



**MEDSTAR HEALTH, INC.**

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

June 30, 2022

(With Independent Auditors' Reports 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, 2022 and 2021, 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, 2022 and 2021, 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 4, 2022 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 4, 2022

**MEDSTAR HEALTH, INC.**

## Consolidated Balance Sheets

June 30, 2022 and 2021

(Dollars in millions)

<b>Assets</b>	<b>2022</b>	<b>2021</b>
Current assets:		
Cash and cash equivalents	\$ 846.0	1,523.6
Investments	281.0	473.9
Assets whose use is limited or restricted	72.1	64.7
Receivables:		
Patient accounts receivable, net	963.7	897.4
Other receivables	144.7	130.6
	<u>1,108.4</u>	<u>1,028.0</u>
Inventories	98.8	95.3
Prepays and other current assets	58.2	55.6
	<u>2,464.5</u>	<u>3,241.1</u>
Total current assets		
Investments, net of current portion	1,422.4	1,467.0
Assets whose use is limited or restricted, net of current portion	581.5	811.0
Property and equipment, net	2,036.9	1,820.7
Operating lease right-of-use assets, net	269.3	252.3
Interest in net assets of foundation	68.2	83.0
Goodwill and other intangible assets, net	484.4	487.5
Other assets	229.7	230.9
	<u>7,556.9</u>	<u>8,393.5</u>
Total assets	\$	

**MEDSTAR HEALTH, INC.**

Consolidated Balance Sheets

June 30, 2022 and 2021

(Dollars in millions)

<b>Liabilities and Net Assets</b>	<b>2022</b>	<b>2021</b>
Current liabilities:		
Accounts payable and accrued expenses	\$ 573.9	543.4
Accrued salaries, benefits, and payroll taxes	469.3	478.4
Current portion of amounts due to third-party payors, net	199.1	562.2
Current portion of long-term debt	67.1	194.3
Current portion of self-insurance liabilities	115.6	100.3
Current portion of operating lease liabilities	60.2	63.0
Other current liabilities	221.2	357.1
Total current liabilities	1,706.4	2,298.7
Long-term debt, net of current portion	1,781.8	1,686.9
Amounts due to third-party payors, net of current portion	—	146.5
Self-insurance liabilities, net of current portion	359.3	328.0
Operating lease liabilities, net of current portion	227.1	212.1
Pension liabilities	187.9	305.3
Other long-term liabilities	272.5	341.5
Total liabilities	4,535.0	5,319.0
Net assets:		
Without donor restrictions – attributable to MedStar Health, Inc.	2,691.7	2,747.5
Without donor restrictions – noncontrolling interest	53.1	51.1
Total net assets without donor restrictions	2,744.8	2,798.6
With donor restrictions	277.1	275.9
Total net assets	3,021.9	3,074.5
Total liabilities and net assets	\$ 7,556.9	8,393.5

See accompanying notes to consolidated financial statements.

**MEDSTAR HEALTH, INC.**

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2022 and 2021

(Dollars in millions)

	<b>2022</b>	<b>2021</b>
Operating revenues:		
Net patient service revenue	\$ 5,882.1	5,424.4
Premium revenue	1,006.7	837.5
Other operating revenue	390.4	463.6
Net operating revenues	7,279.2	6,725.5
Operating expenses:		
Personnel	4,094.7	3,689.1
Supplies	1,104.3	983.5
Purchased services	1,131.9	996.7
Other operating	596.3	524.5
Interest expense	51.9	55.8
Depreciation and amortization	219.2	216.4
Total operating expenses	7,198.3	6,466.0
Earnings from operations	80.9	259.5
Nonoperating (losses) gains:		
Investment (losses) gains, net	(270.8)	510.9
Income tax (provision) benefit	(2.9)	13.8
Other nonoperating activities, net	(6.5)	(9.3)
Total nonoperating (losses) gains	(280.2)	515.4
(Deficit) excess of revenues over expenses	\$ (199.3)	774.9

**MEDSTAR HEALTH, INC.**

Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2022 and 2021

(Dollars in millions)

	Without donor restrictions		With donor restrictions	Total
	MedStar Health, Inc.	Noncontrolling interest		
Balance at June 30, 2020	\$ 1,699.9	20.2	239.2	1,959.3
Excess of revenues over expenses	769.5	5.4	—	774.9
Change in funded status of defined benefit plans	256.9	—	—	256.9
Distributions to noncontrolling interests	—	(2.9)	—	(2.9)
Net assets released from restrictions used for purchase of property and equipment and other	21.2	—	(21.2)	—
Noncontrolling interests acquired in acquisitions	—	28.4	—	28.4
Net assets released from restrictions for operations	—	—	(10.0)	(10.0)
Contributions	—	—	37.9	37.9
Investment gains on restricted investments, net	—	—	12.4	12.4
Increase in net assets of foundation	—	—	17.6	17.6
Increase in net assets	1,047.6	30.9	36.7	1,115.2
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	(55.8)	2.0	1.2	(52.6)
Balance at June 30, 2022	\$ 2,691.7	53.1	277.1	3,021.9

See accompanying notes to consolidated financial statements.



**MEDSTAR HEALTH, INC.**

Consolidated Statements of Cash Flows

Years ended June 30, 2022 and 2021

(Dollars in millions)

	<b>2022</b>	<b>2021</b>
Cash flows from operating activities:		
Change in net assets	\$ (52.6)	1,115.2
Adjustments to reconcile change in net assets to net cash (used in) provided by operations:		
Depreciation and amortization	219.2	216.4
Loss (gain) on sale of property and equipment and other	0.3	(14.2)
Change in funded status of defined benefit plans	(98.9)	(256.9)
Investment losses (gains), net and change in derivative instrument	293.7	(506.0)
Decrease (increase) in net assets of foundation	14.8	(17.6)
Deferred income tax provision (benefit)	2.8	(14.0)
Donor restricted contributions	(84.7)	(37.9)
Changes in operating assets and liabilities:		
Receivables	(70.0)	(199.8)
Accounts payable and accrued expenses	21.8	197.1
Amounts due to third-party payors	(573.7)	(91.0)
Other	(108.7)	(6.6)
Net cash (used in) provided by operations	(436.0)	384.7
Cash flows from investing activities:		
Purchases of property and equipment, and other	(419.0)	(457.2)
Proceeds from sales of investments and assets whose use is limited or restricted	145.0	232.9
Purchases of investments and assets whose use is limited or restricted	—	(10.7)
Proceeds from sales of alternative investments	83.9	22.8
Purchases of alternative investments	(69.4)	(29.4)
Net settlement payment on derivative instrument	(1.7)	(2.0)
Net cash used in investing activities	(261.2)	(243.6)
Cash flows from financing activities:		
Repayments of revolving credit agreements	—	(680.0)
Repayments of long-term borrowings	(34.3)	(33.3)
Donor restricted contributions	59.8	34.1
Distributions to noncontrolling interests	(5.9)	(2.9)
Net cash provided by (used in) financing activities	19.6	(682.1)
Decrease in cash and cash equivalents	(677.6)	(541.0)
Cash and cash equivalents at beginning of year	1,523.6	2,064.6
Cash and cash equivalents at end of year	\$ 846.0	1,523.6
Supplemental disclosure of cash flow information:		
Cash paid for interest	\$ 74.4	79.7
Supplemental disclosure of noncash investing and financing activities:		
Noncash purchases of property, plant and equipment	\$ 51.2	41.2

See accompanying notes to consolidated financial statements.

## **MEDSTAR HEALTH, INC.**

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(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 Visiting Nurse Association
- MedStar Medical Group, LLC
- 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, LLC
- MedStar Family Choice, Inc. (MFC)
- MedStar Health Urgent Care
- MedStar Pharmacies, Inc.
- MedStar Specialty Pharmacy, LLC

## MEDSTAR HEALTH, INC.

### Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(Dollars in millions)

- Parkway Ventures, Inc. and Subsidiaries
- RadAmerica II, LLC

#### **(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, 2022 and 2021

(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, 2022 and 2021.

