



## **AUDIT COMMITTEE MEETING AGENDA**

**Monday, October 16, 2023 – 10:00 a.m.**

**50 Water Street – Room 1701**

**New York, New York 10004**

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### **CALL TO ORDER**

**Ms. Sally Hernandez-Piñero**

- **Adoption of the Minutes – June 5, 2023**

### **EXECUTIVE SESSION**

### **INFORMATIONAL ITEMS:**

- **Fiscal Year 2023 Report to the Audit Committee** **Grant Thornton**
- **Fiscal Year 2023 Draft Financial Statements** **David Guzman/  
James Linhart**
- **Internal Audits Update** **Joseph O’Keefe**
- **Compliance Update** **Catherine Patsos**
- **FY 2025 Risk Assessment Process** **Catherine Patsos  
Joseph O’Keefe**



**AUDIT COMMITTEE MEETING - June 5, 2023**

**As Reported by: Sally Hernandez-Piñero**

**Committee Members Present:** Dr. José Pagán, Feniosky Peña-Mora, Freda Wang, Dr. Mitchell Katz, Sally Hernandez-Piñero

The meeting was called to order by Sally Hernandez-Piñero, at 10:03 a.m.

Ms. Hernandez-Piñero, requested a motion to adopt the minutes of the Audit Committee meeting held on April 3, 2023. A motion was made and duly seconded with all in favor to adopt the minutes.

The Committee proposed to go on to Executive Session at 10:08am.

The Committee reconvened in Open Session at 10:40 a.m.

Ms. Hernandez-Piñero stated that during the Executive Session the Audit Committee reviewed and approved the Fiscal Year 2024 Corporate Compliance Work Plan and the Fiscal Year 2024 Internal Audits Audit Plan.

Presentation:

**Office Internal Audits**

**2023 Audit Report-External Audits:**

Mr. Joseph O'Keefe, presented the Internal Audit report for 2023, for New York City Health + Hospitals.

Mr. O'Keefe reported that an external audit is being conducted by the New York City Comptroller's Office of inmate's access to mental health services through the Department of Corrections. Right now, they are in the data gathering portion of the audit. He will update further as the audit progresses.

**Nurse Hiring:**

Mr. O'Keefe reported that Internal Audits is conducting a System-wide review of agency nurse hiring. Internal Audits is updating the post-COVID period for this audit to see if issues that were found when the

audit originally began still exist within the organization. This is being undertaken now, and should be completed shortly.

**Audit on Patient Valuables:**

Mr. O'Keefe reported that Internal Audit is conducting an audit on how the System handles patients' valuables. They are looking into the procedures that are in place in various facilities as to how patients' valuables are being handled upon admission into the Emergency Room and inpatient units. Work has concluded in Bellevue, and the biggest issue found was that much of the logging of valuables is still being done manually with paper records. Internal Audits is looking into how we can make this process more efficient and expeditious when patients are being admitted. Internal Audits is currently reviewing Jacobi and Kings County; those audits will be moving forward in the next month.

**Other Activities:**

Mr. O'Keefe reported that Internal Audits is working on their risk assessments for the current year. They are working with the Office of Corporate Compliance to develop a unified risk assessment process for the entire System, where certain parts are done in conjunction with Internal Audits and the Office of Corporate Compliance.

**Auxiliary Audits:**

Mr. O'Keefe reported that audits are being conducted by the Bonadino Group on all Hospital Auxiliaries. They are currently doing calendar year 2022 audits. There have been delays from some of the facilities due to IRS reasons.

Mr. O'Keefe fielded questions.

Ms. Hernandez-Piñero, acknowledged that these issues are System-wide. This has given us a bad grade because we are not assuring the safety of the patients' valuables. Ms. Hernandez-Piñero asked if we are going to develop an automated System-wide process?

Mr. O'Keefe responded that would probably be the goal, and we have to look at cost effectiveness. We are trying to make sure that we do a unified process. If a facility does not have a very good process and another facility does, we will look at that to see if it would be something that we can carry across the board to gain efficiencies. The challenges with patient valuables are very unique in what qualifies as

a patients' valuables. We have everything from bicycles to marijuana, and large amounts of cash. It will be good to look at that process and see what can we do across the System to improve the process.

Ms. Hernandez-Piñero fielded questions.

None.

Mr. O'Keefe stated that Internal Audits is currently looking towards the 2025 fiscal year 2025 risk assessment. The risk assessment is an ongoing process due to the fact that new risks can come up at any point, and we try to maintain that conversation throughout the year so we do not pick up in April and try to set a plan for May. We are looking to start this year's plan in September. We are working with the Office of Corporate Compliance to have a combined process done sometime around July or August. We want to make sure that we are not just getting a snapshot in time, but that we are getting a good idea of what goes on during the year and what risks we are faced with.

Ms. Wang stated whether Internal Audits is looking at this as a more comprehensive plan, and asked if Internal Audits is using an outside consultant?

Mr. O'Keefe stated that yes, we are using an outside consultant to do the next audit plan. The Office of Corporate Compliance does a risk assessment, and Internal Audits does a risk assessment, and we are trying to combine as much as possible. We are trying to make it as efficient as possible without taking too much time away from those involved.

Ms. Wang asked if that would be shared with the Audit Committee.

Mr. O'Keefe responded that it will be.

**Office of Corporate Compliance Reports:**

**Monitoring Excluded Individuals and Vendors**

Ms. Karyn Wilkinson reported that the reporting period was March 14, 2023 through May 17, 2023. There were 4 individuals or entities that appeared on the Office of the Medicaid Inspector General or the federal Office of Inspector General's exclusion lists: One was a potential employee whose offer letter was rescinded prior to employment. The other three individuals were agency employees from RightSourcing whose

assignment with the System had ended prior to the sanctions being imposed. Thus, there were no exclusions that resulted in overpayments. There were also no providers who were identified on the Death Master File or the National Plan and Provider Enumeration System during this reporting period.

### **Privacy Incidents and Related Reports:**

The System is required to notify patients of potential breaches of their personal information. During the reporting period of March 14, 2023 through May 17, 2023 there were 52 incidents entered into the case management system. Of those 52, 17 were violations of the System's privacy and security Operating Procedures; 5 were not violations of our Operating Procedures; and 30 are still under investigation.

Ms. Wilkinson reported that of the 17 incidents that were violations, 8 were determined to be breaches. Six of those breaches were the result of registration errors; one was the result of a medication list being given to the wrong patient; and one was the result of a release of information vendor disclosing medical records to the wrong recipient.

Of the 98 privacy incidents that were reported at the April 2023 Audit Committee meeting, 35 of those were still under investigation at that time. Thirty-four of those incidents have been closed; of those 34, 18 were found to be violations and 16 were found not be violations. Of the 18 incidents, 6 were determined to be breaches. Of those breaches, it was determined that three resulted from an after-visit summary given to the wrong patient; one resulted from a workforce member posting protected health information on social media; one was a result of a document being scanned into the wrong medical record; and one was the result of a workforce member handing documents containing protected health information of one patient to another patient without verifying whose information it was.

Ms. Wilkinson reported we received a letter from the Office for Civil Rights (OCR) between the reporting dates. On April 17, 2023 we received a letter in response to the Office of Corporate Compliance's March 20, 2023 data request submission to the OCR regarding a patient complaint. The complaint alleged that a physician disclosed the patient's protected health information to the physician's family member. In the April 17, 2023 letter, the OCR concluded that it was unable to substantiate the allegations and the case was closed.

### **Compliance Reports:**

Ms. Wilkinson reported that during the reporting period there were 47 compliance reports entered into the database. The database uses colored flags to represent severity of the reports. Two of the reports were red flags, 21 were yellow flags and 24 were green flags. One red complaint was initiated but never completed. Thus, there was insufficient information to investigate it. One red report alleged that the patient was mistreated by a workforce member and that was routed to Patient Experience for investigation.

The database also tracks reports by intake and issue types. Ms. Wilkinson directed the committee to look at pages 5 through 8 of the report.

### **Billing and Coding Auditing Services:**

Ms. Wilkinson reported that KPMG has made progress on the billing and coding auditing services since the last Audit Committee meeting. Their risk assessment and work plan are completed and they have kicked off the projects for inpatient, outpatient and emergency room, and vendor coding retrospective audits. Samples have been selected for these audits. KPMG has halfway completed the inpatient audit field work, which should be completed before July 4<sup>th</sup>, and field work for the other audits should be completed by July 21<sup>st</sup>. Findings from the audits will be utilized in the planning and scoping of focused audits in the respective categories. The intent of this audit approach is to focus on high risk areas that are identified in the retrospective audits. The focused audits will likely begin in July and August, and will only use 2023 claims, so that the audits are more contemporaneous with the claims being audited. Based on the results of the retrospective and focused audits, pre-bill audits will be conducted in November and December.

### **HIPAA Risk Analysis and Security Assessment:**

Ms. Wilkinson reported that we have engaged Coalfire Systems to conduct the annual HIPAA enterprise wide risk analysis and security assessment. Coalfire analysis involves onsite visits and remote interviews with key facility and central office personnel. They also conduct in person and virtual walkthroughs of System facilities and clinics. In addition, Coalfire conducts penetration tests on the System's applications to determine their vulnerability to unauthorized access. It also assesses a sample of the System's vendors to determine their compliance with the HIPAA and the security of the System's protected health information. Coalfire has completed their analysis of the skilled nursing facilities and the acute care facilities.

Ms. Wilkinson reported that Coalfire is in the process of gathering documents and conducting interviews for the neighborhood health centers and school-based health centers, and has begun the enterprise-wide review, which is continuing the security and controls of the System vendors that have access to our PHI.

**FY2024 Corporate Compliance Work Plan:**

Ms. Wilkinson reported that on April 18, 2023 the Enterprise Compliance Committee (ECC) met to discuss the draft of the Fiscal Year 2024 Corporate Compliance Work Plan, which was developed from the Fiscal Year 2024 Risk Assessment. The Fiscal Year 2024 Work Plan was subsequently approved by the ECC and includes four items: one of which is an acute care item; one is a post-acute care item; and two are system-wide items. The 2024 Work Plan is presented to the Audit Committee for approval and signature by the President.

Ms. Wilkinson reported that the Office of Corporate Compliance and the Office of Internal Audits are collaborating on the development of an enterprise risk assessment, which will include compliance and operational risks. The collaboration will allow the departments to share resources and leverage each other subject matter expertise. The first enterprise-wide risk assessment will be presented to the Audit Committee for Fiscal Year 2025.

Ms. Wang asked for clarification on the what the billing and coding audit was about with KPMG.

Ms. Wilkinson responded that KPMG is doing a number of reviews, both inpatient and Emergency Department audits. They are looking at a number of different claims.

Ms. Wang asked why was the red flag report was initiated but not completed, and if it is red because of the topic.

Ms. Wilkinson responded that yes, the red indicates what allegation they selected. They selected was workplace violence, but the reporter never chose to disclose who they were. They wanted to stay anonymous and they never really identified the situation, date or location.

Ms. Hernandez-Piñero asked Ms. Wilkinson about the incidents being reported and entered into the different systems, who would be the person reporting them? For example, the HIPAA ones.

Ms. Wilkinson responded that it could be workforce members. It could be patients that have the phone number to call and report. We also open it up to vendors, contractors, etc.

Ms. Hernandez-Piñero asked if the reporter can be anyone.

Ms. Wilkinson responded that the facilities can report it themselves, but yes anyone with the access to the complaint phone number can call.

Ms. Hernandez-Piñero asked the committee members if there were any other questions.

Hearing none.

Ms. Hernandez-Piñero adjourned the meeting at 11:06am.





PRESENTATION TO THOSE CHARGED WITH GOVERNANCE

# 2023 Annual Audit Results Presentation

New York City Health + Hospitals  
Corporation

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**October 16, 2023**

This communication is intended solely for the information and use of management and those charged with governance of New York City Health + Hospitals Corporation and is not intended to be and should not be used by anyone other than these specified parties.



# Deliverables

**Perform the following audits of financial statements as prepared by management, with your oversight, conducted under US Generally Accepted Auditing Standards (GAAS) and, where applicable, under *Government Auditing Standards (GAS)*:**

- New York City Health + Hospitals Corporation ("NYC Health + Hospitals") for the fiscal year ended June 30, 2023
- HHC Accountable Care Organization Inc. annual financial statements for the fiscal year ended June 30, 2023
- Metro Plus Health Plan's annual financial statements under GAAP for the fiscal year ended June 30, 2023
- Metro Plus Health Plan's annual statutory financial statements for the fiscal year ending December 31, 2023
- HHC Insurance Company's annual statutory financial statements for the fiscal year ending December 31, 2023

**Perform the following audits, as applicable, of cost reports for the year ended June 30, 2023 and issuance of certifications and attestation reports**

- Annual Report of Ambulatory Health Care Facility (AHCF-1)
- Annual Report of residential Health Care Facility (RHCF-4)

**Internal control communications / required communications:**

- Issue management letter describing significant deficiencies and/or material weaknesses identified during the audit
- Required communications to Those Charged with Governance

# Our Responsibilities

## We are responsible for:

Performing an audit under US GAAS and Government Auditing Standards of the financial statements prepared by management, with your oversight

Forming and expressing an opinion about whether the financial statements are presented fairly, in all material respects in accordance with US GAAP

Applying limited procedures to required supplementary information, including inquiries with management and comparing the information for consistency to management's responses and the financial statements

Communicating material fraud identified, if any

Reporting material noncompliance as well as significant deficiencies and/or material weaknesses in internal control over financial reporting

Communicating specific matters to you on a timely basis

An audit provides reasonable, not absolute, assurance that the financial statements do not contain material misstatements due to fraud or error. It does not relieve you or management of your responsibilities. Our respective responsibilities are described further in our contract and/or our engagement letter

# Those Charged With Governance and Management Responsibilities

## Those Charged with Governance are responsible for:

- Overseeing the financial reporting process
- Setting a positive tone at the top and challenging the company's activities in the financial arena
- Discussing significant accounting and internal control matters with management
- Informing us about fraud or suspected fraud, including its views about fraud risks
- Informing us about other matters that are relevant to our audit, such as:
  - Agency strategies and related business risks that may result in heightened risks of material misstatement
  - Matters warranting particular audit attention
  - Your views regarding our current communications and your actions regarding previous communications

## Management is responsible for:

- Preparing and fairly presenting the financial statements including required supplementary information and supplementary information in accordance with US GAAP and GAS
- Designing, implementing, evaluating, and maintaining effective internal control over financial reporting
- Communicating significant accounting and internal control matters to those charged with governance
- Providing us with unrestricted access to all persons and all information relevant to our audit
- Informing us about fraud, illegal acts, significant deficiencies, and material weaknesses
- Adjusting the financial statements, including disclosures, to correct material misstatements
- Informing us of subsequent events
- Providing us with written representations

# Fraud risks

## Nature of identified fraud risk

Presumed fraud risk in revenue recognition, specifically the valuation of patient accounts receivable

Management override

## Results

Procedures were tailored to address this risk and no instances of fraud were identified during our audit procedures

No instances of management override were identified during our audit procedures

### Fraud risk discussion

Views about the risks of fraud

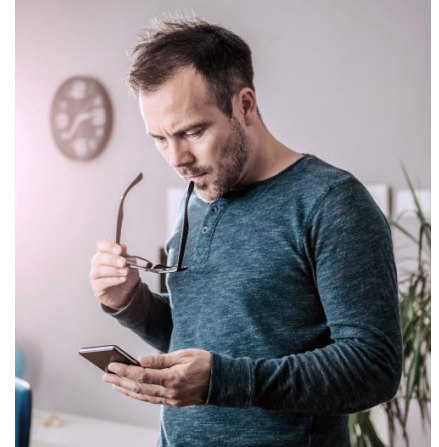
Awareness of fraud or suspected fraud

Oversight over management's fraud risk assessment

Awareness of tips or complaints regarding the Organization's financial reporting

Knowledge of violations or possible violations of laws or regulations

Views on other matters relevant to the audit, such as risks of material misstatement



# Open Audit Areas as of October 16, 2023

The following audit testing is in progress as of October 16, 2023:

- Review of Federal Grant awards
- Final partner review of substantive audit areas
- Review of financial statements by independent review partner

# Significant risks and areas of focus

*The following provides an overview of the areas of significant audit focus based on our risk assessments. There were no material misstatement or internal control findings that require communication to those charged with governance identified through the performance of the procedures noted below, except for an internal control finding relating to grant revenue described on slide 20.*

## Area of focus

## Results

### **Accounts receivable from patients, net patient service revenue, and related contractual allowances and bad debt reserves**

Significant Risk – Recorded revenues and receivables not valid (due to error fraud).

Significant Risk - Allowance for doubtful accounts not adequate.

Significant Risk - Third party payor contractual adjustments not adequate.

- Reviewed account reconciliations
- Performed analytical procedures over key indicators such as days in accounts receivable, account write-offs and aging of balances
- Performed detailed account balance testing
- Performed cut-off testing
- Reviewed management’s methodology for estimating allowances
- Performed medical records testing (in lieu of confirmations) for existence
- Performed cash to revenue proof
- To ensure reasonableness of accounts receivable allowances, we reviewed and tested subsequent cash receipts on net accounts receivable as of June 30, 2022 collected in 2023, as well as net accounts receivable as of June 30, 2023 collected through the first two months of FY 2024 compared to net accounts receivable as of June 30, 2022 collected through the first two months of FY 2023.

# Significant risks and areas of focus (continued)

## Area of focus

## Results

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### **Estimated settlements with third-party payors**

Significant Risk - Estimated settlements with third-party payors are not complete and accurate.

- Reviewed account reconciliations and roll-forward and agreed significant reconciling items to supporting schedules and documentation.
- Performed detailed account balance testing.
- Reviewed management's methodology for estimating amounts.
- Reviewed the financial statement presentation and disclosures.

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### **Cash and cash equivalents, investments, assets restricted as to use and investment income**

Risk – Cash and investment balances do not exist or are not complete and accurately stated.

- Confirmed all material account balances directly with outside financial institutions.
- Reviewed account reconciliations and supporting documentation.
- Reviewed management's disclosure over fair value in accordance with GASB 72, Fair Value Measurement and Application.



# Significant risks and areas of focus (continued)

Area of focus	Results
<b>Capital assets, including construction in progress (CIP)</b>  Risk –Completeness, existence and accuracy of current year additions, CIP and accumulated depreciation	<ul style="list-style-type: none"><li>• Obtained a roll-forward of the property and equipment balances.</li><li>• Tested current year additions, including the calculation of capitalized interest. Additions testing addressed the large additions inclusive of CIP and compliance with procurement policies.</li><li>• Performed analytical procedures over depreciation expense.</li><li>• Reviewed leases.</li><li>• Reviewed the financial statement presentation and disclosures.</li></ul>
<b>Inventory</b>  Risk –Completeness, existence and accuracy of the inventory balance	<ul style="list-style-type: none"><li>• Obtained final inventory listings and tested for completeness and accuracy</li><li>• Reviewed adjustments to inventory for timely and accurate repotting of inventory purchases and usage</li><li>• Performed analytical procedures over key account balances in inventory assets and other than personal service expenses</li></ul>
<b>Long-term debt, compliance with debt covenants and debt transaction</b>  Risk – completeness and current vs. long-term classification.	<ul style="list-style-type: none"><li>• Confirmed all material, long-term debt balances.</li><li>• Performed accrued interest and interest expense reasonableness testing.</li><li>• Reviewed debt compliance calculations prepared by Management.</li><li>• Reviewed the financial statement presentation and disclosures.</li></ul>

# Significant risks and areas of focus (continued)

## Area of focus

## Results

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### Accrued liabilities, including payables due to vendors, affiliation payables and accruals, and employee compensation accruals

- Performed detailed testing of Management's calculations, including underlying inputs and data.
- Assessed for reasonableness the assumptions used in developing estimates.
- Performed search for unrecorded liabilities.

Risk – exposure and risks associated with reporting accruals and related expenses in the appropriate period.

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### Other postemployment benefit (OPEB) liabilities

- Performed detailed testing of underlying data provided to the Actuary for OPEB liability.
- Documented our reliance on the Actuary in accordance with SAS 73.
- Reviewed Management's documentation for assumptions selected (i.e. discount rate and health care cost trend rates).
- Reviewed the footnote disclosures to ensure that they are complete and accurate as required by Government Accounting Standard Board (GASB) 75.
- Actuarial assumptions used in the actuarial reports were reviewed by GT subject matter professional for reasonableness.

Risk – the net OPEB liability is not valued accurately, and the required disclosures are not complete as required by GASB Statement 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*

# Significant risks and areas of focus (continued)

## Area of focus

## Results

### Net Pension Liability

Risk – the net pension liability is not recorded accurately and required disclosures are not complete as required by GASB Statement 68, *Accounting and Financial Reporting for Pensions* – an amendment of GASB Statement No. 27.

- Obtained the actuarial valuation report.
- Documented our reliance on the Actuary in accordance with SAS 73
- Performed procedures to ensure that the amounts in the actuarial valuation report of pension amounts agree to amounts reported in the NYC Health + Hospitals' financial statements.
- Performed detailed testing of underlying data provided to the Actuary for pension liability
- Reviewed Management's documentation for assumptions selected (i.e. discount rate and health care cost trend rates).
- Reviewed the footnote disclosures to ensure that they are complete and accurate as required by GASB 68.
- Actuarial assumptions used in the actuarial reports were reviewed by subject matter professional for reasonableness.

### Grant Revenue

Risk – grant revenue not recognized appropriately

- Reviewed revenue recognition in accordance with GASB accounting over non-exchange transactions

# Significant risks and other areas of focus (continued)

The following provides an overview of the areas of significant audit focus based on our risk assessments.

