthopedic surgery procedures.	Memorial Physician Group's Auditor Coding Compliance will reeducate providers on medical record documentation, coding, and billing of orthopedic surgery procedures.	08/15/2025

cc: Shane Strum, Interim Chief Executive Officer, MHS