## **MEDSTAR HEALTH, INC.**

### Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(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, 2022 and 2021, 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 and \$343.0, respectively. 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 significant goodwill impairment for the years ended June 30, 2022 and 2021.

Other intangible assets are recorded at fair value and amortized over their estimated useful lives. Other intangible assets were \$139.9 and \$144.5, net of accumulated amortization of \$43.3 and \$38.7, as of June 30, 2022 and 2021, respectively. The Corporation recognized amortization expense of \$4.6 and \$4.5 for the years ended June 30, 2022 and 2021, 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, 2022 and 2021.

#### **(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.**

### Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(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.

## **MEDSTAR HEALTH, INC.**

### Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(Dollars in millions)

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 uncollectible amounts are based on the aging of the accounts receivable, historical collection experience for similar payors and patients, current market conditions, and other relevant 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, 2022 and 2021 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, 2022, 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.

## **MEDSTAR HEALTH, INC.**

### Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(Dollars in millions)

#### **(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 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*.



## **MEDSTAR HEALTH, INC.**

### Notes to Consolidated Financial Statements

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(Dollars in millions)

#### **(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.

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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**(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>2022</u>	<u>2021</u>
Cash equivalents	\$ 100.2	120.5
Fixed income securities and funds	565.8	761.2
Equity securities	757.9	893.8
Institutional funds with RDFV	206.5	233.4
Alternative investments:		
Commingled equity funds	205.5	283.4
Hedge fund of funds and private equity	521.1	524.3
	<u>2,357.0</u>	<u>2,816.6</u>
Total investments and assets whose use is limited or restricted		
Less short-term investments and assets whose use is limited or restricted	<u>(353.1)</u>	<u>(538.6)</u>
Long-term investments and assets whose use is limited or restricted	<u>\$ 2,003.9</u>	<u>2,278.0</u>

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

	<u>2022</u>	<u>2021</u>
Funds held by trustees	\$ —	109.3
Self-insurance funds	325.5	401.8
Funds restricted by donors for specific purposes and endowment	133.1	142.0
Funds designated by board	195.0	222.6
	<u>653.6</u>	<u>875.7</u>
Total assets whose use is limited or restricted		
Less assets required for current obligations	<u>(72.1)</u>	<u>(64.7)</u>
Long-term assets whose use is limited or restricted	<u>\$ 581.5</u>	<u>811.0</u>

## MEDSTAR HEALTH, INC.

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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>2022</u>	<u>2021</u>
Other operating revenue:		
Investment income and realized gains	\$ 21.8	11.8
Investment gains, net:		
Investment income, net	21.2	19.8
Net realized gains on investments	38.3	37.3
Change in unrealized (losses) gains on investments, net	<u>(330.3)</u>	<u>453.8</u>
	(270.8)	510.9
Other changes in net assets:		
Realized net gains on restricted net assets	1.4	1.4
Change in unrealized (losses) gains on restricted net assets, net	<u>(6.4)</u>	<u>11.0</u>
Total investment (losses) gains, net	<u>\$ (254.0)</u>	<u>535.1</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, 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>2022</u>	<u>2021</u>
Cash and cash equivalents	1 %	2 %
Publicly traded equities – domestic	30	30
Publicly traded equities – international	8	8
Fixed income securities	15	15
Institutional funds with RDFV	10	10
Alternative investments:		
Commingled equity funds	10	13
Hedge funds	21	20
Private equities	5	2
Total	<u>100 %</u>	<u>100 %</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>

**MEDSTAR HEALTH, INC.**

Notes to Consolidated Financial Statements

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	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Liabilities:				
Interest rate swap	\$ —	1.9	—	1.9
Total liabilities	<u>\$ —</u>	<u>1.9</u>	<u>—</u>	<u>1.9</u>

The table below presents the Corporation's investable assets and liabilities as of June 30, 2021, 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	\$ 1,644.1	—	—	1,644.1
U.S. Treasury bonds	447.1	—	—	447.1
U.S. agency mortgage backed securities	—	88.8	—	88.8
Corporate bonds	—	186.3	—	186.3
Fixed income mutual funds	1.0	—	—	1.0
All other fixed income securities	—	38.0	—	38.0
Equity mutual funds and ETF's	281.1	—	—	281.1
Institutional funds with RDFV	—	233.4	—	233.4
Common stocks	612.7	—	—	612.7
Alternative investments:				
Commingled funds	—	—	283.4	283.4
Private equity	—	—	49.0	49.0
Hedge funds:				
Custom hedge fund	—	—	79.9	79.9
Other hedge funds	—	—	395.4	395.4
Total assets	<u>\$ 2,986.0</u>	<u>546.5</u>	<u>807.7</u>	<u>4,340.2</u>
Liabilities:				
Interest rate swap	\$ —	5.0	—	5.0
Total liabilities	<u>\$ —</u>	<u>5.0</u>	<u>—</u>	<u>5.0</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, 2022 and 2021.

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The following summarizes redemption terms for the hedge fund-of-funds vehicles held as of June 30, 2022:

	Fund 1	Custom Hedge Fund Fund 2	Fund 3	Fund 4
Redemption timing:				
Redemption frequency	Quarterly	40% quarterly 60% greater than quarterly	64% quarterly 36% greater than quarterly	Quarterly
Required notice	70 days	within 120 days	within 95 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.

## MEDSTAR HEALTH, INC.

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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, 2022:

	<u>Total commitment</u>	<u>Percentage of commitment contributed</u>	<u>Percentage of commitment remaining</u>
Fund-of-funds	\$ 30.2	95.7 %	4.3 %
Direct funds	139.0	31.3	68.7
Total	<u>\$ 169.2</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>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 846.0	1,523.6
Investments (excluding certain alternative investments)	1,620.2	1,895.3
Patient accounts receivable	963.7	897.4
	<u>\$ 3,429.9</u>	<u>4,316.3</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 \$195.0 and \$222.6 as of June 30, 2022 and 2021, 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 and 2021 include \$138.7 and \$617.4, respectively, of Medicare advanced payments received (see note 10). Investments (excluding certain alternative investments) as of June 30, 2022 and 2021 include \$209.7 and \$224.4, 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>2022</u>	<u>2021</u>
Land	\$ 109.0	107.2
Buildings and improvements	1,934.6	1,875.1
Equipment	<u>2,517.9</u>	<u>2,379.4</u>
	4,561.5	4,361.7
Less accumulated depreciation and amortization	<u>(3,229.7)</u>	<u>(3,024.9)</u>
	1,331.8	1,336.8
Construction-in-progress	<u>705.1</u>	<u>483.9</u>
	<u>\$ 2,036.9</u>	<u>1,820.7</u>

Construction-in-progress includes a variety of ongoing capital projects of the Corporation as of June 30, 2022 and 2021, including the construction of a new surgical pavilion at MGUH, an operating room expansion at MFSSMC, which was capitalized during fiscal year 2022, and other capital projects at MWHC that were funded through the Series 2017A bond offering. In connection with these projects, the Corporation has total unspent commitments of \$177.5 and \$259.0 as of June 30, 2022 and 2021, respectively. Interest expense, net of investment earnings, capitalized for these projects totaled \$17.2 and \$16.2 as of June 30, 2022 and 2021, respectively.

Depreciation expense related to property and equipment amounted to \$213.3 and \$210.8 for the years ended June 30, 2022 and 2021, respectively.

