



MEDSTAR HEALTH, INC.

Consolidated Financial Statements and Information on
Federal Awards as Required by Uniform Guidance

June 30, 2023

(With Independent Auditors' Report Thereon in
Accordance with *Government Auditing Standards*
and Uniform Guidance)

MEDSTAR HEALTH, INC.

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KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

Independent Auditors' Report

The Board of Directors
MedStar Health, Inc.

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of MedStar Health, Inc. (the Corporation), which comprise the consolidated balance sheets as of June 30, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of June 30, 2023 and 2022, and the results of its operations, the changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 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 consolidated 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 consolidated 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 consolidated 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 Corporation'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation'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.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 3, 2023 on our consideration of the Corporation'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 Corporation'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 Corporation's internal control over financial reporting and compliance.

KPMG LLP

Baltimore, Maryland
October 3, 2023

MEDSTAR HEALTH, INC.

Consolidated Balance Sheets

June 30, 2023 and 2022

(Dollars in millions)

Assets	2023	2022
Current assets:		
Cash and cash equivalents	\$ 810.9	846.0
Investments	162.0	281.0
Assets whose use is limited or restricted	81.5	72.1
Receivables:		
Patient accounts receivable, net	930.1	963.7
Other receivables	142.7	144.7
	<u>1,072.8</u>	<u>1,108.4</u>
Inventories	98.5	98.8
Prepays and other current assets	59.3	58.2
Total current assets	2,285.0	2,464.5
Investments, net of current portion	1,607.7	1,422.4
Assets whose use is limited or restricted, net of current portion	587.4	581.5
Property and equipment, net	2,230.2	2,036.9
Operating lease right-of-use assets, net	242.3	269.3
Interest in net assets of foundation	75.8	68.2
Goodwill and other intangible assets, net	479.9	484.4
Other assets	256.2	229.7
Total assets	<u>\$ 7,764.5</u>	<u>7,556.9</u>

MEDSTAR HEALTH, INC.

Consolidated Balance Sheets

June 30, 2023 and 2022

(Dollars in millions)

Liabilities and Net Assets	2023	2022
Current liabilities:		
Accounts payable and accrued expenses	\$ 633.6	573.9
Accrued salaries, benefits, and payroll taxes	457.7	469.3
Current portion of amounts due to third-party payors, net	49.2	199.1
Current portion of long-term debt	34.0	67.1
Current portion of self-insurance liabilities	126.3	115.6
Current portion of operating lease liabilities	51.6	60.2
Other current liabilities	254.6	221.2
Total current liabilities	<u>1,607.0</u>	<u>1,706.4</u>
Long-term debt, net of current portion	1,779.4	1,781.8
Self-insurance liabilities, net of current portion	335.7	359.3
Operating lease liabilities, net of current portion	207.4	227.1
Pension liabilities	94.2	187.9
Other long-term liabilities	279.2	272.5
Total liabilities	<u>4,302.9</u>	<u>4,535.0</u>
Net assets:		
Without donor restrictions – attributable to MedStar Health, Inc.	3,127.3	2,691.7
Without donor restrictions – noncontrolling interest	55.3	53.1
Total net assets without donor restrictions	<u>3,182.6</u>	<u>2,744.8</u>
With donor restrictions	279.0	277.1
Total net assets	<u>3,461.6</u>	<u>3,021.9</u>
Total liabilities and net assets	<u>\$ 7,764.5</u>	<u>7,556.9</u>

See accompanying notes to consolidated financial statements.

MEDSTAR HEALTH, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2023 and 2022

(Dollars in millions)

	<u>2023</u>	<u>2022</u>
Operating revenues:		
Net patient service revenue	\$ 6,241.2	5,882.1
Premium revenue	1,045.2	1,006.7
Other operating revenue	450.6	390.4
Net operating revenues	<u>7,737.0</u>	<u>7,279.2</u>
Operating expenses:		
Personnel	4,324.9	4,094.7
Supplies	1,192.2	1,104.3
Purchased services	1,209.8	1,131.9
Other operating	589.1	596.3
Interest expense	50.9	51.9
Depreciation and amortization	223.3	219.2
Total operating expenses	<u>7,590.2</u>	<u>7,198.3</u>
Earnings from operations	<u>146.8</u>	<u>80.9</u>
Nonoperating gains (losses):		
Investment gains (losses), net	213.8	(270.8)
Income tax provision	(12.4)	(2.9)
Other nonoperating activities, net	(15.3)	(6.5)
Total nonoperating gains (losses)	<u>186.1</u>	<u>(280.2)</u>
Excess (deficit) of revenues over expenses	<u>\$ 332.9</u>	<u>(199.3)</u>

MEDSTAR HEALTH, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2023 and 2022

(Dollars in millions)

	<u>Without donor restrictions</u>		<u>With donor restrictions</u>	<u>Total</u>
	<u>MedStar Health, Inc.</u>	<u>Noncontrolling interest</u>		
Balance at June 30, 2021	\$ 2,747.5	51.1	275.9	3,074.5
(Deficit) excess of revenues over expenses	(207.2)	7.9	—	(199.3)
Change in funded status of defined benefit plans	98.9	—	—	98.9
Distributions to noncontrolling interests	—	(7.3)	—	(7.3)
Net assets released from restrictions used for purchase of property and equipment and other	52.5	—	(52.5)	—
Noncontrolling interests acquired in acquisitions	—	1.4	—	1.4
Net assets released from restrictions for operations	—	—	(11.2)	(11.2)
Contributions	—	—	84.7	84.7
Investment losses on restricted investments, net	—	—	(5.0)	(5.0)
Decrease in net assets of foundation	—	—	(14.8)	(14.8)
(Decrease) increase in net assets	<u>(55.8)</u>	<u>2.0</u>	<u>1.2</u>	<u>(52.6)</u>
Balance at June 30, 2022	<u>2,691.7</u>	<u>53.1</u>	<u>277.1</u>	<u>3,021.9</u>
Excess of revenues over expenses	325.1	7.8	—	332.9
Change in funded status of defined benefit plans	84.8	—	—	84.8
Distributions to noncontrolling interests	—	(7.4)	—	(7.4)
Net assets released from restrictions used for purchase of property and equipment and other	25.7	—	(25.7)	—
Noncontrolling interests acquired in acquisitions	—	1.8	—	1.8
Net assets released from restrictions for operations	—	—	(9.8)	(9.8)
Contributions	—	—	25.2	25.2
Investment gains on restricted investments, net	—	—	4.6	4.6
Increase in net assets of foundation	—	—	7.6	7.6
Increase in net assets	<u>435.6</u>	<u>2.2</u>	<u>1.9</u>	<u>439.7</u>
Balance at June 30, 2023	<u>\$ 3,127.3</u>	<u>55.3</u>	<u>279.0</u>	<u>3,461.6</u>

See accompanying notes to consolidated financial statements.

MEDSTAR HEALTH, INC.

Consolidated Statements of Cash Flows

Years ended June 30, 2023 and 2022

(Dollars in millions)

	<u>2023</u>	<u>2022</u>
Cash flows from operating activities:		
Change in net assets	\$ 439.7	(52.6)
Adjustments to reconcile change in net assets to net cash provided by (used in) operations:		
Depreciation and amortization	223.3	219.2
Change in funded status of defined benefit plans	(84.8)	(98.9)
Investment (gains) losses, net and change in derivative instrument	(171.9)	293.7
(Increase) decrease in net assets of foundation	(7.6)	14.8
Deferred income tax provision	9.5	2.8
Donor restricted contributions	(25.2)	(84.7)
Changes in operating assets and liabilities:		
Receivables	46.9	(70.0)
Accounts payable and accrued expenses	27.0	21.8
Amounts due to third-party payors	(158.0)	(573.7)
Other	(19.8)	(108.4)
Net cash provided by (used in) operations	<u>279.1</u>	<u>(436.0)</u>
Cash flows from investing activities:		
Purchases of property and equipment, and other	(390.1)	(419.0)
Proceeds from sales of investments and assets whose use is limited or restricted	27.5	145.0
Proceeds from sales of alternative investments	156.2	83.9
Purchases of alternative investments	(99.4)	(69.4)
Net settlement payment on derivative instrument	(0.5)	(1.7)
Net cash used in investing activities	<u>(306.3)</u>	<u>(261.2)</u>
Cash flows from financing activities:		
Repayments of long-term borrowings	(36.3)	(34.3)
Donor restricted contributions	34.0	59.8
Distributions to noncontrolling interests	(5.6)	(5.9)
Net cash (used in) provided by financing activities	<u>(7.9)</u>	<u>19.6</u>
Decrease in cash and cash equivalents	(35.1)	(677.6)
Cash and cash equivalents at beginning of year	<u>846.0</u>	<u>1,523.6</u>
Cash and cash equivalents at end of year	<u>\$ 810.9</u>	<u>846.0</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest, including capitalized interest	\$ 77.9	74.4
Supplemental disclosure of noncash investing and financing activities:		
Noncash purchases of property, plant and equipment	\$ 69.9	51.2

See accompanying notes to consolidated financial statements.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

(1) Description of Organization and Summary of Significant Accounting Policies

(a) Organization

MedStar Health, Inc. (MedStar Health or the Corporation) is a tax-exempt, nonstock Maryland corporation which, through its controlled entities and other affiliates, provides and manages healthcare services in the region encompassing Maryland, Washington D.C. (the District) and Northern Virginia. The Corporation became operational on June 30, 1998 by the transfer of the membership interests of Helix Health, Inc. (Helix – a not-for-profit Maryland Corporation) and Medlantic Healthcare Group, Inc. (Medlantic – a not-for-profit Delaware Corporation) in exchange for the guarantee of the debt of both Helix and Medlantic by the Corporation. The trade names of the principal tax-exempt and taxable entities of the Corporation are:

Tax-Exempt

- MedStar Ambulatory Services
- MedStar Franklin Square Medical Center (MFSMC)
- MedStar Georgetown University Hospital (MGUH)
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Health Research Institute
- MedStar Health Home Care
- MedStar Medical Group
- MedStar Montgomery Medical Center (MMMC)
- MedStar National Rehabilitation Network
- MedStar Southern Maryland Hospital Center
- MedStar St. Mary's Hospital (MSMH)
- MedStar Union Memorial Hospital
- MedStar Washington Hospital Center (MWHC)
- HH MedStar Health, Inc.

Taxable

- Greenspring Financial Insurance, LTD.
- MedStar Accountable Care
- MedStar Family Choice, Inc. (MFC)
- MedStar Health Urgent Care
- MedStar Pharmacies
- MedStar Specialty Pharmacy

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

- Parkway Ventures
- RadAmerica

(b) Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP). All majority owned subsidiaries, direct member entities and controlled affiliates are consolidated. All significant intercompany accounts and transactions have been eliminated.

(c) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Future results could differ from current estimates.

(d) Cash Equivalents

All highly liquid investments with an original maturity date of three months or less are considered to be cash equivalents. Cash equivalents for purposes of the consolidated statements of cash flows excludes investments and assets whose use is limited or restricted.

(e) Investments and Assets Whose Use is Limited or Restricted

The Corporation's investment portfolio is considered trading and is classified as current or noncurrent based on management's intention as to use. All securities are reported at fair value principally based on quoted market prices in the consolidated balance sheets. The fair value of alternative investments is measured based on the Net Asset Value (NAV) of the shares in each investment company or partnership as a practical expedient, except for those institutional funds which have readily determinable fair values (RDFV) and are disclosed separately. Purchases and sales of securities are recorded on a trade-date basis.

Investments in unconsolidated affiliates are accounted for under the cost or equity method of accounting, as appropriate, and are included in other assets in the consolidated balance sheets. The Corporation utilizes the equity method of accounting for its investments in entities over which it exercises significant influence. Under the equity method, original investments are recorded at cost and adjusted by the Corporation's share of earnings or losses in these organizations. The Corporation's equity income or loss is recognized in other operating revenue within the consolidated statements of operations and changes in net assets.

Assets whose use is limited or restricted include assets held by trustees under bond indentures, self-insurance trust arrangements, assets restricted by donor, and assets designated by the Board of Directors for future capital improvements and other purposes over which it retains control and may, at its discretion, use for other purposes. Amounts from these funds required to meet current liabilities have been classified in the consolidated balance sheets as current assets.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

Investment income (interest and dividends), realized gains and losses on investment sales, and unrealized gains and losses are reported as investment gains, net within the excess of revenues over expenses in the accompanying consolidated statements of operations and changes in net assets (unless the income or loss is restricted). Investment income and realized gains and losses on funds held in trust for self-insurance purposes are included in other operating revenue. Investment returns that are restricted by the donor are recorded as a component of changes in donor restricted net assets, in accordance with donor-imposed restrictions. Realized gains and losses are determined based on the specific security's original purchase price or adjusted cost if the investment was previously determined to be other-than-temporarily impaired.

(f) Inventories

Inventories, which primarily consist of medical supplies and pharmaceuticals at many of the operating entities, are stated at the lower of cost or market, with cost being determined primarily under the weighted average cost or first-in, first-out methods.

(g) Property and Equipment, Net

Property and equipment acquisitions are recorded at cost and are depreciated or amortized over the estimated useful lives of the assets. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets, net of any interest earned on unexpended bond proceeds. Depreciation is computed on a straight-line basis. Major classes and estimated useful lives of property and equipment are as follows:

Leasehold improvements	Lease term
Buildings and improvements	10–40 years
Equipment	3–20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit donor restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Management routinely evaluates the carrying value of its long-lived assets for impairment. No significant impairment charges were recorded against the carrying value of the Corporation's long-lived assets during the years ended June 30, 2023 and 2022.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

(h) Interest in Net Assets of Foundation

The Corporation recognizes its rights to assets held by a recipient organization, which accepts cash or other financial assets from a donor and agrees to use those assets on behalf of or transfer those assets, the return on investment of those assets, or both, to the Corporation. Changes in the Corporation's economic interests in the financially interrelated organization are recognized in the consolidated statements of operations and changes in net assets as a component of changes in net assets with donor restrictions.

(i) Goodwill and Other Intangible Assets, Net

Goodwill is an asset representing the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized. As of June 30, 2023 and 2022, the Corporation had one reporting unit, which included all subsidiaries of the Corporation, and held goodwill, net on its consolidated balance sheets of \$344.5. Goodwill is evaluated for impairment annually (or sooner if indicators of impairment arise) using a qualitative assessment to determine whether there are events or circumstances that indicate it is more likely than not that the reporting unit's fair value is less than its carrying amount. Based on this qualitative assessment, the Corporation determined that there was no goodwill impairment for the years ended June 30, 2023 and 2022.

Other intangible assets are recorded at fair value and amortized over their estimated useful lives. Other intangible assets were \$135.4 and \$139.9, net of accumulated amortization of \$47.8 and \$43.3, as of June 30, 2023 and 2022, respectively. The Corporation recognized amortization expense of \$4.5 and \$4.6 for the years ended June 30, 2023 and 2022, respectively, related to identifiable intangible assets. Other intangible assets are evaluated for impairment whenever events or circumstances indicate that the carrying value of these assets may not be recoverable. No impairment charges related to other intangibles were recorded for the years ended June 30, 2023 and 2022.

(j) Estimated Professional Liability Costs

The provision for estimated self-insured professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. These estimates are based on actuarial analysis of historical trends, claims asserted and reported incidents. The receivables related to such claims are recorded at their net realizable value and are included in other assets in the accompanying consolidated balance sheets.