Area of focus	Results
<b>Accounting estimates</b>	<p>The preparation of NYC Health + Hospital's financial statements requires management to make multiple estimates and assumptions that affect the reported amounts of assets and liabilities as well as the amounts presented in certain required disclosures in the notes to those financial statements. NYC Health + Hospital's significant estimates include the allowance for estimated uncollectible patient accounts receivable, estimated third-party contractual allowances, estimated third-party payor receivables and payables, the estimated useful lives of depreciable assets, pension liabilities, workers' compensation liabilities and post-retirement health insurance liabilities. Our procedures have been designed in part, to review these estimates and evaluate their reasonableness.</p>
<b>Financial statement disclosures</b>	<p>Our procedures include an assessment as to the adequacy of NYC Health + Hospital's financial statement disclosures to ensure they are complete, accurate and appropriately describe the significant accounting policies employed in the preparation of the financial statements and provide a detail of all significant commitments, estimates and concentrations of risk, amongst other relevant disclosures required by US GAAP.</p> <p>GT performed the following;</p> <ul style="list-style-type: none"><li>• Reviewed GAAP/Governmental Accounting Standards Board ("GASB") disclosure checklists and tested footnote data.</li><li>• Reviewed consolidating and eliminating entries and ensured they were accurate and properly determined by Management.</li><li>• Reviewed the applicability of new accounting pronouncements and their potential impact to NYC Health + Hospitals.</li></ul>

# Significant risks and areas of focus (continued)

Area of focus	Results
<p><b>Subsequent Events</b></p> <p>Risk – that significant events occurring subsequent to June 30, 2023 that impact NYC Health + Hospitals are not disclosed.</p>	<ul style="list-style-type: none"><li>• Held discussions with Management and reviewed subsequent to year end documents to determine if Management had disclosed all significant subsequent events.</li><li>• Reviewed available financial information subsequent to June 30, 2023 to identify any significant subsequent events.</li><li>• Included representation from Management regarding the completeness of the subsequent event information provided in the annual representation letter.</li></ul>
<p><b>Fraud procedures</b></p> <p>Risk – revenue recognition, journal entries and other top- sided adjustments, accounting estimates, significant unusual transactions, and related party transactions are improperly recorded.</p>	<ul style="list-style-type: none"><li>• Performed key analysis on the overall financial statements.</li><li>• Examined journal entries and other adjustments for evidence of possible material misstatement due to fraud.</li><li>• Reviewed estimates made by Management for reasonableness and consistency.</li><li>• Made fraud inquires with the audit committee chair, key members of the executive management team, and key members of the finance management team.</li><li>• Reviewed intercompany and related party balances.</li></ul>

# Significant risks and areas of focus (continued)

The following provides an overview of our response to the presumed fraud risk of management override of controls.

We performed Whole Ledger Analytics on all journal entries (manual and automated) to pinpoint transactions that appeared to have a higher risk of management override of controls based on the cumulative risk score. The cumulative risk score is generated based on how the individual transaction performs against 38 routines, which have been designed to identify unusual transactions or those that could indicate fraud (e.g., abnormal size, abnormal volume, unusual account combinations). We subjected entries with high cumulative risk scores to further analysis and isolated a subset of these entries for testing. For entries tested, we obtained underlying support, evaluated for validity in the normal course of business, and obtained evidence of approval.

# Significant risks and areas of focus - MetroPlus

## Area of focus

## Results

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### Claims Payable Reserves (IBNR)

Significant Risk – High estimation uncertainty

- Considered the experience, objectivity and capability/competence of the external actuarial specialist, Buck.
- Evaluated trends in claims using analytics based on member trends.
- Tested completeness and accuracy of claims data that was provided to the client's external actuary, Buck.
- Selected a sample of medical claims covering the current fiscal year and performed substantive test of details over the selection.
- Tested, with the assistance of GT internal actuary, the methodologies and assumptions used by Buck in the calculation of IBNR for reasonableness.
- Performed a look back analysis to compare the prior year IBNR estimate to current year results.
- Performed journal entry testing covering transactions included transactions related to IBNR.

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### Premium Revenue Recognition

Risk – Risk with respect to revenue recognition

- Agreed revenue recognized to information obtained from the State for all months and tested one month per quarter for the Medicaid/Medicare and Marketplace revenues received by MetroPlus to supporting documentation.
- Evaluated trends in revenues using analytics based on contract activity and member trends.
- Performed journal entry testing covering transactions included transactions related to revenue.

# Significant risks and areas of focus - MetroPlus (continued)

## Area of focus

## Results

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### Management override of internal controls

Significant Risk – Presumed risk of fraud inherent in audits of financial statements

- Tested journal entries, including topside adjustments, if any.
  - We performed Whole Ledger Analytics on all journal entries (manual and automated) to pinpoint transactions that appeared to have a higher risk of management override of controls based on the cumulative risk score. The cumulative risk score is generated based on how the individual transaction performs against various routines, which have been designed to identify unusual transactions or those that could indicate fraud (e.g., abnormal size, abnormal volume, unusual account combinations). We subjected entries with high cumulative risk scores to further analysis and isolated a subset of these entries for testing. For entries tested, we obtained underlying support, evaluated for validity in the normal course of business, and obtained evidence of approval.
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# Technology support as part of the audit process



An important component of our audit approach is to understand how IT is used in supporting business operations and producing financial reports. Our technology specialists place particular emphasis on the risks relating to the use of technology and its associated controls, processes and practices. Our general controls review evaluates the design of controls that mitigate risk in areas such as organization and operations, protection of physical assets, application systems development and maintenance, access controls and computer operations.

# Required Communications

## Matters to be communicated

### **Auditor's responsibility under Generally Accepted Auditing Standards (GAAS)**

The auditor is responsible for forming and expressing an opinion about whether the financial statements that have been prepared by management with the oversight of those charged with governance are presented fairly, in all material respects, in conformity with generally accepted accounting principles.

The auditor is responsible for conducting an audit in accordance with GAAS. Those standards require that the auditor obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement. Accordingly, a material misstatement may remain undetected.

An audit includes obtaining an understanding of internal controls sufficient to plan the audit and to determine the nature, timing, and extent of audit procedures to be performed. An audit is not designed to provide assurance on internal controls or to identify material weaknesses.

## Auditor's comments

- These items have been communicated to you in our engagement letter.
- Upon completion of our procedures, we are prepared to issue an unmodified opinion on the financial statements of NYC Health + Hospitals.

# Required Communications (continued)

## Matters to be communicated

### **Significant accounting policies, alternative treatments within generally accepted accounting principles (GAAP), and the auditor's judgment about the quality of accounting policies including modifications to the auditor's report**

We are responsible for providing our views about qualitative aspects of the significant accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

GAAP requires management to make accounting estimates and judgments about accounting policies and financial statement disclosures. Certain estimates are particularly sensitive due to their significance to the financial statements and the possibility that future events may differ significantly from management's current judgments.

We will inform you about the appropriateness of the accounting policies to the particular circumstance of the entity. When acceptable alternative accounting policies exist, we will identify the financial statement items that are affected by the choice of significant policies as well as information on accounting policies used by similar entities.

We will inform you of changes in significant accounting policies and application of new accounting pronouncements. Additionally, we will communicate any accounting policies in controversial or emerging areas or those unique to an industry, particularly when there is a lack of authoritative guidance or consensus.

## Auditor's comments

- We are not aware of any significant alternative accounting treatments, policies, and unusual transactions, controversial or emerging areas for which there is a lack of authoritative guidance that NYC Health + Hospitals has recorded or used.
- We have discussed with you our views of estimates and areas of emphasis in an earlier section of this report.
- During FY 2023 NYC Health + Hospitals adopt GASB 87 - *Leases* and GASB 96 - *Subscription-Based Information Technology Arrangements*. Prior year financial statements were not restated as amounts were not considered to be material to the prior year financial statements.

# Required Communications (continued)

## Matters to be communicated

## Auditor's comments

### Materiality

Materiality is the magnitude of an omission or misstatement that likely influences a reasonable person's judgment. It is based on a relevant financial statement benchmark selected by the audit team.

- We believe that total revenues for NYC Health + Hospitals and surplus for the MetroPlus component unit are the relevant benchmark for the company.
- Financial statement items greater than materiality are within our audit scope. Other accounts or classes of transactions less than materiality may be in our scope if qualitative risk factors are present (for example, related party relationships or significant unusual transactions).

### Use of the Work of Others

We are required to discuss the procedures performed by other professionals as part of our audit procedures.

- Grant Thornton Valuation Services Group ("VSG")
- Utilized to review the assumptions used in the valuation of NYC Health + Hospitals' Health and Postretirement Benefit Plans.

### Potential effect on the financial statements of any significant risk and exposures

- The financial statements disclose significant risks and uncertainties, including, but not limited to significant estimates, regulatory compliance, and commitment and contingencies.

# Required Communications (continued)

## Matters to be communicated

## Auditor's comments

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### Fraud and illegal acts

- No irregularities, frauds or illegal acts involving senior management or that would cause a material misstatement to the financial statements, came to our attention as a result of our audit procedures.

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### Potential effect on the financial statements of any significant risk and exposures

- The financial statements disclose significant risks and uncertainties, including, but not limited to significant estimates, regulatory compliance, and commitment and contingencies.

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### Significant deficiency in internal control over financial reporting

- Grant Thornton noted a significant deficiency in internal control relating to Grant revenue and related expenditure supporting documentation by funding source. Supporting documentation of grant expenditures, specifically for T2 Grants, was not maintained timely and in sufficient detail by funding source, thereby resulting in NYC Health + Hospitals relying partially on estimates to substantiate recognition of grant revenue. This also resulted in changes related to prior period estimates which were recognized in revenue in fiscal year 2023 as prior period revenue adjustments. The organization does not perform a reconciliation of the Schedule of Expenditures of Federal Awards to the financial statements on a timely basis.

# Required Communications (continued)

## Matters to be communicated

## Auditor's comments

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### **Audit differences or omitted financial statement disclosures including other findings or issues**

- No audit differences were identified during our audit that would have a significant effect on total net position, or changes in net position, and there were no omitted financial statement disclosures identified during the course of our audit.

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### **Material uncertainties related to events and conditions that may cast doubt on the ability to continue as a going concern**

- We are not aware of any material uncertainties that cast doubt on NYC Health + Hospitals' ability to continue as a going concern.

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### **Management's consultation with other accountants**

We will inform you when management has consulted with other accountants about significant accounting or auditing matters.

- None of which we are aware.

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### **Significant issues discussed with management and difficulties encountered during the audit**

- No such issues were discussed with management or instances of difficulties were encountered, except issues and difficulties relating to accounting for grant income as discussed above in slide 20.

# Other required communications

Professional standards require that we communicate the following matters to you, as applicable.

Going concern matters

Fraud and noncompliance with laws and regulations

Significant deficiencies and material weaknesses in internal control over financial reporting

Use of other auditors

Use of internal audit

Related parties and related party transactions

Significant unusual transactions

Disagreements with management

Management's consultations with other accountants

Significant issues discussed with management

Significant difficulties encountered during the audit

Other significant findings or issues that are relevant to you and your oversight responsibilities

Modifications to the auditor's report

Other information in documents containing audited financial statements



# Quality of accounting practices

## Disclosures

Footnote disclosures are complete and in accordance with generally accepted accounting principles.







# Diversity, Equity & Inclusion

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# Diversity, Equity and Inclusion

What makes us different makes us powerful



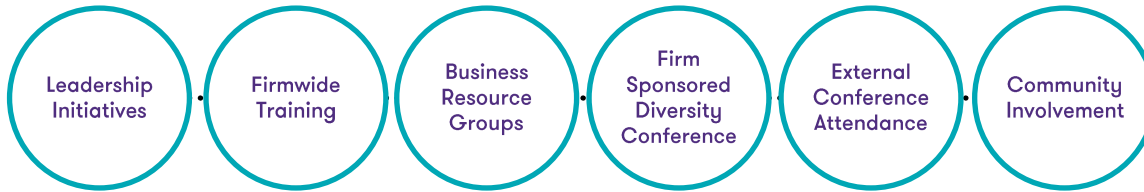
People thrive when their perspectives are valued, when they enjoy working with each other and when they are comfortable being exactly who they are. That is why at Grant Thornton, we are committed to building a more diverse, equitable and inclusive workplace, where everyone is valued and respected.

Advancing DE&I is embraced throughout the firm — from the policies and actions of our CEO and the National Leadership Team Task Force to the many engaging programs and events of our business resource groups (BRGs), led by colleagues across the firm.

We recently published our annual Diversity, Equity and Inclusion Report, which is a part of our overall ESG report in furtherance of our intensified efforts to build a more diverse, equitable and inclusive firm for all those we serve.

## Commitment to diversity

**Our inclusive culture enables us to craft creative solutions for ourselves and the clients we serve.** In keeping with our culture of DE&I, Grant Thornton's DE&I team develops strategies, programs and tools to unlock the power of difference.



Now, more than ever, organizations like Grant Thornton can lead by doing not only what is profitable, but also what is right. This includes fostering an internal culture that works for everyone. Our commitment to DE&I stands strong because we value the people and stories that are instrumental in driving the change necessary for our firm and industry to advance and our communities to thrive. It is also for this reason DE&I continues to be a cornerstone of our ESG efforts.

- **Rashada Whitehead**, National Managing Director Culture, Immersion & Inclusion



# Diversity, Equity and Inclusion initiatives

## BUSINESS RESOURCE GROUPS

- Black Professionals & Allies
- Disability Alliance
- Equality GT (LGBTQ+ & Allies)
- Future Leaders & Allies
- Latinxs/Hispanics & Allies
- Pan-Asians & Allies
- Veterans & Allies
- Women & Allies
- Working Parents & Allies

## NATIONAL CONFERENCE ATTENDANCE

- Ascend National Convention
- Association of Latino Professionals for America National Convention
- National Association of Black Accountants Annual Convention

## GRANT THORNTON CONFERENCE

- Inclusion Day

- In 2023, we participated the **Disability:IN Conference** career fair and for the fourth year in a row, we were named a best place to work for disability inclusion
- In March 2022, we joined the **HBCU Partnership Challenge**, an effort to promote greater engagement and support between private companies and HBCUs
- Continued addition of **Purple Paladins** - our signature cause program where we select non-profits that support the needs of diverse populations. Since the program began in 2019, given **more than \$720,000 in financial support**
- To give our people more time away to rest and recharge, added a number of extended holiday breaks and closed our offices at 1 p.m. local time each Friday during the summer
- Added new counseling services, including access to an additional Employee Assistance Program provider and to Happify, among other resources
- Incorporated transition procedures and other LGBTQ+ affirming benefits into our health coverage. Strengthened our CLEARR value via True North, our culture immersion program for all GTUS employees to foster a community of **belonging**
- Since its inception in 1995, GT Foundation provided contributions of more than **\$12 million to more than 200 colleges and universities.**
- BRG members are empowered to use **40 hours of chargeable time per year for related DE&I work** and external community engagement activities.
- Included DE&I Badges as part of Partner/Principal scorecard
- Continued investments in **GT Empower** and other early identification programs to expand recruiting pipeline
- Expanded range of schools at which we **recruit to recognize** the value of diverse backgrounds
- Enhancing benefits and equitable policies such as **military spouse self-ID**, paid caregiver leaves etc.

# Progress report on 2025 DE&I goals

Our DE&I strategy is anchored in our vision to serve as a champion for diversity and inclusion, where everyone fearlessly contributes to arrive at the best solutions — achieving equity across our firm. Grant Thornton aspires to reach five key diversity goals (as outlined below) by the end of our fiscal 2025, which coincides with our 100<sup>th</sup> anniversary in 2024.

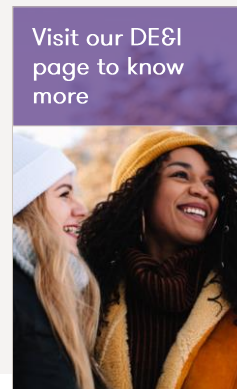
## GOALS

- 30% of our new hires will be Black and African American or Hispanic and Latinx (also recognizing opportunities for increased hiring for Pan-Asians, Native Americans, Hawaiians and Pacific Islanders).
- 35% of our National Leadership Team and market-focused leaders will be women, people of color, LGBTQ+, individuals with disabilities, veterans or military spouses.
- 40% of our partners, principals and managing directors will be women, people of color, LGBTQ+, individuals with disabilities, veterans or military spouses.
- 50% of our hot-skills training opportunities (including firm-sponsored certifications, advanced technology skills and leader-sponsored training and development initiatives) will include women, people of color, LGBTQ+, individuals with disabilities, veterans or military spouses.
- 50% We will increase our representation of veterans, military spouses and individuals with disabilities across the firm by 50% from fiscal year 2020.

## FY22 YEAR-OVER-YEAR % PROGRESS



We recently produced our annual [Diversity, Equity and Inclusion \(DE&I\) Report, which is a part of firm's broader ESG report](#). This is the first year Grant Thornton is combining its standalone Sustainability and Diversity, Equity and Inclusion (DE&I) Reports into one. *Click on the report below to read.*



# Commitment to promote ethical and professional excellence

We are committed to promoting ethical and professional excellence. To advance this commitment, we have put in place a phone and internet-based hotline system.

The Ethics Hotline (1.866.739.4134) provides individuals a means to call and report ethical concerns.

The EthicsPoint URL link can be accessed from our external website or through this link:

[https://secure.ethicspoint.com/domain/en/report\\_custom.asp?clientid=15191](https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=15191)



Disclaimer: EthicsPoint is not intended to act as a substitute for a agency's "whistleblower" obligations.

**DRAFT**

Financial Statements and Supplemental Schedules and  
Report of Independent Certified Public Accountants

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
(A Component Unit of the City of New York)

June 30, 2023 and 2022

## NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Board of Directors  
New York City Health and Hospitals Corporation

**Report on the financial statements****Opinion**

We have audited the financial statements of the business-type activities of New York City Health and Hospitals Corporation (the "Corporation"), a discretely presented component unit of the City of New York, and the discretely presented component unit as of and for the years ended June 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the business-type activities and its discretely presented component unit as of June 30, 2023 and 2022, and the changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for opinion**

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

The financial statements as of and for the years ended June 30, 2023 and 2022 of MetroPlus Health Plan, Inc., a discretely presented component unit, and HHC Insurance Company, Inc., a blended component unit, were not audited in accordance with *Government Auditing Standards*.

**Responsibilities of management for the financial statements**

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



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

**Auditor's responsibilities for the audit of the financial statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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.

**Required supplementary information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 14 and the schedule of the Corporation's contributions NYCERS pension plan, the schedule of the Corporation's proportionate share of the net pension liability NYCERS pension plan and the schedule of NYC Health + Hospitals' changes in total OPEB liability and related ratios on pages 78, 79 and 80, respectively, be presented to supplement the basic financial statements. Such information, although not a required part of the basic

financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. This required supplementary information is the responsibility of management. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America. These limited procedures consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

**Other reporting required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October xx, 2023 on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

GRANT THORNTON LLP (signed manually)

New York, New York  
October \_\_, 2023

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Management's Discussion and Analysis (Unaudited)**  
**Summary of Statements of Net Position**  
**For the years ended June 30, 2023, 2022, and 2021**  
**(In thousands)**

	<b>2023</b>	<b>2022</b>	<b>2021</b>
	<b>Business-type</b>	<b>Business-type</b>	<b>Business-type</b>
	<b>Activities - H+H</b>	<b>Activities - H+H</b>	<b>Activities - H+H</b>
<b>ASSETS</b>			
Current assets	\$ 3,934,509	\$ 4,263,699	\$ 3,984,673
Capital assets, net of accumulated depreciation	4,587,983	4,352,953	4,146,600
Lease and SBITAs, net of current portion	399,656	-	-
Other assets	342,235	316,690	216,511
Total assets	<u>9,264,383</u>	<u>8,933,342</u>	<u>8,347,784</u>
Deferred outflows			
Deferred outflows from pension	1,324,283	1,544,176	430,216
Deferred outflows from postemployment benefits, other than pension	288,810	399,150	596,883
Unamortized refunding cost	-	137	468
Asset retirement obligation	5,000	5,000	5,000
<b>LIABILITIES</b>			
Current liabilities	3,233,469	3,629,522	4,071,661
Long-term debt, net of current installments	581,354	679,831	619,376
Lease and SBITAs, net of current portion	409,826	-	-
Other noncurrent liabilities	522,526	530,567	526,224
Pension, net of current portion	1,837,343	1,845,395	349,877
Postemployment benefits, other than pension, net of current portion	4,142,503	3,902,499	5,060,790
Total liabilities	<u>10,727,021</u>	<u>10,587,814</u>	<u>10,627,928</u>
Deferred inflows			
Deferred inflows from pension	1,148,992	1,433,118	1,932,151
Deferred inflows from postemployment benefits, other than pension	1,447,306	1,835,060	1,254,063
Deferred inflows from lease activity	110,490	-	-
Unamortized refunding cost	925	1,142	1,360
Net position			
Net investment in capital assets	4,203,506	3,483,741	3,262,196
Restricted	104,622	112,433	123,758
Unrestricted	(6,860,386)	(6,571,503)	(7,821,105)
Total net deficit position	<u>\$ (2,552,258)</u>	<u>\$ (2,975,329)</u>	<u>\$ (4,435,151)</u>

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Management's Discussion and Analysis (Unaudited)**  
**Summary of Statements of Revenue, Expenses, and Changes in Net Position**  
**For the years ended June 30, 2023, 2022, and 2021**  
**(In thousands)**

	2023	2022	2021
	<u>Business-type Activities - H+H</u>	<u>Business-type Activities - H+H</u>	<u>Business-type Activities - H+H</u>
<b>OPERATING REVENUES</b>			
Net patient service revenue	\$ 8,211,795	\$ 7,884,872	\$ 7,747,016
Appropriations from City of New York, net	1,603,838	922,959	581,249
Grants revenue	501,840	2,189,232	2,301,793
Other revenue	214,256	266,619	259,851
UPL conversion prior period revenue	-	638,300	-
Total operating revenue	<u>10,531,729</u>	<u>11,901,982</u>	<u>10,889,909</u>
<b>OPERATING EXPENSES</b>			
Personal services, fringes benefits, and employer payroll taxes	4,564,103	4,343,735	4,273,161
Other than personal services	3,478,775	4,211,887	4,468,596
Pension	378,308	238,814	(51,724)
Postemployment benefits, other than pension	47,085	27,055	222,748
Affiliation contracted services	1,579,870	1,476,128	1,320,717
Depreciation	564,746	499,609	473,003
Total operating expenses	<u>10,612,887</u>	<u>10,797,228</u>	<u>10,706,501</u>
Operating (loss)/income	(81,158)	1,104,754	183,408
Nonoperating expenses, net	<u>(123,229)</u>	<u>(118,068)</u>	<u>(126,966)</u>
Gain/(loss) before other changes in net deficit	(204,387)	986,686	56,442
Other changes in net deficit:			
Capital contributions	<u>627,458</u>	<u>473,136</u>	<u>446,337</u>
Increase in net position	423,071	1,459,822	502,779
Net deficit position at beginning of year	<u>(2,975,329)</u>	<u>(4,435,151)</u>	<u>(4,937,930)</u>
Net deficit position at end of year	<u>\$ (2,552,258)</u>	<u>\$ (2,975,329)</u>	<u>\$ (4,435,151)</u>

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Management's Discussion and Analysis (Unaudited)**  
**June 30, 2023 and 2022**

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This section of the New York City Health and Hospitals Corporation's ("NYC Health + Hospitals") annual financial report presents Management's Discussion and Analysis ("MD&A") of the financial performance during the years ended June 30, 2023 and 2022. The purpose is to provide an objective analysis of the financial activities of NYC Health + Hospitals based on currently known facts, decisions, and conditions. Please read it in conjunction with the financial statements, which follow this section.