**(6) Other Assets**

Other assets as of June 30 consist of the following:

	<u>2022</u>	<u>2021</u>
Investments in unconsolidated entities	\$ 15.8	15.2
Reinsurance receivables	45.3	44.2
Other	<u>168.6</u>	<u>171.5</u>
	<u>\$ 229.7</u>	<u>230.9</u>

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The Corporation has investments in other healthcare related organizations that are accounted for under the equity method which total \$15.8 and \$15.2 as of June 30, 2022 and 2021, respectively. The related ownership interests in these organizations range from 15% to 50%. The Corporation's share of earnings in these organizations was \$3.1 and \$3.3 for the years ended June 30, 2022 and 2021, respectively, and are recognized in other operating revenue in the consolidated statements of operations and changes in net assets.

As of June 30, 2022 and 2021, other assets also include \$126.6 and \$139.9, 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>2022</u>	<u>2021</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	6.0	9.6
Series 2011 5.00% Term bonds due 2024–2041	1.0	1.0
Series 2012 2.19% Direct Purchase due 2017–2022	7.1	14.0
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	142.8	151.5
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
Unamortized net premium	67.9	73.6
	<u>1,198.0</u>	<u>1,222.9</u>

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	2022	2021
District of Columbia Hospital Revenue Bonds:		
Multimodal revenue bonds at variable rates:		
Series 1998A 0.34%–1.07% at June 30, 2022 Serial bonds due 2008–2038 0.01%–0.05% at June 30, 2021	\$ 97.0	101.2
MedStar Health, Inc. Taxable Fixed Rate Revenue Bonds:		
Series 2015 0.80%–3.70% Serial bonds due 2016–2031	65.5	72.2
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 1.0%–6.2%) and other	24.3	21.3
Revolving credit agreements	129.8	129.8
Deferred financing costs, net	(11.7)	(12.2)
Total debt, including revolving credit agreements	1,848.9	1,881.2
Less current portion	(67.1)	(194.3)
Long-term debt, net, including revolving credit agreements	\$ 1,781.8	1,686.9

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

2023	\$ 67.1
2024	34.0
2025	164.9
2026	36.8
2027	38.4
Thereafter	1,451.5
	\$ 1,792.7

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 payment of any outstanding obligations under existing loan agreements. 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 system’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 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

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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, 2022, 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, 2022 and 2021, 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 \$92.7 in August 2022, are uninsured variable rate demand bonds backed by bank letters of credit. The Series 1998A Tranche I bonds, which remained outstanding in August 2022, consist of approximately \$30.9 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 \$30.9 in August 2022. 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 following the failed remarketing. The Series 1998A Tranche III bonds totaled \$30.9 in August 2022. These

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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 December 2022. 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, 2022 and 2021, 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 \$39.2 at August 2022). The swap agreement expires in fiscal year 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, 2022 and 2021, the variable interest rate under these agreements was 0.69% and 0.06%, respectively. The fixed rate was 3.69% as of June 30, 2022 and 2021. 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, 2022 and 2021. 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, and a Debt Service Coverage ratio of 1.25, 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.

In addition, 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 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

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bank's option each year. As of June 30, 2022 and 2021, standby letters of credit issued pursuant to the facility were \$16.5 and \$16.8, respectively. No amounts have been drawn by the beneficiaries under the standby letters of credit.

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, 2022, 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>2022</u>	<u>2021</u>
Cash	2 %	2 %
Publicly traded equities – domestic	10	11
Publicly traded equities – international	6	5
Fixed income securities	16	15
Institutional funds with RDFV	31	31
Alternative investments:		
Commingled equity funds	11	13
Hedge funds	21	21
Private equities	3	2
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>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>

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<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>NAV</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 42.9	—	—	42.9
U.S. Treasury bonds	71.8	—	—	71.8
U.S. agency mortgage backed securities	—	41.7	—	41.7
Corporate bonds	—	93.7	—	93.7
All other fixed income securities	—	17.5	—	17.5
Equity mutual funds and ETF's	104.7	—	—	104.7
Institutional funds with RDFV	—	436.0	—	436.0
Common stocks	138.5	—	—	138.5
Alternative investments:				
Commingled funds	—	—	181.5	181.5
Private equity	—	—	31.1	31.1
Hedge funds:				
Custom hedge fund	—	—	55.6	55.6
Other hedge funds	—	—	235.1	235.1
Total assets	\$ <u>357.9</u>	<u>588.9</u>	<u>503.3</u>	<u>1,450.1</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 \$2.6 of remaining unfunded commitments to private equity vehicles as of June 30, 2022.

The Corporation established a long-term investment return target of 7.25% and 7.50% for both the PEP and CBRP in 2022 and 2021, 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, 2022 and 2021. 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.

	<b>Amounts in unrestricted net assets to be recognized during the next fiscal year</b>	<b>Amounts recognized in unrestricted net assets as of:</b>	
		<b>June 30, 2022</b>	<b>June 30, 2021</b>
Net actuarial loss	\$ 27.2	896.8	995.7

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

	<b>2022</b>	<b>2021</b>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 1,746.7	1,757.4
Interest cost	51.3	51.6
Actuarial (gain) loss	(315.9)	7.2
Benefits paid	(77.9)	(69.5)
Benefit obligation at end of year	<u>1,404.2</u>	<u>1,746.7</u>
Change in plan assets:		
Plan assets at fair value at beginning of year	1,450.1	1,128.1
Actual (loss) return on plan assets	(160.0)	316.5
Company contributions	15.0	75.0
Benefits paid	(77.9)	(69.5)
Plan assets at fair value at end of year	<u>1,227.2</u>	<u>1,450.1</u>
Funded status/net amount recognized	<u>\$ (177.0)</u>	<u>(296.6)</u>

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

	<b>2022</b>	<b>2021</b>
Pension assets (included in other assets)	\$ 10.9	8.7
Pension liabilities	(187.9)	(305.3)

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The Corporation has estimated \$15.0 for its defined benefit contributions for the fiscal year ending June 30, 2023. Expected fiscal year benefit payments for all defined benefit plans is as follows:

2023	\$	98.6
2024		100.0
2025		99.9
2026		101.2
2027		104.0
2028–2032		473.5
	\$	<u>977.2</u>

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

	<u>2022</u>	<u>2021</u>
Interest cost on projected benefit obligation	\$ 51.3	51.6
Return on plan assets	(94.7)	(91.5)
Amortization of prior year plan amendments	(0.5)	(0.5)
Recognized actuarial loss	38.2	39.5
Net periodic pension income	<u>\$ (5.7)</u>	<u>(0.9)</u>

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

	<u>2022</u>	<u>2021</u>
Discount rates for obligations at year end:		
PEP	4.90 %	3.05 %
CBRP	4.95	3.00
MedStar St. Mary's Hospital Pension Plan	4.40	2.65
Discount rates for pension cost:		
PEP	3.05 %	3.05 %
CBRP	3.00	3.00
MedStar St. Mary's Hospital Pension Plan	2.65	2.50
Expected long-term rate of return on plan assets:		
PEP and CBRP	7.25 %	7.50 %
MedStar St. Mary's Hospital Pension Plan	7.00	7.25

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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 \$52.0 and \$46.0 during the years ended June 30, 2022 and 2021, 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).

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

	<u>2022</u>	<u>2021</u>
Medicare and Medicare HMO	34 %	34 %
Medicaid and Medicaid HMO	18	17
Carefirst Blue Cross Blue Shield	18	18
Other commercial and managed care payors	24	24
Self-pay	6	7
	<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>2022</u>	<u>2021</u>
Medicare and Medicare HMO	23 %	21 %
Medicaid and Medicaid HMO	21	20
Carefirst Blue Cross Blue Shield	16	15
Other commercial and managed care payors	34	37
Self-pay	6	7
	<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

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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 are computed at 92.3% of regulated charges. 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.