(k) Leases

The Corporation determines if an arrangement contains a lease at inception of the contract. Right-of-use assets represent the right to use the underlying assets for the lease term and the associated lease liabilities represent lease payments arising from the lease. Leases are classified as either operating or financing, with the classification determining whether the expense is recognized on a straight-line basis (for operating leases) or based on an effective interest method (for financing leases). These assets and liabilities are recognized at commencement date, when all the risks and benefits incidental to ownership have been conveyed, based on the present value of lease payments over the lease term. Lease term is equal to the noncancelable term plus any options to renew that the Corporation is reasonably certain to renew. The depreciable life of right-of-use assets are limited by the

MEDSTAR HEALTH, INC.

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(Dollars in millions)

expected lease term, unless there is a transfer of title or purchase option that is reasonably certain to be exercised at the inception of the lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and the Corporation does not separate lease and non-lease components by class of underlying asset for certain asset classes. The Corporation recognizes lease payments associated with short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

Finance leases are included in property and equipment, net and long-term debt in the consolidated balance sheets.

(l) *Derivative*

The Corporation utilizes a derivative financial instrument to manage its interest rate risks associated with tax-exempt debt. The Corporation does not hold or issue derivative financial instruments for trading purposes. The derivative instrument is recorded within the consolidated balance sheets at its fair value within other long-term liabilities. The Corporation's current derivative investment does not qualify for hedge accounting; therefore, the changes in fair value have been recognized in the accompanying consolidated statements of operations and changes in net assets as mark-to-market adjustments in other nonoperating activities, net.

(m) *Net Patient Service Revenue and Net Patient Accounts Receivable*

Net patient service revenue, which includes hospital inpatient services, hospital outpatient services, physician services, and other patient services revenues, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors in exchange for providing goods and services in patient care. The Corporation recognizes net patient service revenue in the period in which performance obligations are satisfied under contracts by transferring our services to customers.

The Corporation determines performance obligations based on the nature of the services provided. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient services. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time, such as outpatient services, is recognized when goods or services are provided, and the Corporation does not believe it is required to provide additional goods or services to the patient. Inpatient goods and/or services may include room, meals, ancillary services, etc. These services represent a bundle of goods and services that are distinct and accounted for as a single performance obligation within a patient stay or encounter.

The Corporation's estimate of the transaction price includes estimates of price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and uncollectible amounts, which are determined using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Estimates for implicit price concessions are based on the aging of the accounts receivable, historical collection experience for similar payors and patients, current market conditions, and other relevant

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

factors. Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are considered in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and our historical settlement activity, including an assessment to ensure that it is probable that a significant reversal of revenue recognized will not occur. Estimated settlements are adjusted in future periods as adjustments become known or as years are settled or are no longer subject to such audits, reviews or investigations. In addition, the Corporation is committed to ensuring that patients within the communities it serves who lack financial resources have access to necessary hospital services. The Corporation works with uninsured and underinsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility for charity care, the Corporation records estimated price concessions accordingly.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the payors or patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2023 and 2022 was not significant.

(n) Premium Revenue and Medical Claims Expense

Premium revenue consists of amounts received by the Corporation's managed care organization for providing medical services to subscribing participants, regardless of services actually performed, on a per member per month basis. As of June 30, 2023, the managed care organization provides services primarily to enrolled Medicaid beneficiaries in the State of Maryland and the District of Columbia (the District). Premiums under the contracts are recognized as revenue at the estimated net realizable amount during the period in which the Corporation is obligated to provide services to its enrollees. Medical expenses of the managed care organization include actuarially determined estimates of the ultimate costs for both reported claims and claims incurred but unreported and are included in purchased services within the consolidated statements of operations and changes in net assets.

(o) Grants

Grants are accounted for as either an exchange transaction or as a contribution based on terms and conditions of the grant. If the grant is accounted for as an exchange transaction, revenue is recognized as other operating revenue when earned. If the grant is accounted for as a contribution, the revenue is recognized as either other operating revenue, or as donor restricted contributions, depending on the restrictions within the grant.

(p) Contributions Received and Made

Unconditional promises to give cash and other assets to the Corporation are reported at fair value on the date the promise is received. Conditional promises to give are reported at fair value on the date the condition is met. The gifts are reported as donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, that is, when a stipulated time restriction ends or purpose restriction is accomplished, these donor restricted net assets are reclassified as net assets without donor restrictions and reported in the consolidated

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

June 30, 2023 and 2022

(Dollars in millions)

statements of operations and changes in net assets as net assets released from restrictions. Such amounts are classified as other operating revenue or transfers for additions to property and equipment. Donor restricted contributions whose restrictions are satisfied within the same year as received are reported as contributions without donor restrictions in the accompanying consolidated financial statements.

Contributions made by the Corporation to other not-for-profit organizations are recorded at fair value in other nonoperating activities, net within the consolidated statements of operations and changes in net assets as conditions, if applicable, are met.

(q) Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include a performance indicator for the Corporation, which is the excess of revenues over expenses. Consistent with industry practice, changes in net assets that are excluded from excess of revenues over expenses may include contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purpose of acquiring such assets), contributions from and acquisitions of and distributions to noncontrolling interests, certain pension adjustments, and other miscellaneous items as defined under U.S. GAAP.

(r) Income Taxes

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in the period that includes the enactment date. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change. The Corporation accounts for uncertain tax positions in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, *Income Taxes*.

(s) Net Assets

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Net assets without donor restrictions represent amounts that arise as the result of operations or contributions, gifts, and grants that have no donor-imposed restrictions. Net assets with donor restrictions are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose, passage of time and/or to be maintained by the Corporation in perpetuity. Net assets with donor restrictions primarily consist of pledges and funds received for the purposes of purchasing property and equipment, providing health education, research, and other healthcare services, as donor or other restrictions are satisfied.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

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(Dollars in millions)

The Corporation accounts for and presents noncontrolling interests in a consolidated subsidiary as a separate component of the appropriate class of consolidated net assets. The income attributable to noncontrolling interests is included within operating income within the consolidated statements of operations and changes in net assets.

(t) Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair values of financial instruments:

Cash and cash equivalents, receivables, other current assets, other assets, current liabilities and long-term liabilities: The carrying amount reported in the consolidated balance sheets for each of these assets and liabilities approximates their fair value.

The fair values of investments, assets whose use is limited or restricted, and the interest rate swap are discussed in note 3.

(u) New Accounting Pronouncements

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated, believes the new guidance will not have a material impact on its consolidated financial position, results of operations, or cash flows.

(v) Reclassifications

Certain prior year amounts have been reclassified to conform with current period presentation, the effects of which are not material.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

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(Dollars in millions)

(2) Investments and Assets Whose Use is Limited or Restricted

Investments and assets whose use is limited or restricted as of June 30 at fair value consist of the following:

	<u>2023</u>	<u>2022</u>
Cash equivalents	\$ 168.8	100.2
Fixed income securities and funds	436.9	565.8
Equity securities	885.3	757.9
Institutional funds with RDFV	181.4	206.5
Alternative investments:		
Commingled equity funds	213.6	205.5
Hedge fund of funds and private equity	552.6	521.1
	<hr/>	<hr/>
Total investments and assets whose use is limited or restricted	2,438.6	2,357.0
Less short-term investments and assets whose use is limited or restricted	<hr/> (243.5) <hr/>	<hr/> (353.1) <hr/>
Long-term investments and assets whose use is limited or restricted	\$ <u>2,195.1</u>	<u>2,003.9</u>

Assets whose use is limited or restricted as of June 30, included in the table above, consist of the following:

	<u>2023</u>	<u>2022</u>
Self-insurance funds	\$ 319.6	325.5
Funds restricted by donors for specific purposes and endowment	136.1	133.1
Funds designated by board	213.2	195.0
	<hr/>	<hr/>
Total assets whose use is limited or restricted	668.9	653.6
Less assets required for current obligations	<hr/> (81.5) <hr/>	<hr/> (72.1) <hr/>
Long-term assets whose use is limited or restricted	\$ <u>587.4</u>	<u>581.5</u>

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

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(Dollars in millions)

Investment income and realized and unrealized gains for assets whose use is limited or restricted, cash equivalents and investments are comprised of the following for the years ended June 30:

	<u>2023</u>	<u>2022</u>
Other operating revenue:		
Investment income and realized gains	\$ 13.1	21.8
Investment gains (losses), net:		
Investment income, net	47.9	21.2
Net realized gains on investments	18.4	38.3
Change in unrealized gains (losses) on investments, net	<u>147.5</u>	<u>(330.3)</u>
	213.8	(270.8)
Other changes in net assets:		
Realized net gains on restricted net assets	1.1	1.4
Change in unrealized gains (losses) on restricted net assets, net	<u>3.5</u>	<u>(6.4)</u>
Total investment gains (losses), net	<u>\$ 231.5</u>	<u>(254.0)</u>

(3) Fair Value of Financial Instruments

The Corporation follows the guidance within FASB ASC Topic 820, *Fair Value Measurement* (ASC 820), which defines fair value and establishes methods used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 – Quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Observable inputs other than quoted prices for the asset, either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent of the Corporation.
- Level 3 – Unobservable inputs that reflect the Corporation's own assumptions about the assumptions market participants would use to price an asset based on the best information available in the circumstances.

The Corporation has incorporated an Investment Policy Statement (IPS) into the investment program. The IPS, which has been formally adopted by the Corporation's Board of Directors, contains numerous standards designed to ensure adequate diversification by asset class and geography. The IPS also limits all investments by manager and position size, and limits fixed income position size based on credit ratings, which serves to further mitigate the risks associated with the investment program. As of June 30, 2023 and 2022, management believes that all investments were being managed in a manner consistent with the IPS.

MEDSTAR HEALTH, INC.

Notes to Consolidated Financial Statements

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(Dollars in millions)

The following table illustrates the actual allocations of the Corporation's primary long-term investment portfolio as of June 30:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	1 %	1 %
Publicly traded equities – domestic	35	30
Publicly traded equities – international	5	8
Fixed income securities	16	15
Institutional funds with RDFV	8	10
Alternative investments:		
Commingled equity funds	10	10
Hedge funds	20	21
Private equities	5	5
Total	<u>100 %</u>	<u>100 %</u>

The table below presents the Corporation's investable assets and liabilities as of June 30, 2023, aggregated by the three-level valuation hierarchy and separately identifies investments reported at NAV:

	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 979.7	—	—	979.7
U.S. Treasury bonds	146.1	—	—	146.1
U.S. agency mortgage backed securities	—	81.5	—	81.5
Corporate bonds	—	166.3	—	166.3
Fixed income mutual funds	0.1	—	—	0.1
All other fixed income securities	—	42.9	—	42.9
Equity mutual funds and ETF's	195.1	—	—	195.1
Institutional funds with RDFV	—	181.4	—	181.4
Common stocks	690.2	—	—	690.2
Alternative investments:				
Commingled funds	—	—	213.6	213.6
Private equity	—	—	107.1	107.1
Hedge funds:				
Custom hedge fund	—	—	107.2	107.2
Other hedge funds	—	—	338.3	338.3
Total assets	<u>\$ 2,011.2</u>	<u>472.1</u>	<u>766.2</u>	<u>3,249.5</u>

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Notes to Consolidated Financial Statements

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(Dollars in millions)

	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Liabilities:				
Interest rate swap	\$ —	0.4	—	0.4
Total liabilities	<u>\$ —</u>	<u>0.4</u>	<u>—</u>	<u>0.4</u>

The table below presents the Corporation's investable assets and liabilities as of June 30, 2022, aggregated by the three-level valuation hierarchy and separately identifies investments reported at NAV:

	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 946.2	—	—	946.2
U.S. Treasury bonds	285.3	—	—	285.3
U.S. agency mortgage backed securities	—	76.0	—	76.0
Corporate bonds	—	162.5	—	162.5
Fixed income mutual funds	0.1	—	—	0.1
All other fixed income securities	—	41.9	—	41.9
Equity mutual funds and ETF's	242.2	—	—	242.2
Institutional funds with RDFV	—	206.5	—	206.5
Common stocks	515.7	—	—	515.7
Alternative investments:				
Commingled funds	—	—	205.5	205.5
Private equity	—	—	89.1	89.1
Hedge funds:				
Custom hedge fund	—	—	89.0	89.0
Other hedge funds	—	—	343.0	343.0
Total assets	<u>\$ 1,989.5</u>	<u>486.9</u>	<u>726.6</u>	<u>3,203.0</u>
Liabilities:				
Interest rate swap	\$ —	1.9	—	1.9
Total liabilities	<u>\$ —</u>	<u>1.9</u>	<u>—</u>	<u>1.9</u>

There were no changes in valuation methodologies used to measure the fair value of the Corporation's investments as of and for the years ended June 30, 2023 and 2022.

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(Dollars in millions)

The following summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2023:

	<u>Fund 1</u>	<u>Custom Hedge Fund Fund 2</u>	<u>Fund 3</u>	<u>Fund 4</u>
Redemption timing:				
Redemption frequency	Quarterly	32% quarterly 68% greater than quarterly	66% quarterly 34% greater than quarterly	Quarterly
Required notice	70 days	within 120 days	within 65 days	65 days
Audit reserve:				
Percentage held back for audit reserve	10%	up to 10%	up to 10%	5%

The hedge funds include three hedge fund-of-funds and one custom hedge fund. The custom fund is structured as a multi-strategy hedge fund with the Corporation as the sole investor. The investment objective and strategies used by the hedge funds-of-funds and custom hedge fund are similar. The investment objective is to achieve positive absolute returns with low volatility, achieved through investments with multiple underlying managers who are investing across various strategies. Strategies utilized within these hedge funds include, but are not limited to:

- *Credit/Distressed* includes investment companies that focus mainly on opportunities in corporate fixed income securities of companies that are in financial distress, or perceived financial distress, or going through a restructuring or re-organization.
- *Event Driven* includes investment companies that focus on identifying securities that would benefit from the occurrence of a major corporate event.
- *Global Macro* includes investment companies that employ broad mandates to invest globally across all asset classes, including interest rates, currencies, commodities, and equities, in order to benefit from market movements within various countries.
- *Equity Long/Short* includes investment companies that maintain long and short positions in publicly traded equities in order to capture opportunities driven by their perception of securities or industries being overvalued or undervalued.
- *Relative Value* includes investment companies that seek to identify valuation discrepancies between related securities, utilizing fundamental and quantitative techniques to establish equities, fixed income, and derivative positions.

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Investments in hedge funds are carried at estimated fair value. Fair value is based on the NAV as a practical expedient of the shares in each investment company or partnership. Such investment companies or partnerships mark-to-market or mark-to-fair value the underlying assets and liabilities in accordance with U.S. GAAP. Realized and unrealized gains and losses of the investment companies and partnerships are included in their respective operations in the current year. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year-end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year and certain lock-up provisions. Generally, no dividends or other distributions are paid.

Investments in private equity funds, typically structured as limited partnership interests, are carried at estimated fair value using NAV, as a practical expedient, or equivalent as determined by the General Partner in the absence of readily determinable fair values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. It is expected to take up to ten years to fully distribute the proceeds of those assets. The fair value of limited partnership interests is generally based on fair value capital balances reported by the underlying partnerships, subject to management review and adjustment. Security values of companies traded on exchanges, or quoted on NASDAQ, are based upon the last reported sales price on the valuation date. Security values of companies traded over the counter, but not quoted on NASDAQ, and securities for which no sale occurred on the valuation date are based upon the last quoted bid price. The value of any security for which a market quotation is not readily available may be its cost, provided however, that the General Partner adjusts such cost value to reflect any bona fide third-party transactions in such a security between knowledgeable investors, of which the General Partner has knowledge. In the absence of any such third-party transactions, the General Partner may use other information to develop a good faith determination of value. Examples include, but are not limited to, discounted cash flow models, absolute value models, and price multiple models. Inputs for these models may include, but are not limited to, financial statement information, discount rates, and salvage value assumptions.