The financial statements of MetroPlus Health Plan, Inc. ("MetroPlus"), a component unit of NYC Health + Hospitals, are presented discretely from NYC Health + Hospitals. MetroPlus issues its own financial statements within which a reader can obtain additional information not provided by the discrete presentation within this document. Consequently, the MD&A that follows focuses primarily on NYC Health + Hospitals.

### **Overview of the Financial Statements**

This annual report consists of two parts – the MD&A and the basic financial statements.

The basic financial statements include *Statements of Net Position, Statements of Revenues, Expenses, and Changes in Net Position, Statements of Cash Flows*, and the Notes to the financial statements. These statements present, on a comparative basis, the financial position of NYC Health + Hospitals at June 30, 2023 and 2022, and the changes in net position and its financial activities for each of the years then ended. The *Statements of Net Position* include all of NYC Health + Hospitals' assets, liabilities, and deferred inflows and outflows of resources in accordance with U.S. generally accepted accounting principles. The *Statements of Revenue, Expenses, and Changes in Net Position* present each year's activities on the accrual basis of accounting, that is, when services are provided or obligations are incurred, not when cash is received or bills are paid. The financial statements also report the net position of NYC Health + Hospitals and how it has changed. Net position, or the difference between assets and liabilities and deferred inflows and deferred outflows of resources, is a way to measure the financial health of NYC Health + Hospitals. The *Statements of Cash Flows* provide relevant information about each year's cash receipts and cash payments and classifies them as operating, non-capital financing, capital and related financing, and investing activities. The Notes to the financial statements explain information in the financial statements and provide more detailed data.

#### *Overall Financial Position and Operations*

NYC Health + Hospitals' total net deficit position improved by \$423.1 million from June 30, 2022 to June 30, 2023, and improved by \$1.5 billion from June 30, 2021 to June 30, 2022, as adjusted. Net investment in capital assets increased by \$719.8 million and \$221.5 million in fiscal years 2023 and 2022, respectively, due to increases in FEMA projects and the Out-posted Therapeutic Housing Units ("OTxHU") project. NYC Health + Hospitals' unrestricted net deficit position increased by \$288.9 million between June 30, 2023 and June 30, 2022 due primarily to a decrease in Upper Payment Limit ("UPL") and grant receivables. It ended fiscal year 2023 with operating loss of \$81.2 million compared with an operating income of \$1.1 billion for the year ended June 30, 2022. The net deficit position benefited from \$433.4 million in capital contributions from the City of New York (the "City") made in fiscal year 2023.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Management’s Discussion and Analysis (Unaudited)**  
**June 30, 2023 and 2022**

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Significant financial ratios are as follows:

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Current ratio	1.20	1.17	0.98
Quick ratio	0.53	0.46	0.40
Days of cash on hand	29.33	26.55	27.12
Net number of days of revenue in patient receivables	60.18	57.78	60.26

The current ratio, quick ratio, and days of cash on hand are common liquidity indicators. The net days of revenue in patient receivables is an indicator of how quickly NYC Health + Hospitals collects its patient receivables.

*Variances in Financial Statements*

In this section, NYC Health + Hospitals explains the reasons for certain financial statement items with variances relating to fiscal year 2023 amounts when compared to fiscal year 2022 amounts and, where appropriate, fiscal year 2022 amounts when compared to fiscal year 2021 amounts.

*Statements of Net Position*

*Cash and cash equivalents* – Increased by \$58.3 million from June 30, 2022 to June 30, 2023 due to the timing of UPL Conversion cash receipts. Remained consistent from June 30, 2021 to June 30, 2022.

*Patient accounts receivable, net* - Increased by \$37.4 million from fiscal year 2022 to 2023 due to an increase in MetroPlus risk pool receivables. Remained consistent from fiscal year 2021 to 2022.

*Estimated third-party payor settlements, receivable* – Decreased \$420.7 million and increased \$579.6 million in fiscal years 2023 and 2022, respectively, due to the change in UPL receivables when compared to the same period during the prior fiscal year.

*Grants receivable* - Decreased \$287.2 million from June 30, 2022 to June 20, 2023 mainly due to a wind down of the Test and Treat program (formerly known as the Test and Trace program). Increased \$181.7 million from June 30, 2021 to June 20, 2022 mainly due to a receivable from FEMA in connection with the Test and Treat program (formerly known as the Test and Trace program).

*Assets restricted as to use (current and long term)* - Decreased by \$42.0 million from June 30, 2022 to June 30, 2023 and by \$32.8 million from June 30, 2021 to June 30, 2022 primarily due to construction fund drawdowns.

*Other current assets and Other Assets* - Decreased by \$193.6 million during fiscal 2023 when compared to fiscal 2022 mainly due to decreases in inventory of supplies and prepaid IT maintenance fees. It increased by \$188.5 million during fiscal 2022 when compared to fiscal 2021 mainly due to increases in inventory of supplies and prepaid IT maintenance fees.

*Capital assets, net* - Increased by \$235.0 million from June 30, 2022 to June 30, 2023 mainly due to increases in FEMA projects and Out-posted Therapeutic Housing Units (“OTxHU”) netted against the placement in service of the Coney Island South Brooklyn project, thereby decreasing Construction in Progress (“CIP”). It increased by \$206.4 million from June 30, 2021 to June 30, 2022 mainly due to CIP related to FEMA mitigation projects.



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Management's Discussion and Analysis (Unaudited)**  
**June 30, 2023 and 2022**

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*Lease and SBITAs, net* – Increased \$399.7 million from June 30, 2022 to June 30, 2023 due to the fiscal year 2023 implementation of new lease guidance. (Note 18)

*Current and Noncurrent lease receivable, net* – Increased \$114.8 from June 30, 2022 to June 30, 2023 due to the fiscal year 2023 implementation of new lease guidance. (Note 18)

*Deferred outflows of resources* - Decreased \$330.4 million from June 30, 2022 to June 30, 2023 primarily due to the changes in pension and other postemployment benefits (“OPEB”) liabilities as determined by the New York City Office of the Actuary.

*Deferred inflows of resources* - Decreased \$561.6 million from June 30, 2022 to June 30, 2023 mainly due to a decrease of deferred inflows from pensions and a decrease of deferred inflows from postemployment benefits, other than pension. Deferred inflows of resources are determined by the New York City Office of the Actuary.

*Accrued salaries, fringe benefits, payroll taxes, and accrued compensated absences (current and long-term)* - Increased by \$63.1 million from June 30, 2022 to June 30, 2023 due to several recently executed union agreements and decreased by \$13.0 million from June 30, 2021 to June 30, 2022 due to more timely fringe benefit payments related to several union agreements.

*Accounts payable and accrued expenses* - Decreased by \$284.1 million in fiscal year 2023 due to a decrease in the prior year's cash advances that were recognized as revenue in the current year and decreased by \$593.7 million in fiscal year 2022 due to a decrease in the prior year's cash advances that were recognized as revenue in the current year.

*Estimated third-party payor settlements, net payable* – Decreased by \$38.0 million from June 30, 2022 to June 30, 2023 due to a decrease in Medicaid takebacks and increases in Medicaid and Medicare rates. Remained consistent from June 30, 2021 to June 30, 2022.

*Estimated pools payable*- Decreased \$62.6 million from June 30, 2022 to June 30, 2023 due to a decrease in DSH payables. It increased \$486.6 million from June 30, 2021 to June 30, 2022 due to a decrease in DSH receivables.

*Due to/Due from the City of New York, net* - Increased \$427.5 million from June 30, 2022 to June 30, 2023 primarily due to increases in amounts owed to NYC Health + Hospitals from the City resulting from the creation of the Humanitarian Emergency Relief and Recovery Centers program (“HERRC”) and increased budgeted amounts due to NYC Health + Hospitals for other programs it administers but that have not yet been paid to NYC Health + Hospitals. Decreased \$414.1 million from June 30, 2021 to June 30, 2022 primarily due to improved timing of payments to the City.

*Long-term debt (includes current installments)* - Decreased \$139.0 million during fiscal year 2023 due to scheduled principle payments and extinguishment of a direct borrowing. Increased \$69.2 million during fiscal year 2022 due to additional financing for IT software and equipment maintenance.

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*Pension (current and long-term)* - Increased \$13.9 million from June 30, 2022 to June 30, 2023 primarily due to changes in actual earnings on pension plan investments. Increased \$1.5 billion from June 30, 2021 to June 30, 2022 primarily due to changes in actual earnings on pension plan investments.

*Postemployment benefits, other than pension (current and long-term)* - Increased \$160.6 million in fiscal year 2023 mainly due to an increase in the pre-Medicare trend assumption associated with the injunction related to moving retiree health benefits to a Medicare Advantage plan and decreased \$1.1 billion in fiscal year 2022 mainly due to a change in the discount rate from 2.18% to 4.09%. The annual OPEB costs are determined by the New York City Office of the Actuary (Note 11).

**Changes in Components of Net Position**

*Net investment in capital assets* - Increased by \$719.8 million in fiscal year 2023 mainly due to increases in FEMA projects and the OTxHU project. It increased by \$221.5 million in fiscal year 2022, due to FEMA mitigation projects.

*Restricted* - Restricted net position decreased \$7.8 million in fiscal year 2023 and a decrease of \$11.3 million in fiscal year 2022 due to temporary lower annual bond restrictions resulting from the issuance of the 2020 bonds.

*Unrestricted* - Net position activities, other than those mentioned above, resulted in a deficit decrease of \$288.9 million and a deficit decrease of \$1.3 billion in the unrestricted net deficit when comparing fiscal years 2023 and 2022 balances, respectively.

**Capital Assets, Net and Long-Term Debt Activity**

*Capital Assets, Net*

At June 30, 2023, NYC Health + Hospitals had capital assets, net of accumulated depreciation, of \$4.6 billion compared to \$4.4 billion on June 30, 2022 and \$4.1 billion on June 30, 2021, as shown in the table below (in thousands):

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 20,108	\$ 21,306	\$ 24,223
Buildings and leasehold improvements	2,324,293	1,927,663	1,918,622
Equipment	1,547,636	1,320,520	1,398,744
Construction in progress	695,946	1,083,464	805,011
	<u>\$ 4,587,983</u>	<u>\$ 4,352,953</u>	<u>\$ 4,146,600</u>

Major capital asset additions for fiscal years 2021 through 2023 included the following:

- NYC Health + Hospitals continued to build projects for three locations: Bellevue Hospital Center (“Bellevue”), Woodhull Medical and Mental Health Center (“Woodhull”), and North Central Bronx Hospital (“North Central Bronx”). This is in an effort to open Therapeutic Housing Units to improve access to care for patients in the custody of the NYC Department of Corrections (“NYC DOC”) whose clinical conditions require access to specialty and subspecialty care. This program will provide OTxHU within an existing NYC Health + Hospitals acute care facility at Bellevue, Woodhull, and North Central



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Bronx. These secured clinical units will be operated by NYC Health + Hospitals Correctional Health Service ("CHS") with the NYC DOC providing custody management. It is expected that the OTxHU will allow for easier access to specialty services for patients. Development and potential implementation of the OTxHU model will bridge a critical gap in the correctional health care continuum. The additional benefits to patients and clinicians within CHS and NYC Health + Hospitals include closer coordination among the hospitals' inpatient, outpatient, and OTxHU services, promoting continuity of care and opportunities for cross-discipline collaborations. The model also supports more effective leveraging of the full range of clinical resources within the NYC Health + Hospitals system. During fiscal year 2023, \$105.1 million was added, and the overall CIP amount of June 30, 2023 is \$142.5 million. The three projects are to be funded through City capital with a total estimated budget amount of \$662.5 million in fiscal year 2023. In fiscal year 2022, \$36.6 million was added to the total CIP. The three projects had a total estimated budget amount of \$662.5 million and \$625.9 million was estimated for completion as of fiscal year 2022.

- FEMA funds of \$1.7 billion were secured to advance New York's comprehensive, five borough resiliency plan to repair and protect four public hospitals damaged during Hurricane Sandy in October 2012. The funds support improvements at four NYC Health + Hospitals facilities: Bellevue and Metropolitan Hospital Center ("Metropolitan") in Manhattan, Coler Rehabilitation and Nursing Care Facility ("Coler") on Roosevelt Island, and South Brooklyn Health in Brooklyn. In order to complete this work, the projects were split into two major categories: immediate priority mitigation projects and long-term major resiliency projects. All immediate priority mitigation projects are substantially complete while multiple long-term major resiliency projects are in the design or construction phase. A majority of the projects were managed by New York City agencies, NYC Economic Development Corporation ("NYC EDC") and NYC Department of Design and Construction ("NYC DDC"), while several others were managed directly by NYC Health + Hospitals. These FEMA projects represented an addition of \$162.1 million of CIP in fiscal year 2023, with a total CIP balance of \$113.9 million as of June 30, 2023. During the fiscal year 2023, \$691.4 million was placed in service. In fiscal year 2022, these projects represented an addition of \$229.8 million of CIP, with a total CIP of \$637.5 million as of June 30, 2022. As of the end of fiscal year 2022, \$7.6 million was placed in service. In fiscal year 2021, these projects made up \$245.7 million of CIP, with CIP totaling \$415.2 million as of June 30, 2021. As of 2021's fiscal year end, \$9.0 million was placed in service with an estimated cost to complete of \$1.4 billion. This consisted of projects located at Bellevue, Metropolitan, and Coler.
- Comprehensive energy upgrade projects have been undertaken and they seek to reduce NYC Health + Hospitals' greenhouse gas emissions and energy consumption. These comprehensive energy projects focus on upgrades to lighting, air handling units, chillers, cooling towers, and other HVAC equipment. NYC Health + Hospitals also has specialty projects, namely the Combined Heat and Power ("CHaP") installation at Bellevue, a new boiler plant installation at Harlem and new heat pump and solar installation at McKinney Rehab Nursing Center. Energy efficiency upgrade projects at multiple facilities represented an addition of \$47.67 million for fiscal year 2023 in CIP, with CIP totaling \$88.6 million as of June 30, 2023. As of fiscal year 2023, these projects have a total budget of \$314.6 million and a total of \$157.5 million estimated for completion. In fiscal year 2022, these types of projects represented an addition of \$23.4 million in CIP, with CIP totaling \$32.3 million as of June 30, 2022. In fiscal year 2022, these projects had a total budget of \$271.0 million and a total of \$206.7 million estimated for completion. In fiscal year 2021, energy projects represented an addition of \$11.3 million in CIP, with a total CIP of \$39.1 million placed in service during that year. In fiscal year 2021, these projects had total budget of \$317.0 million and total \$222.2 million estimated for completion.

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- NYC Health + Hospitals continued work on its EMR system. Known as H2O Epic (which contains work for both the Clinical and Revenue departments), it has been implemented at all acute care hospitals, Gotham Health clinics, outpatient facilities, Henry J. Carter Long Term Acute Care facility, and Roosevelt Island Medical Center, which is onsite at Coler Hospital. NYC Health + Hospitals continues to enhance and develop additional modules for the H2O Epic EMR system which has two components: a Clinical budget of approximately \$764.0 million and a Revenue Cycle budget of approximately \$289.1 million. Fiscal year 2023 added \$16.3 million of CIP related to this project which was inclusive of capitalizable expenditures of \$12.1 million for the Clinical portion and \$4.2 million for the Revenue Cycle portion. As of June 30, 2023, the total amount placed in service was \$11.2 million. Fiscal year 2022 added \$14.5 million of CIP related to this project which was inclusive of capitalizable expenditures of \$14.4 million for the Clinical portion and \$0.1 million for the Revenue Cycle portion. As of June 30, 2022, the total amount placed in service was \$14.5 million. As of June 30, 2021, the total amount placed in service was \$10.2 million which consisted of \$5.0 million related to Clinical and \$5.2 million related to Revenue Cycle capital. This amount excluded the costs of capitalized in-house payroll assigned to this project.
- NYC Health + Hospitals had a project to upgrade its system-wide network infrastructure called Network Refresh. During fiscal year 2023, \$36.0 million was added to CIP and \$20.2 million was placed in service. The overall CIP amount of June 30, 2023 is \$20.3 million. This project is mostly funded through City capital dollars with a total estimated cost of \$200.7 million. During fiscal year 2022, \$33.7 million was added to CIP and \$29.0 million was placed in service. In fiscal year 2022, the total estimated cost of the project was \$180.5 million. During fiscal year 2021, \$4.0 million was added to the CIP total and \$70.0 million was placed in service. The total estimated cost of the project in fiscal 2021 was \$160.0 million.
- Health + Hospitals' Center of Excellence sites substantially completed projects in three locations in the Bronx, Queens, and Brooklyn. These comprehensive health centers were initiated and completed as an emergency response to COVID-19. They are designed to meet the unique needs of patients recovering from COVID-19, including specialized services like cardiology care and diagnostic services. These projects are located in communities most heavily impacted by COVID-19 and are in alignment with the New York City Mayor's initiative and rapid response to the COVID-19 pandemic. These three projects are managed by NYC DDC and NYC Health + Hospitals. The construction was managed by NYC DDC and the design, furniture, fixtures, and equipment purchases were managed by NYC Health + Hospitals. During fiscal year 2023, \$134.9 million was placed in service. The projects are to be funded through City capital with a total estimated amount of \$141.0 million as of June 30, 2023. Fiscal year 2022 added \$137.0 million to the CIP total. The total estimated amount of the project was \$141.0 million as of June 30, 2023. In fiscal year 2021, \$133.0 million was added to the CIP total. The project was estimated to cost \$141.0 million as of June 30, 2021.

NYC Health + Hospitals' fiscal year 2024 capital budget projects spending of \$484.0 million, which includes acquisition of medical equipment, information technology upgrades, continued additions to the EMR system, and construction work on rehabilitation and infrastructure projects. The 2024 capital budget is expected to be primarily financed by New York City General Obligation Bonds, HHC 2020 Bonds, TFA bonds, a New York State Grant called the Capital Restructuring Financing Program, and FEMA grants.

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More detailed information about NYC Health + Hospital's capital assets is presented in Note 5 to the financial statements.

*Current and Long-Term Debt*

At June 30, 2023, NYC Health + Hospitals had approximately \$639.9 million in current and long-term debt financing related to its capital assets, as shown with comparative amounts at June 30, 2022 and 2021 (in thousands):

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Bonds payable	\$ 478,808	\$ 533,086	\$ 586,343
New York Power Authority ("NYPA") financing	-	39,751	39,418
Equipment and renovation financing (Sodexo)	1,463	2,483	4,476
Henry J. Carter capital lease obligation	-	14,063	16,632
JP Morgan equipment financing	37,563	3,145	12,483
Revolving loan (Citibank)	7,000	13,500	19,500
Term loan (Citibank)	-	6,265	12,395
CISCO maintenance	115,082	166,620	18,441
	<u>          </u>	<u>          </u>	<u>          </u>
Total	<u>\$ 639,916</u>	<u>\$ 778,913</u>	<u>\$ 709,688</u>

At June 30, 2023, NYC Health + Hospitals' outstanding bonds at par were approximately \$428.5 million, with 72.4% uninsured fixed rate and 27.6% variable rate secured by letters of credit. NYC Health + Hospitals is rated Aa3, A+, and AA- by Moody's, S&P, and Fitch, respectively. The variable rate bonds are secured by TD Bank's and JPMorgan Chase Bank's letters of credit. As of August 3, 2023, the Moody's, S&P, and Fitch long-term/short-term ratings for TD Bank and JPMorgan Chase Bank are A1/P-1, AA-/A-1+, and AA-/F1+ and Aa1/P-1, A+/A-1, and AA/F1+, respectively. There are no statutory debt limitations that may affect NYC Health + Hospitals' financing of planned facilities or services.

More detailed information about NYC Health + Hospitals long-term debt is presented in Note 8 to the financial statements.

**Statements of Revenue, Expenses, and Changes in Net Position**

*Net patient service revenue* - Increased by \$326.9 million during fiscal year 2023 due to an increase in Disproportionate Share Hospital ("DSH") and risk pool revenue. Increased by \$137.9 million during fiscal year 2022 due to an increase in patient volume.

*Appropriations from the City of New York, net* - Increased \$680.9 million from June 30, 2022 to June 30, 2023 due to an increase in funds appropriated by the City for collective bargaining and HERRC. Increased \$341.7 million from June 30, 2021 to June 30, 2022 due to an increase in cash received from the City and being relieved of the fiscal 2022 obligation to pay the City back for debt service it pays on behalf of NYC Health + Hospitals.

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*Grants revenue* - Decreased by \$1.7 billion from June 30, 2022 to June 30, 2023 mainly due to a \$1.4 billion decrease in Test and Treat, FEMA, CARES, and ARPA COVID program revenue. Decreased by \$112.6 million from June 30, 2021 to June 30, 2022 mainly due to a \$101.9 million decrease in VBP-QIP program revenue.

*Other revenue* - Decreased by \$52.4 million during fiscal year 2023 due to a \$22.0 million decrease in 340B pharmacy program revenue and a decrease in various one-time payments received during fiscal year 2022 that did not repeat in fiscal year 2023. Increased by \$6.8 million during fiscal year 2022 due to an increase in New York City Health and Hospitals Accountable Care Organization's revenue of \$6.7 million.