In connection with the waiver, the HSCRC introduced the Global Budget Revenue (GBR) model, which covers the Corporation's seven Maryland hospitals. This model moves payment to hospitals from each individual service to a total revenue for each hospital (or a combination of hospitals) to provide hospitals flexibility in the objectives of better care for individuals, higher levels of overall population health, and improved health care affordability. The model removes the financial incentive to increase volume and provides incentives to work with partners to provide care in appropriate settings. 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 is recorded within other current liabilities on the consolidated balance sheet as of June 30, 2021. As of June 30, 2022, 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

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through March 31, 2022, and reducing revenue by 1% from April 1, 2022 through June 30, 2022 (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>2022</u>	<u>2021</u>
Maryland Medicaid	\$ 590.3	541.3
District of Columbia Medicaid	402.0	283.9
Total Medicaid	<u>\$ 992.3</u>	<u>825.2</u>

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 \$119.0 and \$106.4 as of June 30, 2022 and 2021, 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.

In October 2021, the District issued a new contract to MFC to provide Medicaid managed care services from October 1, 2021 to June 30, 2022 and the D.C. City Council approved the new contract through emergency legislation. The District has subsequently extended this contract through December 29, 2022. The District has issued a new request for proposal for Medicaid managed care services, and MFC has submitted its proposal for this new contract.

#### (10) Certain Significant Risks and Uncertainties

As a healthcare provider, 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;

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- 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 as years are settled or are no longer subject to such audits, reviews and investigations. During 2022 and 2021, certain of the Corporation's prior year third-party estimates were adjusted, which resulted in gains of approximately \$41.6 and \$8.1, respectively.

The healthcare industry is subject to numerous laws and regulations from federal, state and local governments, and the government has increased enforcement of Medicare and Medicaid anti-fraud and abuse laws, as well as the physician self-referral law (Stark Law). 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. 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 inquiries and respond appropriately.

Recent government initiatives have focused on curtailing fraud, waste, and abuse in government-funded healthcare programs. To this end, the federal government, and many states, have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation's hospitals and providers have periodically received audit requests from Medicare and Medicaid audit contractors, as well as the Office of Inspector General of the U.S. Department of Health & Human Services (HHS). These audit requests have targeted, among other things, medical necessity of inpatient admissions and provider documentation and coding practices. The Corporation's hospitals and providers have cooperated with each of these audit requests and implemented a program to track and manage their effect.

As a result of federal healthcare reform legislation, rules and regulations, substantial changes are occurring in the United States healthcare system. These include numerous provisions affecting the delivery of

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healthcare services, the financing of healthcare costs, reimbursement to healthcare providers, the privacy and security of health information, and the legal obligations of health insurers, providers and employers.

#### **(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. 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, 2022.

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.

#### **(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

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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-subsidary 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, and continues to make, 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, 2022, MedStar Health received PHSS Emergency Fund distributions of \$372.2. Of the total distributions received, \$47.1 and \$206.0 is recognized as other operating revenue on the consolidated statements of operations and changes in net assets for the years ended June 30, 2022 and 2021, respectively. The balance of \$119.1 was recognized as other operating revenue on the consolidated statements of operations and changes in net assets for the year ended June 30, 2020. Subsequent to June 30, 2022, MedStar received additional PHSS Emergency Fund distributions totaling \$33.6. Payments are recognized as revenue when there is reasonable assurance that the terms and conditions associated with the distributions have been met. CARES Act revenue recognition during fiscal year 2021 included a cumulative re-measurement of lost operating revenue and COVID-19 related expenses in accordance with the terms and conditions and the incurrence of additional COVID-19 related expenses. 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.

#### **(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



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six months, Medicare will issue a letter for full repayment of any remaining balance, as applicable. As of June 30, 2022, and 2021, Program advances of \$138.7 and \$617.4, respectively, are recorded within amounts due to third-party payors, net on the consolidated balance sheets. The amount outstanding as of June 30, 2022 is classified as a current liability (see note 4).

#### **(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, 2022, MedStar Health deferred \$46.9, which is recorded within accrued salaries, benefits, and payroll taxes. As of June 30, 2021, MedStar Health deferred \$94.1, of which \$47.2 is recorded within accrued salaries, benefits, and payroll taxes and \$46.9 is recorded within other long-term liabilities on the consolidated balance sheets.

Additionally, the CARES Act created a payroll tax credit designed to encourage employers to retain employees during the pandemic. During the fiscal year ended June 30, 2021, after evaluating eligibility criteria, MedStar Health filed for \$15.4 of employee retention payroll tax credits pursuant to the CARES Act. These tax credits were recorded as a reduction of personnel expense on the consolidated statement of operations and changes in net assets.

#### **(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.
- 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. The add on payment will be available for the duration of the public health emergency as declared by the Secretary of HHS.
- 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.

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, 2022 and 2021.

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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 year 2022, FEMA obligated to MedStar Health total funding of \$55.5, of which \$50.0 is recorded as other operating revenue on the consolidated statement of operations and changes in net assets for the fiscal year ended June 30, 2022. Cash proceeds of \$33.0 and \$20.8 were received in fiscal years 2022 and 2021, respectively. The unpaid portion of the recognized funding is recorded within other current liabilities on the consolidated balance sheet as of June 30, 2022. 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>2022</u>	<u>2021</u>
Professional and general liability	\$ 404.6	364.2
Employee health	35.2	27.6
Workers' compensation	35.1	36.5
Total self-insurance liabilities	474.9	428.3
Less current portion	(115.6)	(100.3)
Total self-insurance liabilities, net of current portion \$	<u>359.3</u>	<u>328.0</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, 2022 and 2021, MedStar Health is responsible for the below described retentions:

- (a) 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 \$7.5 per claim self-insured retention for all claims incurred.

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- (b) 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.
- (c) For fiscal years ended June 30, 2022 and 2021, 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, 2022 and 2021 have been discounted at a rate of 1.75%. The workers' compensation liabilities as of June 30, 2022 and 2021 have been discounted at a rate of 1.5%.

#### **(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
- (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

## **MEDSTAR HEALTH, INC.**

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(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 \$46.4 and \$46.9 as of June 30, 2022 and 2021, respectively. Investment returns and other income from these endowment funds whose use is restricted as to time or purpose were \$7.6 and \$12.5 as of June 30, 2022 and 2021, 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, 2022 and 2021.

#### **(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 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.

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As of June 30, 2022, the Corporation's taxable subsidiaries had \$26.8 of gross deferred tax assets with an associated valuation allowance of \$15.6 resulting in net deferred tax assets of \$11.2, which are included in other assets on the accompanying consolidated balance sheets. 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, 2021, the Corporation's gross deferred tax assets of \$28.3 were offset by an associated valuation allowance of \$14.3. The current tax provisions for the years ended June 30, 2022 and 2021 were not significant.

#### **(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.

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

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any related reimbursements. The Corporation provided \$60.4 and \$39.7 of charity care at cost during the years ended June 30, 2022 and 2021, 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 2021, 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 \$399.1.