The following summarizes the status of commitments to the private equity vehicles held as of June 30, 2023:

	<u>Total commitment</u>	<u>Percentage of commitment contributed</u>	<u>Percentage of commitment remaining</u>
Fund-of-funds	\$ 30.2	96.6 %	3.4 %
Direct funds	<u>164.5</u>	45.3	54.7
Total	<u>\$ 194.7</u>		

The valuation of both marketable and nonmarketable securities may include discounts to reflect a lack of liquidity or extraordinary risks, which may be associated with the investment. Determination of fair value is performed on a quarterly basis by the General Partner. Because of the inherent uncertainty of valuation, the determined values may differ significantly from the values that would have been used had a ready market for those investments existed.

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Institutional funds with RDFV are commingled equity and fixed income funds, structured similarly to mutual funds, whose fair value is considered to be readily determinable. These funds' shares can be redeemed on any trading day at the relevant NAV per share on that day, as reported by the funds. There are no significant restrictions on redemption or redemption penalties.

(4) Liquidity and Availability of Resources

Financial assets available within one year of the balance sheet date for general expenditures such as operating expenses and construction costs not financed with tax-exempt debt as of June 30 are as follows:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 810.9	846.0
Investments (excluding certain alternative investments)	1,670.2	1,620.2
Patient accounts receivable	<u>930.1</u>	<u>963.7</u>
	<u>\$ 3,411.2</u>	<u>3,429.9</u>

The Corporation has certain board-designated assets whose use is limited which are available for general expenditures within one year in the normal course of operations, pending board approval. These board-designated assets were \$213.2 and \$195.0 as of June 30, 2023 and 2022, respectively, and are not included in the table above. The Corporation has other assets whose use is limited for donor restricted purposes, debt service, and for the self-insurance programs for professional and general liability risks, employee health and workers' compensation. These assets whose use is limited are not available for general expenditures within the next year and are not included in the table above (see note 2).

Cash and cash equivalents as of June 30, 2022 includes \$138.7 of Medicare advanced payments received (see note 10). Investments (excluding certain alternative investments) as of June 30, 2023 and 2022 include \$122.7 and \$209.7, respectively, of unspent proceeds associated with Series 2020A bonds (see note 7). As part of the Corporation's liquidity management plan, cash in excess of daily requirements is invested in short-term investments and money market funds or held in bank deposits.

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Notes to Consolidated Financial Statements

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(5) Property and Equipment, net

The components of property and equipment recorded at historical cost and the related accumulated depreciation as of June 30 are summarized as follows:

	<u>2023</u>	<u>2022</u>
Land and land improvements	\$ 107.1	109.0
Buildings and improvements	2,014.3	1,934.6
Equipment	<u>2,585.9</u>	<u>2,517.9</u>
	4,707.3	4,561.5
Less accumulated depreciation and amortization	<u>(3,334.0)</u>	<u>(3,229.7)</u>
	1,373.3	1,331.8
Construction-in-progress	<u>856.9</u>	<u>705.1</u>
	<u>\$ 2,230.2</u>	<u>2,036.9</u>

Construction-in-progress includes a variety of ongoing capital projects of the Corporation as of June 30, 2023 and 2022, including an operating room expansion at MFSMC, which was capitalized during fiscal year 2022, and the construction of a new surgical pavilion at MGUH, that were funded through the Series 2017A bond offering. In connection with these projects, the Corporation has total unspent commitments of \$93.2 and \$177.5 as of June 30, 2023 and 2022, respectively. Interest expense, net of investment earnings, capitalized for these projects totaled \$22.6 and \$17.2 as of June 30, 2023 and 2022, respectively.

Depreciation expense related to property and equipment amounted to \$217.4 and \$213.3 for the years ended June 30, 2023 and 2022, respectively.

(6) Other Assets

Other assets as of June 30 consist of the following:

	<u>2023</u>	<u>2022</u>
Investments in unconsolidated entities	\$ 16.7	15.8
Reinsurance receivables	42.3	45.3
Other	<u>197.2</u>	<u>168.6</u>
	<u>\$ 256.2</u>	<u>229.7</u>

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The Corporation has investments in other healthcare related organizations that are accounted for under the equity method which total \$16.7 and \$15.8 as of June 30, 2023 and 2022, respectively. The related ownership interests in these organizations range from 15% to 50%. The Corporation's share of earnings in these organizations was \$3.7 and \$3.1 for the years ended June 30, 2023 and 2022, respectively, and are recognized in other operating revenue in the consolidated statements of operations and changes in net assets.

As of June 30, 2023 and 2022, other assets also include \$159.2 and \$126.6, respectively, of investments associated with a nonqualified, tax-deferred compensation plan for which there is an offsetting payable included in other long-term liabilities within the consolidated balance sheets. Generally, these funds are invested in mutual funds that would be considered Level 1 investments.

(7) Debt

As of June 30, the Corporation's outstanding borrowings include the following:

	<u>2023</u>	<u>2022</u>
Maryland Health and Higher Educational Facilities:		
Authority fixed rate revenue bonds:		
Series 1998A 5.25% Term bonds due 2038	\$ 82.0	82.0
Series 1998B 5.25% Term bonds due 2038	57.0	57.0
Series 2011 2.00%–5.00% Serial bonds due 2012–2023	2.3	6.0
Series 2011 5.00% Term bonds due 2024–2041	1.0	1.0
Series 2012 2.19% Direct Purchase due 2017–2022	—	7.1
Series 2013A 3.00%–5.00% Serial bonds due 2016–2028	55.7	55.7
Series 2013A 4.00%–5.00% Term bonds due 2038–2041	56.9	56.9
Series 2013B 3.00%–5.00% Serial bonds due 2025–2033	60.8	60.8
Series 2013B 4.00%–5.00% Term bonds due 2038	89.0	89.0
Series 2015 2.00%–5.00% Serial bonds due 2016–2033	133.6	142.8
Series 2015 4.00%–5.00% Term bonds due 2038–2045	176.8	176.8
Series 2017A 3.75%–5.00% Term bonds due 2042–2047	395.0	395.0
Plus unamortized net premium	<u>62.3</u>	<u>67.9</u>
	1,172.4	1,198.0

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	<u>2023</u>	<u>2022</u>
District of Columbia Hospital Revenue Bonds:		
Multimodal revenue bonds at variable rates:		
Series 1998A 2.40%–4.35% at June 30, 2023 Serial bonds		
due 2008–2038 0.34%–1.07% at June 30, 2022	\$ 92.6	97.0
MedStar Health, Inc. Taxable Fixed Rate Revenue Bonds:		
Series 2015 0.80%–3.70% Serial bonds due 2016–2031	58.7	65.5
Series 2020A 3.63% Term bonds due 2047–2049	302.6	302.6
Series 2020B 2.91%-3.63% Term bonds due 2025–2041	43.4	43.4
Notes payable to financial institutions or state agencies under		
mortgages (floating rates ranging between 2.0%–6.9%) and other	24.8	24.3
Revolving credit agreements	129.8	129.8
Deferred financing costs, net	<u>(10.9)</u>	<u>(11.7)</u>
Total debt, including revolving credit agreements	1,813.4	1,848.9
Less current portion	<u>(34.0)</u>	<u>(67.1)</u>
Long-term debt, net, including revolving credit		
agreements	\$ <u>1,779.4</u>	<u>1,781.8</u>

Scheduled maturities on borrowings for the next five fiscal years and thereafter are as follows:

2024	\$ 34.0
2025	165.0
2026	36.8
2027	38.4
2028	40.0
Thereafter	<u>1,447.8</u>
	\$ <u>1,762.0</u>

The Corporation, which is currently the sole member of an “obligated group” as defined in the Master Trust Indenture, is bound by the provisions of the Master Trust Indenture for payments under existing debt agreements secured by the issuance of an obligation pursuant to the Master Trust Indenture. All the hospitals and certain other affiliates of the Corporation are parties to a guaranty agreement pursuant to which they jointly and severally guarantee the payment and performance of the obligations under the Master Trust Indenture. The Master Trust Indenture requires that certain Material System Affiliates, which is defined therein as any system affiliate that generates in excess of 5.0% of the Corporation’s revenues, execute the guaranty agreement unless otherwise exempt pursuant to the provisions of the Master Trust Indenture. The Master Trust Indenture has been amended such that the Corporation’s regulated insurance entities, which may constitute Material System Affiliates, are not required to become parties to the guaranty

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agreement due to regulatory restrictions placed on their assets which make them unable to fulfill the obligations of a guarantor. Parties to the guaranty agreement currently include: HH MedStar Health, Inc., MedStar Enterprises, Inc., MedStar Georgetown University Hospital, MedStar National Rehabilitation Hospital, MedStar Washington Hospital Center, MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, MedStar St. Mary's Hospital, MedStar Union Memorial Hospital, Parkway Ventures, Inc., MedStar Visiting Nurse Association, Inc., and MedStar Medical Group, LLC. The obligations of the guarantors under the guaranty agreement are currently secured by deeds of trust granted by the hospitals. Under the Master Trust Indenture and the deeds of trust, to support the payments due thereunder, the Corporation and its hospital affiliates, respectively, have pledged their revenues subject to permitted encumbrances. As of June 30, 2023, all the Corporation's Maryland Health and Higher Educational Facilities Authority Revenue Bonds, District Hospital Revenue Bonds, and MedStar Health Taxable Revenue Bonds are secured by obligations issued under the Master Trust Indenture.

Under the Master Trust Indenture, the Corporation is required to maintain, among other covenants, a maximum annual debt service coverage ratio of not less than 1.10 or the Corporation may be required to retain a consultant. In addition, it is an event of default, if the Corporation has a maximum annual debt service coverage ratio below 1.00 for two consecutive fiscal years and as of the end of the second such fiscal year, the Corporation has less than 55 days cash on hand. Under the loan agreements relating to the Series 1998 Bonds (defined below), the Corporation is required to maintain a historical debt service coverage ratio of not less than 2.00 and to maintain at least 65 days cash on hand. In the event the Corporation does not meet either of these requirements, it is required to fund a trustee-held debt service reserve fund securing the Series 1998 Bonds. The amount to be deposited shall equal the lesser of 10% of the principal amount of such outstanding bonds, or the largest annual debt service with respect to such bonds in any future year, or 125% of the average annual debt service of future years. As of June 30, 2023 and 2022, there were no funds required to be held in the debt service reserve fund for the Series 1998 Bonds.

In December 1998, the Maryland Health and Higher Education Facilities Authority (MHHEFA) and the District of Columbia (District) issued bonds (Series 1998 Bonds) on behalf of the Corporation. Bond proceeds of approximately \$588.6 were loaned to the Corporation under separate loan agreements with MHHEFA and the District upon execution of obligations pursuant to the Master Trust Indenture. MHHEFA issued \$283.5 of Revenue Bonds. Principal and interest under the Series 1998 MHHEFA bonds are insured under municipal insurance policies with Assured and Ambac. The District issued \$300.0 of Multimodal Revenue Bonds, including \$150.0 Series 1998A, \$75.0 Series 1998B, and \$75.0 Series 1998C. The District Series 1998A bonds, which consist of three tranches totaling \$88.2 in August 2023, are uninsured variable rate demand bonds backed by bank letters of credit. The Series 1998A Tranche I bonds, which remained outstanding in August 2023, totaled approximately \$29.4 of bonds trading in a daily mode backed by a letter of credit issued by TD Bank, N.A. and remarketed by J.P. Morgan Securities Inc. The letter of credit expires in October 2026. In the event of a failed remarketing, the Tranche I bonds would be tendered to the bank and repaid over a five-year period, beginning 367 days following the date of the failed remarketing. The Series 1998A Tranche II bonds totaled \$29.4 in August 2023. These bonds trade in a weekly mode and are remarketed by TD Securities. The letter of credit backing these bonds was issued by TD Bank, National Association and expires in October 2025. In the event of a failed remarketing, the Tranche II bonds would be tendered to the bank and repaid over a five-year period, beginning 367 days

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following the failed remarketing. The Series 1998A Tranche III bonds totaled \$29.4 in August 2023. These bonds trade in a weekly mode and are remarketed by Citigroup Global Markets Inc. The letter of credit backing these bonds was issued by PNC Bank, National Association and expires in October 2025. In the event of a failed remarketing, the Tranche III bonds would be tendered to the bank and repaid over a five-year period, beginning 367 days following the failed remarketing. None of the Series 1998A bonds were put as of June 30, 2023 and 2022, respectively. The reimbursement obligation with respect to the letters of credit are evidenced and secured by obligations issued by the Corporation under the Master Trust Indenture. The documents related to each of these letters of credit includes financial covenants similar to the bank line of credit described below.

Related to the District Series 1998A bonds, the Corporation entered into an interest rate swap with Wells Fargo Bank, National Association in a notional amount totaling \$150.0 (reduced to \$30.4 at August 2023). The swap agreement expires in August 2027. Under the terms of the swap, the Corporation pays a fixed rate and receives a variable rate. Collateral is only required to be posted under the swap in the event that the Corporation's credit ratings are downgraded by two rating agencies below the BBB – or Baa2 – level. To date, no collateral postings have been required. As of June 30, 2023 and 2022, the variable interest rate under these agreements was 3.36% and 0.69%, respectively. The fixed rate was 3.69% as of June 30, 2023 and 2022. The variable rates are capped at 14.0%. The interest rate swap was secured by an obligation issued under the Master Trust Indenture.

Certain of the Corporation's bonds are subject to optional redemption or purchase, as follows: (i) the remaining Series 2011 MHHEFA Bonds maturing on or after August 2022 are subject to redemption or purchase at the option of the Corporation prior to maturity beginning in 2021; (ii) the Series 2013A MHHEFA Bonds maturing on or after August 2024 are subject to redemption or purchase at the option of the Corporation prior to maturity beginning in 2023; (iii) the Series 2015 MHHEFA Bonds maturing on or after August 2025 are subject to redemption or purchase at the option of the Corporation prior to maturity beginning in 2025; (iv) the Series 2015 taxable bonds are subject to redemption at any time, so long as the Corporation makes certain make-whole redemption payments; (v) the Series 2017 MHHEFA Bonds maturing on or after May 15, 2027 are subject to redemption or purchase at the option of the Corporation prior to maturity beginning in 2027; and (vi) the Series 2020A and Series 2020B taxable bonds are subject to redemption at any time, so long as the Corporation makes certain make-whole redemption payments.

The Corporation maintains a \$580.0 revolving credit agreement provided by a group of banks. The facility was renewed for a three-year term in June 2022 and expires in June 2025. The outstanding balance on the facility was \$129.8 as of June 30, 2023 and 2022. The revolving credit agreement is evidenced by an obligation issued under the Master Trust Indenture and includes certain covenants, including a requirement to maintain Days Cash on Hand of 70 days, measured semi-annually as of each June 30 and December 31. On November 8, 2022, the Debt Service Coverage ratio of 1.25 was reduced to 1.10. The Debt Service Coverage ratio is measured quarterly on a rolling four quarters basis. The Corporation is required to maintain a minimum credit rating of Baa2 or its equivalent from Standard and Poor's and Moody's Investors Service.