*UPL Conversion Prior Period Revenue*- There is no UPL Conversion Prior Period Revenue in fiscal year 2023. Total UPL Conversion payments of \$1.2 billion are included in total operating revenue for 2022 of which \$638.3 million relates to prior years and \$566.7 million relates to fiscal year 2022. (Note 12)

*Personal services* - Increased by \$125.6 million in fiscal year 2023 due to collective bargaining settlements and headcount. Increased by \$44.8 million in fiscal year 2022 due to an increase in staff nurse emergency overtime.

*Other-than-personal services* - Decreased by \$733.1 million during fiscal year 2023 due primarily a \$1.3 billion decrease in COVID-19 and Test and Treat OTPS that was offset by an increase in HERRC OTPS of \$407.8 million. Decreased by \$256.7 million during fiscal year 2022 due primarily to shifts in COVID-19 and non-COVID-19 OTPS resulting in a net decrease of \$96.7 million as well as a decrease in Test and Treat OTPS of \$140.4 million.

*Fringe benefits and employer payroll taxes* – Increased \$94.7 million during fiscal year 2023 due to an increase in health benefit rates and an increase in headcount. Remained consistent during fiscal year 2022.

*Pension* - Increased by \$139.5 million resulting from decreases in projected earnings on pension plan investments during fiscal year 2023. Increased by \$290.5 million resulting from decreases in investment income over the course of fiscal year 2022. Pension plan expense as of June 30, 2023 and 2022 is determined by the New York City Office of the Actuary (Note 10).

*Postemployment benefits, other than pension* - Decreased by \$20.0 million from June 30, 2022 to June 30, 2023 due to a change in the discount rate from 4.09% to 4.13% and decreased by \$195.7 million from June 30, 2021 to June 30, 2022 due largely to a change in the discount rate from 2.18% to 4.09% as well as to changes in expected and actual experience and assumptions made in the actuarial calculation such as retirement age, mortality, disability, withdrawal and salary scale. Postemployment benefits, other than pension as of June 30, 2023 and 2022 is determined by the New York City Office of the Actuary (Note 11).

*Affiliation contracted services* - Increased by \$103.7 million and increased \$155.4 million during fiscal years 2023 and 2022, respectively, due to contractual increases and cost of living adjustment settlements.

*Capital contributions funded by the City of New York, net* – Increased \$171.6 million during fiscal year 2023 primarily due to an increase in CIP for the OTHxU project at Bellevue. It remained consistent during fiscal year 2022 when compared to the prior year.

*Capital contributions funded by grantors and donors* - Remained consistent during fiscal year 2023 when compared to the prior year. Remained consistent during fiscal year 2022 when compared to the prior year.



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**Corporation Issues and Challenges**

NYC Health + Hospitals, with the City's assistance, continues to address and adapt to the increasing fiscal challenges placed on healthcare institutions in the New York City area. Specifically, these include:

- Insufficient Medicaid and Medicare reimbursement rates to meet the costs of caring for low-income New Yorkers;
- Potential risks in Medicaid supplemental funding;
- Ongoing operational and financial uncertainties due to COVID-19 and its lingering impact on workforce and pricing, as well as the emerging seasonal tri-demic of COVID, Influenza (Flu), and Respiratory syncytial virus (RSV);
- Replacing and updating infrastructure to meet the healthcare needs of the public we serve.

NYC Health + Hospitals continues to respond to these challenges by implementing strategic financial initiatives to strengthen revenue cycle operations. Through clear strategy and proper investments, our goal is to build competitive healthcare offerings available to all New Yorkers and to ensure Health + Hospitals maintains robust and sustainable operations. Despite the challenges of COVID-19, NYC Health + Hospitals remains on track to achieve a balanced financial plan through fiscal year 2024 to further stabilize the health system for the City of New York.

**Federally Qualified Health Center**

NYC Health + Hospitals has a co-applicant agreement with Gotham Health FQHC, Inc. ("Gotham") for the purposes of operating certain community health centers ("Health Centers") together as a public entity model in order to obtain designations as a Federally Qualified Health Center(s) ("FQHC"). This type of federal designation provides for enhanced reimbursement rates for the care of patients. Gotham is a New York not-for-profit corporation participating with NYC Health + Hospitals in the governance of these Health Centers which were previously operated solely by NYC Health + Hospitals. The purpose of the co-applicant process is to permit these Health Centers to operate under FQHC status. Gotham is not considered a related organization to NYC Health + Hospitals, nor is there any overlap in any members of their respective boards.

**Contacting NYC Health + Hospitals Financial Management**

This financial report provides the citizens of the City, NYC Health + Hospitals' patients, bondholders, and creditors with a general overview of NYC Health + Hospitals' finances and operations. If you have questions about this report or need additional financial information, please contact Mr. John Ulberg, Senior Vice President/Chief Financial Officer, NYC Health + Hospitals, 50 Water Street, 3<sup>rd</sup> Floor, New York, New York 10004.

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**As of June 30, 2023**  
**(In thousands)**

**DRAFT**

	2023			
	Business-type Activities –	Discretely Presented Component	Eliminations	Total
	HHC	Unit-MetroPlus		
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 807,296	\$ 1,095,193	\$ -	\$ 1,902,489
U.S. government securities	-	382,490	-	382,490
Patient accounts receivable, net	956,577	-	(440,028)	516,549
Premiums receivable	-	170,781	(3,886)	166,895
Estimated third-party payor settlements	796,100	-	(22,700)	773,400
Estimated pools receivable	-	-	-	-
Grants receivable	557,819	189	-	558,008
Assets restricted as to use and required for current liabilities	14,730	-	-	14,730
Due from City of New York	461,221	-	-	461,221
Current lease receivable, net	1,874	-	-	1,874
Other current assets	338,892	52,644	-	391,536
Total current assets	3,934,509	1,701,297	(466,614)	5,169,192
Assets restricted as to use, net of current portion	149,163	183,779	-	332,942
U.S. government securities	-	265,178	-	265,178
Capital assets, net of accumulated depreciation	4,587,983	19,327	-	4,607,310
Leases and SBITAs, net of current portion	399,656	161,263	-	560,919
Noncurrent lease receivable, net of current portion	112,959	-	-	112,959
Other Assets	80,113	-	-	80,113
Total assets	9,264,383	2,330,844	(466,614)	11,128,613
<b>Deferred Outflows of Resources</b>				
Deferred outflows from pension	1,324,283	38,123	-	1,362,406
Deferred outflows from postemployment benefits, other than pension	288,810	8,994	-	297,804
Unamortized refunding cost	-	-	-	-
Asset retirement obligation	5,000	-	-	5,000
	<u>\$ 10,882,476</u>	<u>\$ 2,377,961</u>	<u>\$ (466,614)</u>	<u>\$ 12,793,823</u>
<b>Liabilities</b>				
Current liabilities:				
Current installments of long-term debt	\$ 58,562	\$ -	\$ -	\$ 58,562
Leases and SBITAs, net	21,749	3,046	-	24,795
Accrued salaries, fringe benefits, and payroll taxes	451,297	14,831	(3,886)	462,242
Accounts payable and accrued expenses	1,177,582	1,254,540	(462,728)	1,969,394
Estimated third-party payor settlements	52,455	-	-	52,455
Estimated pools payable	424,000	-	-	424,000
Due to City of New York	361,219	-	-	361,219
Current portion of pension	473,028	14,730	-	487,758
Current portion of postemployment benefits obligation, other than pension	213,577	6,651	-	220,228
Total current liabilities	3,233,469	1,293,798	(466,614)	4,060,653
Long-term debt, net of current installments	581,354	-	-	581,354
Leases and SBITAs, net of current portion	409,826	160,050	-	569,876
Accrued compensated absences, net of current portion	522,526	10,515	-	533,041
Long-term pension, net of current portion	1,837,343	44,347	-	1,881,690
Postemployment benefits obligation, other than pension, net of current portion	4,142,503	16,738	-	4,159,241
Total liabilities	10,727,021	1,525,448	(466,614)	11,785,855
<b>Deferred Inflows of Resources</b>				
Deferred inflows from pension	1,148,992	14,416	-	1,163,408
Deferred inflows from postemployment benefits, other than pension	1,447,306	41,593	-	1,488,899
Deferred inflows from lease contracts	110,490	-	-	110,490
Unamortized refunding cost	925	-	-	925
	<u>13,434,734</u>	<u>1,581,457</u>	<u>(466,614)</u>	<u>14,549,577</u>
<b>Net Position</b>				
Net investment in capital assets	4,203,506	142,327	-	4,345,833
Restricted:				
For debt service	94,788	-	-	94,788
Expendable for specific operating activities	8,906	-	-	8,906
Nonexpendable permanent endowments	928	-	-	928
Contingent surplus reserve	-	536,011	-	536,011
Unrestricted	(6,860,386)	118,166	-	(6,742,220)
Total net (deficit) surplus position	<u>\$ (2,552,258)</u>	<u>\$ 796,504</u>	<u>\$ -</u>	<u>\$ (1,755,754)</u>

*The accompanying notes are an integral part of this financial statement.*

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**(In thousands)**

**DRAFT**

	2022			
	Business-type Activities – HHC	Discretely Presented Component		Total
		Unit-MetroPlus	Eliminations	
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 748,982	\$ 541,480	\$ -	\$ 1,290,462
U.S. government securities	-	165,740	-	165,740
Patient accounts receivable, net	919,202	-	(363,351)	555,851
Premiums receivable	-	391,836	(9,847)	381,989
Estimated third-party payor settlements	1,216,800	-	(156,200)	1,060,600
Estimated pools receivable	-	-	-	-
Grants receivable	844,980	202	-	845,182
Assets restricted as to use and required for current liabilities	22,498	-	-	22,498
Due from City of New York	31,891	-	-	31,891
Current lease receivable, net	-	-	-	-
Other current assets	479,346	60,430	-	539,776
Total current assets	4,263,699	1,159,688	(529,398)	4,893,989
Assets restricted as to use, net of current portion	183,385	180,852	-	364,237
U.S. government securities	-	434,290	-	434,290
Capital assets, net of accumulated depreciation	4,352,953	17,718	-	4,370,671
Other Assets	133,305	-	-	133,305
Total assets	8,933,342	1,792,548	(529,398)	10,196,492
<b>Deferred Outflows of Resources</b>				
Deferred outflows from pension	1,544,176	45,532	-	1,589,708
Deferred outflows from postemployment benefits, other than pension	399,150	11,371	-	410,521
Unamortized refunding cost	137	-	-	137
Asset retirement obligation	5,000	-	-	5,000
	<u>\$ 10,881,805</u>	<u>\$ 1,849,451</u>	<u>\$ (529,398)</u>	<u>\$ 12,201,858</u>
<b>Liabilities</b>				
Current liabilities:				
Current installments of long-term debt	\$ 99,082	\$ -	\$ -	\$ 99,082
Leases and SBITAs, net	-	-	-	-
Accrued salaries, fringe benefits, and payroll taxes	388,233	10,308	(9,847)	388,694
Accounts payable and accrued expenses	1,461,717	1,011,729	(519,551)	1,953,895
Estimated third-party payor settlements	90,442	-	-	90,442
Estimated pools payable	486,600	-	-	486,600
Due to City of New York	359,341	-	-	359,341
Current portion of pension	451,079	12,851	-	463,930
Current portion of postemployment benefits obligation, other than pension	293,028	8,348	-	301,376
Total current liabilities	3,629,522	1,043,236	(529,398)	4,143,360
Long-term debt, net of current installments	679,831	-	-	679,831
Leases and SBITAs, net of current portion	-	-	-	-
Accrued compensated absences, net of current portion	530,567	10,208	-	540,775
Long-term pension, net of current portion	1,845,395	46,990	-	1,892,385
Postemployment benefits obligation, other than pension, net of current portion	3,902,499	12,125	-	3,914,624
Total liabilities	10,587,814	1,112,559	(529,398)	11,170,975
<b>Deferred Inflows of Resources</b>				
Deferred inflows from pension	1,433,118	29,612	-	1,462,730
Deferred inflows from postemployment benefits, other than pension	1,835,060	52,279	-	1,887,339
Deferred inflows from lease contracts	-	-	-	-
Unamortized refunding cost	1,142	-	-	1,142
	<u>13,857,134</u>	<u>1,194,450</u>	<u>(529,398)</u>	<u>14,522,186</u>
<b>Net Position</b>				
Net investment in capital assets	3,483,741	3,699	-	3,487,440
Restricted:				
For debt service	102,599	-	-	102,599
Expendable for specific operating activities	8,906	-	-	8,906
Nonexpendable permanent endowments	928	-	-	928
Contingent surplus reserve	-	485,407	-	485,407
Unrestricted	(6,571,503)	165,895	-	(6,405,608)
Total net (deficit) surplus position	<u>\$ (2,975,329)</u>	<u>\$ 655,001</u>	<u>\$ -</u>	<u>\$ (2,320,328)</u>

*The accompanying notes are an integral part of this financial statement.*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Statement of Net Position**  
**As of June 30, 2022**  
**(In thousands)**

**DRAFT**

	2022			
	Business-type Activities – HHC	Discretely Presented Component		Total
		Unit-MetroPlus	Eliminations	
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 748,982	\$ 541,480	\$ -	\$ 1,290,462
U.S. government securities	-	165,740	-	165,740
Patient accounts receivable, net	919,202	-	(363,351)	555,851
Premiums receivable	-	391,836	(9,847)	381,989
Estimated third-party payor settlements	1,216,800	-	(156,200)	1,060,600
Estimated pools receivable	-	-	-	-
Grants receivable	844,980	202	-	845,182
Assets restricted as to use and required for current liabilities	22,498	-	-	22,498
Due from City of New York	31,891	-	-	31,891
Current lease receivable, net	-	-	-	-
Other current assets	479,346	60,430	-	539,776
Total current assets	4,263,699	1,159,688	(529,398)	4,893,989
Assets restricted as to use, net of current portion	183,385	180,852	-	364,237
U.S. government securities	-	434,290	-	434,290
Capital assets, net of accumulated depreciation	4,352,953	17,718	-	4,370,671
Other Assets	133,305	-	-	133,305
Total assets	8,933,342	1,792,548	(529,398)	10,196,492
<b>Deferred Outflows of Resources</b>				
Deferred outflows from pension	1,544,176	45,532	-	1,589,708
Deferred outflows from postemployment benefits, other than pension	399,150	11,371	-	410,521
Unamortized refunding cost	137	-	-	137
Asset retirement obligation	5,000	-	-	5,000
	<u>\$ 10,881,805</u>	<u>\$ 1,849,451</u>	<u>\$ (529,398)</u>	<u>\$ 12,201,858</u>
<b>Liabilities</b>				
Current liabilities:				
Current installments of long-term debt	\$ 99,082	\$ -	\$ -	\$ 99,082
Leases and SBITAs, net	-	-	-	-
Accrued salaries, fringe benefits, and payroll taxes	388,233	10,308	(9,847)	388,694
Accounts payable and accrued expenses	1,461,717	1,011,729	(519,551)	1,953,895
Estimated third-party payor settlements	90,442	-	-	90,442
Estimated pools payable	486,600	-	-	486,600
Due to City of New York	359,341	-	-	359,341
Current portion of pension	451,079	12,851	-	463,930
Current portion of postemployment benefits obligation, other than pension	293,028	8,348	-	301,376
Total current liabilities	3,629,522	1,043,236	(529,398)	4,143,360
Long-term debt, net of current installments	679,831	-	-	679,831
Leases and SBITAs, net of current portion	-	-	-	-
Accrued compensated absences, net of current portion	530,567	10,208	-	540,775
Long-term pension, net of current portion	1,845,395	46,990	-	1,892,385
Postemployment benefits obligation, other than pension, net of current portion	3,902,499	12,125	-	3,914,624
Total liabilities	10,587,814	1,112,559	(529,398)	11,170,975
<b>Deferred Inflows of Resources</b>				
Deferred inflows from pension	1,433,118	29,612	-	1,462,730
Deferred inflows from postemployment benefits, other than pension	1,835,060	52,279	-	1,887,339
Deferred inflows from lease contracts	-	-	-	-
Unamortized refunding cost	1,142	-	-	1,142
	<u>13,857,134</u>	<u>1,194,450</u>	<u>(529,398)</u>	<u>14,522,186</u>
<b>Net Position</b>				
Net investment in capital assets	3,483,741	3,699	-	3,487,440
Restricted:				
For debt service	102,599	-	-	102,599
Expendable for specific operating activities	8,906	-	-	8,906
Nonexpendable permanent endowments	928	-	-	928
Contingent surplus reserve	-	485,407	-	485,407
Unrestricted	(6,571,503)	165,895	-	(6,405,608)
Total net (deficit) surplus position	<u>\$ (2,975,329)</u>	<u>\$ 655,001</u>	<u>\$ -</u>	<u>\$ (2,320,328)</u>

*The accompanying notes are an integral part of this financial statement.*



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Statement of Revenues, Expenses, and Changes in Net Position**  
**For the year ended June 30, 2023**  
**In thousands)**

	2023			Total
	Business-type Activities - H+H	Discretely Presented Component Unit - MetroPlus	Eliminations	
<b>OPERATING REVENUE</b>				
Net patient service revenue	\$ 8,211,795	\$ -	\$ (1,234,232)	\$ 6,977,563
Appropriations from City of New York, net	1,603,838	-	-	1,603,838
Premium revenue	-	4,736,901	(76,072)	4,660,829
Grants revenue	501,840	500	-	502,340
Other revenue	214,256	448	-	214,704
UPL conversion prior period revenue	-	-	-	-
Total operating revenue	<u>10,531,729</u>	<u>4,737,849</u>	<u>(1,310,304)</u>	<u>13,959,274</u>
<b>OPERATING EXPENSES</b>				
Personal services	3,397,334	124,540	-	3,521,874
Other than personal services	3,478,775	4,431,921	(1,234,232)	6,676,464
Fringe benefits and employer payroll taxes	1,166,769	41,537	(76,072)	1,132,234
Pension	378,308	11,983	-	390,291
Postemployment benefits, other than pension	47,085	1,466	-	48,551
Affiliation contracted services	1,579,870	-	-	1,579,870
Depreciation	564,746	5,642	-	570,388
Total operating expenses	<u>10,612,887</u>	<u>4,617,089</u>	<u>(1,310,304)</u>	<u>13,919,672</u>
Operating income/(loss)	<u>(81,158)</u>	<u>120,760</u>	<u>-</u>	<u>39,602</u>
<b>NONOPERATING REVENUE (EXPENSES)</b>				
Investment income	22,785	20,930	-	43,715
Interest expense	(148,586)	(685)	-	(149,271)
Contributions restricted for specific operating activities	2,572	-	-	2,572
Total nonoperating revenue/(expenses), net	<u>(123,229)</u>	<u>20,245</u>	<u>-</u>	<u>(102,984)</u>
Gain/(Loss) before other changes in net position	<u>(204,387)</u>	<u>141,005</u>	<u>-</u>	<u>(63,382)</u>
<b>OTHER CHANGES IN NET POSITION</b>				
Capital contributions funded by City of New York, net	433,362	498	-	433,860
Capital contributions funded by grantors and donors	194,096	-	-	194,096
Total other changes in net position	<u>627,458</u>	<u>498</u>	<u>-</u>	<u>627,956</u>
Increase in net position	<u>423,071</u>	<u>141,503</u>	<u>-</u>	<u>564,574</u>
Net (deficit) surplus position at beginning of period	<u>(2,975,329)</u>	<u>655,001</u>	<u>-</u>	<u>(2,320,328)</u>
Net (deficit) surplus position at end of period	<u>\$ (2,552,258)</u>	<u>\$ 796,504</u>	<u>\$ -</u>	<u>\$ (1,755,754)</u>

*The accompanying notes are an integral part of this financial statement.*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Statement of Revenues, Expenses, and Changes in Net Position**  
**For the year ended June 30, 2022**  
**(In thousands)**

	2022			
	Business-type Activities - H+H	Discretely Presented Component Unit - MetroPlus	Eliminations	Total
<b>OPERATING REVENUE</b>				
Net patient service revenue	\$ 7,884,872	\$ -	\$ (1,031,315)	\$ 6,853,557
Appropriations from City of New York, net	922,959	-	-	922,959
Premium revenue	-	4,276,821	(58,601)	4,218,220
Grants revenue	2,189,232	578	(62,178)	2,127,632
Other revenue	266,619	6,084	-	272,703
UPL Conversion Prior Period Revenue	638,300	-	(123,900)	514,400
Total operating revenue	<u>11,901,982</u>	<u>4,283,483</u>	<u>(1,275,994)</u>	<u>14,909,471</u>
<b>OPERATING EXPENSES</b>				
Personal services	3,271,702	105,625	-	3,377,327
Other than personal services	4,211,887	4,069,796	(1,217,393)	7,064,290
Fringe benefits and employer payroll taxes	1,072,033	35,603	(58,601)	1,049,035
Pension	238,814	6,898	-	245,712
Postemployment benefits, other than pension	27,055	771	-	27,826
Affiliation contracted services	1,476,128	-	-	1,476,128
Depreciation	499,609	2,789	-	502,398
Total operating expenses	<u>10,797,228</u>	<u>4,221,482</u>	<u>(1,275,994)</u>	<u>13,742,716</u>
Operating income/(loss)	<u>1,104,754</u>	<u>62,001</u>	<u>-</u>	<u>1,166,755</u>
<b>NONOPERATING REVENUE (EXPENSES)</b>				
Investment income	828	(26,741)	-	(25,913)
Interest expense	(115,712)	-	-	(115,712)
Contributions restricted for specific operating activities	(3,184)	-	-	(3,184)
Total nonoperating revenue/(expenses), net	<u>(118,068)</u>	<u>(26,741)</u>	<u>-</u>	<u>(144,809)</u>
Gain/(Loss) before other changes in net position	<u>986,686</u>	<u>35,260</u>	<u>-</u>	<u>1,021,946</u>
<b>OTHER CHANGES IN NET POSITION</b>				
Capital contributions funded by City of New York, net	261,810	3,557	-	265,367
Capital contributions funded by grantors and donors	211,326	-	-	211,326
Total other changes in net position	<u>473,136</u>	<u>3,557</u>	<u>-</u>	<u>476,693</u>
Increase in net position	<u>1,459,822</u>	<u>38,817</u>	<u>-</u>	<u>1,498,639</u>
Net (deficit) surplus position at beginning of period	<u>(4,435,151)</u>	<u>616,184</u>	<u>-</u>	<u>(3,818,967)</u>
Net (deficit) surplus position at end of period	<u>\$ (2,975,329)</u>	<u>\$ 655,001</u>	<u>\$ -</u>	<u>\$ (2,320,328)</u>