#### **(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>2022</u>	<u>2021</u>
<b>Assets:</b>			
Total operating lease assets	Operating lease right-of-use assets, net	\$ 269.3	252.3
Finance lease assets	Property and equipment, net	2.4	2.7
	Total leased assets	<u>271.7</u>	<u>255.0</u>
<b>Liabilities:</b>			
Operating lease liabilities:			
Current	Current portion of operating lease liabilities	60.2	63.0
Long-term	Operating lease liabilities, net of current portion	227.1	212.1
	Total operating lease liabilities	<u>287.3</u>	<u>275.1</u>
Finance lease liabilities:			
Current	Current portion of long-term debt	0.3	0.3
Long-term	Long-term debt, net of current portion	3.3	3.5
	Total finance lease liabilities	<u>3.6</u>	<u>3.8</u>
	Total lease liabilities	\$ <u>290.9</u>	\$ <u>278.9</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, 2022 and 2021:

		<u>2022</u>	<u>2021</u>
Operating lease expense	\$	73.4	69.5
Variable and short-term lease expense		24.8	34.2
	Total lease expenses	\$ <u>98.2</u>	\$ <u>103.7</u>

The weighted average lease term and discount rate for operating leases as of June 30, 2022 are as follows:

	<u>2022</u>	<u>2021</u>
Weighted average remaining lease term for operating leases (years)	8.0	8.2
Weighted average discount rate for operating leases	2.41 %	2.51 %

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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, 2022:

2023	\$	64.8
2024		57.2
2025		48.0
2026		41.5
2027		26.6
2028 and thereafter		74.1
Total future minimum lease payments		<u>312.2</u>
Less amount of lease payments representing interest		<u>(24.9)</u>
Present value of future minimum lease payments		287.3
Less current obligations under leases		<u>(60.2)</u>
Long-term lease obligations	\$	<u><u>227.1</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 \$14.9 and \$14.5 of tuition revenue during the years ended June 30, 2022 and 2021, 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 refreshed 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 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%.
- 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, 2022 and 2021, the SOM met all of the annual conditions, and as a result, the Corporation made payments of \$14.0 and \$13.1, 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 \$13.3 and \$13.8 for the years ended June 30, 2022 and 2021, respectively, which is recorded within other operating expenses on the consolidated statements of operations and changes in net assets.

#### **(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

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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:

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>

2021	Program activities			Management and general	Total
	Integrated health services	Research	Fundraising		
Personnel	\$ 3,026.4	36.0	6.3	620.4	3,689.1
Supplies	982.0	1.0	0.2	0.3	983.5
Purchased services and other	1,184.1	14.1	3.0	320.0	1,521.2
Interest	9.8	—	—	46.0	55.8
Depreciation and amortization	126.7	1.9	—	87.8	216.4
	<u>\$ 5,329.0</u>	<u>53.0</u>	<u>9.5</u>	<u>1,074.5</u>	<u>6,466.0</u>

**(19) Subsequent Events**

Management evaluated all events and transactions that occurred after June 30, 2022 and through October 4, 2022. Except as noted below, the Corporation did not have any events that were required to be recognized or disclosed.

In July and August 2022, the Corporation received \$33.6 of additional PHSS Emergency Fund payments under the CARES Act (see note 10).

**MEDSTAR HEALTH, INC.**  
Schedule of Expenditures of Federal Awards  
Year ended June 30, 2022

ALN	ALN Desc	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
12.420	Military Medical Research and Development	Direct	Department of Defense	W81XWH1910541	Intravascular Lactobacillus to Reduce Urinary Symptoms	GM006502	\$ 68,700	282,607
12.420	Military Medical Research and Development	Direct	Department of Defense	W81XWH110501	DDO - RPN	GM007046	62,662	271,352
12.420	Military Medical Research and Development	Direct	Department of Defense - Army	W81XWH1502091	Identification of Mechanisms Underlying the Effects of Plasma Inclusive Resuscitation in Major Thermal Injury on Hemostasis and Vascular Homeostasis	GM006533	222,274	297,813
12.420	Military Medical Research and Development	Pass	Lankenau Institute for Medical Research	W81XWH19-1-0467	Digit Amputation Model	GM006508	—	202,120
12.420	Military Medical Research and Development	Pass	The Geneva Foundation	W81XWH-19-2-0004	Polytrauma Proposal Log	GM006991	—	83,370
12.420	Military Medical Research and Development	Pass	The Geneva Foundation	W81XWH-20-2-0012	Precision Metrics for Driving Open- and Closed Loop Resuscitation Algorithms for Enteral and IV Resuscitation in Burn Casualties	GM006886	—	97,338
12.42 Total							353,696	1,234,600
12.75	Uniformed Services University Medical Research Projects	Pass	The Henry Jackson Foundation for the Adv	HJ0001-17-2-0008	Comprehensive Genomic Analysis of Cutaneous Adverse Drug Reactions	GM006430	—	1,374
12.75 Total							—	1,374
47.041	Engineering	Pass	NC State University	75D30121C11987	CDC BAA Flu Topic 6	GM007144	—	458,093
47.041 Total							—	458,093
84.370	DC Opportunity Scholarship Program	Pass	Office of the State Superintendent of Ed	U370C190001	OSSE-SOAR	GM006841	—	128,601
84.370 Total							—	128,601
84.425	Education Stabilization Fund	Pass	Office of the State Superintendent of Ed	S425D210034	E3SERF	GM007223	—	34,235
84.425 Total							—	34,235
93.068	Chronic Diseases: Research, Control, and Prevention	Direct	Centers for Disease Control Prevention	U01DP006639	Scaling Social Determinants of Health Screening	GM007149	112,987	402,081
93.068 Total							112,987	402,081
93.113	Environmental Health	Pass	Columbia University Medical Center	4R01ES026268	Columbia U Epitranscriptome	GM007010	—	806
93.113 Total							—	806
93.153	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Direct	Health Resources and Services Admin	1 H1XA4370370100	COVID-19 Ryan White HIV/AIDS Program Part D WICY	GM006765	9,109	9,109
93.153	Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Direct	Health Resources and Services Admin	44H124A24875-08-05	Ryan White Part D 17-20	GM006933	83,652	312,637
93.153 Total							92,061	321,746
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R03HS026298-01A1	Designing for Demographics: Optimizing the Usability of Patient Portals	GM006526	—	17,929
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R03HS027519-01	AHRQ R02HS027519: Reducing Medication Errors	GM006999	—	15,831
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R18HS027290-01	Re-engineering for Accuracy, Timely, and Communicated Diagnosis	—	—	—
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	5R01HS025701-04	Cardiovascular Disease in Women	GM006527	118,798	711,662
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	HHSPP23201500022179P00119F37000	Health IT Release/ROI1	GM006426	—	5,343
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	HHSPP23201500022179P00119F37000	Clinical Decision Support for Chronic Pain Management	GM006540	275,283	783,264
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS025255-01	Diagnosing Health Capacity Building	GM006593	713,006	1,854,979
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS025364-01	A Multi-Site Eval of Primary Care Accessibility & Utiliz	GM006928	230,119	484,951
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS025481-01A1	Improving Patient Safety and Clinician Cognitive Support	GM006189	80,360	512,451
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Agency for Healthcare Research Quality	1R01HS025481-01A1	Transforming Patient Safety Data	GM006943	—	466,875
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	—	168,888
93.226	Research on Healthcare Costs, Quality and Outcomes	Pass	Department of Health and Human Services	1R03HS026969-01A1	Advancing Health Policy and Systems	GM007283	—	40,317
93.226	Research on Healthcare Costs, Quality and Outcomes	Direct	Department of Health and Human Services	1R21HS028963-01	An EHR Based Screening Tool to Support Safe Discharges	GM007152	11,474	125,241
93.226 Total							1,472,674	5,187,029
93.242	Mental Health Research Grants	Direct	National Institutes of Health	1R34MH128046-01	Socio-Structural Intervention to Improve Pre-Exposure Prophylaxes (PrEP) Services for Cisgender Women (CGW) (PHEP-CGW)	GM007181	26,609	115,567
93.242	Mental Health Research Grants	Direct	National Institutes of Health/NINDS	1K23MH116814-01	Scott K23 Award	GM006105	—	147,907
93.242	Mental Health Research Grants	Pass	George Washington University	R01MH122375	Pharmacologic Efficacy of mHealth to Improve HIV Outcomes in the DC Cohort	GM007279	—	79
93.242 Total							26,609	263,553
93.307	Minority Health and Health Disparities Research	Pass	University of Pennsylvania	R01MD013558	WISH Subaward	GM006766	—	69,314
93.307	Minority Health and Health Disparities Research	Pass	University of Washington	R01MD011936-01A1	LW Cooking for Health	GM006141	—	496
93.307	Minority Health and Health Disparities Research	Pass	Washington State University	5U54MD0112407	NI-CHART Study	GM006988	—	24,184
93.307	Minority Health and Health Disparities Research	Pass	Washington State University	R01MD014035	WSU AI-CHERSH	GM006510	—	170,066
93.307 Total							—	264,060
93.310	Trans-NH Research Support	Pass	Duke University	3U2CD0023375-04S1	Trans-NH Research Support	GM007126	—	26,109
93.310 Total							—	26,109
93.345	Leading Edge Acceleration Projects (LEAP) in Health Information Technology	Direct	Department of Health and Human Services	99AM003001-00	FHR Factories	GM006863	24,375	605,354
93.345 Total							24,375	605,354
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	2UL1TR001409-06	CTSA Maternal Supplement	GM006865	—	32,766
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	4UL1TR001432	CTSA HL2 Core	GM006998	—	58,386
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001469	CTSA HL1 Core	GM006697	—	259,103
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001469	CTSA INF Core	GM006693	—	77,515
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001469	CTSA TWD Core	GM006994	—	92,930
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001469	CTSA BERD Core	GM006995	—	177,189
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001469	CTSA PCI Core	GM006996	—	32,125
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR0001409	COVID-19 CTSA NCC COVID Supplement	GM006977	—	52,667
93.350	National Center for Advancing Translational Sciences	Pass	Georgetown University	UL1TR001409	Dr. Ali Carter GHUCCTS Pilot	GM007143	—	17,338
93.350	National Center for Advancing Translational Sciences	Pass	Howard University	2UL1TR001409-06	GHUCCTS Pilot	GM007152	10,220	1,247
93.350	National Center for Advancing Translational Sciences	Pass	Howard University	UL1TR001409	GHUCCTS Disease Onset Pilot	GM007175	—	19,239
93.350	National Center for Advancing Translational Sciences	Pass	Vanderbilt University Medical Center	3UL1TR002243-04S3	Passive Immunity Trial for Our Neighbors (PassTON)	GM006989	—	1,196
93.350 Total							10,220	781,420
93.393	Cancer Cause and Prevention Research	Pass	Media Rez	R44CA232905	MediaRez: Sub Agreement - Hannah Arm	GM006963	—	229,198
93.393 Total							—	229,198
93.398	Cancer Cause and Prevention Research	Pass	Georgetown University	K99CA25655	A multilevel intervention to address health disparities	GM007140	—	7,154
93.398 Total							—	7,154
93.399	Cancer Control	Pass	Georgetown University	UG1CA239768	NCORP-FY20	GM007040	—	153,193
93.399	Cancer Control	Pass	NRG Oncology Foundation, Inc.	UG1CA189867	NRG	GM007041	—	117,764
93.399 Total							—	270,957
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	Direct	NIDILRR	90RTHF-0003-01-00	Rehabilitation and Research Training Center on Health and Function for People with Physical Disabilities focused on Neurogenic Lower Urinary Tract Dysfunction	GM006539	\$ 40,568	496,690
93.433	ACL National Institute on Disability, Independent Living, and Rehabilitation Research	Direct	NIDILRR	90SIMS0009	SCI Model Systems	GM007155	25,873	111,181
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	13,355	142,281
93.433 Total							79,796	752,152
93.686	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	Pass	DC Department of Health	UT8HA3932	RW Community Based DS / HAHS2A2021-000017-000	GM007188	—	130,708
93.686 Total							—	130,708
93.788	Opioid STR	Direct	DCHA	H797081707-01	MGTUH_Naloxone	GM007127	—	40,864
93.788	Opioid STR	Direct	DCHA	H797081707-01	MWHC_Naloxone	GM007128	—	40,934
93.788	Opioid STR	Pass	DC Department of Behavioral Health	H797081707-01	The District of Columbia's Opioid Response (DCOR) Pregna	GM007090	—	193,477
93.788	Opioid STR	Pass	DC Department of Health	RFA KH-CF-TestMAT 2020	DC DOIH TestMAT Study	GM006975	23,522	93,324
93.788	Opioid STR	Pass	DCHA	H797081707-01	Opioid STR - MHR	GM006445	—	3,621
93.788	Opioid STR	Pass	DCHA	H797108311	Hospital -Based Peers and Peer Follow Up	GM007066	—	277,818
93.788	Opioid STR	Pass	DCHA	H797108311	DCHA - RK177958	GM007063	—	186,414
93.788	Opioid STR	Pass	District of Columbia Department of Health	6H797081707-02 & 3H797081707-01S1	EDMAT DCHA Grant RK135256	GM006794	—	14,393
93.788 Total							23,522	850,845
93.837	Cardiovascular Diseases Research	Pass	Columbia University Medical Center	R01HL139637	OPTIMIZE SPRINT	GM006065	—	118,137
93.837	Cardiovascular Diseases Research	Pass	Duke Clinical Research Institute	1D1HL134679	SPRINT	GM006402	—	140
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	R01HL154319-01	Dr. Barac Cardiochic Study	GM007390	—	7,697
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	R01HL154319	Dr. Barac Cardiochic Study	GM006899	—	5,677