The Corporation maintains a \$30.0 letter of credit facility, provided by a single lender, which is also evidenced by an obligation issued under the Master Trust Indenture. This facility is principally used to securitize certain regulatory obligations under various insurance programs and has terms and conditions

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similar to the revolving credit agreement. The facility was renewed for a three-year term in June 2022 and expires in June 2025; however, the standby letters of credit issued under the facility can be canceled at the bank's option each year. As of June 30, 2023 and 2022, standby letters of credit issued pursuant to the facility were \$14.3 and \$16.5, respectively. No amounts have been drawn by the beneficiaries under the standby letters of credit.

In addition, the Corporation maintains an \$8.1 bank term loan, provided by a single lender, which is also evidenced by an obligation under the Master Trust Indenture. This facility was used to finance a medical office building and expires in October 2031.

Financing costs are amortized over the estimated duration of the related debt using the effective interest method.

(8) Retirement Liabilities

The Corporation has two qualified defined benefit pension plans, MedStar Health, Inc. Pension Equity Plan (PEP) and MedStar Health, Inc. Cash Balance Retirement Plan (CBRP), covering substantially all full-time employees hired before 2005. MedStar St. Mary's Hospital also has a defined benefit plan that substantially covers all employees of MedStar St. Mary's Hospital who were eligible prior to the plan being frozen. Participation in all plans has been closed to new entrants and all plans are frozen to future benefit accruals.

Benefits under the plans are substantially based on years of service and the employees' career earnings. The Corporation contributes to the plans based on actuarially determined amounts necessary to provide assets sufficient to meet benefits to be paid to plan participants and to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended by the Pension Protection Act of 2006, and Internal Revenue Service regulations. Effective July 1, 2000, employees of the Transferred Businesses (see note 16) became participants in one of the Corporation's pension plans and are reflected in the pension information provided below.

The Corporation's investment policies are established by MedStar Health, Inc.'s Investment Committee, which is comprised of members of the Board of Directors, other community leaders, and management. Among its responsibilities, the Investment Committee is charged with establishing and reviewing asset allocation strategies, monitoring investment manager performance, and making decisions to retain and terminate investment managers. Assets of each of the Corporation's pension plans are managed in a similar fashion, as the Corporation's investments and assets whose use is limited, by the same group of investment managers. The Corporation has incorporated an IPS into the investment program. The IPS, which has been formally adopted by the Corporation's Board of Directors, contains numerous standards designed to ensure adequate diversification by asset class and geography. The IPS also limits all investments by manager and position size, and limits fixed income position size based on credit ratings, which serves to further mitigate the risks associated with the investment program. As of June 30, 2023, management believes that all investments were being managed in a manner consistent with the IPS.

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The following table illustrates the actual allocations of the Corporation's primary pension plans' investment portfolio as of June 30:

	<u>2023</u>	<u>2022</u>
Cash	1 %	2 %
Publicly traded equities – domestic	12	10
Publicly traded equities – international	3	6
Fixed income securities	18	16
Institutional funds with RDFV	33	31
Alternative investments:		
Commingled equity funds	11	11
Hedge funds	20	21
Private equities	2	3
Total	<u>100 %</u>	<u>100 %</u>

The tables below present the Corporation's pension plans' investable assets as of June 30 aggregated by the three-level valuation hierarchy and separately identify investments reported at NAV:

<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 33.3	—	—	33.3
U.S. Treasury bonds	93.5	—	—	93.5
U.S. agency mortgage backed securities	—	37.1	—	37.1
Corporate bonds	—	82.1	—	82.1
All other fixed income securities	—	21.2	—	21.2
Equity mutual funds and ETF's	55.0	—	—	55.0
Institutional funds with RDFV	—	401.3	—	401.3
Common stocks	139.7	—	—	139.7
Alternative investments:				
Commingled funds	—	—	127.7	127.7
Private equity	—	—	27.3	27.3
Hedge funds:				
Custom hedge fund	—	—	74.1	74.1
Other hedge funds	—	—	167.0	167.0
Total assets	<u>\$ 321.5</u>	<u>541.7</u>	<u>396.1</u>	<u>1,259.3</u>

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<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 30.1	—	—	30.1
U.S. Treasury bonds	76.6	—	—	76.6
U.S. agency mortgage backed securities	—	33.7	—	33.7
Corporate bonds	—	79.2	—	79.2
All other fixed income securities	—	19.3	—	19.3
Equity mutual funds and ETF's	111.8	—	—	111.8
Institutional funds with RDFV	—	363.2	—	363.2
Common stocks	104.1	—	—	104.1
Alternative investments:				
Commingled funds	—	—	129.7	129.7
Private equity	—	—	37.0	37.0
Hedge funds:				
Custom hedge fund	—	—	54.8	54.8
Other hedge funds	—	—	187.7	187.7
Total assets	\$ <u>322.6</u>	<u>495.4</u>	<u>409.2</u>	<u>1,227.2</u>

The general investment strategies, fund structures, valuation methods, and redemption terms for hedge fund-of-funds related to the pension plans' investments are largely the same as those included in the Corporation's primary investment portfolio (see note 3). The Corporation has \$2.2 of remaining unfunded commitments to private equity vehicles as of June 30, 2023.

The Corporation established a long-term investment return target 7.25% for both the PEP and CBRP in 2023 and 2022, respectively. These assumptions are based on historical returns achieved in the investment portfolios and represent the return that can reasonably be expected to be generated on a similarly structured portfolio in the future.

The Corporation recognizes the funded status of defined benefit pension plans in the consolidated balance sheet and the recognition in unrestricted net assets of unrecognized gains or losses, prior service costs or credits and transition assets or obligations. The funded status is measured as the difference between the fair value of the plan's assets and the projected benefit obligation of the plan. The measurement date for the plans is June 30.

The following are deferred pension costs which have not yet been recognized in periodic pension expense, but instead are accrued in unrestricted net assets, as of June 30, 2023 and 2022. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously

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rendered. Deferred pension costs are amortized into annual pension expense over the expected future lifetime for active employees with frozen benefits.

	Amounts in unrestricted net assets to be recognized during the next fiscal year	Amounts recognized in unrestricted net assets as of:	
		<u>June 30, 2023</u>	<u>June 30, 2022</u>
Net actuarial loss	\$ 26.4	812.0	896.8

The following table sets forth the plans' funded status and amounts recognized in the accompanying consolidated financial statements as of June 30:

	<u>2023</u>	<u>2022</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 1,404.2	1,746.7
Interest cost	66.6	51.3
Actuarial gain	(51.1)	(315.9)
Benefits paid	<u>(82.5)</u>	<u>(77.9)</u>
Benefit obligation at end of year	<u>1,337.2</u>	<u>1,404.2</u>
Change in plan assets:		
Plan assets at fair value at beginning of year	1,227.2	1,450.1
Actual return (loss) on plan assets	99.6	(160.0)
Company contributions	15.0	15.0
Benefits paid	<u>(82.5)</u>	<u>(77.9)</u>
Plan assets at fair value at end of year	<u>1,259.3</u>	<u>1,227.2</u>
Funded status/net amount recognized	<u>\$ (77.9)</u>	<u>(177.0)</u>

The amounts recognized in the consolidated financial statements consist of the following as of June 30:

	<u>2023</u>	<u>2022</u>
Pension assets (included in other assets)	\$ 16.3	10.9
Pension liabilities	(94.2)	(187.9)

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The Corporation has estimated \$15.0 for its defined benefit contributions for the fiscal year ending June 30, 2024. Expected fiscal year benefit payments for all defined benefit plans is as follows:

2024	\$	96.8
2025		97.8
2026		98.9
2027		102.0
2028		103.7
2029–2033		479.4
	\$	<u>978.6</u>

Net periodic pension expense (income) for the years ended June 30 is as follows:

	<u>2023</u>	<u>2022</u>
Interest cost on projected benefit obligation	\$ 66.6	51.3
Return on plan assets	(93.1)	(94.7)
Amortization of prior year plan amendments	(0.5)	(0.5)
Recognized actuarial loss	27.7	38.2
Net periodic pension expense (income)	\$ <u>0.7</u>	<u>(5.7)</u>

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The assumptions used in determining net periodic pension expense and accrued pension costs shown above are as follows:

	<u>2023</u>	<u>2022</u>
Discount rates for obligations at year end:		
PEP	5.50 %	4.90 %
CBRP	5.55	4.95
MedStar St. Mary's Hospital Pension Plan	4.90	4.40
Discount rates for pension cost:		
PEP	4.90 %	3.05 %
CBRP	4.95	3.00
MedStar St. Mary's Hospital Pension Plan	4.40	2.65
Expected long-term rate of return on plan assets:		
PEP and CBRP	7.25 %	7.25 %
MedStar St. Mary's Hospital Pension Plan	7.00	7.00
Cash balance interest crediting rate:		
PEP	N/A	N/A
CBRP	5.10 %	5.10 %
MedStar St. Mary's Hospital Pension Plan	3.50	3.50

Mortality assumptions for the plans are periodically updated to reflect the most recently published general industry mortality tables.

The Corporation also has various contributory, tax deferred annuity and savings plans with participation available to certain employees. The Corporation matches employee contributions up to 3.0% of compensation in certain plans. The Corporation contributed approximately \$55.9 and \$52.0 during the years ended June 30, 2023 and 2022, respectively.

(9) Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities located in the State of Maryland, the District and Northern Virginia. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations and commercial insurance policies).

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A summary of net patient service revenue by major category of payor for the years ended June 30 is as follows:

	<u>2023</u>	<u>2022</u>
Medicare and Medicare HMO	33 %	34 %
Medicaid and Medicaid HMO	18	18
Carefirst Blue Cross Blue Shield	19	18
Other commercial and managed care payors	24	24
Self-pay	6	6
	<u>100 %</u>	<u>100 %</u>

A summary of net patient receivables by major category of payor as of June 30 is as follows:

	<u>2023</u>	<u>2022</u>
Medicare and Medicare HMO	23 %	23 %
Medicaid and Medicaid HMO	20	21
Carefirst Blue Cross Blue Shield	15	16
Other commercial and managed care payors	36	34
Self-pay	6	6
	<u>100 %</u>	<u>100 %</u>

Certain Maryland-based hospital charges are subject to review and approval by the Health Services Cost Review Commission (HSCRC). The HSCRC has jurisdiction over hospital reimbursement in Maryland by agreement with the Centers for Medicare and Medicaid Services (CMS). This agreement is based on a waiver from the Medicare Prospective Payment System reimbursement principles granted under Section 1814(b) of the Social Security Act. In January 2014, CMS approved Maryland's waiver for a five-year period beginning January 1, 2014 for inpatient and outpatient hospital services. The waiver tied hospital per capita revenue growth to the state's economic growth of 3.58% and required growth in Medicare spending per beneficiary in Maryland to be 0.5% below the national average. The waiver also imposed quality measures and encouraged population health management.

Under the Maryland HSCRC rate methodology, amounts payable for services to Maryland hospital patients under the Medicare and Medicaid insurance programs were computed at 92.3% of regulated charges until March 31, 2023 and 91.3% for those periods thereafter. This discount amount does not include managed care organization granted discounts for medical education or adjustments made to Medicare performance under total cost of care. Hospital patients under Blue Cross and approved HMO insurance programs are computed at 98% of regulated charges. Maryland accounts receivable from these third-party payors have been adjusted to reflect the difference between charges and the payable amounts.

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In connection with the waiver, the HSCRC introduced the Global Budget Revenue (GBR) model, which covers the Corporation's seven Maryland hospitals. The GBR model provides each Maryland hospital with a fixed amount of patient revenue each year. As a result, the model removes the financial incentive to increase volume and provides incentives to work with partners to provide care in appropriate settings to increase overall population health and improve health care affordability. In 2018, Maryland entered into a new ten-year model with CMS to include total cost of care benchmarks and savings, which took effect January 1, 2019, and will be re-evaluated at the end of five years. The new waiver is intended to shift care into lower cost settings, improve care coordination, and align incentives among various healthcare providers.

The GBR model has the potential of including both prospective and retrospective rate adjustments. In June 2021, the HSCRC completed and approved a reconciliation of GBR-related COVID-19 support granted to all Maryland hospitals during fiscal year 2020 and Public Health and Social Services Emergency Fund (PHSS Emergency Fund) distributions subsequently received by Maryland hospitals under the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act), and the Paycheck Protection Program and Health Care Enhancement Act (PPHCE Act). The impact of this reconciliation on MedStar Health's Maryland hospitals was a retroactive revenue reduction of \$77.0, which was recorded within other current liabilities on the consolidated balance sheet as of June 30, 2021. As of June 30, 2023, this liability was satisfied and the Corporation's rates were reduced accordingly. Future actions by the HSCRC cannot be determined at this time.

The Budget Control Act of 2011 mandated significant reductions and spending caps on the federal budget for fiscal years 2012 through 2021. As part of this legislation, a 2% reduction in Medicare spending, known as Sequestration, was implemented beginning April 1, 2013 and the Corporation's Medicare payments subsequent to that date were reduced by the mandatory 2%. The Bipartisan Budget Act of 2015, enacted on November 2, 2015, continued the 2% reductions to Medicare reimbursement imposed under the 2011 Act. The CARES Act revised Medicare policies in order to temporarily boost Medicare reimbursement for added regulatory flexibility, including suspending the annual 2% Medicare sequestration revenue reduction through March 31, 2022, and reducing revenue by 1% from April 1, 2022 through June 30, 2023 (see note 10). It is not possible to determine how future congressional actions to reduce the federal deficit in order to end Sequestration will impact the Corporation's revenues.

Through its MFC subsidiary, the Corporation enters into agreements with state Medicaid programs to provide managed care services to eligible Medicaid enrollees in exchange for a premium per member from the state program. This subsidiary participates in an annual rate setting process with the State of Maryland and the District. During the process, the revenues and expenses for all members are evaluated to ensure adequate funding is provided to deliver contracted services. Premium revenue primarily consists of the following at June 30:

	<u>2023</u>	<u>2022</u>
Maryland Medicaid	\$ 602.3	590.3
District of Columbia Medicaid	426.2	402.0
Total Medicaid	<u>\$ 1,028.5</u>	<u>992.3</u>

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Medical and clinical expenses from these agreements include claim payments, capitation payments, and estimates of outstanding claims liabilities for services provided prior to the balance sheet date. The estimates of outstanding claims liabilities of \$96.9 and \$119.0 as of June 30, 2023 and 2022, respectively, are based on management's analysis of historical claims paid reports and review of health services utilization during the period and are included in accounts payable and accrued expenses on the consolidated balance sheets. Changes in these estimates are recorded in the period of change. Claims payments and capitation payments are expensed in the period services are provided to eligible enrollees. Annually, as of December 31, MFC is required to be in compliance with risk-based capital (RBC) statutory funding requirements, and as of the most recent measurement period, MFC is in compliance.

MFC has been serving as a D.C. Medicaid managed care organization (MCO) under a contract with the District since October 2020. In response to requests for proposals issued by the District for a new procurement of Medicaid MCO contracts, MFC submitted its proposals to the District in early 2022. In October 2022, the D.C. City Council approved a new five-year contract for MFC and two other successful bidders. An unsuccessful bidder filed a number of bid protests before the D.C. Contract Appeals Board, but the Contract Appeals Board has denied each of these protests. Although the unsuccessful bidder continues to bring legal challenges to the procurement process before D.C. Superior Court, the District implemented new contracts starting April 1, 2023.