*The accompanying notes are an integral part of this financial statement.*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Statements of Cash Flows**  
**For the years ended June 30, 2023 and 2022**  
**(In thousands)**

	2023 Business-type Activities - H+H	2022 Business-type Activities - H+H
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from patients and third-party payors	\$ 8,501,576	\$ 8,982,039
Cash appropriations received from City of New York	1,117,028	815,000
Cash appropriations remitted to City of New York	(91,570)	(196,739)
Receipts from grants	656,644	1,435,412
Other receipts	203,609	266,619
Cash paid for personal services, fringe benefits, employer payroll taxes, and postemployment benefits obligation, other than pension	(4,703,940)	(4,596,067)
Cash paid for pension	(445,201)	(459,370)
Cash paid for other than personal services	(3,510,122)	(4,392,875)
Cash paid for affiliation contracted services	(1,581,228)	(1,397,580)
Net cash provided by operating activities	<u>146,796</u>	<u>456,439</u>
<b>CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITY</b>		
Proceeds from contributions restricted for specific operating activities	<u>2,572</u>	<u>(3,184)</u>
Net cash (used in) provided by noncapital financing activity	<u>2,572</u>	<u>(3,184)</u>
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Purchase of capital assets	(566,116)	(691,451)
Capital contributions by grantors and donors	194,096	206,441
Capital contributions by the City of New York	390,355	135,047
Cash paid for capital retainage	-	(238)
Payments of long-term debt	(88,452)	(85,311)
Cash paid for leases and IT subscriptions	(43,132)	-
Proceeds from the issuance of long-term debt	-	65,700
Interest paid	(23,737)	(127,851)
Net cash used in capital and related financing activities	<u>(136,986)</u>	<u>(497,663)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of assets restricted as to use	(34,315)	(35,071)
Proceeds from sales of assets restricted as to use	76,306	67,892
Interest received	3,941	202
Net cash provided by (used in) investing activities	<u>45,932</u>	<u>33,023</u>
Net (decrease) increase in cash and cash equivalents	58,314	(11,385)
Cash and cash equivalents at beginning of year	748,982	760,367
Cash and cash equivalents at end of year	<u>\$ 807,296</u>	<u>\$ 748,982</u>
Supplemental disclosure:		
Change in fair value of assets restricted as to use	\$ 1,483	\$ (194)
Capital assets included within accounts payable and accrued expenses	83,208	107,099

*The accompanying notes are an integral part of these financial statements.*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Statements of Cash Flows**  
**For the years ended June 30, 2023 and 2022**  
**(In thousands)**

	<b>2023</b>	<b>2022</b>
	<b>Business-type</b>	<b>Business-type</b>
	<b>Activities -</b>	<b>Activities -</b>
	<b>H+H</b>	<b>H+H</b>
Reconciliation of operating income to net cash provided by operating activities:		
Operating income	\$ (81,158)	\$ 1,104,754
Adjustments to reconcile operating loss to net cash provided by operating activities:		
Depreciation	530,576	499,609
Provision for bad debts	180,694	139,140
Changes in assets and liabilities:		
Patient accounts receivable, net	(218,069)	(175,185)
Estimated third-party payor settlements, net	382,713	(578,931)
Estimated pools receivable	(62,600)	1,067,900
Grants receivable	287,161	(181,688)
Lease receivable	(114,833)	-
Other current assets	149,612	(40,299)
Accrued salaries, fringe benefits, payroll taxes, and compensated absences	55,023	(12,962)
Pension	(50,336)	(156,446)
Accounts payable and accrued expenses	(256,387)	(629,465)
Due to City of New York	(538,739)	(307,438)
Postemployment benefits obligation, other than pension	(116,861)	(272,550)
Net cash provided by operating activities	<u>\$ 146,796</u>	<u>\$ 456,439</u>

*The accompanying notes are an integral part of these financial statements.*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Notes to Financial Statements**  
**June 30, 2023 and 2022**

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**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) Organization**

On July 1, 1970, the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), a New York State (the “State”) public benefit corporation created by Chapter 1016 of the Laws of 1969, assumed responsibility for the operation of the municipal hospital system of the City of New York (the “City”) pursuant to an agreement with the City dated June 16, 1970 (the “Agreement”). As a main element of its core mission, NYC Health + Hospitals provides to all, on behalf of the City, comprehensive medical and mental health services of the highest quality in an atmosphere of humane care, dignity, and respect, regardless of a patient’s ability to pay. NYC Health + Hospitals operates eleven acute care hospitals, five long-term care facilities, several diagnostic and treatment centers, many hospital-based and neighborhood clinics, a certified home health agency, and also discretely presents a related entity, MetroPlus Health Plan, Inc. (“MetroPlus”), a prepaid health services provider.

NYC Health + Hospitals is a discretely presented component unit of the City, and accordingly, its financial statements are included in the City’s Annual Comprehensive Financial Report.

NYC Health + Hospitals has a number of blended component units, which means that they are reported as if they are part of NYC Health + Hospitals. These entities meet the requirements for blending when they provide services exclusively to NYC Health + Hospitals and/or NYC Health + Hospitals is the sole corporate member and appoints a voting majority of the governing board of each of the blended component units. The accompanying financial statements include the operations of the following component units, which are blended with the accounts of Business-type Activities – H+H in the preceding Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position:

- HHC Capital Corporation (“HHC Capital”) was created by NYC Health + Hospitals as a public benefit corporation, of which NYC Health + Hospitals is the sole member, in 1993, in order to secure its 1993 Series A bonds. The sole purpose of HHC Capital is to accept all payments assigned to it by NYC Health + Hospitals and its providers and to remit monthly, from such assigned payments, amounts required for debt service on the 2008, 2013, and 2020 Bond issues to the bond trustee, with the balance transferred to NYC Health + Hospitals.
- HHC Insurance Company, Inc. (“HHC Insurance”) was created in 2003 by NYC Health + Hospitals as a public benefit corporation, of which NYC Health + Hospitals is the sole member. It is a not-for-profit captive insurance company licensed by the New York State Insurance Department. Its license is renewed annually. HHC Insurance underwrites medical malpractice insurance for NYC Health + Hospitals’ attending physicians who specialize in the areas of neurosurgery, obstetrics, and gynecology. All insured practitioners can apply for the excess insurance coverage available to them in the New York State Excess Liability Pool (“State Pool”), issued by the Medical Malpractice Insurance Pool (“MMIP” or “Pool”).

HHC Insurance issues primary professional liability policies to its insureds on a claims-made basis for the first \$1.3 million per incident and \$3.9 million in the aggregate for each claim. Once the insured practitioner has this primary insurance coverage, the insured is able to apply for excess coverage, in the amount of \$1.0 million per incident and \$3.0 million in the aggregate, provided by the State Pool. NYC Health + Hospitals provides the insured with indemnification for each claim

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Notes to Financial Statements**  
**June 30, 2023 and 2022**

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- greater than \$2.3 million per incident or \$6.9 million in the aggregate. The MMIP is considered the insurer of last resort for primary medical malpractice coverage in the State. On the excess level, it operates as a medical malpractice insurance pool created by all the authorized (licensed) insurers writing medical malpractice insurance in New York as an alternative to receiving direct assignments of eligible health care providers. In the pool, each participating insurer is liable for each risk in an amount equal to the premiums it writes in the medical malpractice insurance market. The members of the MMP are all the licensed medical malpractice carrier in New York State.
- The HHC Physicians Purchasing Group, Inc. (“HHC Purchasing”), a public benefit corporation, was formed in 2003 to act as a purchasing group within the State of New York. The business of HHC Purchasing is to obtain, on behalf of its members who are employees of NYC Health + Hospitals or NYC Health + Hospitals’ affiliates, primary professional liability insurance from HHC Insurance. HHC Purchasing was registered and approved for operations by the New York State Department of Insurance on August 31, 2005. NYC Health + Hospitals is the sole voting member of HHC Purchasing.
  - HHC ACO Inc. (“HHC ACO”), a New York not-for-profit corporation, was formed in June 2012 by NYC Health + Hospitals as an Accountable Care Organization for purposes of applying to the federal Centers for Medicare and Medicaid Services (“CMS”) to participate in the Medicare Shared Savings Program (“MSSP”). HHC ACO was approved to participate in the MSSP as of January 1, 2013 and began operations in fiscal year 2014. CMS subsequently approved HHC ACO for renewal terms through December 31, 2024. NYC Health + Hospitals is its sole member.
  - New York Community IPA, Inc. (“NYC IPA”) was formed in April 2022 as a not-for-profit corporation for the purposes of engaging in the business of an independent practice association (“IPA”) to enter into population-based total cost of care Value Based Program (“VBP”) contracts with managed care organizations in the region for the needs of “Special Populations” patients (i.e. those experiencing homelessness or were formerly incarcerated). This innovative model will be one of the first of its kind in that it is based on a patient’s social status in addition to their financial status. Further, the IPA network of providers will be providers that have demonstrated experience with delivering care to these special populations. NYC Health + Hospitals continues to work with the State toward final CMS review and approval of the program.
  - HHC Assistance Corporation (“HHCAC”), a membership not-for-profit corporation, was formed in October 2012 by NYC Health + Hospitals and it is the sole corporate member. All members of HHCAC’s board of directors are officers of NYC Health + Hospitals. The HHCAC’s purpose is to perform activities that are helpful to NYC Health + Hospitals in the fulfillment of its statutory purposes. In 2015, HHCAC took on the function of the “Central Service Organization” in the NYC Health + Hospitals-led Participating Provider System under the New York State Department of Health’s Delivery System Reform Incentive Payment (“DSRIP”) program. In that capacity, HHCAC operated under the d/b/a “OneCity Health” (“OneCity Health”). The DSRIP program ended March 31, 2020 and as a result, HHCAC is currently a dormant entity with no immediate plans for future use.

The financial statements also include MetroPlus, which is a discretely presented component unit and is a public benefit corporation created by NYC Health + Hospitals. As the sole member, NYC Health + Hospitals appoints a voting majority of the governing board of MetroPlus. MetroPlus contracts with NYC



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Notes to Financial Statements**  
**June 30, 2023 and 2022**

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Health + Hospitals facilities and other providers to provide managed healthcare services on a prepaid basis and operates as a health maintenance organization.

MetroPlus' major lines of business include Medicaid, Essential Plan, HIV Special Needs Plan ("HIV-SNP"), Child Health Plus ("CHP"), Medicare Advantage, partially capitated Managed Long-Term Care ("MLTC"), Health and Recovery Plan ("HARP"), MetroPlus Gold, and the Individual Qualified Health Plan ("QHP").

MetroPlus has contractual agreements with the New York State Department of Health ("NYSDOH") to provide comprehensive medical service to members of the Medicaid, Essential Plan, MLTC, HARP and CHP lines of business. MetroPlus also has contracts with CMS and NYSDOH, to offer Medicare coverage for individuals, including those dually eligible for benefits under Medicare and Medicaid. Beneficiaries have the option of selecting MetroPlus or the State of New York as their Medicaid coverage provider. MetroPlus has an agreement with the New York State Department of Financial Services ("NYSDFS") to offer the QHP Program through the New York State of Health Plan Marketplace or directly with MetroPlus.

NYC Health + Hospitals employees and all City employees can elect MetroPlus Gold as part of their employee benefits. MetroPlus also offers GoldCare I and GoldCare II, low-cost, high-quality plans, to all eligible day care workers of New York City agencies.

Capitation payments are made to physicians affiliated with NYC Health + Hospitals, other non-NYC Health + Hospitals physicians, and provider groups for primary care services. Capitation refers to payments made at fixed per member, per month values based on the provider's assigned members.

Supplementary disclosures for MetroPlus are presented beginning with Note 15 of the financial statements.

MetroPlus and HHC Insurance issue separate statutory annual financial statements as of December 31<sup>st</sup> which are available through the Office of the Corporate Comptroller, 50 Water Street, 3<sup>rd</sup> Floor, New York, New York 10004. Additionally, while not a statutory requirement, HHC ACO issues financial statements as of June 30<sup>th</sup> which are also available through the Office of the Corporate Comptroller.

The NYC Health + Hospitals' significant accounting policies are as follows:

**(b) Basis of Presentation**

The accompanying basic financial statements of NYC Health + Hospitals are presented in conformity with generally accepted accounting principles ("U.S. GAAP") for state and local governments in the United States of America as prescribed by the Governmental Accounting Standards Board ("GASB"). The financial statements of NYC Health + Hospitals have been prepared on the accrual basis of accounting, using the economic resources measurement focus.

All significant intercompany balances and transactions between NYC Health + Hospitals and the blended component units have been eliminated within the Business-type Activities column. All significant intercompany balances and transactions between NYC Health + Hospitals and MetroPlus have been eliminated in the Eliminations column.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Notes to Financial Statements**  
**June 30, 2023 and 2022**

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**(c) Assets Restricted as to Use and Contributions**

Assets restricted as to use primarily include assets held by a trustee under bond resolutions and statutory reserve investments. Amounts required to meet current liabilities of NYC Health + Hospitals have been classified as current assets in the Statements of Net Position at June 30, 2023 and 2022. Assets restricted as to use are stated at fair value, with unrealized and realized gains and losses included in investment income.

Donor-restricted net positions are used to differentiate resources, the use of which is restricted by donors, from resources of unrestricted assets on which donors place no restrictions or that arise as a result of the operations of NYC Health + Hospitals for its stated purposes. Donor-restricted net positions represent contributions to provide healthcare services, of which \$0.9 million are held in perpetuity, as non-expendable permanent endowments, at June 30, 2023 and 2022. Resources restricted by donors for plant replacement and expansion are recognized as capital contributions and are added to the net investment in capital assets, net position balance. Resources restricted by donors for specific operating activities are reported as non-operating revenue. NYC Health + Hospitals utilizes available donor-restricted assets for permissible uses before utilizing unrestricted resources for expenses incurred.

**(d) Charity Care**

NYC Health + Hospitals provides care to patients who meet certain criteria under its charity care policy at amounts less than its charges or established rates. NYC Health + Hospitals does not pursue collection of amounts determined to qualify as charity care and they are not reported as revenue. (Note 3)

**(e) Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from those estimates.

Included in net patient service revenue are adjustments to prior year estimated third-party payor settlements, estimated pools receivables, and payables that were originally recorded in the period the related services were rendered. The adjustments to prior year estimates and other third-party reimbursement receipts or recoveries that relate to prior years resulted in a decrease to net patient service revenue of \$137.3 million and \$107.0 million for the years ended June 30, 2023 and 2022, respectively.

**(f) Statements of Revenue, Expenses, and Changes in Net Position**

All transactions deemed by management to be ongoing, major, or central to the provision of healthcare services or for the purpose of providing managed healthcare services are considered to be operating activities and are reported as operating revenue and operating expenses. Investment income, interest expense, and peripheral or incidental transactions are reported as non-operating revenue and expenses. Other changes in net position, which are excluded from income or loss before other changes in net position, consist of contributions of capital assets funded by the City, grantors, and donors.



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**(g) Patient Accounts Receivable, Net and Net Patient Service Revenue**

NYC Health + Hospitals has agreements with certain third-party payors that provide for payments at amounts different from its charges or established rates. Payment arrangements include prospectively determined rates, discounted charges, per diem payments, and value-based payment arrangements; a payment relationship in which there is a shift from a pure volume-based payment (i.e., fee for service) to an outcome-based payment where health providers are paid based on improvement of health of the patient rather than volume of services provided to the patient. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated third-party payor settlements resulting from audits, reviews, and investigations. These estimated third-party payor settlements are accrued in the period the related services are rendered and adjusted in future periods as revised information becomes known or as years are no longer subject to such audits, reviews, and investigations. Net patient service revenue was reported net of the provision for bad debts of \$180.7 million in 2023 and \$139.1 million in 2022.

The allowance for doubtful accounts is NYC Health + Hospitals estimate of the amount of probable credit losses in its patient accounts receivable. NYC Health + Hospitals determines the allowance based on collection studies and historical write-off experience. Past-due balances are reviewed individually for collectability. Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote. The allowance for doubtful accounts at June 30, 2023 and 2022 was approximately \$414.7 million and \$532.2 million, respectively.

**(h) Appropriations from the City of New York, Net**

NYC Health + Hospitals considers appropriations from the City to be ongoing and central to the provision of healthcare services and, accordingly, classifies them as operating revenue. Funds appropriated from the City are direct or indirect payments made by the City on behalf of NYC Health + Hospitals for the following:

- Settlements of claims for medical malpractice, negligence, other torts, and alleged breach of contracts (Note 12).
- Patient care rendered to prisoners (Note 14), uniformed City employees, and various discretely funded facility-specific programs.
- Interest on City General Obligation debt that funded NYC Health + Hospitals' capital acquisitions and interest on Dormitory Authority of the State of New York debt and Transitional Finance Authority ("TFA") debt on assets acquired through lease purchase agreements.
- Funding for collective bargaining agreements.

Reimbursement by NYC Health + Hospitals is negotiated annually with the City. NYC Health + Hospitals has agreed to reimburse the City for the following as remittances to the City:

- Medical malpractice settlements, negligence, and other torts up to an agreed-upon amount are negotiated annually and paid by the City on behalf of NYC Health + Hospitals. In 2023 and 2022, the medical malpractice and general liability settlements paid by the City were \$69.2 million and \$91.6 million, respectively. As the City obligates NYC Health + Hospitals to pay back amounts

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paid on its behalf, NYC Health+ Hospitals records the amount obligated as a liability, or increase, in Due to the City of New York, net. Such medical malpractice, negligence, and other tort reimbursements by NYC Health + Hospitals do not alter the indemnification by the City of NYC Health + Hospitals' malpractice settlements under the Agreement (Note 12).

- Interest and principal on debt service, which funds NYC Health + Hospitals capital acquisitions, is negotiated annually with and is paid by the City on behalf of NYC Health + Hospitals. The City's assumption of payments of debt service in fiscal year 2023 alleviated \$373.0 million owed to the City by NYC Health + Hospitals. In fiscal year 2022, NYC Health + Hospitals paid to the City \$266.9 million for debt service paid on its behalf. As the City obligates NYC Health + Hospitals to pay back amounts paid on its behalf, NYC Health+ Hospitals records the amount obligated as a liability, or increase, in Due to the City of New York, net. The debt service reimbursements made as a result of the obligation to the City are recorded by NYC Health + Hospitals as a reduction of Due to the City, net.

Refer to Note 9 of the financial statements for balances owed to the City including malpractice and debt service.

**(i) Capital Assets and Depreciation**

In accordance with the Agreement, the City retains legal title to substantially all NYC Health + Hospitals' facilities and certain equipment, and subleases them to NYC Health + Hospitals for an annual rent of \$1. Prior to April 1, 1993, the City funded substantially all of the additions to capital assets.

Since April 1, 1993, NYC Health + Hospitals has funded much of its capital acquisitions through the issuance of its own debt. However, the City financed the major modernizations of Harlem, Queens, Coney Island/South Brooklyn, Bellevue, Kings County Hospitals, Jacobi Medical Center, Gouverneur Healthcare Services, and the Henry J. Carter campus.

NYC Health + Hospitals is the sole beneficiary as to use of the capital assets and is responsible for their control and maintenance. Accordingly, capital assets have been capitalized in the accompanying Statements of Net Position as follows:

- (i) Assets placed in service through June 30, 1972 were recorded at an estimated cost as determined by an independent appraisal company's physical inventory and valuation of such assets as of June 30, 1972;
- (ii) Assets acquired subsequent to June 30, 1972 are recorded at cost;
- (iii) Donated equipment is recorded at acquisition value.

CIP is recorded on all projects under construction. Such CIP costs are transferred to depreciable assets and depreciated when the related assets are placed in service. Beginning in fiscal year 2021, in accordance with GASB reporting requirements, interest on borrowed funds related to construction is no longer capitalized.

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Depreciation is computed on a straight-line basis using estimated useful lives in accordance with American Hospital Association guidelines (the ranges listed below cover the potential useful life of many different types of assets within each category)

Land improvements	2 to 25 years
Buildings and leasehold improvements	5 to 40 years
Equipment	2 to 25 years

Capital assets under capital lease obligations are depreciated over either the lease term or the estimated useful life of the asset, whichever is shorter.

NYC Health + Hospitals evaluates long-lived assets for impairment when circumstances suggest that the service utility or the usable capacity originally expected may have significantly or unexpectedly declined. If circumstances suggest that assets may be impaired, an impairment charge is recorded on those assets based upon a method that most appropriately reflects the decline in service utility of the capital asset. No material changes to capital assets were recorded for the fiscal years ended June 30, 2023 and 2022.

Capital retainage is held for some capital projects. Those projects have small amounts retained within the contracted amounts. Only a certain percentage of a project's costs is paid until the project is completed, at which point the balance of the contract amount due is paid.

Capital assets excludes the intangible right-to-use lease and subscription assets as promulgated by GASB 87- Leases and GASB 96- Subscription-Based Information Technology Arrangements and implemented by NYC Health + Hospitals in fiscal year 2023 (Note 18).

**(j) Custodial Funds**

NYC Health + Hospitals holds funds for safekeeping, primarily cash held for the benefit of its long-term care patients, amounting to approximately \$2.0 million in each fiscal year ended June 30, 2023 and 2022. These amounts are included in other current assets and accounts payable and accrued expenses in the accompanying Statements of Net Position.

**(k) Affiliation Contracted Services**

NYC Health + Hospitals contracts with affiliated medical schools/professional corporations and voluntary hospitals ("Affiliates") to provide patient care services at its facilities and reimburses the Affiliates for expenses incurred in providing such services. Under the terms of those contracts, each of the Affiliates is required to furnish NYC Health + Hospitals with an independent audit report of receipts, expenditures, and commitments chargeable to the contract, as well as refunds or amounts due to the Affiliate. In addition, the Affiliates submit an annual recalculation document which reconciles allowable contract costs to the expenses incurred by the Affiliates. The net effect of these recalculations creates either a payable or receivable by comparing the total advance payments made during the fiscal year to the total contract amount.