**MEDSTAR HEALTH, INC.**  
Schedule of Expenditures of Federal Awards  
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ALN	ALN Desc	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (if AM)	Title	Amounts passed through to subrecipients		Total expenditures
						Contract	Total	
93.837	Cardiovascular Diseases Research	Pass	Georgetown University	U01HL16203	MACSWHS Study 2021	GM007225	—	37,938
93.837	Cardiovascular Diseases Research	Pass	Ohio State University	2U01DK048387-28	DCM - CMR Study	GM006884	—	22,240
93.837	Cardiovascular Diseases Research	Pass	University of Virginia	U01HL17026	Novel Markers of Prognosis in Hypertrophic Cardiomyopathy	GM006116	51,334	51,899
93.837	Department of Health and Human Services	Pass	New England Research Institutes Inc	R01HL141213-01A1	BEST-CLU Bernardo	GM005114	—	38,787
93.837 Total							51,334	282,203
93.838	Lung Diseases Research	Pass	Columbia University Medical Center	OT2HL156812	Columbia U CAR Study	GM006910	—	89,892
93.838 Total							—	89,892
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	—	20,986
93.846 Total							—	20,986
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Direct	Natl Inst Diabetes Digestive Kidney Dis	2U01DK048387-28	DPPOS Bridge Fund	GM006687	—	415,598
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Direct	Natl Inst Diabetes Digestive Kidney Dis	5U01DK048387-28	15/22 DPPOS Phase 3 -	GM006545	—	—
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	Children's Hospital Medical Center	R01DK03696	TEAM Study	GM006508	—	28,000
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	George Washington University	U01DK068246	GRADE Study - Years 6-10	GM005852	—	154,743
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	SprngX	R44DK129164	SCONE Study	GM007319	—	4,852
93.847	Diabetes, Digestive, and Kidney Diseases Extramural Research	Pass	Washington State University	R01DK027228	Strong Men, Strong Communities	GM006537	—	14,975
93.847 Total							—	618,283
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	49,227	328,807
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Direct	National Institutes of Health/NINDS	75N05019C0004	Research efforts of the stroke branch	GM006513	—	454,101
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Direct	Natl Inst Neuro Disorders and Stroke	1R13NS117016-01	NRH: 2020 American Spinal Injury Association Scientific	GM006729	19,500	19,500
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	Georgetown University	R61NS117196	MicroRNA Biomarkers R61	GM007018	—	27,778
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	Mayo Clinic Rochester	5U01NS081068-02	CREST-2	GM005570	—	185
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	TEMPLE UNIVERSITY HEALTH SYSTEM	1U01NS095046-01A1	BOOST 3	GM006389	—	1,434
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	1U01NS110728-01	Acadia CSI	GM006543	—	4,180
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	5R01HS023701-04	TRANSPORT 2	GM006309	—	2,515
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	5U01NS095866-02	ARCADIA: AI-Risk Cardiology and Antithrombotic Drugs in Prevention after Cryptogenic Stroke	GM005988	—	27,096
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS102353	TRANSPORT 2 (012358-135723)	GM006585	—	53,310
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS100513	ASPIRE	GM006563	—	11,713
93.853	Extramural Research Programs in the Neurosciences and Neurological Disorders	Pass	University of Cincinnati	U01NS120910	VERIFY	GM007286	—	11,685
93.853 Total							88,727	842,304
93.855	Allergy, Immunology and Transplantation Research	Pass	Children's Research Institute	1R01AI163232-01A1	Improving Adolescent Sexual Health Outcomes using Health	GM007380	\$	9,448
93.855	Allergy, Immunology and Transplantation Research	Pass	George Washington University	2P00A117970-08	Center of Columbia Center for AIDS Research (CC-CFAR)	GM006976	—	3,230
93.855	Allergy, Immunology and Transplantation Research	Pass	George Washington University	R24NI12598	The DC Cohort: A Longitudinal Population Based Cohort	GM006975	—	151,843
93.855	Allergy, Immunology and Transplantation Research	Pass	Vanderbilt University Medical Center	U01AI05655	NAIENS Phase II	GM006951	—	2,200
93.855	Allergy, Immunology and Transplantation Research	Pass	Howard University	UM1AI06814	Co/PN 3004 Protocol Funding (PF) - Washington, DC Howard University Protocol-Specific Site	GM007035	—	8,736
93.855 Total							—	179,607
93.865	Child Health and Human Development Extramural Research	Pass	Children's Research Institute	1R01HD054213-01A1	Improving the Detection of STIs in the Pediatric Emergency Department: A Pragmatic Trial	GM006279	—	18,495
93.865	Child Health and Human Development Extramural Research	Pass	Georgetown University	R21HD101340	Placental Microvasculature in Pregnancies Complicated by COVID-19 Impact of Related School Outcomes	GM006965	—	36,772
93.865	Child Health and Human Development Extramural Research	Pass	Rutgers, The State University of New Jer	R01HD104708		GM006900	—	20,668
93.865 Total							—	55,935
93.866	Aging Research	Pass	Johns Hopkins University	R01AG058671	Involving Family to Improve Advance Care Planning	GM006639	—	188,092
93.866	Aging Research	Pass	Johns Hopkins University	R03AG051882	Pragmatic Trial to Improve Communication for Primary Care	GM006921	29,609	627,492
93.866	Aging Research	Pass	Trustees of Indiana University	R01AG056918	POET	GM007295	—	15,068
93.866	Aging Research	Pass	University of Florida	R01ES026238	UFL Gut Microbiome	GM007011	—	4,291
93.866	Aging Research	Pass	University of Utah	R01AG056905	SPRINTMIND Study	GM006844	—	26,120
93.866	Aging Research	Pass	Washington State University	R01AG054483	WSU URBANE Study	GM006595	—	365,700
93.866	Aging Research	Pass	Washington State University	R01AG070622	WSU Resilience Study	GM006625	—	21,631
93.866	Aging Research	Pass	Washington State University	RF 1AG071677	WSU Brain Aging	GM007177	—	4,134
93.866 Total							29,609	1,263,028
93.879	Medical Library Assistance	Direct	National Library of Medicine	7R01LM012300-04	Signaling Septas: Developing a framework	GM006924	—	5,872
93.879	Medical Library Assistance	Pass	NC State University	7R01LM013308-02	Statistical Algorithms for Anomaly Detection and Pattern	GM006984	—	148,568
93.879	Medical Library Assistance	Pass	University of North Carolina Chapel Hill	1R01LM13806-01	Improving Providers Decision-Making and Reducing Inform	GM007191	—	18,339
93.879 Total							—	173,377
93.884	Grants for Primary Care Training and Enhancement	Pass	Georgetown University	510BHP29994-05-00	Integrating Behavioral Health and Primary Care (BH-PC)	GM007098	—	35,657
93.884 Total							—	35,657
93.885	Allergy and Infectious Diseases Research	Direct	Natl Inst of Allergy Infectious Disease	75N93020D00002	NIAD Residents Contract	GM006678	—	181,098
93.885 Total							—	181,098
93.914	HIV Emergency Relief Project Grants	Pass	District of Columbia Department of Health	HAHGT2017-000533-001	Ryan White Part A	GM006983	—	273,935
93.914	Department of Health and Human Services	Pass	DC Department of Health	H89A00012	RWA Grant #22F014	GM007264	—	120,086
93.914 Total							—	394,021
93.918	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Direct	Department of Health and Human Services	21789A00703-17-00	Ryan White Part C Outpatient EIS Program	GM006190	—	324,079
93.918	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Direct	Health Resources and Services Admin	117CHA068060100	COVID-19 Ryan White HIV/AIDS Program Part C EIS	GM006764	—	5,031
93.918 Total							—	329,110
93.991	Preventive Health and Health Services Block Grant	Pass	George Mason University	NB0107009212	VA Concussion Initiative	GM007161	—	3,965
93.991 Total							—	3,965
93.426	Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke	Pass	Georgetown University	FO-CHA-PG-00004-028	Milion Hearts Project	GM006815	—	5,883
93.426 Total							—	5,883
93.840	Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders	Pass	Washington University	5K12HL13742-04	K12 PROGRAM IN T4 IMPLEMENTATION	GM006874	—	145,299
93.840 Total							—	145,299
93.RD1	Department of Health and Human Services	Pass	Maryland Department of Health and Mental	5-NJ380T00286-03	MDH Family Choice Grant Coverage 2.0 - Part 3: Building Capacity for Public and Private Payer Coverage	GM006961	—	8,577
93.RD2	Department of Health and Human Services	Pass	Maryland Department of Health and Mental	5-NJ380T00286-04	MDH Family Choice Grant Coverage 2.0 - Part 4: Building Capacity for Public and Private Payer Coverage	GM007216	—	12,409
93.RD3	Department of Health and Human Services	Direct	National Institutes of Health	75N020219P0178	Cardiovascular MRI Services	GM007064	—	430,449
93.RD4	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N02019D000303	SHS 7 AZ Field Center - TASK A	GM006319	21,239	417,712
93.RD5	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N02019D000303	SHS 7 AZ Field Center - TASK B1 B3.3	GM006683	27,290	377,476
93.RD6	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N02021F00002	SHF CU Diversity Supplement	GM006974	45,928	45,928
93.RD7	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	75N02021P00084	COVID-19 PD NHLBI B&B	GM006970	—	2,326
93.RD8	Department of Health and Human Services	Direct	Department of Health and Human Services	75N02022P00004	Interventional Cardiology Specialist NHLBI	GM006219	—	137,698
93.RD9	Department of Health and Human Services	Direct	Natl Heart Lung and Blood Institute	HHSN288201800208P	Interventional Cardiology Support - HHSN288201800208P	GM006219	—	126,000
93.RD10	Department of Health and Human Services	Pass	Ben Almagri Consulting, Inc.	75N01018D0000375N0118F0000918X107CF5	VA HFE Test Order 9	GM007169	—	21,895
93.RD11	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	—	147,699
93.RD12	Department of Health and Human Services	Pass	Duke University	HS02102314800021	COVID-19 Master Protocol for Immune Modulators for treating COVID-19	GM006958	—	100,297
93.RD13	Department of Health and Human Services	Pass	Food and Drug Administration	75F40121C00089	Artificial Intelligence Support Annotation of FAERS	GM007157	—	275,653
93.RD14	Department of Health and Human Services	Pass	Howard University	HS763-0000184042	AIM-AHEAD	GM007175	—	377,787
93.RD15	Department of Health and Human Services	Pass	Washington State University	HS763-0000184042	AIM-AHEAD symposium/workshop	GM007212	—	86,627
93.RD16	Department of Health and Human Services	Pass	IBM	75N91020003036	COVID-19 Digital Health Solutions	GM006862	—	80,424