(10) Certain Significant Risks and Uncertainties

As a healthcare system, the Corporation is subject to certain significant inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland HSCRC;
- Government regulation, government budgetary constraints and proposed legislative and regulatory changes, and;
- Lawsuits alleging malpractice or other claims.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues and the Corporation's operations are subject to a variety of other federal, state and local regulatory requirements. In addition, changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation. Similarly, failure by the Corporation to maintain required regulatory approvals and licenses and/or changes in related regulatory requirements could have a significant adverse effect.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount. Estimated settlements are adjusted in future periods as adjustments become known, or

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as years are settled or are no longer subject to such audits, reviews and investigations. During 2023 and 2022, certain of the Corporation's prior year third-party estimates were adjusted, which resulted in gains of approximately \$14.0 and \$41.6, respectively.

The healthcare industry is subject to numerous laws and regulations from federal, state and local governments, including but not limited to Medicare and Medicaid anti-fraud and abuse laws, data privacy and security laws, and labor and employment laws. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. The Corporation is also subject to class action lawsuits, employment-related claims and other legal actions in the ordinary course of business. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business but cannot reasonably predict any particular outcome or operational or financial effects from these matters at this time. The Corporation will continue to monitor all government inquires and respond appropriately.

(a) COVID-19 Pandemic

In January 2020, the Secretary of HHS declared a national public health emergency due to a novel strain of coronavirus COVID-19 and in March 2020, it was declared a pandemic by the World Health Organization. To contain the spread and impact of COVID-19, and to mitigate the burden on the healthcare system, federal, state and local authorities implemented various restrictive measures, including significant limitations on business activity, travel bans, promotion of physical distancing, mandated quarantines, and shelter-in-place orders. During this time, MedStar hospitals and providers experienced severe volatility with respect to patient volumes, particularly with respect to elective procedures and non-urgent ambulatory visits, resulting in lost revenues.

Throughout fiscal year 2022, MedStar Health's operations and patient volumes continued to experience volatility because of the pandemic. Although elective procedures and non-urgent ambulatory visits resumed in June 2020, MedStar Health has continued to care for a significant number of COVID-19 positive patients in its communities, including another surge which began in December 2021 and peaked in January 2022. Despite the volatility in patient volumes, and a significant increase in patient acuity, non-COVID-19 services were not restricted during the latest surge due to the creation of additional bed capacity and the effective coordination of resources across the system, during the year ended June 30, 2022. However, MedStar Health's ongoing response to the COVID-19 pandemic continued to increase operating costs, including personnel and supplies expenses, during the year ended June 30, 2023.

As the COVID-19 pandemic continues to evolve, MedStar Health is unable to determine the full financial impact at this time. The ultimate impact of the pandemic on MedStar Health's financial condition will depend on, among other factors, the duration and severity of the pandemic, including any future surges of COVID-19 positive patients and any resulting impact on patient volumes, negative economic conditions arising from the pandemic, and the impact of government actions and administrative regulations on the hospital industry and broader economy, including through existing and any future relief efforts.

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(b) Public Health and Social Services Emergency Fund (PHSS Emergency Fund)

As a result of the COVID-19 pandemic, federal, state, and the District of Columbia governments passed legislation, promulgated regulations, and took other administrative actions intended to assist healthcare providers in providing care to COVID-19 and other patients during the public health emergency. Sources of relief included the CARES Act, which was enacted on March 27, 2020, and the PPPHCE Act, which was enacted on April 24, 2020. Together, the CARES Act and the PPPHCE Act included \$175 billion in funding to be distributed to eligible providers through the PHSS Emergency Fund (also known as the Provider Relief Fund or PRF), which is intended to compensate providers for lost revenue and healthcare related expenses attributable to the COVID-19 pandemic and to ensure uninsured Americans have access to testing and treatment for COVID-19. In December 2020, Congress passed the Consolidated Appropriations Act, a new coronavirus relief and government funding package, which added \$3 billion to the PHSS Emergency Fund and made significant changes to how PHSS Emergency Fund distributions could be utilized, including:

- Allowing providers to use any reasonable method to calculate lost revenue, including a variance from budget if such budget had been established and approved prior to March 27, 2020; and
- Allowing a parent entity to re-allocate any PHSS Emergency Fund distributions received, including both general and targeted distributions, within a parent-subsidiary organizational structure.

Additionally, in June 2021, HHS established new deadlines for when recipients of PHSS Emergency Fund distributions must use the funding received (generally 12 to 18 months after receipt of the funds) and issued new post-payment reporting requirements. HHS has made distributions to providers in areas particularly impacted by COVID-19, including safety net hospitals, rural providers, certain Medicaid providers, and providers requesting reimbursement for testing and treatment of uninsured Americans, among others. Payments from the PHSS Emergency Fund are not subject to repayment so long as providers attest to and satisfy certain terms and conditions required by HHS, including, among other things, that the funds are being used for lost operating revenue and COVID-19 related expenses, limitations on balance billing, and agreeing that PHSS Emergency Funds will not be used to reimburse expenses or losses that other sources are obligated to reimburse. HHS has reserved the right to audit PHSS Emergency Fund recipients and may pursue collection activity for any funds not used in accordance with program requirements or applicable law.

Through June 30, 2023, MedStar Health received PHSS Emergency Fund distributions of \$405.8. Of the total distributions received, \$33.6 and \$47.1 is recognized as other operating revenue on the consolidated statements of operations and changes in net assets for the years ended June 30, 2023 and 2022, respectively. The balance of \$325.1 was recognized as other operating revenue on the consolidated statements of operations and changes in net assets during the fiscal years ended June 30, 2020 and 2021. Payments are recognized as revenue when there is reasonable assurance that the terms and conditions associated with the distributions have been met. Amounts recognized as revenue could change in the future based on continuing analysis of lost operating revenue and COVID-19 related expenses, as well as evolving compliance guidance provided by HHS, which could impact MedStar Health's ability to retain some or all of the distributions received.

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(c) Medicare Accelerated and Advance Payment Program

To increase cash flow to Medicare providers impacted by the COVID-19 pandemic, the CARES Act expanded the Medicare Accelerated and Advance Payment Program (Program), which allowed for eligible health care facilities to request up to six months of advance Medicare payments. MedStar Health received \$703.4 of payments under this program, which represent contract liabilities under ASC 606. Recoupment of these amounts began in April 2021 in accordance with the Program's repayment terms, which specify that for the first 11 months after repayment begins, repayment will occur through an automatic recoupment of 25% of Medicare payments otherwise owed to the provider. In March 2022, recoupment increased to 50% which will continue for six months and at the end of the six months, Medicare will issue a letter for full repayment of any remaining balance, as applicable. As of June 30, 2022, Program advances of \$138.7 were recorded within amounts due to third-party payors, net on the consolidated balance sheets as a current liability. The remaining Program advances were recouped as of October 31, 2022.

(d) Payroll Taxes

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount due December 31, 2021, and the remaining 50% due December 31, 2022. As of June 30, 2023, MedStar Health had repaid the entire \$94.1 which had been deferred. As of June 30, 2022, MedStar Health deferred \$46.9, which is recorded within accrued salaries, benefits, and payroll taxes.

(e) Other Provisions

The CARES Act revised Medicare policies in order to temporarily boost Medicare reimbursement and allow for added regulatory flexibility, which included the following:

- Effective March 25, 2021, the annual 2% sequestration revenue reduction in Medicare fee for service and Medicare Advantage payments to hospitals, physicians and other providers was suspended through March 31, 2022, and reduced revenue by 1% from April 1, 2022 through June 30, 2022. In order to offset the added expense of the suspension, the fiscal year 2030 sequester cuts will be increased.
- Through PHSS Emergency Fund distributions, provides claims reimbursement to healthcare providers generally at Medicare rates for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis.
- Effective March 22, 2022, HHS announced that the COVID-19 Uninsured Program and Coverage Assistance Fund was no longer accepting claims due to insufficient funding.
- Increased the payment that would otherwise be made to a hospital for treating a Medicare patient admitted with COVID 19 by 20% under the inpatient prospective payment system. Effective May 11, 2023, as a result of the end of the public health emergency ending, Medicare patients no longer receive the additional payment.
- The impact of these changes is recorded in net patient service revenue on the consolidated statements of operations and changes in net assets for the fiscal years ended June 30, 2023 and 2022.

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(f) Federal Emergency Management Agency (FEMA) Funding

As a result of increased operating and capital costs incurred as a part of the response to the COVID-19 pandemic, MedStar Health requested funding from FEMA for reimbursement of certain eligible costs. In fiscal years 2023 and 2022, FEMA obligated to MedStar Health total funding of \$118.9 and \$55.5, respectively, of which \$107.0 and \$50.0 is recorded as other operating revenue on the consolidated statement of operations and changes in net assets for the fiscal years ended June 30, 2023 and 2022, respectively. Cash proceeds of \$98.7 and \$33.0 were received in fiscal years 2023 and 2022, respectively. Obligated funds outstanding are recorded within other receivables on the consolidated balance sheet as of June 30, 2023, and were subsequently received on August 14, 2023. Obligated amounts not recognized as revenue are recorded within other current liabilities on the consolidated balance sheet as of June 30, 2023 and 2022, respectively. Currently, the timing of FEMA's close-out process for a final award determination, as well as any additional procedures that FEMA may need to complete prior to close-out, including the finalization of potential deductions to the obligated amount, is unknown.

(11) Self-Insurance Programs

The Corporation maintains self-insurance programs for professional and general liability risks, employee health and workers' compensation. Estimated liabilities have been recorded based on actuarial estimation of reported and incurred but not reported claims. The combined accrued liabilities for these programs as of June 30 were as follows:

	<u>2023</u>	<u>2022</u>
Professional and general liability	\$ 389.6	404.6
Employee health	36.3	35.2
Workers' compensation	36.1	35.1
Total self-insurance liabilities	462.0	474.9
Less current portion	(126.3)	(115.6)
Total self-insurance liabilities, net of current portion	\$ <u>335.7</u>	<u>359.3</u>

Assets available to fund these liabilities are held in separate accounts (see note 2). Contributions required to fund professional and general liability, employee health benefits and workers' compensation programs are determined by the plans' administrators based on appropriate actuarial assumptions. The professional and general liability programs are administered through an offshore wholly owned captive insurance company, Greenspring Financial Insurance, LTD.

For professional liability during the fiscal years ended June 30, 2023 and 2022, MedStar Health is responsible for the below described retentions:

- (a) Effective January 1, 2023, the Corporation is responsible for the first \$15.0 exposure for each and every claim plus an additional inner aggregate. For this period, the inner aggregate exposes the

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Corporation up to \$10.0 per claim with an aggregate of \$15.0 above the \$15.0 per claim self-insured retention for all claims incurred.

- (b) Effective January 1, 2022, the Corporation is responsible for the first \$15.0 exposure for each and every claim plus an additional inner aggregate. For this period, the inner aggregate exposes the Corporation up to \$5.0 per claim with an aggregate of \$5.0 above the \$15.0 per claim self-insured retention for all claims incurred.
- (c) For the period July 1, 2021 to December 31, 2021, the Corporation is responsible for the first \$7.5 exposure for each and every claim plus an additional inner aggregate. The inner aggregate exposes the Corporation up to \$2.5 per claim with an aggregate of \$5.0 above the \$7.5 per claim self-insured retention for all claims incurred.
- (d) For fiscal years ended June 30, 2023 and 2022, for general liability, except for MMMC and MSMH, the Corporation is responsible for the first \$3.0 exposure for each claim. For MMMC and MSMH, the Corporation is responsible for the first \$2.0 exposure for each claim. General liability claims are not subject to the inner aggregate excess retention as described above.

Commercial excess re-insurance has been purchased above the self-insured retentions described above in multiple layers and in twin towers; one tower for professional liability and one tower for general liability. Effective January 1, 2016, each tower provides excess re-insurance coverage of up to \$175.0 per claim and \$175.0 annual aggregate.

The professional and general liabilities as of June 30, 2023 and 2022 have been discounted at a rate of 2.75% and 1.75%, respectively. The workers' compensation liabilities as of June 30, 2023 and 2022 have been discounted at a rate of 2.50% and 1.50%, respectively.

(12) Endowment Net Assets

The Corporation's endowments consist of individual donor restricted funds established for a variety of purposes. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

(a) Interpretation of Relevant Law

The Corporation has interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as net assets with donor restrictions: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with SPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds:

- (1) The duration and preservation of the fund

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- (2) The purposes of the Corporation and the donor restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Corporation
- (7) The investment policies of the Corporation

(b) Endowment Net Assets

Donor restricted endowment funds within net assets with donor restrictions whose use is restricted into perpetuity were \$47.2 and \$46.4 as of June 30, 2023 and 2022, respectively. Investment returns and other income from these endowment funds whose use is restricted as to time or purpose were \$9.7 and \$7.6 as of June 30, 2023 and 2022, respectively.

(c) Underwater Endowments

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or SPMIFA requires the Corporation to retain as a fund of perpetual duration. No material deficiencies existed as of June 30, 2023 and 2022.

(d) Investment Strategies

The Corporation has adopted policies for corporate investments, including endowment assets, that seek to maximize risk-adjusted returns with preservation of principal. The endowment assets are invested in a manner that is intended to hold a mix of investment assets designed to meet the objectives of the account. The Corporation expects its endowment funds, over time, to provide an average rate of return that generates earnings to achieve the endowment purpose.

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation employs a diversified asset allocation structure to achieve its long-term return objectives within prudent risk constraints.

The Corporation monitors the endowment funds returns and appropriates average returns for use. In establishing this practice, the Corporation considered the long-term expected return on its endowment. This is consistent with the Corporation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

(13) Income Taxes

The Corporation and the majority of its subsidiaries are not-for-profit corporations as defined in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes under Section 501(a) of the Code. The Corporation's tax-exempt businesses generate nominal amounts of

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unrelated business income subject to income tax. For corporate income tax purposes, the Corporation has two consolidated groups of for-profit, taxable entities. The parent companies of these groups are Parkway Ventures, Inc. and MedStar Enterprises, Inc.

As of June 30, 2023, the Corporation's taxable subsidiaries had \$15.1 of gross deferred tax assets with an associated valuation allowance of \$13.3 resulting in net deferred tax assets of \$1.8, which are included in other assets on the accompanying consolidated balance sheet. The decrease in gross deferred tax asset is driven primarily by the usage of net operating losses (NOL's) to offset taxable income at the Parkway Ventures, Inc. (Parkway) consolidated taxable entity. The Corporation has no Federal NOL's remaining at the Parkway entity that can be used to offset future taxable income. For the year ended June 30, 2023, the Corporation recorded a federal income tax payable of \$2.2, which is included within other current liabilities within the accompanying consolidated balance sheet. The deferred tax assets are comprised of net operating loss carryforwards, many of which expire in 2036 and estimated reversing temporary differences. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets depends on the generation of future taxable income during the periods in which those temporary differences are deductible. The relevant deferred tax balances reflect the federal statutory rate of 21% plus the effective state tax rate. As of June 30, 2022, the Corporation's gross deferred tax assets of \$26.8 were offset by an associated valuation allowance of \$14.3. The current tax provisions for the years ended June 30, 2023 and 2022 were \$12.4 and \$2.9, respectively.