The amounts due to/from the Affiliates are based upon estimates of expenses, which include adjustments for patient care service modifications, and are included in accounts payable and accrued expenses (Note 13) and other current assets in the accompanying Statements of Net Position. These estimates may

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differ from the final determination of amounts due to/from the affiliate upon completion of the annual recalculation schedule.

**(l) Supplies**

Supplies are stated at the lower of cost (first-in, first-out method) or market (net realizable value) and are included within other current assets.

**(m) Income Taxes**

NYC Health + Hospitals and its component units qualify as governmental entities (or affiliates of a governmental entity) not subject to federal income tax by reason of the organizations being a state or political subdivision thereof, or an integral part of a state or political subdivision thereof, or an entity all of whose income is excluded from gross income for federal income tax purposes under Section 115 of the Internal Revenue Code (“IRC”) of 1986. NYC Health + Hospitals is a New York State public benefit corporation created by Chapter 1016 of the Laws of 1969 and, as such, is exempt from New York State income tax. MetroPlus is also exempt from federal and New York State income tax under Section 501(a) of the IRC, as an organization described in Section 501(c)(3). Accordingly, no provision for income taxes has been made in the accompanying financial statements.

**(n) Grants Receivable**

Grants receivable relate to various healthcare provision programs under contract with the State and other grantors, including amounts related to the Value Based Payment Quality Improvement Program (“VBP QIP”) and the Federal Emergency Management Agency (“FEMA”) (Notes 12 and 17). Grants receivable also include grants from the City, which are reimbursements to NYC Health + Hospitals for providing such services as mental health, child health, and HIV-AIDS services.

**(o) Net Position**

Net position of NYC Health + Hospitals is classified in various components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by outstanding borrowings used to finance the purchase or construction of those assets. Restricted for debt service consists of assets restricted, by each revenue bond’s official statement, for expenditures of principal and interest. Restricted expendable for specific operating activities reflects non-capital net position that must be used for a particular purpose, as specified by creditors, grantors, or donors external to NYC Health + Hospitals, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note 8. Restricted nonexpendable permanent endowments consist of the principal portion of permanent endowments. Restricted for contingent surplus reserve represents MetroPlus’ contingent surplus reserve as required by the NYSDOH Rules and Regulations. Unrestricted net position is the remaining net position that does not meet the definition of Net Investment in Capital Assets or Restricted.

**(p) Compensated Absences**

NYC Health + Hospitals’ employees earn vacation and holiday days at varying rates depending on years of service and title. Generally, vacation and holiday time may accumulate up to specified maximums, depending on title. Excess vacation and holiday time are converted to sick leave. Upon resignation or retirement, employees are paid for unused vacation and holiday days, most at the rates in effect during the past three years. Most employees earn sick leave at a fixed rate; however, the rate can vary depending on years of service and the contractual terms for their title. There is no accumulation limit on sick leave.

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Depending on length of service and contractual terms for their title, employees separating from service are paid for sick leave at varying rates. NYC Health + Hospitals accrues for the employees' earned and accumulated vacation and sick leave, which may be used in subsequent years, and earned vacation and sick leave to be paid upon termination or retirement from future resources. These costs are included as a liability within accrued compensated absences and salaries, fringe benefits, and payroll taxes. For certain collectively bargained units, accrued time is paid out at the current rate.

**(q) Fair Value**

Management determines fair value of financial instruments as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management utilizes valuation techniques that maximize the use of observable inputs (Levels 1 and 2) and minimize the use of unobservable inputs (Level 3) within the fair value hierarchy established by GASB. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following categories:

Level 1 - Fair value measurements using unadjusted quoted market prices in active markets for identical, unrestricted assets or liabilities.

Level 2 - Fair value measurements using observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that traded less frequently than exchange-traded instruments.

Level 3 - Fair value measurements using significant inputs that are not readily observable in the market and are based on internally developed models or methodologies utilizing significant inputs that are generally less readily observable.

**(r) Reclassifications**

Certain amounts have been reclassified from the prior year to conform to the current year's financial statement presentation.

**(s) Leases and Subscription-Based Information Technology Arrangements**

NYC Health + Hospitals is both a lessee and lessor for various non-cancellable leases of buildings, equipment, and vehicles. NYC Health + Hospitals also has non-cancellable subscription Information Technology ("IT") arrangements (similar to a lease) for the right-to-use information technology hardware and software (subscription IT arrangements) (Note 18).

**Short-term Leases and Subscription IT arrangements**

For leases and subscription IT arrangements with a maximum possible term of 12 months or less at commencement, NYC Health + Hospitals recognizes expense based on the provisions of the lease contract or subscription IT arrangement, respectively.



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**Leases and Subscription IT arrangements other than short-term**

For all other leases and subscription IT arrangements (i.e. those that are not short-term), NYC Health + Hospitals recognizes a lease or subscription IT liability, respectively, and an intangible right-to-use lease asset or subscription IT asset, respectively.

**Measurement of Lease Amounts**

At lease commencement, NYC Health + Hospitals initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, less lease payments made at or before the lease commencement date, plus any initial direct costs ancillary to placing the underlying asset into service, less any lease incentives received at or before the lease commencement date. Subsequently, the lease asset is amortized into depreciation and amortization expense on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. If NYC Health + Hospitals is reasonably certain of exercising a purchase option contained in a lease, the lease asset will be amortized over the useful life of the underlying asset.

**Measurement of Subscription IT Amounts**

At subscription commencement, NYC Health + Hospitals initially measures the subscription IT liability at the present value of payments expected to be made during the subscription term. Subsequently, the subscription IT liability is reduced by the principal portion of subscription payments made. The subscription IT asset is initially measured as the initial amount of the subscription IT liability, less subscription payments made at or before the subscription commencement date, less any vendor incentives received at or before the subscription commencement date, plus the capitalizable implementation costs. Subsequently, the subscription IT asset is amortized into depreciation and amortization expense on a straight-line basis over the shorter of the subscription term or the useful life of the underlying hardware or software.

**Key Estimates and Judgments**

Key estimates and judgments include how NYC Health + Hospitals determines (1) the discount rate it uses to calculate the present value of the expected lease and subscription payments, (2) lease and subscription term, and (3) lease and subscription payments.

- NYC Health + Hospitals generally uses the 30-year average mortgage rate as published by Freddie Mac as of June 30<sup>th</sup> of the preceding fiscal year as the discount rate for leases and subscription IT arrangements unless the rate that the lessor/vendor charges is known.
- The lease or subscription term includes the non-cancellable period of the lease or subscription IT arrangement, respectively, plus any additional periods covered by either NYC Health + Hospitals' or the lessor's/lessee's unilateral option to (1) extend for which it is reasonably certain to be exercised, or (2) terminate for which it is reasonably certain not to be exercised. Periods in which both NYC Health + Hospitals and the lessor/lessee have an option to

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terminate (or if both parties have to agree to extend) are excluded from the lease or subscription term.

- Payments are evaluated by NYC Health + Hospitals to determine if they should be included in the measurement of the lease and subscription IT liabilities, including those payments that require a determination of whether they are reasonably certain of being made, such as residual value guarantees, purchase options, payments for termination penalties, and other payments and subscription IT arrangements such as payments for termination penalties and other payments, when applicable.

### **Remeasurement of Lease and Subscription Amounts**

NYC Health + Hospitals monitors changes in circumstances that may require remeasurement of a lease or subscription IT arrangement. When certain changes occur that are expected to significantly affect the amount of the lease or subscription IT liability, the liability is remeasured and a corresponding adjustment is made to the lease or subscription IT asset.

#### **Presentation in Statement of Net Position**

##### **(t) New Accounting Standards Adopted**

In fiscal year 2023, NYC Health + Hospitals adopted two new GASB standards. They are as follows:

##### ***GASB Statement No. 87- Leases***

This Statement establishes a model for lease accounting based on the principle that leases are financings of the right to use and underlying asset. As such, the Statement requires certain leases that were previously reported as operating leases to have updated recognition and reporting requirements for assets and liabilities.

##### ***GASB Statement No. 96- Subscription-Based Information Technology Arrangements (“SBITAs”)***

This Statement establishes a model for subscription-based information technology arrangements which is defined as a contract that conveys the control of the right to use another party’s information technology software in an exchange or exchange-like transaction. It establishes that SBITAs are an intangible asset that results in a right-to-use subscription asset and a corresponding subscription liability, provides the capitalization criteria, and outlines required note disclosures related to SBITAs.

##### **(u) Subsequent Events**

NYC Health + Hospitals has evaluated subsequent events through **October 21, 2023**, which is the date the financial statements were issued. NYC Health + Hospitals is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

## **2. CASH AND CASH EQUIVALENTS**

Cash and cash equivalents include cash, certificates of deposit (“CDs”), and all highly liquid debt instruments with original maturities of three months or less when purchased. The carrying amount of cash and cash equivalents approximates fair value due to the short-term maturity of the investments. Custodial

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credit risk is the risk that, in the event of a bank failure, NYC Health + Hospitals' deposits may not be returned. NYC Health + Hospitals' policy to mitigate custodial credit risk is to collateralize all balances when permitted (i.e., collected balances). Deposits in the process of collection within the banking system are not collateralized. At June 30, 2023 and 2022, 100% of NYC Health + Hospitals cash and cash equivalents bank balances were insured or collateralized.

### 3. CHARITY CARE

NYC Health + Hospitals maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services furnished under its charity care policy and the estimated cost of those services calculated using the prior year's cost reports. The following information measures the level of charity care provided during the years ended June 30<sup>th</sup> (in thousands):

	<u>2023</u>	<u>2022</u>
Charges foregone, based on established rates	\$ 1,131,344	\$ 983,321
Estimated expenses incurred to provide charity care	594,823	748,018

### 4. PATIENT ACCOUNTS RECEIVABLE, NET AND NET PATIENT SERVICE REVENUE

Most of NYC Health + Hospitals' net patient service revenue is from funds received on behalf of patients under governmental health insurance plans. Revenue from these governmental plans is based upon relevant reimbursement principles and is subject to audit by the applicable payors. Certain payors have performed audits and have proposed various disallowances, which other payors may similarly assert.

Disproportionate Share Hospital ("DSH") and Upper Payment Limit ("UPL") are supplemental payments to hospitals for their care to the indigent and are included in net patient service revenue. Hospital participants of DSH serve a significantly disproportionate number of low-income patients and receive payments from CMS to cover the costs of providing care to uninsured patients. The UPL is a federal limit placed on a fee-for-service reimbursement of Medicaid providers. The UPL is the maximum a given state's Medicaid program may pay a type of provider in the aggregate, statewide, in Medicaid fee-for-service. State Medicaid programs cannot claim federal matching dollars for provider payments in excess of the applicable UPL; however, UPL federal regulations allow states to pay Medicaid providers up to Medicare levels or the costs of care.



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Net patient service revenue by primary payor for the years ended June 30<sup>th</sup> was as follows (in thousands):

	2023		2022	
Medicaid	\$ 1,977,868	24.1 %	\$ 2,343,451	29.7 %
Medicare	898,068	10.9	944,363	12.0
Bad debt/charity care pools	330,756	4.0	440,751	5.6
Disproportionate share supplemental pool	1,034,126	12.6	765,950	9.7
Other third-party payors that include Medicaid and Medicare managed care	2,713,561	33.1	2,211,415	28.0
MetroPlus	1,234,232	15.0	1,155,215	14.7
Self-pay	23,184	0.3	23,727	0.3
	\$ 8,211,795	100.0 %	\$ 7,884,872	100.0 %

NYC Health + Hospitals provides services to its patients, most of whom are insured under third-party payor agreements. Patient accounts receivable, net was as follows as of June 30<sup>th</sup> (in thousands):

	2023		2022	
Medicaid	\$ 119,092	12.4 %	\$ 99,228	10.8 %
Medicare	81,901	8.6	102,855	11.2
Other third-party payors, that include Medicaid and Medicare managed care	315,051	32.9	351,598	38.3
MetroPlus	440,028	46.0	363,351	39.5
Self-pay	505	0.1	2,170	0.2
	\$ 956,577	100.0 %	\$ 919,202	100.0 %

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**5. CAPITAL ASSETS**

Capital assets consist of the following as of June 30<sup>th</sup> (in thousands):

	<u>2023</u>	<u>2022</u>
Land and land improvements	\$ 60,177	\$ 59,420
Buildings and leasehold improvements	5,446,861	4,888,077
Equipment	<u>5,519,195</u>	<u>4,988,590</u>
	11,026,233	9,936,087
Less: accumulated depreciation	<u>7,134,196</u>	<u>6,666,598</u>
	3,892,037	3,269,489
Construction in progress	<u>695,946</u>	<u>1,083,464</u>
Capital assets, net of accumulated depreciation	<u>\$ 4,587,983</u>	<u>\$ 4,352,953</u>

Capital assets activity for the years ended June 30<sup>th</sup> was as follows (in thousands):

	<u>Land and Land Improvements</u>	<u>Buildings and Leasehold Improvements</u>	<u>Equipment</u>	<u>Construction in Progress</u>	<u>Total</u>
<b>June 30, 2021 balance</b>	\$ 59,014	\$ 4,735,250	\$ 4,868,748	\$ 805,011	\$ 10,468,023
Acquisitions, net of transfers	640	153,966	285,618	278,453	\$ 718,677
Sales, retirements, and adjustments	<u>(234)</u>	<u>(1,139)</u>	<u>(165,776)</u>	<u>-</u>	<u>\$ (167,149)</u>
<b>June 30, 2022 balance</b>	59,420	4,888,077	4,988,590	1,083,464	11,019,551
Acquisitions, net of transfers	778	558,194	605,169	(387,518)	776,623
Sales, retirements, and adjustments	<u>(21)</u>	<u>590</u>	<u>(74,564)</u>	<u>-</u>	<u>(73,995)</u>
<b>June 30, 2023 balance</b>	<u>\$ 60,177</u>	<u>\$ 5,446,861</u>	<u>\$ 5,519,195</u>	<u>\$ 695,946</u>	<u>\$ 11,722,179</u>

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Related information on accumulated depreciation for the years ended June 30<sup>th</sup> was as follows (in thousands), excluding lease-related depreciation:

	<b>Land and Land Improvements</b>	<b>Buildings and Leasehold Improvements</b>	<b>Equipment</b>	<b>Total</b>
<b>June 30, 2021 balance</b>	\$ 34,791	\$ 2,816,628	\$ 3,470,004	\$ 6,321,423
Depreciation expense	3,334	144,904	351,371	499,609
Sales, retirements, and adjustments	<u>(9)</u>	<u>(2,131)</u>	<u>(152,294)</u>	<u>(154,434)</u>
<b>June 30, 2022 balance</b>	38,116	2,959,401	3,669,081	6,666,598
Depreciation expense	1,981	157,606	370,990	530,577
Sales, retirements, and adjustments	<u>(28)</u>	<u>5,561</u>	<u>(68,512)</u>	<u>(62,979)</u>
<b>June 30, 2023 balance</b>	<u>\$ 40,069</u>	<u>\$ 3,122,568</u>	<u>\$ 3,971,559</u>	<u>\$ 7,134,196</u>

NYC Health + Hospitals continued to build projects for three locations: Bellevue Hospital Center (“Bellevue”), Woodhull Medical and Mental Health Center (“Woodhull”), and North Central Bronx Hospital (“North Central Bronx”). This is in an effort to open Therapeutic Housing Units to improve access to care for patients in the custody of the NYC DOC whose clinical conditions require access to specialty and subspecialty care. This program will provide OTxHU within an existing NYC Health + Hospitals acute care facility at Bellevue, Woodhull, and North Central Bronx. These secured clinical units will be operated by NYC Health + Hospitals Correctional Health Service (“CHS”) with the NYC DOC providing custody management. It is expected that the OTxHU will allow for easier access to specialty services for patients. Development and potential implementation of the OTxHU model will bridge a critical gap in the correctional health care continuum. The additional benefits to patients and clinicians within CHS and NYC Health + Hospitals include closer coordination among the hospitals’ inpatient, outpatient, and OTxHU services, promoting continuity of care and opportunities for cross-discipline collaborations. The model also supports more effective leveraging of the full range of clinical resources within the NYC Health + Hospitals system. During fiscal year 2023, \$105.1 million was added, and the overall CIP amount of June 30, 2023 is \$142.5 million. The three projects are to be funded through City capital with a total estimated budget amount of \$662.5 million as of fiscal year 2023. In fiscal year 2022, \$36.6 million was added to the total CIP. In fiscal year 2022, the total estimated budget amount was \$662.5 million and \$625.9 million was estimated for completion.

FEMA funds of \$1.7 billion were secured to advance New York’s comprehensive, five borough resiliency plan to repair and protect four public hospitals damaged during Hurricane Sandy in October 2012. The funds support improvements at four NYC Health + Hospitals facilities: Bellevue and Metropolitan Hospital Center (“Metropolitan”) in Manhattan, Coler Rehabilitation and Nursing Care Facility (“Coler”) on Roosevelt Island, and South Brooklyn Health in Brooklyn. In order to complete this work, the projects were split into two major categories: immediate priority mitigation projects and long-term major resiliency

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projects. All immediate priority mitigation projects are substantially complete while multiple long-term major resiliency projects are in the design or construction phase. A majority of the projects were managed by New York City agencies, NYC Economic Development Corporation (“NYC EDC”) and NYC Department of Design and Construction (“NYC DDC”), while several others were managed directly by NYC Health + Hospitals. These FEMA projects represented an addition of \$162.1 million of CIP in fiscal year 2023, with a total CIP balance of \$113.9 million as of June 30, 2023. During the fiscal year 2023, \$691.4 million was placed in service. In fiscal year 2022, these projects represented an addition of \$229.8 million of CIP, with a total CIP of \$637.5 million as of June 30, 2022. As of the end of fiscal year 2022, \$7.6 million was placed in service. This consisted of projects located at Bellevue, Metropolitan, and Coler.

Comprehensive energy upgrade projects have been undertaken and they seek to reduce NYC Health + Hospitals’ greenhouse gas emissions and energy consumption. These comprehensive energy projects focus on upgrades to lighting, air handling units, chillers, cooling towers, and other HVAC equipment. NYC Health + Hospitals also has specialty projects, namely the CHaP installation at Bellevue, a new boiler plant installation at Harlem and new heat pump and solar installation at McKinney Rehab Nursing Center. Energy efficiency upgrade projects at multiple facilities represented an addition of \$47.7 million for fiscal year 2023 in CIP, with CIP totaling \$88.6 million as of June 30, 2023. As of fiscal year 2023, these projects have a total budget of \$314.6 million and a total of \$157.5 million estimated for completion. In fiscal year 2022, these types of projects represented an addition of \$23.4 million in CIP, with CIP totaling \$32.3 million as of June 30, 2022. In fiscal year 2022, these projects had a total budget of \$271.0 million and a total of \$206.7 million estimated for completion.

NYC Health + Hospitals continued work on its EMR system. Known as H2O Epic (which contains work for both the Clinical and Revenue departments), it has been implemented at all acute care hospitals, Gotham clinics, outpatient facilities, Henry J. Carter Long Term Acute Care facility, and Roosevelt Island Medical Center, which is onsite at Coler Hospital. NYC Health + Hospitals continues to enhance and develop additional modules for the H2O Epic EMR system which has two components: a Clinical budget of approximately \$764.0 million and a Revenue Cycle budget of approximately \$289.1 million. Fiscal year 2023 added \$16.3 million of CIP related to this project which was inclusive of capitalizable expenditures of \$12.1 million for the Clinical portion and \$4.2 million for the Revenue Cycle portion. As of June 30, 2023, the total amount placed in service was \$11.2 million. Fiscal year 2022 added \$14.5 million of CIP related to this project which was inclusive of capitalizable expenditures of \$14.4 million for the Clinical portion and \$0.1 million for the Revenue Cycle portion. As of June 30, 2022, the total amount placed in service was \$14.5 million.

NYC Health + Hospitals had a project to upgrade its system-wide network infrastructure called Network Refresh. During fiscal year 2023, \$36.0 million was added to CIP and \$20.2 million was placed in service. The overall CIP amount as of June 30, 2023 was \$20.3 million. This project is mostly funded through City capital dollars with a total estimated cost of \$200.7 million. During fiscal year 2022, \$33.7 million was added to CIP and \$29.0 million was placed in service. In fiscal year 2022, the total estimated cost of the project was \$180.5 million.

Health + Hospitals’ Center of Excellence sites substantially completed projects in three locations in the Bronx, Queens, and Brooklyn. These comprehensive health centers were initiated and completed as an emergency response to COVID-19. They are designed to meet the unique needs of patients recovering from COVID-19, including specialized services like cardiology care and diagnostic services. These projects are

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located in communities most heavily impacted by COVID-19 and are in alignment with the Mayor’s initiative and rapid response to the COVID-19 pandemic. These three projects are managed by NYC DDC and NYC Health + Hospitals. The construction was managed by NYC DDC and the design, furniture, fixtures, and equipment purchases were managed by NYC Health + Hospitals. During fiscal year 2023, \$134.9 million was placed in service. The projects are to be funded through City capital with a total estimated amount of \$141.0 million as of June 30, 2023. Fiscal year 2022 added \$137.0 million to the CIP total. The total estimated amount of the project was \$141.0 million as of June 30, 2023.