**MEDSTAR HEALTH, INC.**  
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ALN	ALN Desc	Direct/Pass	Sub Agency/Passthrough Entity	Award Reference	Title	Contract	Amounts	
							passed through to subrecipients	Total expenditures
93.RD17	Department of Health and Human Services	Pass	IBM	HHSF2230190251179F40120F-19003	FDA Best Innovative Methods_Task Order 3	GMO06977	—	50,733
93.RD18	Department of Health and Human Services	Pass	IBM	HHSF2230190251179F40120F-19003	FDA Best Innovative Data Tool_Task Order 3	GMO06983	—	53,639
93.RD19	Department of Health and Human Services	Pass	IBM	HHSF223018180225	IBM-QTIL Data Tool_Task Order 3	GMO07213	—	10,831
93.RD20	Department of Health and Human Services	Pass	IBM	HHSF223018180225	FDA Best Initiative Data Tool_Task Order 4	GMO07192	—	100,388
93.RD21	Department of Health and Human Services	Pass	IBM	HHSF223018180225	FDA Best Initiative Methods_Task Order 3_Amendment 5	GMO07195	—	92,993
93.RD22	Department of Health and Human Services	Pass	Institute for Clinical Research, Inc.	75N91019F0013075N9100F001418X107CF6	FDA Best Innovative Methods_Task Order 3_Amendment 5	GMO07179	—	25,464
93.RD23	Department of Health and Human Services	Pass	Institute for Clinical Research, Inc.	75N91019F0013075N9100F001418X107CF6	TICO	GMO07174	—	50,790
93.RD24	Department of Health and Human Services	Pass	Iron Bow Technologies, LLC	36C165210001636C16231W0077	VHA Task Directive Award	GMO07251	—	116,796
93.RD25	Department of Health and Human Services	Pass	Johns Hopkins University	W911QY-20-9-0012	Convalescent Plasma to Limit Coronavirus Associated Comp	GMO06986	—	177,592
93.RD26	Department of Health and Human Services	Pass	Network for Victim Recovery of DC	2018-V3-ON-4018DC	Network for Victim Recovery of DC (NVRDC) RISE	GMO06989	—	32,411
93.RD27	Department of Health and Human Services	Pass	Oregon Health & Science University	75A50120C000097.1	AI-Based Multi-Functional Hand-Held Lumify Ultrasound	GMO06971	—	654,790
93.RD28	Department of Health and Human Services	Pass	Translational Systems, LLC	HHSN26201500012C	P184416: NHLBI DIR Study_Ceridge	GMO06398	—	13,888
93.RD29	Department of Health and Human Services	Pass	Univ of Oklahoma Health Sciences Center	75N901800060779N9019F00074	SHS 7 Coordinating Center B3 - Task A	GMO06325	—	182,747
93.RD30	Department of Health and Human Services	Pass	Univ of Oklahoma Health Sciences Center	RS20180873-04	SHS 7 B3 Coordinating Center - TASK B.1	GMO06689	—	197,047
93.RD31	Department of Health and Human Services	Pass	Vynova, Inc.	75D30120C00445	COVID-19 Emerging Public Health Emergency - MMHC	GMO06626	—	472,054
93.RD Total							94,457	4,847,728
Research and Development Subtotal							2,440,037	21,604,121