(14) Charity Care and Other Community Benefits

MedStar Health is committed to ensuring that patients within the communities it serves who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities serve the emergency health care needs of everyone who visits the facilities regardless of a patient's ability to pay for care; and assist those patients who are admitted through the admissions process for nonurgent and urgent, medically necessary care who cannot pay for the care they receive.

In meeting this commitment, MedStar Health's facilities work with uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, the Corporation's facilities assist uninsured and certain underinsured patients that meet medical hardship criteria who reside within the communities served. This assistance is provided in one or more of the following ways:

- Assist with enrollment in publicly funded entitlement programs (e.g., Medicaid and Medicare programs).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines, including considerations for patients that may be underinsured and for those that may be suffering from a medical hardship.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

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Eligibility criteria for financial assistance consider patient's household income in relation to the federal poverty guidelines and the equity value of real property and/or other assets. By definition, free care is available to uninsured patients in households between 0% and 200% of the federal poverty line. Reduced cost-care is based on a sliding-scale and is available to uninsured patients in households between 200% and 400% of the federal poverty line. The Corporation's hospitals utilize a cost to charge ratio methodology to convert charity care to cost. The estimated cost of services provided is determined based on the relationship of total operating costs to gross charges. Total operating costs for purposes of this ratio exclude costs associated with community benefit activities. Total gross patient charges are then offset with any related reimbursements. The Corporation provided \$74.8 and \$60.4 of charity care at cost during the years ended June 30, 2023 and 2022, respectively, based on the cost to charge ratio.

In addition to charity care, the Corporation also funds costs of services provided to persons covered by publicly funded programs and numerous programs designed to benefit the healthcare interests of the communities it serves. Examples of these programs are health professional education, community health services, and research to advance care. The costs associated with these programs are recorded in the appropriate operating expense categories. In 2022, the most current period for which the Corporation's community benefits report is available, the total cost of these programs, including charity care services provided and certain other implicit price concessions, was approximately \$470.0.

(15) Leases

The Corporation's leases are primarily for real estate, including medical office buildings, and corporate and other administrative offices, as well as medical, IT and office equipment. Real estate lease agreements typically have initial terms of three to ten years, and equipment lease agreements typically have initial terms between two and five years. The Corporation also has a long-term land lease whose original term was ninety-eight years (see note 16).

Real estate leases may include one or more options to renew, with renewals that can extend the lease term from one to ten years. The exercise of lease renewal options is typically at the Corporation's sole discretion. Renewal options are assessed at the commencement date, modification date and when a reassessment event has occurred. The renewal option is included in the lease term when it is reasonably certain to be exercised. The Corporation's lease agreements do not contain any transfer of title or purchase options.

Certain lease agreements for real estate include variable payments based on actual common area maintenance and other operating expenses. These variable lease payments are recognized in other operating expenses but are not included in the right of use asset or liability balances. Real estate leases generally include rental escalation clauses that are factored into our determination of lease payments when appropriate.

In determining the present value of lease payments, the Corporation uses the implicit rate noted within the contract, unless unknown in which case the Corporation's estimated incremental borrowing rate is used. The incremental borrowing rates for the portfolio of leases are based upon indicative borrowing rates for taxable, corporate, investment grade debt with terms that correspond to the various lease terms.

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The following table presents the components of the right-of-use assets and liabilities related to leases and their classification in the consolidated balance sheet:

		<u>2023</u>	<u>2022</u>
Assets:			
Total operating lease assets	Operating lease right-of-use assets, net	\$ 242.3	269.3
Finance lease assets	Property and equipment, net	<u>2.3</u>	<u>2.4</u>
Total leased assets		<u><u>244.6</u></u>	<u><u>271.7</u></u>
Liabilities:			
Operating lease liabilities:			
Current	Current portion of operating lease liabilities	51.6	60.2
Long-term	Operating lease liabilities, net of current portion	<u>207.4</u>	<u>227.1</u>
Total operating lease liabilities		<u>259.0</u>	<u>287.3</u>
Finance lease liabilities:			
Current	Current portion of long-term debt	0.3	0.3
Long-term	Long-term debt, net of current portion	<u>3.1</u>	<u>3.3</u>
Total finance lease liabilities		<u>3.4</u>	<u>3.6</u>
Total lease liabilities		<u><u>\$ 262.4</u></u>	<u><u>290.9</u></u>

The following table presents the components of lease expense, which is recorded within purchased services and other operating expenses in the consolidated statements of operations and changes in net assets for the years ended June 30, 2023 and 2022:

		<u>2023</u>	<u>2022</u>
Operating lease expense	\$	67.5	73.4
Variable and short-term lease expense		<u>33.7</u>	<u>24.8</u>
Total lease expenses	\$	<u><u>101.2</u></u>	<u><u>98.2</u></u>

Supplemental cash flow and other information related to operating leases as of June 30, 2023 and 2022 is as follows:

		<u>2023</u>	<u>2022</u>
Weighted average remaining lease term for operating leases (years)		7.6	8.0
Weighted average discount rate for operating leases		3.51 %	2.41 %
Cash paid for amounts included in measurement of lease liabilities	\$	69.7	75.0
Right-of-use assets obtained in exchange for lease obligations	\$	22.8	38.3

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The following table reconciles the undiscounted cash flows to the operating lease liabilities recorded on the consolidated balance sheet as of June 30, 2023:

2024	\$	59.5
2025		54.6
2026		48.0
2027		33.0
2028		26.2
2029 and thereafter		<u>71.9</u>
Total future minimum lease payments		293.2
Less amount of lease payments representing interest		<u>(34.2)</u>
Present value of future minimum lease payments		259.0
Less current obligations under leases		<u>(51.6)</u>
Long-term lease obligations	\$	<u><u>207.4</u></u>

Certain leases include provisions allowing the minimum rental payments to be adjusted annually for increases in operating costs and, in some cases, real estate taxes attributable to leased property.

(16) Agreements with Georgetown University

In 2000, the Corporation and Georgetown University (the University) signed certain definitive agreements whereby the Corporation received substantially all of the assets owned by the University that constitutes the MGUH, the Community Practice Network, the Faculty Practice Group and certain office buildings and a parking lot on the campus (collectively referred to as the Transferred Businesses). These agreements became effective July 1, 2000 and transferred control of the identified physical plant and other real property assets of the Transferred Businesses to the Corporation for use as an academic medical center for a minimum of ninety-eight years. At the end of the one hundred and fifty year lease term (including a fifty-two year renewal), the University shall convey all leased assets, excluding the underlying land, to the Corporation for a nominal amount and enter into a rent-free ground lease for the Corporation's use.

The Corporation also entered into an Academic Affiliation and Operations Agreement (Affiliation Agreement) with the University in 2000. Under this agreement, the University makes payments to the Corporation determined by multiplying the University School of Medicine's (SOM) total undergraduate tuition revenue by 36% for providing teaching services. The Corporation recognized \$16.2 and \$14.9 of tuition revenue during the years ended June 30, 2023 and 2022, respectively, which is recorded within other operating revenue on the consolidated statements of operations and changes in net assets.

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In June 2017, the Corporation and the University entered into a revised and extended partnership agreement to expand the partnership across MedStar Health, provide enhanced clinical and academic alignment for the next 50 years, and support the construction of a new surgical pavilion at MGUH. As part of the new agreement, an Asset Purchase Agreement (2017 APA) between the Corporation and the University, which amended and extended several existing agreements, went into effect for the fiscal year ended June 30, 2017. Additionally, the Corporation signed a Conditional Pledge Agreement and amended the existing lease agreement to include an additional parcel of land for construction of the new surgical pavilion.

The following are components of the 2017 transaction:

- Under the terms of the 2017 APA, the Corporation acquired the right to use the University's trade name and trademarks system-wide for a period of 50 years in connection with the following service lines: oncology, neurology, cardiac, rehabilitation, behavioral health/psychiatry, orthopedics, radiology and neurosurgery. In exchange for these rights, the Corporation will pay the University a total of \$200.0, payable in equal installments over 20 years. As a result of this transaction, in fiscal year 2017, the Corporation recorded an intangible asset of approximately \$135.0 in goodwill and other intangible assets, net and a corresponding liability for the same amount in other long-term liabilities. Amortization of the intangible asset is recorded on a straight-line basis over the 50-year term.
- Under an amendment to the existing agreement, the Affiliation Agreement was extended through June 30, 2066 and the original gain-sharing provision was eliminated. Commencing after the close of the 6th year of the amended agreement, the Corporation's fiscal year ending June 30, 2022, the Corporation shall pay the University an annual gain-sharing payment based on the Corporation's audited consolidated earnings from operations margin for the prior fiscal year. No payment shall be required for a fiscal year if in the prior fiscal year, the Corporation's consolidated earnings from operations margin is less than 1.5%. For the fiscal year ended June 30, 2023, the Corporation achieved the required operating margin, and recorded a liability of \$5.0, which is reflected in current liabilities and operating expenses within the consolidated balance sheets and consolidated statements of operations and changes in net assets. For the fiscal year ended June 30, 2022, no payment was required.
- To support the purpose and operations of the University's School of Medicine (SOM), including research, academics, and the training of medical students, the Corporation also entered into a 50-year Conditional Pledge Agreement with the University. For the fiscal years ended June 30, 2023 and 2022, the SOM met all of the annual conditions, and as a result, the Corporation made payments of \$14.3 and \$14.0, respectively, to the University, which were recorded in other nonoperating activities, net within the consolidated statements of operations and changes in net assets.

Additionally, MGUH and the University are parties to a fixed fee shared services agreement, under which the University provides the following services to MGUH: utilities, telephone/IT services, transportation services and library services. Expenses charged for all shared services were \$17.3 and \$13.3 for the years ended June 30, 2023 and 2022, respectively, which is recorded within other operating expenses on the consolidated statements of operations and changes in net assets.

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(17) Commitments and Contingencies

The MWHC campus is subject to the lien of a Permitted Encumbrance in the amount of \$21.5 to the United States government. This encumbrance was created in the deed of the hospital property from the United States government to MWHC in February 1960. There is no repayment date for this lien stated in the deed. Under enabling legislation, repayment could be required after a determination that the property is no longer required for hospital services, or the property is disposed of, in which event all or a portion of the lien may be payable to the government. This lien is subordinated to the Deed of Trust on the MWHC campus.

(18) Functional Expenses

The Corporation considers integrated health services, research and management and general to be its primary functional categories for purposes of expense classification. Management and general include information systems, general corporate management, advertising and marketing. The functional breakdown of expenses incurred by the Corporation are as follows:

2023	Program activities			Management and general	Total
	Integrated health services	Research	Fundraising		
Personnel	\$ 3,616.4	44.3	7.6	656.6	4,324.9
Supplies	1,181.7	1.0	0.1	9.4	1,192.2
Purchased services and other	1,383.0	17.1	4.1	394.7	1,798.9
Interest	12.5	—	—	38.4	50.9
Depreciation and amortization	133.1	0.8	—	89.4	223.3
	<u>\$ 6,326.7</u>	<u>63.2</u>	<u>11.8</u>	<u>1,188.5</u>	<u>7,590.2</u>

2022	Program activities			Management and general	Total
	Integrated health services	Research	Fundraising		
Personnel	\$ 3,368.3	41.5	6.4	678.5	4,094.7
Supplies	1,094.0	1.0	0.1	9.2	1,104.3
Purchased services and other	1,335.2	14.7	4.1	374.2	1,728.2
Interest	11.9	—	—	40.0	51.9
Depreciation and amortization	130.8	1.4	—	87.0	219.2
	<u>\$ 5,940.2</u>	<u>58.6</u>	<u>10.6</u>	<u>1,188.9</u>	<u>7,198.3</u>

(19) Subsequent Events

Management evaluated all events and transactions that occurred after June 30, 2023 and through October 3, 2023. The Corporation did not have any events that were required to be recognized or disclosed.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

MEDSTAR HEALTH, INC.
Schedule of Expenditures of Federal Awards
Year ended June 30, 2023