**6. ASSETS RESTRICTED AS TO USE**

Assets restricted as to use consist of the following as of June 30<sup>th</sup> (in thousands):

	<u>2023</u>	<u>2022</u>
Under bond resolutions <sup>a</sup>		
Construction funds	\$ 39,726	\$ 74,003
Capital reserve funds	67,603	66,623
Revenue funds	<u>27,203</u>	<u>35,976</u>
	134,532	176,602
Letters of credit <sup>b</sup>	14,677	14,651
Permanent endowments <sup>b</sup>	928	928
Equipment financing <sup>c</sup>	<u>13,756</u>	<u>13,702</u>
Total assets restricted as to use	163,893	205,883
Less: current portion of assets restricted as to use	<u>14,730</u>	<u>22,498</u>
Assets restricted as to use, net of current portion	<u>\$ 149,163</u>	<u>\$ 183,385</u>

a. Assets restricted as to use under the terms of the bond resolutions are to provide for debt service requirements and the acquisition of capital assets. Terms of the bond resolutions provide that assets be maintained in separate funds held by the trustee. The construction funds are invested in an interest-bearing Negotiable Order of Withdrawal (“NOW”) account, which is fully collateralized by U.S. Treasury bills. The capital reserve funds are invested primarily in U.S. Treasury bills. Security maturity date decisions are based on the final maturity of the specific bond series, potential need for liquidity due to refunding, and/or an assessment of the current market interest rate conditions. The majority of the revenue funds are invested in U.S. Treasury bills for the time period between one month and a maximum of twelve months. Investments are timed so that funds are available for required semi-annual debt service payments. Possible exposure to fair value losses arising from interest rate volatility is limited by investments in securities having maturities of less than one year and, at most, ten years, and by intending to hold the security to maturity.

b. As of June 30, 2023, \$7.2 million of restricted funds related to letters of credit and permanent endowments were invested in T-bills and \$8.6 million in collateralized checking accounts. As of June 30, 2022, \$7.2 million of restricted funds related to letters of credit and permanent endowments were invested in T-bills and \$8.4 million in collateralized checking accounts.

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c. The equipment financing escrow funds are mostly invested in United States Treasury Money Market Fund accounts (Note 7).

The current portion is related to the 2020 Series A bonds and the 2008 Series B, C, D, and E bonds debt service payable in fiscal year 2023.

NYC Health + Hospitals categorizes its fair value measurements within the hierarchy established by generally accepted accounting principles. Level 1 inputs are quoted prices in an active market for identical assets. Level 2 inputs are significant other observable inputs. Level 3 inputs are significant unobservable inputs. NYC Health + Hospitals does not have any assets or liabilities based upon Level 3 inputs. The following presents NYC Health + Hospitals fair value measurements for assets restricted as to use measured at fair value on a recurring basis as of June 30<sup>th</sup> (in thousands):

	Fair Value	2023	
		Level 1	Level 2
U.S. government obligations and securities	\$ 163,893	\$ 32,281	\$ 131,612

	Fair Value	2022	
		Level 1	Level 2
U.S. government obligations and securities	\$ 205,883	\$ 105,412	\$ 100,471

## 7. U.S. GOVERNMENT SECURITIES

U.S. government securities consist of U.S. Treasury bills, U.S. Treasury notes, and U.S. Treasury zero-coupon strips. Such securities are stated at fair value based upon Level 2 inputs, with unrealized and realized gains and losses included in investment income. Securities maturing within a year are presented as current assets. Securities presented as non-current assets mature after a year.

Possible exposure to fair value losses arising from interest rate volatility is limited by investing in securities with maturities of less than one year and, at most, three years, and by intending to hold the security to maturity.

As of June 30<sup>th</sup>, MetroPlus had the following U.S. government securities (in thousands):

Year	Investment Type	Fair Value	Investments Maturing in (Years)	
			Less than 1	1 to 3
2023	U.S. Treasury bills, notes, bonds and strips	\$ 647,668	\$ 382,490	\$ 265,178
2022	U.S. Treasury bills, notes, bonds, and strips	600,030	165,740	434,290



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**8. LONG-TERM DEBT**

	<u>2023</u>	<u>2022</u>
<i>Bonds Payable</i>		
2020 Series A Fixed Rate Health System Bonds - weighted average interest of 4.69%, payable in installments to 2048		
Uninsured Bonds (a)	\$ 360,488	\$ 370,808
2013 Series A Fixed Rate Health System Bonds – weighted average interest of 2.44%, payable in installments to 2023:		
Uninsured Bonds (b)	-	38,414
2008 Series B, C, D, and E Variable Rate Health System Bonds – subject to short-term liquidity arrangements, weighted average of 3.15% in 2023 and 0.90% in 2022 payable in installments to 2031:		
Uninsured Bonds (c)	118,320	123,864
<b>Total Bonds Payable</b>	<u>478,808</u>	<u>533,086</u>
<i>Direct Borrowings</i>		
2015 JP Morgan Equipment Financing (d)	-	3,145
2022 JP Morgan Equipment Financing (e)	37,563	39,751
Term Loan and Revolving Loan (Citibank) (f)	7,000	19,765
<b>Total Direct Borrowings</b>	<u>44,563</u>	<u>62,661</u>
<i>Other Debt Agreements</i>		
Equipment and renovation financing (Sodexo) (g)	1,463	2,483
Henry J. Carter capital lease obligation (h)	-	14,063
CISCO Maintenance Financing (i)	115,082	166,620
<b>Total Other Debt Agreements</b>	<u>116,545</u>	<u>183,166</u>
<b>Total Long-Term Debt</b>	<u>639,916</u>	<u>778,913</u>
Less: current installments	58,562	99,082
<b>Total Long-Term Debt, net of current installments</b>	<u>\$ 581,354</u>	<u>\$ 679,831</u>

Long-term debt activity for the years ended June 30, 2023, 2022, and 2021 was as follows (in thousands):

	<u>June 30, 2022 Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>June 30, 2023 Balance</u>	<u>Amounts Due Within 1 year</u>
Long-term debt:					
Bonds payable	\$ 533,086	\$ -	\$ (54,278)	\$ 478,808	\$ 20,465
Direct borrowings:					
NYPA financing	39,751	-	(2,188)	37,563	2,248
Equipment and renovation financing	192,013	-	(68,468)	123,545	35,849
Henry J. Carter capital lease obligation	14,063	-	(14,063)	-	-
	<u>\$ 778,913</u>	<u>\$ -</u>	<u>\$ (138,997)</u>	<u>\$ 639,916</u>	<u>\$ 58,562</u>

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	June 30, 2021 Balance	Additions	Reductions	June 30, 2022 Balance	Amounts Due Within 1 year
Long-term debt:					
Bonds payable	\$ 586,343	\$ -	\$ (53,257)	\$ 533,086	\$ 43,395
Direct borrowings:					
NYPA financing	39,418	333	-	39,751	2,189
Equipment and renovation financing	67,295	166,620	(41,902)	192,013	48,776
Henry J. Carter capital lease obligation	16,632	-	(2,569)	14,063	4,722
	<u>\$ 709,688</u>	<u>\$ 166,953</u>	<u>\$ (97,728)</u>	<u>\$ 778,913</u>	<u>\$ 99,082</u>

### **Bonds**

On November 19, 1992, the Board of Directors for NYC Health + Hospitals adopted the General Resolution, which was amended and restated effective January 5, 2021 (“Amended and Restated General Resolution”), requiring NYC Health + Hospitals to pledge substantially all reimbursement revenue, investment income, capital project, and bond proceed accounts to HHC Capital. All of NYC Health + Hospital’s Health System Bonds (“Health System Bonds”) are secured by the pledge. The Amended and Restated General Resolution imposes certain restrictive covenants on the issuance of additional bonds and working capital borrowing, and requires that NYC Health + Hospitals satisfies certain measures of financial performance, such as maintaining certain levels of net cash available for debt service, as defined, and certain levels of healthcare reimbursement revenue, as defined. For all bonds and direct financings, unless otherwise noted, default provisions exist for failure to make timely payments in full which, when triggered, ultimately require outstanding amounts payable on demand or repossession of items financed by lessor, if applicable. For all other debt agreements, no default terms are specified. NYC Health + Hospitals has not defaulted on any of its debt.

#### ***(a) 2020 Series A Bonds***

On January 5, 2021, NYC Health + Hospitals issued \$310.2 million of tax-exempt fixed rate Health System Bonds, 2020 Series A bonds (the “2020 Bonds”). This issuance generated a premium of \$74.8 million with an effective interest rate of 0.99%. This bond issue included \$273.7 million of 3.0% to 5.0% uninsured serial bonds, due through February 15, 2040; \$5.0 million of 3.0% and \$16.5 million of 4.0% uninsured term bonds due February 15, 2045; and \$15.0 million of 4.0% uninsured term bonds due February 15, 2048, with interest payable on February 15<sup>th</sup> and August 15<sup>th</sup> of each year.

Proceeds of the 2020 Bonds, \$20.5 million released from the Capital Reserve Fund and \$26.5 million in residual funds were used: (i) to refund and redeem all of NYC Health + Hospitals’ 2008 Series A bonds totaling \$66.2 million; (ii) to refund and redeem all of NYC Health + Hospitals’ 2010 Series A bonds totaling \$255.7 million; and (iii) to pay the cost of issuance of \$2.4 million. Proceeds used to refund and redeem the 2008 Series A bonds and 2010 Series A bonds were deposited with the bond trustee in an amount sufficient to pay the interest and principal of both the refunded 2008 Series A and the 2010 Series A bonds to and including their final redemption date of February 8, 2021.

NYC Health + Hospitals completed the current refunding of the 2008 Series A bonds and the 2010 Series A bonds to reduce its total debt service payments over the next 10 years by \$83.1 million and to obtain an



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economic gain (difference between the present values of the old and new debt service payments) of \$60.5 million, which is being amortized over the life of the 2020 Bonds.

The following table summarizes debt service requirements for the 2020 Series A bonds as of June 30, 2023 (in thousands). The interest payments are based on the interest rate in effect at June 30, 2023:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 14,800	\$ 14,324	\$ 29,124
2025	39,725	13,227	52,952
2026	30,330	11,525	41,855
2027	36,775	10,000	46,775
2028	38,525	8,228	46,753
2029-2033	90,395	18,949	109,344
2034-2038	15,685	11,048	26,733
2039-2043	19,870	6,845	26,715
2044-2048	24,090	2,579	26,669
	<u>310,195</u>	<u>96,725</u>	<u>406,920</u>
Total	310,195	96,725	406,920
Premium on 2020 Bonds	<u>50,293</u>	-	<u>50,293</u>
	<u>\$ 360,488</u>	<u>\$ 96,725</u>	<u>\$ 457,213</u>

**(b) 2013 Series A Bonds**

On March 28, 2013, NYC Health + Hospitals issued \$112.1 million of tax-exempt fixed rate Health System Bonds, 2013 Series A bonds (the “2013 Bonds”). This issuance generated a premium of \$21.4 million with an effective interest rate of 2.38%. This bond issue included \$112.1 million of 3.0% to 5.0% uninsured serial bonds, due through February 15, 2023 with interest payable on February 15th and August 15th of each year.

Proceeds of the 2013 Bonds and \$13.2 million in residual funds from the 2008 Series A bonds were used: (i) to refund and redeem all of NYC Health + Hospitals’ 2003 Series A bonds totaling \$111.8 million; (ii) to refund and defease a portion of NYC Health + Hospitals’ 2008 Series A bonds totaling \$30.7 million (\$2.4 million matured in 2014 bearing interest at 4.0%; \$16.4 million matured in 2015 bearing interest at 5.0%; and \$11.8 million matured in 2015 bearing interest at 5% were refunded); and (iii) to pay the cost of issuance of \$1.1 million. Proceeds used to refund and redeem the 2003 Series A bonds were deposited with the bond trustee in an amount sufficient to pay the interest and principal of the refunded 2003 Series A bonds to and including their final redemption date of April 22, 2013. Also, proceeds used to refund and defease the 2008 Series A bonds were deposited with the bond trustee sufficient to pay the interest and principal of the refunded 2008 Series A bonds to and including their final redemption date of February 15, 2015.

NYC Health + Hospitals completed the current refunding of the 2003 Series A bonds and the advance refunding of the 2008 Series A bonds to reduce its total debt service payments over the next 10 years by

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\$23.0 million and to obtain an economic gain (difference between the present values of the old and new debt service payments) of \$21.9 million, which is being amortized over the life of the 2013 Bonds.

The 2013 Bonds matured and were paid off on February 15, 2023.

***(c) 2008 Series B, C, D, and E Bonds***

On September 4, 2008, NYC Health + Hospitals issued \$189.0 million of tax-exempt variable rate Health System Bonds, 2008 Series B, C, D, and E bonds (the “2008 Variable Rate Bonds”). This issuance included four sub-series, consisting of \$50.5 million of 2008 Series B bonds; \$50.5 million of 2008 Series C bonds; \$44.0 million of 2008 Series D bonds; and \$44.0 million of 2008 Series E bonds. The 2008 Series B and C bonds are due February 15, 2025 through February 15, 2031 and the 2008 Series D and E bonds are due through February 15, 2026. The 2008 Variable Rate Bonds are supported by irrevocable direct-pay letters of credit issued from two banks. The 2008 Series B and C letters of credit were issued by TD Bank N.A. with an expiration date of September 3, 2027 and the D and E letters of credit were issued by JPMorgan Chase Bank N.A. with an expiration date of February 15, 2026.

NYC Health + Hospitals maintains letters of credit to ensure the availability of funds to purchase any bonds tendered by bondholders that the remarketing agents are unable to remarket to new bondholders. Draws related to such tenders under the letters of credit will become Bank Bonds. As Bank Bonds, they can still be remarketed by the remarketing agents. If not remarketed successfully as Bank Bonds, NYC Health + Hospitals will have the opportunity to refinance them during a period of up to 365 days from initial draw date. If the Bank Bonds are not refunded and remain outstanding exceeding 365 days from initial draw date, NYC Health + Hospitals will be required to make quarterly payments over four years commencing one year after the initial draw date. There were no draws under the letters of credit as of June 30, 2023.

The initial interest rates for the 2008 Variable Rate Bonds were set at 1.45% – 1.50%, bearing interest at a weekly interest rate mode. However, the 2008 Variable Rate Bonds of any series may be converted by NYC Health + Hospitals to bear interest at either a daily interest rate, a bond interest term rate, an NRS (“Nonputable Remarketed Securities”) rate, an auction rate, an index rate or a fixed rate. The overall weighted average interest rate was 3.15% for 2023 and 0.90% for 2022.

Proceeds of the 2008 Variable Rate Bonds and \$3.9 million in residual funds from the 2002 Series D, E, F, and G bonds were used: (i) to refund and defease all of NYC Health + Hospitals’ 2002 Series D, E, F, and G auction rate bonds totaling \$189.3 million; (ii) to finance \$3.1 million in interest during the escrow period; and (iii) to pay cost of issuance of \$626,158. Proceeds used to refund and defease 2002 Series D, E, F, and G bonds were deposited with the bond trustee that were sufficient to pay the interest and principal of the refunded 2002 Series D, E, F, and G bonds through their final redemption date of October 10, 2008.

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The following table summarizes debt service requirements for all of the 2008 Series Bonds as of June 30, 2023 (in thousands). The interest payments are based on the interest rate in effect at June 30, 2023:

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 5,665	\$ 4,736	\$ 10,401
2025	9,000	4,454	13,454
2026	20,475	3,911	24,386
2027	15,895	3,147	19,042
2028	16,250	2,494	18,744
2029-2031	<u>51,035</u>	<u>3,410</u>	<u>54,445</u>
Total	<u>\$ 118,320</u>	<u>\$ 22,152</u>	<u>\$ 140,472</u>

**Direct Borrowings**

***(d) 2015 Equipment Financing Agreement (JPMorgan Chase Bank)***

On July 9, 2015, NYC Health + Hospitals entered into a \$60.0 million Equipment Financing Agreement (“2015 JPMorgan Equipment Financing”) with JPMorgan Chase Bank for the purpose of financing medical, information technology, and other equipment with useful lives ranging from 5 to 10 years. The JPMorgan Agreement is a drawdown loan, which allowed NYC Health + Hospitals to make multiple draws (i.e., borrowings) up to August 1, 2017 for an aggregated not-to-exceed amount of \$60.0 million. During the drawdown period, all borrowings incurred monthly interest expense based on an agreed-upon variable rate formula. On July 9, 2015, NYC Health + Hospitals drew down \$10.0 million at the initial interest rate of 0.9318%. On July 31, 2017, NYC Health + Hospitals drew down the remaining \$50.0 million and thereafter converted the \$60.0 million outstanding loan to a fixed rate loan at the interest rate of 2.088%, which was based on an agreed-upon fixed rate formula with a final maturity of July 1, 2022. The debt is secured by a lien on the equipment financed and a second lien on Health Care Reimbursement Revenues.

The 2015 JPMorgan Equipment Financing matured and was paid off on July 1, 2022.

***(e) 2022 Equipment Financing Agreement (JPMorgan Chase Bank)***

On June 15, 2022, NYC Health + Hospitals entered into a \$39.8 million Equipment Financing Agreement (“2022 JPMorgan Equipment Financing”) with JPMorgan Chase Bank for the purpose of refinancing approximately \$40.2 million of New York Power Authority loans that initially provided financing for two energy efficiency upgrade projects at both Metropolitan and Elmhurst hospitals.

The loans were borrowed at a fixed interest rate of 2.6436% with final maturity of June 15, 2037.

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The following table summarizes debt service requirements for the equipment financing agreement as of June 30, 2023 (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 2,248	\$ 971	\$ 3,219
2025	2,308	911	3,219
2026	2,370	849	3,219
2027	2,433	786	3,219
2028	2,498	721	3,219
2029-2033	13,526	2,568	16,094
2034-2037	12,180	695	12,875
	<u>          </u>	<u>          </u>	<u>          </u>
Total	<u>\$ 37,563</u>	<u>\$ 7,501</u>	<u>\$ 45,064</u>

***(f) Term Loan and Revolving Loan (Citibank)***

On October 14, 2015, NYC Health + Hospitals entered into a \$60.0 million revolving loan with Citibank for the purpose of financing Community Reinvestment Act-eligible capital projects. The revolving loan allows NYC Health + Hospitals to borrow up to \$60.0 million at any time in advance of the maturity date and repay in full no later than the maturity date, which was October 12, 2018.

On October 14, 2015, NYC Health + Hospitals initiated a draw-down of \$10.0 million at the initial interest rate of 0.77% ("Prior Loan").

On November 1, 2017, NYC Health + Hospitals entered into a \$30.0 million Term Loan and \$30.0 million Revolving Loan with Citibank to refinance the Prior Loan and to finance additional Community Reinvestment Act-eligible capital projects. On November 1, 2017, NYC Health + Hospitals borrowed \$30.0 million on the Term Loan at a fixed interest rate of 2.17% and refinanced the then outstanding \$10.0 million Prior Loan. The Term Loan maturity date was November 1, 2022.

The \$30.0 million Citibank Revolving Loan allowed NYC Health + Hospitals to make multiple draws (i.e., borrowings) up to October 31, 2018 for an aggregated not-to-exceed amount of \$30.0 million.

On October 30, 2018, NYC Health + Hospitals borrowed the remaining \$30.0 million Revolving Loan to finance Community Reinvestment Act-eligible capital projects. The initial interest rate for the Revolving Loan was set at 2.20% and is to be reset weekly based on the Securities Industry and Financial Markets Association index plus a margin. The final maturity of the Revolving Loan is October 30, 2023. The overall average interest rate was 3.128% for 2023 and 0.84% for 2022.

Both the Term Loan and the Revolving Loan are secured by a second lien on Health Care Reimbursement Revenues.

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In addition to default provisions mentioned earlier in this section, both the Term Loan and Revolving Loan have an additional default trigger associated with the Borrower's rating being reduced to a category below BBB+ by S&P, BBB+ by Fitch or below Baa1 by Moody's, or if the Borrower's rating is removed, withdrawn for credit-related reasons or suspended for any reason. If any of these situations occur, the Loan shall be subject to mandatory prepayment.

The 2017 Citibank Term Loan matured and paid off completely on November 1, 2022.

**Other Debt Agreements**

***(g) Equipment and Renovation (Sodexo)***

In 2005, NYC Health and Hospitals executed a contract with Sodexo Dietary Division, US Foods, and GNYHA Ventures (the "Consortium") related to the food services provided at NYC Health + Hospitals facilities. As part of that agreement, the Consortium and NYC Health + Hospitals agreed to a financing arrangement whereby renovations were made to NYC Health + Hospitals food processing equipment and monthly payments were made over periods not to exceed 10 years. In January 2015, the Consortium committed an additional \$8.0 million to modernize and improve dietary operations at various facilities.

The Consortium is responsible for \$1.5 million and NYC Health + Hospitals is responsible for the remaining \$6.5 million. The \$6.5 million is amortized over the remaining contract term and payment is made monthly as part of the contract. In the event of termination of the agreement, NYC Health + Hospitals will be responsible for payment in full of the \$1.5 million funded by the Consortium. All assets acquired under this addendum to the master agreement have been capitalized and the related obligation is reflected in the accompanying financial statements.

There is no stated interest associated with this agreement. Monthly payments are payable in the amount of a daily specified rate of \$2,580 multiplied by the number of days in that month. The last payment is due in December 2024.

The following table summarizes debt service requirements as of June 30, 2023 (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 1,019	\$ -	\$ 1,019
2025	444	-	444
Total	<u>\$ 1,463</u>	<u>\$ -</u>	<u>\$ 1,463</u>

***(h) Henry J. Carter Capital Lease Obligation***

In September 2010, NYC Health + Hospitals and the City entered into a Memorandum of Understanding ("MOU") with the NYSDOH, Dormitory Authority of the State of New York, and North General Hospital, to relocate the Goldwater operations of the Color-Goldwater Specialty Hospital and Nursing Facility to the

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North General Hospital Campus in northern Manhattan. This relocation allowed NYC Health + Hospitals to relinquish an aging and outdated campus, while facilitating the reorganization and downsizing of NYC Health + Hospitals' long-term care services consistent with NYC Health + Hospitals' restructuring plan.

The MOU provides for a capital lease of the existing North General Hospital building that was renovated to long-term acute care hospital services. NYC Health + Hospitals also acquired the parking lot on the North General campus and constructed a tower building to house skilled nursing services. NYC Health + Hospitals renamed the site of the former North General Hospital to the Henry J. Carter campus. The City financed the acquisition, renovation, and construction of the Henry J. Carter campus, with supplemental funding from State grants.

As of the implementation of GASB Statement No. 87- *Leases* in fiscal year 2023, this lease is no longer reported in the debt on the financial statements and will no longer be reported in this Note. Fiscal year 2023 information related to this lease is now a part of the reported leases in the financial statements and lies within the information contained in Note 18.