**MEDSTAR HEALTH, INC.**  
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ALN	ALN Desc	Direct/Pass	Sub Agency/Passthrough Entity	Reference Award Number (FAIN)	Title	Contract	Amounts passed through to subrecipients	Total expenditures
Other Programs:								
16.123	Community Based Violence Prevention Program	Direct	Department of Justice	2016-MU-MJ-K031	Safe Streets Hospital-Based Violence Prevention Program	40102F52220200	\$ —	46,738
16.123 Total							—	46,738
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	932,083
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	699,489
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	443,270
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	306,837
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	292,047
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	318,402
21.027	Coronavirus State and Local Fiscal Recovery Funds	Pass	Maryland Department of Health		COVID-19 MD DOH Hosp Supp (Nursing)	10900F50034300	—	456,863
21.027 Total							—	3,448,991
93.074	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	Pass	Maryland Hospital Association	NU90TP921878	Hospital Preparedness Program	40115F42520100	—	7,306
93.074	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	Pass	Maryland Hospital Association	NU90TP921878	Hospital Preparedness Program	40116N52315101	—	17,327
93.074 Total							—	24,633
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	Pass	Maryland Department of Health	NU58DP006333	Breast & Cervical Cancer Program	40103F50318	—	81,024
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	Pass	Maryland Department of Health	NU58DP006333	Breast & Cervical Cancer Program	40105F50318	—	339,590
93.283	Centers for Disease Control and Prevention Investigations and Technical Assistance	Pass	Maryland Hospital Association	Z1-MHA-HPP-G-1	ASPR HPP Response Project	40105F79106100	—	37,360
93.283 Total							—	457,974
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	—	406,863
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	40114F50030100	—	697
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	40115F50030100	—	1,022
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	40116F42315100	—	11,512
93.817 Total							—	420,094
93.899	Hospital Association COVID-19 Preparedness and Response Activities	Pass	Maryland Hospital Association	U3REP190602	National Bioterrorism HPP	40116F42521200	—	25,000
93.899	Hospital Association COVID-19 Preparedness and Response Activities	Pass	Maryland Hospital Association	U3REP190602	Maryland Region V Health and Medical Coalition Hospital Preparedness Program (HPP) Award for Cooperative Agreement	40114F50030200	—	24,416
93.899	Hospital Association COVID-19 Preparedness and Response Activities	Pass	Maryland Hospital Association	U3REP190602	Maryland Region V Health and Medical Coalition Hospital Preparedness Program (HPP) Award for Cooperative Agreement	40115F50030103	—	24,384
93.899 Total							—	73,800
93.940	HIV Prevention Activities Health Department Based	Direct	Baltimore City Health Department	6NU62P-S924555-03-02	HIV Rapid Testing	40105F52220001	—	89,320
93.940 Total							—	89,320
93.959	Block Grants for Prevention and Treatment of Substance Abuse	Pass	Maryland Department of Health	1B08TI083454-01	Project BHEAM	40105F52220100	—	83,196
93.959 Total							—	83,196
97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)	Pass	FEMA		Disaster Grants – Public Assistance (Presidentially Declared Disasters)		—	51,208,238
97.036 Total							—	51,208,238
93.461	COVID-19 Testing for the Uninsured	Direct	Department of Health and Human Services		COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured		—	10,900,148
93.461 Total							—	10,900,148
93.498	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	Direct	Department of Health and Human Services		COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution		—	168,018,801
93.498	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	Pass	Price George's County, Maryland		COVID-19 PG County CARES	40116F50034100	—	81,830
93.498 Total							—	168,100,631
Other Programs Subtotal							—	234,853,763
Grand Total							\$ 2,440,037	256,357,884

See accompanying independent auditors' report

## **MEDSTAR HEALTH, INC.**

### Notes to Schedule of Expenditures of Federal Awards

Year ended June 30, 2022

#### **(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, 2022, 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, 2022, was 0% to 23.05% 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 2022 that were expended in 2020 related to the COVID-19 Public Health Emergency. MedStar recognized \$50.0M as grant revenue for the year ended June 30, 2022.



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, 2022, 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 4, 2022.

### **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 4, 2022



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, 2022. 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, 2022.

*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, 2022, and have issued our report thereon dated October 4, 2022, 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 22, 2023

**MEDSTAR HEALTH, INC.**  
Schedule of Findings and Questioned Costs  
Year ended June 30, 2022

**(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
  - COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution – ALN 93.498
  - COVID-19 Testing for the Uninsured – ALN 93.461
  - Disaster Grants - Public Assistance (Presidentially Declared Disasters) – ALN 97.036
- 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