Assistance Listing Number (ALN)	ALN Description	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
Research and Development Cluster:								
12.420	Military Medical Research and Development	Direct	Department of Defense	W81XWH1910541	Intravesical Lactobacillus to Reduce Urinary Symptoms	GM006502	\$ 43,184	249,661
12.420	Military Medical Research and Development	Direct	Department of Defense	W81XWH2110501	DDO – RPNJ	GM007046	97,225	281,733
12.420	Military Medical Research and Development	Direct	Department of Defense – Army	W81XWH1920061	Identification of Mechanisms Underlying the Effects of Plasma Inclusive Resuscitation in Major Thermal Injury on Hemostasis and Vascular Homeostasis	GM006533	313,431	511,147
12.420	Military Medical Research and Development	Pass	Lankenau Institute for Medical Research	W81XWH-19-1-0467	Drug-Induced Regeneration and Re-innervation in a Mouse Digit Amputation Model	GM006508	—	73,786
12.420	Military Medical Research and Development	Pass	The Geneva Foundation	W81XWH-19-2-0004	Precision Metrics for Driving Open – and Closed Loop Resuscitation Algorithms for Enteral and IV Resuscitation in Burn Casualties	GM006868	—	6,835
12.420	Military Medical Research and Development	Pass	The Geneva Foundation	W81XWH-20-2-0012	Polytrauma Proposal Log	GM006931	—	65,133
12.420 Total							<u>453,840</u>	<u>1,188,295</u>
12.750	Uniformed Services University Medical Research Projects	Pass	The Henry Jackson Foundation for the Adv	HU0001-17-2-0008	Comprehensive Genomic Analysis of Cutaneous Adverse Drug Reactions	GM006430	—	1,055
12.750 Total							—	1,055
47.041	Engineering	Pass	NC State University	75D30121C11587	CDC BAA Flu Topic 6	GM007144	—	13,105
47.041 Total							—	13,105
84.370	DC Opportunity Scholarship Program	Pass	Office of the State Superintendent of Ed	U370C190001	OSSE-SOAR	GM006841	—	7,571
84.370 Total							—	7,571
84.425	Education Stabilization Fund	Pass	Office of the State Superintendent of Ed	S425D210034	B3SERF	GM007223	—	87,527
84.425 Total							—	87,527
93.068	Chronic Diseases: Research, Control, and Prevention	Direct	Centers for Disease Control Prevention	U01DP006639	Scaling Social Determinants of health Screening	GM007149	370,515	921,276
93.068 Total							<u>370,515</u>	<u>921,276</u>
93.107	Area Health Education Centers	Pass	Georgetown University	U7731120	DC AHEC: Creating an AHEC Scholar Community of Practice to Advance Health Equity	GM007612	—	161,264
93.107	Area Health Education Centers	Pass	Georgetown University	U7731120	DC AHEC: Creating an AHEC Scholar Community of Practice to Advance Health Equity	GM007613	—	71,616
93.107 Total							—	232,880
93.113	Environmental Health	Pass	Amelia Technologies, LLC	2R42ES032435-02	Development of the UValidate Platform for Profiling of Topically Applied Chemical Blockers	GM007488	—	43,989
93.113	Environmental Health	Pass	Columbia University Medical Center	4R01ES032638	Columbia U Epitranscriptome	GM007010	—	16,968
93.113	Environmental Health	Pass	Johns Hopkins University	R01ES025135	Arsenic Water Study	GM005044	—	24,048
93.113 Total							—	85,005
93.121	Oral Diseases and Disorders Research	Pass	Georgetown University	UG3DE031248	Radiance Trial	GM007548	—	19,456
93.121 Total							—	19,456
93.143	NIEHS Superfund Hazardous Substances_Basic Research and Education	Pass	Columbia University Medical Center	P42ES033719	Columbia University and Northern Plains Partnership for the Superfund Research Program	GM007559	—	46,996
93.143 Total							—	46,996
93.153	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Direct	Health Resources and Services Admin	4-H12HA24875-09-05	Ryan White Part D 17-20	GM005933	12,138	17,417
93.153	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Direct	Health Resources and Services Admin	H12HA28475	Ryan White Part D 23-26 H12HA28475	GM007401	62,978	326,057
93.153 Total							<u>75,116</u>	<u>343,474</u>
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS025136-01A1	Improving Patient Safety and Clinician Cognitive Support	GM006180	84,540	304,197
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS026481-01A1	Transforming Patient Safety Data	GM006843	29,265	285,256
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS028255-01	A Multi-Site Eval of Primary Care Accessibility & Utilization during COVID-19	GM006928	91,657	241,112
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R18HS027280-01	Re-engineering for Accurate, Timely, and Communicated Diagnosis Cardiovascular Disease in Women	GM006527	132,454	556,837
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R18HS029117-01	Safe and Equitable Telehealth for Chronic Conditions	GM007429	18,793	390,704
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R18HS029291-01	PEDS Checklist R18	GM007598	—	37,438
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R18HS029356-01	The Patient-Partnered Diagnostic Center of Excellence	GM007431	184,481	563,927
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	HHSP233201500022175P00119F37006	Diagnostic Safety Capacity Building	GM006532	437,336	1,611,086
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Department of Health and Human Services	1R03HS029059-01A1	Advancing Health Policy and Systems	GM007283	—	2,301
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Department of Health and Human Services	1R03HS028509-01A1	Effects of Telehealth Use for Rapid Screening, Treatment, and Discharge of Patients with Low-Acuity Conditions in the Emergency Department	GM007450	—	32,990
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Department of Health and Human Services	1R21HS028563-01	An EHR-Based Screening Tool to Support Safe Discharges of COVID-19 Patients in the Emergency Department	GM007152	33,423	162,058
93.226	Research on Healthcare Costs, Quality and Outcomes	Pass	Oregon Health & Science University	1R18HS027119-01	1R18HS027119-01_AHRQ_OHSU Subaward: A Turn-key EHR	GM006623	—	106,402
93.226	Research on Healthcare Costs, Quality and Outcomes	Pass	Oregon Health & Science University	1R18HS029345-01	OHSU Subaward: DATA-EYES	GM007428	—	153,869
93.226 Total							<u>1,011,949</u>	<u>4,448,177</u>
93.242	Mental Health Research Grants	Direct	National Institutes of Health	1R34MH128046-01	Socio-Structural Intervention to Improve Pre-Exposure Prophylaxis (PrEP) Services for Giggender Women (CGW) (PrEP-CGW)	GM007181	84,139	192,362
93.242	Mental Health Research Grants	Direct	National Institutes of Health/NINDS	1K23MH116814-01	Scott K23 Award	GM006105	—	38,669
93.242	Mental Health Research Grants	Pass	George Washington University	R01MH122375	Pragmatic Efficacy Trial of mHealth to Improve HIV Outcomes in the DC Cohort	GM007279	—	24,318
93.242 Total							<u>84,139</u>	<u>255,349</u>
93.279	Drug Abuse and Addiction Research Programs	Pass	University of Maryland	U01DA55316	The Healthy Brain and Child Development National Consortium	GM007472	—	12,090
93.279 Total							—	12,090
93.286	Discovery and Applied Research for Technological Innovations to Improve Human Health	Pass	George Mason University	U01EB027601	NRH: Sonomyographic Upper Limb Prosthetics: A New Paradigm	GM006728	—	320
93.286 Total							—	320

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Assistance Listing Number (ALN)	ALN Description	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
93.307	Minority Health and Health Disparities Research	Pass	Benten Technologies Inc	1R44MD016829-01A1	Knowledge and Usage of Lactation using Education and Advice from Support Network (KULEA-NET)	GM007578	\$ —	16,849
93.307	Minority Health and Health Disparities Research	Pass	University of Pennsylvania	R01MD013558	A Randomized Controlled Trial of Women Involved in Supporting Health (WISH)	GM006766	—	45,211
93.307	Minority Health and Health Disparities Research	Pass	University of Washington	1R01MD01596-01A1	UW Cooking for Health	GM006141	—	5,732
93.307	Minority Health and Health Disparities Research	Pass	Washington State University	R01MD014035	WSU AI-CHERISH	GM006510	—	212,263
93.307 Total							—	280,055
93.310	Trans-NIH Research Support	Pass	Duke University	3U2COD023375-04S1	Trans-NIH Research Support	GM007126	—	14,313
93.310 Total							—	14,313
93.345	Leading Edge Acceleration Projects (LEAP) in Health Information Technology	Direct	Department of Health and Human Services	90AX0030/01-00	FHIR Factories	GM006863	60,905	137,035
93.345	Leading Edge Acceleration Projects (LEAP) in Health Information Technology	Direct	Department of Health and Human Services	90AX0036 / 01-00	Equity Engines: Leveraging Hujan-in-the-Loop Patient	GM007433	—	369,683
93.345 Total						60,905	—	506,718
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	2UL1TR001409-06	CTSA Maternal Supplement	GM006865	—	363
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	5UL1TR001409-08	GHUCCTS Pilot	GM007558	—	18,694
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	KL2TR001432	CTSA KL2 Core	GM006698	—	45,278
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	CTSA HLT Core	GM006697	—	289,559
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	CTSA INF Core	GM006693	—	112,935
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	CTSA TWD Core	GM006694	—	40,285
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	CTSA BERD Core	GM006695	—	220,971
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	CTSA PCI Core	GM006696	—	37,834
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	2UL1TR001409-06/UL1TR001409-05	Dyschromia in discoid lupus erythematosus: unlocking biologic mechanisms towards Advancing treatment and prevention options in minority health populations	GM007509	—	24,709
93.350 Total							—	790,618
93.360	Biomedical Advanced Research and Development Authority (BARDA), Biodefense Medical Countermeasure Development	Pass	University of Colorado (Denver)	U2CNR014637	Palliative Care Research Cooperative Group (PCRC)	GM007422	—	55,251
93.360 Total							—	55,251
93.393	Cancer Cause and Prevention Research	Pass	George Washington University	1R21CA261884-01A1	An mHealth Positive Psychology Intervention	GM007430	—	32,847
93.393	Cancer Cause and Prevention Research	Pass	Georgetown University	R01CA274716	Providing Tobacco Treatment to Patients Undergoing Lung	GM007601	—	1,231
93.393	Cancer Cause and Prevention Research	Pass	Media Rez	R43CA254637	Intervention for Chronic Insufficient Sleep in Young Adult Cancer Survivors	GM007458	—	83,243
93.393	Cancer Cause and Prevention Research	Pass	Media Rez	R44CA232905	MediaRez – Sub Agreement – Hannah Arem	GM006963	—	141,517
93.393 Total							—	238,838
93.398	Cancer Cause and Prevention Research	Pass	Georgetown University	K99CA25655	A multilevel intervention to address health disparities	GM007140	—	8,723
93.398 Total							—	8,723
93.399	Cancer Control	Pass	Georgetown University	UG1CA239758	NCORP-FY20	GM007040	—	188,346
93.399	Cancer Control	Pass	NRG Oncology Foundation, Inc.	UG1CA189867	NRG	GM007041	—	57,473
93.399 Total							—	245,819
93.426	The National Cardiovascular Health Program	Pass	Georgetown University	FO-CHA-PG-00004-028	Million Hearts Project	GM006815	—	10,301
93.426 Total							—	10,301
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	Direct	NIDILRR	90RTHF0003-03-00	Rehabilitation and Research Training Center on Health and Function for People with Physical Disabilities focused on Neurogenic Lower Urinary Tract Dysfunction	GM006539	81,835	551,368
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	Direct	NIDILRR	90SIMS0009-01-00	SCI Model Systems	GM007155	59,876	346,447
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	Pass	Catholic University of America	90REG0004-01-00	RERC-Patient-Centered Home-Based Technologies to Assess and Treat Motor Impairment in Individuals with Neurologic Injury	GM006251	—	151,729
93.433 Total							141,711	1,049,544
93.686	Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	Pass	DC Department of Health	UT8HA33932	RW Community Based DIS / HAHSTA2021-000017-000	GM007188	—	172,975
93.686 Total							—	172,975
93.788	Opioid STR	Pass	DCHA	H79T108311	Hospital -Based Peers and Peer Follow Up	GM007066	—	218,790
93.788	Opioid STR	Pass	DCHA	H79T108311	Hospital -Based Peers and Peer Follow Up	GM007063	—	163,401
93.788	Opioid STR	Pass	Department of Health and Human Services Substance Abuse and Mental Health Services Administration	6H79T1083311-02M001	Pregnant and Parenting Individuals	GM007412	—	176,747
93.788 Total							—	558,938
93.837	Cardiovascular Diseases Research	Pass	Children's Research Institute	R01HL146670	White Matter Protection in the Fetus with Congenital Heart Disease	GM007315	—	45,026
93.837	Cardiovascular Diseases Research	Pass	Columbia University Medical Center	R01HL139837	OPTIMIZE SPRINT	GM006065	—	41,767
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	1R01HL154319-01	Dr. Barac Cardiotoxicity Study	GM007330	—	76,947
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	U01HL146205	MACS/WIHS Study 2021	GM007225	—	202,175
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	U01HL146205	Surviving the HIV Epidemic (S/HE) in metropolitan Washington DC - Advancing knowledge through cohort studies	GM007466	—	66,957
93.837	Cardiovascular Diseases Research	Pass	Mount Sinai School of Medicine	U01HL088942	CTSN: Evaluating the Benefit of Concurrent Tricuspid Valve Repair During Mitral Surgery	GM006011	—	4,326
93.837	Cardiovascular Diseases Research	Pass	New England Research Institutes Inc	R01HL141213-01A1	BEST-CLJ Bernardo	GM005114	—	11,605
93.837	Department of Health and Human Services	Pass	Ohio State University	2U01DK048387-28	DCM – CMR Study	GM006884	—	21,953
93.837 Total							—	470,756
93.838	Lung Diseases Research	Pass	Columbia University Medical Center	OT2HL156812	Columbia U C4R Study	GM006910	—	9,173
93.838 Total							—	9,173
93.846	Arthritis, Musculoskeletal and Skin Diseases Research	Pass	University of Michigan	U01AR073485	Clinical Trial for Surgery of the Ulnar Nerve (SUN) at the Elbow	GM006674	—	161
93.846 Total							—	161

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Assistance Listing Number (ALN)	ALN Description	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Direct	Natl Inst Diabetes Digestive Kidney Dis	2U01DK048387-28	DPPOS Bridge Fund	GM006687	\$ —	83,892
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	Children's Hospital Medical Center	R01DK109956	TEAM Study	GM006608	—	929
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	George Washington University	U01DK068246	GRADE Study – Years 6-10	GM005852	—	40,920
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	SpineX	R44DK129164	SCONE Study	GM007319	—	57,754
93.847 Total							—	183,195
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Direct	Department of Health and Human Services	5U24NS107222-04	Stroke Central Atlantic Network for Research (SCANR)	GM006204	37,585	282,771
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Direct	National Institutes of Health/NINDS	75N95019C0004	Research efforts of the stroke branch	GM006513	—	520,559
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	Georgetown University	R61NS117196	MicroRNA Biomarkers R61	GM007018	—	13,640
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	Mayo Clinic Rochester	5U01NS081068-02	CREST-2	GM005570	—	—
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	1U01NS110728-01	Acadia CSI	GM006543	—	3,760
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	5R01HS023701-04	TRANSPORT 2	GM006309	—	12,012
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	5U01NS095869-02	ARCADIA: AI/Rial Cardiopathy and Antithrombotic Drugs in Prevention after Cryptogenic Stroke	GM005988	—	20,493
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	R24AI152598	TRANSPORT 2 (012358-135723)	GM006585	5,650	72,716
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS106513	Anticoagulation in ICH Survivors for Prevention and Recovery (ASPIRE)	GM006563	—	4,774
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS117450	Comparison of Anti-coagulation and anti-Platelet Therapies Atherosclerosis (CAPTIVA) for Intracranial Vascular	GM007324	—	38,523
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS120910	Validation of Early Prognostic Data for Recovery Outcomes after Stroke for Future, Higher Yield Trials	GM007286	—	60,925
93.853 Total							43,235	1,030,173
93.855	Allergy, Immunology and Transplantation Research	Pass	Children's Research Institute	1R01AI163232-01A1	Improving Adolescent Sexual Health Outcomes using Health Information Technology	GM007380	—	118,952
93.855	Allergy, Immunology and Transplantation Research	Pass	Eastern Virginia Medical School	R33AI142685	Project Horizon	GM007364	—	38,816
93.855	Allergy, Immunology and Transplantation Research	Pass	George Washington University	2P30AI117970-06	District of Columbia Center for AIDS Research (DC CFAR)	GM006976	—	12,137
93.855	Allergy, Immunology and Transplantation Research	Pass	George Washington University	5R24AI152598-02	Measuring the Impact of COVID-19 among and Urban Cohort	GM007202	—	2,873
93.855	Allergy, Immunology and Transplantation Research	Pass	George Washington University	R24AI152598	The DC Cohort: A Longitudinal Population Based Cohort	GM006975	—	165,232
93.855	Allergy, Immunology and Transplantation Research	Pass	Johns Hopkins University	2 UM1 AI068632-16/UM1 AI068632	IMPACT Leadership Group	GM007382	—	41,842
93.855	Allergy, Immunology and Transplantation Research	Pass	Vanderbilt University Medical Center	U01AI54659	NATIENS Phase III	GM006951	—	639
93.855 Total							—	380,491
93.865	Child Health and Human Development Extramural Research	Pass	Georgetown University	K128HD093427	Sunju Ahmadu K12	GM006297	—	2,581
93.865	Child Health and Human Development Extramural Research	Direct	National Institutes of Health	7R21HD106582-03	Population Pharmacokinetic Modeling and Clinical Trial Simulation to optimize HIV Prevention in Pregnancy and Postpartum	GM007619	72,654	92,936
93.865	Child Health and Human Development Extramural Research	Pass	Georgetown University	R21HD101340	Placental Microvasculature in Pregnancies Complicated by HIV	GM006965	—	5,266
93.865	Child Health and Human Development Extramural Research	Pass	Rutgers, The State University of New Jer	R01HD104708	The Impact of COVID-19 Related School Closures	GM006900	—	1,059
93.865 Total							72,654	101,842
93.866	Aging Research	Pass	George Washington University	1U19-AG078558-01	(DPPOS-4) Alzheimer's Disease and Alzheimer's Disease Related Dementias in Prediabetes and Type 2 Diabetes: The Diabetes Prevention Program Outcomes Study	GM007502	—	429,754
93.866	Aging Research	Pass	Georgetown University	R21AG075008	I-REACH: Infrastructure for Research in Equity, Aging, Cancer and Health	GM007688	—	4,900
93.866	Aging Research	Pass	Johns Hopkins University	R01AG058971	Involving Family to Improve Advance Care Planning for Primary Care Patients with ADRD	GM006639	—	74,399
93.866	Aging Research	Pass	Trustees of Indiana University	R33AG061882	Pragmatic Trial to Improve Communication for Primary Care Patients with ADRD	GM006921	5,908	100,601
93.866	Aging Research	Pass	Trustees of Indiana University	R01AG056618	Facilitation for Community Dwelling Older Adults with and without Dementia	GM007236	—	27,702
93.866	Aging Research	Pass	University of Colorado (Denver)	R01AG079555	Decisions trajectories of patients at the end of life: An epidemiological of MAID and the Impact on caregivers and clinicians	GM007639	—	4,231
93.866	Aging Research	Pass	University of Florida	R01ES032638	UFL Gut Microbiome	GM007011	—	20,447
93.866	Aging Research	Pass	University of Utah	R01AG056805	SPRINT-MIND Study	GM006844	—	15,202
93.866	Aging Research	Pass	Washington State University	R01AG064493	WSU URBANE Study	GM006595	—	324,633
93.866	Aging Research	Pass	Washington State University	R01AG070822	WSU Resilience Study	GM006925	—	40,829
93.866	Aging Research	Pass	Washington State University	RF1AG071677	WSU Brain Aging	GM007177	—	22,780
93.866 Total							5,908	1,065,478
93.879	Medical Library Assistance	Pass	NC State University	7R01LM013309-02	Statistical Algorithms for Anomaly Detection and Pattern	GM006894	—	37,341
93.879	Medical Library Assistance	Pass	University of North Carolina Chapel Hill	1R01LM013606-01	Improving Providers Decision-Making and Reducing Inform	GM007191	—	32,893
93.879 Total							—	70,234
93.885	Allergy and Infectious Diseases Research	Direct	Natl Inst of Allergy Infectious Disease	75N93020D00002	NAID Residents Contract	GM006678	—	165,974
93.885 Total							—	165,974
93.914	HIV Emergency Relief Project Grants	Pass	DC Department of Health	H89HA00012	RWA Grant #22F014	GM007264	—	524,081
93.914	HIV Emergency Relief Project Grants	Pass	DC Department of Health	H89HA00012	RWA #23G014	GM007575	—	212,468
93.914 Total							—	736,549
93.918	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Direct	Department of Health and Human Services	2 H76HA00702-21-00	Ryan White Part C	GM007421	889	417,860
93.918 Total							889	417,860
93.840	Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders	Pass	Washington University	5K12HL137942-04	K12 PROGRAM IN T4 IMPLEMENTATION	GM006874	30,034	47,292
93.840 Total							30,034	47,292

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Assistance Listing Number (ALN)	ALN Description	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
93.RD1	Department of Health and Human Services	Direct	National Institutes of Health	75N92021P00178	Cardiovascular MRI Services	GM007064	\$ —	256,274
93.RD2	Department of Health and Human Services	Pass	Maryland Department of Health and Mental	5-NU38OT000286-04	MDH Family Choice Grant Coverage 2.0 – Part 4: Building Capacity for Public and Private Payer Coverage	GM007218	—	8,025
93.RD3	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N92019D00030	SHS 7 AZ Field Center – TASK A	GM006319	34,549	369,956
93.RD4	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N92019D00030	SHS 7 AZ Field Center – TASK B.1 B3.3	GM006688	1,764	69,374
93.RD5	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N92021P00064	NHLBI B&B COVID-19 PO	GM006970	—	725
93.RD6	Department of Health and Human Services	Direct	NHLBI	75N92019D00030/75N92023F00001	Strong Heart Study Task B.2 Exam and Exam Closeout	GM007464	—	294,315
93.RD7	Department of Health and Human Services	Pass	A- Government Solutions, LLC	G335F0565714000420F0486	Literature Review EHR Burden Analysis	GM007645	—	4,055
93.RD8	Department of Health and Human Services	Pass	Ben Allegritti Consulting, Inc.	75N91019D00024/75N91019F00039/18X107CF5	VA HPE Task Order 8	GM007169	—	40,751
93.RD9	Department of Health and Human Services	Pass	DC Department of Health	FO-CHA-PG-00178-002	Improving Colorectal Cancer Screening Rates in the Distr	GM007080	—	161,982
93.RD10	Department of Health and Human Services	Pass	DC Department of Health	FO-CHA-PG-00011-000	HealthySteps	GM007674	—	22,671
93.RD11	Department of Health and Human Services	Pass	Duke University	HHSO1002014000021	Master Protocol for Immune Modulators for treating COVID	GM006908	—	916
93.RD12	Department of Health and Human Services	Pass	Food and Drug Administration	75F40121C00089	Artificial Intelligence Support Annotation of FAERS	GM007157	—	114,912
93.RD13	Department of Health and Human Services	Pass	Howard University	HS763-0000164042	AIM-AHEAD symposium/workshop	GM007372	—	18,854
93.RD14	Department of Health and Human Services	Pass	Howard University	HS763-0000164042	DSTC-AIM-AHEAD	GM007176	—	728,209
93.RD15	Department of Health and Human Services	Pass	IBM	HHSF2232018100221	IBM Best Data Tools Task Order 3 Option Year 2 (CW306009)	GM007459	—	41,064
93.RD16	Department of Health and Human Services	Pass	IBM	HHSF2232018100221	IBM-QTT1_Data Tool_Task Order 3	GM007213	—	42,361
93.RD17	Department of Health and Human Services	Pass	IBM	HHSF2232018100221	FDA Best Initiative Data Tool_Task Order 4	GM007192	—	5,794
93.RD18	Department of Health and Human Services	Pass	IBM	HHSF2232018100531	FDA Best Innovative Methods_Task Order 3_Amendment 5	GM007193	—	33,114
93.RD19	Department of Health and Human Services	Pass	IBM	HHSF2232018100531/75F40120F19004	Task Order 4 Development of New and Innovative Methods	GM007477	—	10,294
93.RD20	Department of Health and Human Services	Pass	Institute for Clinical Research, Inc.	75N91019F00130/75N9100F0014/18X107CF6	TESICO	GM007179	—	3,315
93.RD21	Department of Health and Human Services	Pass	Institute for Clinical Research, Inc.	75N91019F00130/75N9100F0014/18X107CF6	TICO	GM007174	—	8,638
93.RD22	Department of Health and Human Services	Pass	Institute for Clinical Research, Inc.	M91-MS-009-2021-7	STRIVE M91-MS-009-2021-7	GM007680	—	4,308
93.RD23	Department of Health and Human Services	Pass	Iron Bow Technologies, LLC	36C10G21D0016/36C10G21ND077	VHA Task Directive Award	GM007291	—	134,073
93.RD24	Department of Health and Human Services	Pass	Iron Bow Technologies, LLC	36C10G21D0016/36C10G22ND083	VHA Task Directive Award	GM007427	—	271,057
93.RD25	Department of Health and Human Services	Pass	Oregon Health & Science University	75A50120C000097-1	AI-Based Multi-Functional Hand-Held Lumify Ultrasound	GM006971	—	221,862
93.RD26	Department of Health and Human Services	Pass	Synedgen, Inc	OTAPW81XWH-15-9-0001	Prevention of Wound Infections at Point-of-Injury and in Pre-Hospital Environments	GM007544	—	8,164
93.RD27	Department of Health and Human Services	Pass	The Univ Texas Southwestern Med Ctr	W81XWH2110645	Cascade screening Model to Improve Early Diagnosis	GM007426	—	43,845
93.RD28	Department of Health and Human Services	Pass	Transmutal Systems, LLC	H5N268201500012C	P184416: NHLBI DIR Study: Gerilage	GM006938	—	2,732
93.RD29	Department of Health and Human Services	Pass	Univ of Oklahoma Health Sciences Center	75N92019D00027/75N92019F00074	SHS 7 Coordinating Center B3 – Task A	GM006325	—	291,122
93.RD30	Department of Health and Human Services	Pass	Univ of Oklahoma Health Sciences Center	RS20180873-04	SH7 CC Task B2 Period 4	GM007687	—	94,679
93.RD31	Department of Health and Human Services	Pass	Univ of Oklahoma Health Sciences Center	RS20180873-04	SHS 7 B3 Coordinating Center – TASK B.1	GM006689	—	24,868
93.RD32	Department of Health and Human Services	Pass	University of Maryland Baltimore Campus	9JREMM00001	Rehabilitation Intervention Based on Accurate Assessment	GM007462	—	15,634
93.RD33	Department of Health and Human Services	Pass	UNTHSC	30T2OD0325E1-01S1	AADB DRC-AIM AHEAD	GM007473	50,000	461,418
93.RD34	Department of Health and Human Services	Pass	Vysnova, Inc.	75D30120C08405	MWHC: COVID-19 Emerging Public Health Emergency	GM006826	—	41,377
93.RD Total							86,313	3,853,588
Research and Development Subtotal							2,437,208	20,127,435
Other Programs:								
21.019	Coronavirus Relief Fund	Pass	Baltimore County, Maryland	1505-0271	ARPA Food Rx Regional Program Expansion	40101F52220100	—	7,846
21.019 Total							—	7,846
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	779,245
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	584,790
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	370,585
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	256,524
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	244,158
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	266,192
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	COVID-19 State of Maryland Federal ARPA Grant to Support Hospital COVID-19 Activities (MedStar Franklin Square)	10900F50034400	—	381,949
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	ARPA Food Rx Program	40105F52220200	—	23,825
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health	N/A	Safe Streets_ARPA	40105F79137100	—	96,166
21.027 Total							—	3,003,234

MEDSTAR HEALTH, INC.
Schedule of Expenditures of Federal Awards
Year ended June 30, 2023

Assistance Listing Number (ALN)	ALN Description	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	Pass	Maryland Department of Health	NU58DP006333	Breast & Cervical Cancer Program	40103F50318	\$ —	53,748
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	Pass	Maryland Department of Health	NU58DP006333	Breast & Cervical Cancer Program	40105F50318	—	262,521
93.283 Total							—	316,269
93.325	Paralysis Resource Center	Pass	Department of Health and Human Services	90PRRC0006-01-00	Support for Adaptive Driving Training for People Living with Paralysis	40111F7920117	—	15,891
93.325 Total							—	15,891
93.421	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	Pass	Department of Health and Human Services	NU38OT000288	Enhancing Community Capacity for Community-Serving Organizations to Support HIV Self-Testing Programs	40105F50003100	—	80,770
93.421 Total							—	80,770
93.493	Congressional Directives	Direct	Department of Health and Human Services	CE147090	Community Project Funding/Congressionally Directed Spending- Construction	40116N50010100	—	925,000
93.493	Congressional Directives	Direct	Department of Health and Human Services	GE147003	Community Project Funding/Congressionally Directed Spending- Non-Construction	40105F37626100	—	233,304
93.493 Total							—	1,158,304
93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	Pass	Maryland Department of Health	U3REP150540	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	40110N7930040	—	174,454
93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	Direct	Department of Health and Human Services	U3REP220678	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	40110F7911801	—	729,092
93.817 Total							—	903,546
93.940	HIV Prevention Activities Health Department Based	Direct	Baltimore City Health Department	6NU62PS924555-03-02	HIV Rapid Testing	40105F52220001	—	85,426
93.940 Total							—	85,426
93.959	Block Grants for Prevention and Treatment of Substance Abuse	Pass	Maryland Department of Health	1B08TI083454-01	Project BHEAM	40105F52220100	—	195,566
93.959 Total							—	195,566
97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Pass	FEMA	N/A	Disaster Grants – Public Assistance (Presidentially Declared Disasters)		—	119,920,827
97.036 Total							—	119,920,827
Other Programs Subtotal							—	125,687,679
Grand Total							\$ 2,437,208	145,615,114

See accompanying independent auditors' report

MEDSTAR HEALTH, INC.

Notes to Schedule of Expenditures of Federal Awards

Year ended June 30, 2023

(1) Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes federal grant activity of MedStar Health, Inc. (MedStar or the Corporation) and is presented on the accrual basis of accounting. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Therefore, some amounts presented in the Schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

(2) Indirect Costs

The Corporation operates under predetermined fixed indirect cost rates. The indirect cost rate effective at the grant award date was effective throughout the grant period. The indirect rate for eligible nonpayroll costs during the year ended June 30, 2023, for on-site programs ranged from 0% to 59.5% for most studies and was 46% for all off-site programs. The indirect rate used for fringe benefits during the year ended June 30, 2023, was 0% to 20.5% of payroll costs. The Corporation has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance for research and development.

The 10% de-minimis rate or the prevailing rate within the grant agreement is used by the Corporation for other non-research grants when allowable.

(3) Federal Emergency Management Agency

The Schedule includes activity related to the department of Federal Emergency Management Agency Disaster Grants – Public Assistance (Presidentially Declared Disasters) Assistance Listing Number (ALN) 97.036. The amount listed on the Schedule represents amounts obligated in fiscal year 2023 that were expended between fiscal years 2021 and 2022 related to the COVID-19 Public Health Emergency. MedStar recognized \$107.0M as grant revenue for the year ended June 30, 2023.



KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

**Independent Auditors' 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***

The Board of Directors
MedStar Health, Inc.:

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 consolidated financial statements of MedStar Health, Inc. (the Corporation), which comprise the Corporation's consolidated balance sheet as of June 30, 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 3, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Corporation'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 opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation'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 Corporation's consolidated 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 Corporation'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 Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Baltimore, Maryland
October 3, 2023



KPMG LLP
750 East Pratt Street, 18th Floor
Baltimore, MD 21202

**Independent Auditors' Report on Compliance for Each Major Federal Program;
Report on Internal Control Over Compliance; and Report on Schedule of
Expenditures of Federal Awards Required by the Uniform Guidance**

The Board of Directors
MedStar Health, Inc.:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited MedStar Health, Inc.'s (the Corporation) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Corporation's major federal programs for the year ended June 30, 2023. The Corporation's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

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

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

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

Auditors' 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 Corporation'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 GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it



exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Corporation's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Corporation'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 Corporation'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 Corporation's internal control over compliance. Accordingly, no such opinion is expressed.

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

Report on Internal Control Over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed 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 the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the consolidated financial statements of the Corporation as of and for the year ended June 30, 2023, and have issued our report thereon dated October 3, 2023, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Baltimore, Maryland
March 11, 2024

MEDSTAR HEALTH, INC.
Schedule of Findings and Questioned Costs
Year ended June 30, 2023

(1) Summary of Auditors' Results

- a. Type of report issued on whether the financial statements were prepared in accordance with generally accepted accounting principles: **Unmodified**
- b. Internal control deficiencies over financial reporting disclosed by the audit of the financial statements:
 - Material weaknesses: **No**
 - Significant deficiencies: **None Reported**
- c. Noncompliance material to the financial statements: **No**
- d. Internal control deficiencies over major programs disclosed by the audit:
 - Material weaknesses: **No**
 - Significant deficiencies: **None reported**
- e. Type of report issued on compliance for major programs: **Unmodified**
- f. Audit findings that are required to be reported in accordance with 2 CFR 200.516(a): **No**
- g. Major programs:
 - Coronavirus State and Local Fiscal Recovery Funds – ALN 21.027
 - Disaster Grants – Public Assistance (Presidentially Declared Disasters) – ALN 97.036
 - Research and Development Cluster – Various ALN's
- h. Dollar threshold used to distinguish between Type A and Type B programs: **\$3,000,000**
- i. Auditee qualified as a low-risk auditee: **Yes**

(2) Findings Relating to the Financial Statements Reported in Accordance with Government Auditing Standards

None

(3) Findings and Questioned Costs Relating to Federal Awards

None