***(i) Key Bank CISCO Leasing***

On September 30, 2019, NYC Health + Hospitals entered into a \$48.9 million taxable lease purchase agreement with Key Government Finance, Inc. to purchase a Cisco SmartNet Agreement to support all of NYC Health + Hospitals' Cisco networking equipment, including voice over internet protocol phones, wireless communication equipment, and devices. The debt for the agreement was secured by the equipment financed and the maturity date was June 30, 2022.

On May 24, 2022, NYC Health + Hospitals entered into a new \$101.0 million taxable lease purchase agreement with Key Government Finance, Inc. for the same purpose stated above. The debt for the agreement is secured by the equipment financed and the maturity date is June 30, 2027.

Additionally, on May 24, 2022, NYC Health + Hospitals entered into two zero percent loans with Key Government Finance, Inc. in the amount of \$30.5 million and \$35.2 million, to purchase a licensing and/or software subscription from Cisco. The loans will mature on June 30, 2027.

As the contract for the lease purchase and one of the software subscription contracts meet the newly implemented GASB Statement No. 96- *SBITAs* lease reporting requirements, the related liabilities are amortized and reported in the newly created lease lines on the financial statements. Fiscal year 2023 information related to these leases is now a part of the reported leases in the financial statements and lies within the information contained in Note 18.



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The following table summarizes debt service requirements as of June 30, 2023 (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 27,830	\$ 2,259	\$ 30,089
2025	28,445	1,645	30,090
2026	29,078	1,013	30,091
2027	29,729	361	30,090
	<u>\$ 115,082</u>	<u>\$ 5,278</u>	<u>\$ 120,360</u>
Total			

***Letter of Credit 55 Water***

On September 17, 2013, NYC Health + Hospitals established a letter of credit eventually totaling \$7.5 million to secure its performance under a lease entered into with New Water Street Corp. for space located at 55 Water Street, New York, New York. The letter of credit has an automatic annual extension with a final expiration date of September 12, 2033. No amount has been drawn against this letter of credit.

***Letter of Credit Captive***

NYC Health + Hospitals established a letter of credit on behalf of the HHC Insurance Company to fulfill a requirement by the New York State Insurance Department for captive insurance companies to hold certain monies in reserve. The letter of credit was issued in the amount of \$250,000 for the benefit of NYSDFS. It is automatically renewable annually. No amount has been drawn against this letter of credit.

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**9. DUE TO/(FROM) THE CITY OF NEW YORK, NET**

Amounts due to/(from) the City consist of the following at June 30<sup>th</sup> (in thousands):

	<u>2023</u>		<u>2022</u>
FDNY EMS operations <sup>a</sup>	\$ 203,162	\$	184,894
Medical malpractice payable <sup>b</sup>	62,892		91,570
Other accrued expenses <sup>c</sup>	37,800		36,024
Capital contributions from the City of New York	(76,549)		(31,891)
Appropriations from the City of New York	(384,672)		-
T2 Advance	57,365		46,853
	<u>\$ (100,002)</u>	<u>\$</u>	<u>327,450</u>

<sup>a</sup> The liability for Emergency Medical Services (“EMS”) operations represents the balance of third-party payor reimbursement received by NYC Health + Hospitals and due to the City for EMS services provided by the City of New York’s Fire Department (“FDNY”) on behalf of NYC Health + Hospitals.

<sup>b</sup> Payable represents final malpractice balances due to the City (Notes 1h and 12g).

<sup>c</sup> Payable mainly represents final and reconciled fringe benefit costs.

**10. PENSION PLAN**

NYC Health + Hospitals participates in the New York City Employees Retirement System (“NYCERS”) Qualified Pension Plan (“QPP”), which is a cost-sharing, multiple-employer public employees’ retirement system. NYCERS provides defined-pension benefits to 180,981 active municipal employees, 172,593 pensioners, 27,363 deferred vested members, and 42,694 members who are no longer on payroll through \$90.7 billion in assets. Employees who receive permanent appointment to a competitive position and have completed six months of service are required to participate in NYCERS, and all other employees are eligible to participate in NYCERS. NYCERS provides pay-related retirement benefits, as well as death and disability benefits. Total amounts of NYC Health + Hospitals’ covered payroll for the years ended June 30, 2023 and 2022 were \$2.5 billion and \$2.4 billion, respectively. NYCERS issues a financial report that includes financial statements and required supplementary information, which may be obtained by writing to NYCERS, 335 Adams Street, Suite 2300, Brooklyn, New York 11201 or from the following website: <https://www.nycers.org/annual-comprehensive-financial-report>.

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of NYCERS and additions to/deductions from NYCERS’ fiduciary net position have been determined on the same basis as they are reported by NYCERS. For this purpose, benefit payments (including refunds of employee



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contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

NYCERS QPP provides three main types of retirement benefits: service retirements, ordinary disability retirements (non-job-related disabilities), and accident disability retirements (job-related disabilities) to members who are in different “Tiers.” The members’ Tiers are determined by the date of membership in the QPP. Subject to certain conditions, members generally become fully vested for benefits upon the completion of 5 years of service. Employees may be required to contribute a percentage of their salary to the pension plan based on their Tier, determined by their date of membership in the plan. Annual pension benefits can be calculated as a percentage of final average salary multiplied by the number of years of service and changes with the number of years of membership within the plan.

Contribution requirements of the active employees and the participating New York City agencies are established and may be amended by the NYCERS Board. Employees’ contributions are determined by their Tier and number of years of service. Statutorily required contributions (“Statutory Contributions”) to NYCERS, determined by the New York City Office of the Actuary in accordance with State statutes and City laws, are funded by the Employer within the appropriate fiscal year.

NYC Health + Hospitals’ net pension liability, deferred inflows of resources, deferred outflows of resources and pension expense is calculated by the City of New York’s Office of the Actuary (the “Actuary”) and includes the information for MetroPlus. At June 30, 2023 and 2022, NYC Health + Hospitals reported a liability of \$2.4 billion, each year, for its proportionate share of the NYCERS net pension liability. The total pension liability used to calculate the net pension liability was determined by actuarial valuations as of June 30, 2022 and June 30, 2021, and rolled forward to each respective fiscal year. NYC Health + Hospitals’ proportion for the net pension liability for each fiscal year was based on NYC Health + Hospitals’ actual contributions to NYCERS relative to the total contributions of all participating employers for 2023 and 2022, which was 13.3% and 13.0%, respectively. NYC Health + Hospitals made contributions of \$459.1 million and \$472.5 million for 2023 and 2022, respectively.

**(a) Actuarial Assumptions**

The pension results for the June 30, 2023 actuarial valuation were determined using the following actuarial assumptions:

Projected salary increases <sup>1</sup>	In general, merit and promotion increases plus assumed general wage increase of 3.0% per annum
Investment rate of return <sup>1</sup>	7.0%, net of Investment Expenses
Cost of living adjustment <sup>1</sup>	1.5% per annum with an escalation of 2.5% per year

<sup>1</sup> Developed assuming a long-term Consumer Price Inflation assumption of 2.5% per annum.

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Mortality tables for service, disability pensioners, and beneficiaries were developed from experience studies of the Plan. Pursuant to Section 96 of the New York City Charter, studies of the actuarial assumptions used to value liabilities of the five actuarially-funded New York City Retirement Systems (“NYCRS”) are conducted every two years. The most recent of these studies was performed by Bolton, Inc. and included experience through June 30, 2017. For more details, see the NYCRS “2019 Assumptions and Methods (A&M)” reports available on the Office of the Actuary’s website: <https://www1.nyc.gov/site/actuary/reports/reports.page>.

**(b) Expected Rate of Return on Investments**

The long-term expected rate of return on QPP investments was determined using a building-block method in which best-estimate ranges of expected real rates of return (i.e. expected returns, net of QPP investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected real rates of return by the target asset allocation percentage and by adding expected inflation. The target asset allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset class	Target Target Asset Allocation	Long-term Expected Real Rate of Return
Public Markets:		
U.S. Public Market Equities	27.0 %	6.9 %
Developed Public Market Equities	12.0	7.2
Emerging Public Market Equities	5.0	9.1
Fixed Income	30.5	2.7
Private Markets (Alternative Investments):		
Private Equity	8.0	11.1
Private Real Estate	7.5	7.1
Infrastructure	4.0	6.4
Opportunistic Fixed Income	6.0	8.6
	100.0 %	

**(c) Discount Rate**

The discount rate used to measure the total pension liability as of June 30, 2023 was 7.00%. The projection of cash flows used to determine the discount rate assumed that each participating employer would contribute the actuarially determined contribution each year. Based on those assumptions, the NYCERS’ plan fiduciary net position is projected to be sufficient to pay all benefits when due.

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The following presents NYC Health + Hospitals' proportionate share of the net pension liability calculated using the discount rate of 7.00%, as well as what NYC Health + Hospitals' proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.00%) or 1-percentage-point higher (8.00%) than the current rate (in billions):

	<u>1% Decrease</u> <u>(6.00%)</u>	<u>Discount Rate</u> <u>(7.00%)</u>	<u>1% Increase</u> <u>(8.00%)</u>
NYC Health + Hospitals' proportionate share of the net pension liability	\$ 3.845	\$ 2.373	\$ 1.130

**(d) Deferred Outflows and Inflows of Resources**

The following are components of deferred outflows and (inflows) at June 30, 2023 and 2022 (in thousands):

	<u>2023</u>	<u>2022</u>
Differences between projected and actual earnings on pension plan investments	\$ 295,382	\$ 330,841
Differences between expected and actual experience	256,023	152,586
Changes in assumptions	(158,669)	(74,991)
Differences between employer contributions and proportionate share of contributions	(91,582)	(179,302)
Adjustment for census data fix	(102,156)	(102,156)

The deferred inflows and (outflows) of resources at June 30, 2023 will be recognized in expense as follows (in thousands):

	<u>Amount</u>
<b>Year Ended June 30,</b>	
2024	\$ (170,304)
2025	(6,127)
2026	341,957
2027	13,726
2028	19,746
	<u>\$ 198,998</u>

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**(e) Annual Pension Expense**

NYC Health + Hospitals' annual pension expense for fiscal years ended 2023 and 2022, which includes contributions toward the NYCERS' actuarially determined accrued liability and the liability for the NYS Voluntary Defined Contribution plan, which is not actuarially determined, including the information for MetroPlus, was approximately \$390.3 million and \$245.7 million, respectively.

**11. POSTEMPLOYMENT BENEFITS, OTHER THAN PENSION**

The OPEB provided to NYC Health + Hospitals is managed by The New York City Other Postemployment Benefits Plan, a fiduciary component unit of the City, and is classified as a single employer plan under GASB 75, as amended by GASB 85.

In accordance with collective bargaining agreements, NYC Health + Hospitals provides OPEB that includes basic healthcare benefits to eligible retirees and dependents at no cost to many of the participants. Basic healthcare premium costs that are partially paid by NYC Health + Hospitals for the remaining participants vary according to the terms of their elected plans. To qualify, retirees must: (i) have at least 10 years of credited service (five years of credited service if employed on or before December 27, 2001) as a member of a pension system approved by the City (requirement does not apply if retirement is as a result of accidental disability); (ii) have been employed by NYC Health + Hospitals prior to retirement; (iii) have worked regularly for at least 20 hours a week at termination of active service; and (iv) be receiving a pension check from a retirement system maintained by the City or another system approved by the City.

At June 30, 2022, the following employees were covered by the benefit terms:

Employees covered by benefit terms	
Active	30,534
Deferreds	3,664
Retirees	24,420
	<hr/>
Total	<u><u>58,618</u></u>

NYC Health + Hospitals' total OPEB liability, deferred inflows of resources, and OPEB expense is calculated by the Actuary, and includes the information for MetroPlus.

*Contributions:* NYC Health + Hospitals funds the postretirement benefits program on a pay-as-you go basis. In 2023 and 2022, NYC Health + Hospitals' contributions were \$282.4 million and \$267.4 million, respectively, which includes amounts for the implicit rate subsidy. The implicit rate subsidy is the incremental increase in the premium cost of coverage for retirees who are not yet eligible for Medicare. This cost is accounted for when calculating the actuarial liability for an OPEB plan. For the years ended June 30, 2023 and 2022, the NYC Health + Hospitals' average contribution rate was 10.8 percent and 10.5 percent, respectively, of covered-employee payroll.

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*Total OPEB Liability:* NYC Health + Hospitals total OPEB liability measured at June 30, 2023 and 2022 of \$4.4 billion and \$4.2 billion, respectively, were determined by actuarial valuations as of June 30, 2022 and June 30, 2021, respectively.

**(a) Actuarial Assumptions**

The total OPEB liability in the June 30, 2022 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5 percent
Salary increases	3.0 percent per annum which includes an inflation rate of 2.5 percent and a general wage increase rate of 0.50 percent
Investment rate of return	4.0 percent, net of investment expenses includes an inflation rate of 2.5 percent
<u>Healthcare cost trend rates</u>	
Pre-Medicare Plans	7.00 percent for 2023, and decreasing 0.25 percent per year thereafter to an ultimate rate of 4.5 percent for 2030 and later years
Medicare Plans	4.8 percent for 2023, decreasing by 0.10 percent every two year period thereafter to an ultimate rate of 4.5 percent for 2035 and later years
Welfare Fund Contributions	3.5 percent for 2023 and thereafter

Mortality rates and methods, as well as retirement, disability, withdrawal, and salary scale, used in determination of the total OPEB liability were proposed by the Actuary and adopted by each of the five NYCERS' Boards of Trustees during fiscal year 2019 and further updated in fiscal year 2021. These tables were based primarily on the experience of each system and the application of the Mortality Improvement Scale, MP-2020, published by the Society of Actuaries in October 2020 and the Mortality Base Tables as updated by Bolton, Inc. in its 10-year Experience Study ended on June 30, 2017. Pursuant to Section 96 of the New York City Charter, studies of the actuarial assumptions used to value liabilities of the five actuarially funded NYCERS are conducted every two years. For more details, see the NYCERS 2019 *Assumptions and Methods (A&M)* and 2021 *Assumptions and Methods (A&M)* reports available on the Office of the Actuary's website: <https://www1.nyc.gov/site/actuary/reports/reports.page>.

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**(b) Changes in the Total OPEB Liability (in thousands)**

	<b>2023</b>	<b>2022</b>
	<b>Activity</b>	<b>Activity</b>
	<b>Total OPEB</b>	<b>Total OPEB</b>
	<b>Liability</b>	<b>Liability</b>
	<u>                    </u>	<u>                    </u>
<b>Balances at end of prior fiscal year</b>	<b>\$ 4,216,000</b>	<b>\$ 5,297,663</b>
Changes for the year		
Service cost	202,771	303,477
Interest	175,009	119,206
Difference between expected and actual experience	(19,048)	(191,019)
Change in assumptions	87,180	(1,045,957)
Actual benefit payments	<u>(282,443)</u>	<u>(267,370)</u>
Net changes	<u>163,469</u>	<u>(1,081,663)</u>
<b>Balances at June 30, 2023 and 2022</b>	<b><u>\$ 4,379,469</u></b>	<b><u>\$ 4,216,000</u></b>

**(c) Discount Rate**

The discount rate used to measure the total OPEB liability as of June 30, 2023 and 2022 was 4.13% and 4.09%, respectively, based on the Municipal Bond 20-year high grade index rate.

*Sensitivity of the total OPEB liability to changes in the discount rate*

The following presents NYC Health + Hospitals' total OPEB liability calculated using the discount rate of 4.13%, as well as what NYCHealth + Hospitals' total OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (3.13%) or 1 percentage point higher (5.13%) than the current rate (in millions):

	<b>1% Decrease</b>	<b>Discount Rate</b>	<b>1% Increase</b>
	<b>(3.13%)</b>	<b>(4.13%)</b>	<b>(5.13%)</b>
	<u>                    </u>	<u>                    </u>	<u>                    </u>
NYC Health + Hospitals' total OPEB liability	<u>\$ 4,920</u>	<u>\$ 4,379</u>	<u>\$ 3,926</u>

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*Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates*

The following presents NYC Health + Hospitals' total OPEB liability calculated using healthcare cost trend rates that are 1 percentage point lower or 1 percentage point higher than the current healthcare cost trend rates (in millions):

	<b>1% Decrease (6.00% Decreasing to 3.5%)</b>	<b>Healthcare Cost Trend Rates (7.00% Decreasing to 4.5%)</b>	<b>1% Increase (8.00% Decreasing to 5.5%)</b>
NYC Health + Hospitals' total OPEB liability	\$ 3,788	\$ 4,379	\$ 5,116

**(d) Deferred Outflows and Inflows of Resources**

The following are components of deferred outflows and inflows at June 30, 2023 and 2022 (in thousands):

	<b>June 30, 2023</b>		<b>June 30, 2022</b>	
	<b>Deferred Outflows</b>	<b>Deferred Inflows</b>	<b>Deferred Outflows</b>	<b>Deferred Inflows</b>
Differences between expected and actual experience	\$ 182,999	\$ 515,184	\$ 335,843	\$ 531,830
Changes in assumptions	114,805	973,715	74,678	1,355,509
Net	<u>\$ 297,804</u>	<u>\$ 1,488,899</u>	<u>\$ 410,521</u>	<u>\$ 1,887,339</u>

The net deferred outflows and (inflows) of resources at June 30, 2023 will be recognized as follows (in thousands):

	<b>Amount</b>
<b>Year Ending June 30,</b>	
2024	\$ (394,966)
2025	(301,082)
2026	(256,960)
2027	(201,946)
2028	(40,796)
Thereafter	<u>4,655</u>
	<u>\$ (1,191,095)</u>



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**(e) Annual OPEB Expense**

NYC Health + Hospitals' annual OPEB expenses for fiscal years ended 2023 and 2022, including the information for MetroPlus, were \$48.6 million and \$27.8 million, respectively. Implicit rate subsidy credits of \$116.7 million and \$28.0 million contributed to the reduction of OPEB expenses for 2023 and 2022, respectively.

**12. COMMITMENTS AND CONTINGENCIES**

**(a) Reimbursement**

NYC Health + Hospitals derives significant third-party revenue from the Medicare and Medicaid programs. Medicare reimburses most inpatient acute services on a prospectively determined rate per discharge, based on diagnosis-related groups ("DRGs") of illnesses, i.e., the Prospective Payment System ("PPS"). Long-term acute care is also reimbursed under a PPS. For outpatient services, Medicare payments are based on service groups called ambulatory payment classifications.

Medicare provides PPS reimbursement for psychiatric units on a per diem basis, recognizing the intensity of care provided to the patients. NYC Health + Hospitals also receives Medicare payments for rehabilitation services using a PPS methodology, which requires facilities to complete patient health assessments. Using these assessments, Medicare defines a case-based payment, accounting for acuity, and comorbidities.

Medicare adjusts the reimbursement rates for capital, medical education, and the costs related to treating a disproportionate share of indigent patients. Additionally, some physician services are reimbursed on a cost basis. Due to these adjustments and other factors, final determination of the reimbursement settlement for a given year is not known until Medicare performs its annual audit. Medicare cost report audits and final settlements have been completed for most NYC Health + Hospitals' acute facilities through fiscal year 2020 except for three facilities. One facility is still awaiting final settlement for fiscal year 2005 and Medicare has not started their audit with regard to the fiscal year 2021 cost reports. The Skilled Nursing Facilities and Federally Qualified Health Centers have final settlements through fiscal year 2022.

Effective January 1, 1997, New York State enacted the Healthcare Reform Act ("HCRA") which covers Medicaid, Workers' Compensation, and No-Fault. In January 2000, the State passed HCRA 2000 extending the HCRA methodology until June 30, 2003, which has subsequently been extended several times, and is now scheduled to expire March 31, 2026.

HCRA continues funding sources for public goods pools to finance healthcare for the uninsured and fund initiatives in primary care. Under HCRA, the State continues to pay outpatient reimbursements under Ambulatory Patient Groups for ambulatory surgery services, emergency room services, diagnostic and treatment center medical services, and most chemical dependency and mental health clinic services, and provides for service intensity adjusted prospective payments based on patient diagnoses and procedures groupings. Outpatient services for all non-governmental payors are based on charges or negotiated rates.



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Medicaid pays for inpatient acute care services on a prospective basis using a combination of Statewide and hospital-specific costs per discharge adjusted to meet State budget targets and for severity of illness based on DRGs. Certain hospital-specific non-comparable costs are paid as flat-rate-per-discharge add-on to the DRG rate. Certain psychiatric, rehabilitation, long-term acute care, and other services are excluded from this methodology and are reimbursed on the basis of per diem rates. Per diem reimbursement for inpatient psychiatric services is determined by a PPS methodology that considers comorbidities and length of stay.

Commercial insurers, including Health Maintenance Organizations (“HMOs”), pay negotiated reimbursement rates or usual and customary charges, with the exception of inpatient Medicaid HMO cases that may be paid at the State-determined Payment Rate, which is related to the Medicaid rate. In addition, the State pays hospitals directly for graduate medical education costs associated with Medicaid HMO patients. NYC Health + Hospitals’ current negotiated rates include per case, per diem, per service, per visit, partial capitation, and value-based payment arrangements.

NYC Health + Hospitals is in varying stages of appeals relating to third-party payors’ reimbursement rates. Management routinely provides for the effects of all determinable prior year appeals, settlements, and audit adjustments and records estimates based upon existing regulations, past experience, and discussions with third-party payors. However, since the ultimate outcomes for various appeals are not presently determinable, no provision has been made in the accompanying financial statements for such issues.

Certain provisions of PPS and HCRA require retroactive rate adjustments for years covered by the methodologies. Those that can be reasonably estimated have been provided for in the accompanying financial statements. However, those that are either (a) without current specific regulations to implement them or (b) are dependent upon certain future events that cannot be assumed have not been recorded in the accompanying financial statements.

There are various proposals at the federal and State levels that could, among other things, increase or decrease reimbursement rates, modify reimbursement methods, or increase managed care penetration, including Medicare and Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Laws and regulations governing Medicaid and Medicare 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 in the near term. NYC Health + Hospitals believes that it has complied with all applicable regulations and that any pending or possible investigations involving allegations of potential wrongdoing will not materially impact the accompanying financial statements. While certain regulatory inquiries have been made, compliance with the regulations can be subject to future government review and interpretation as well as significant regulatory action, e.g., fines, penalties, and possible exclusion from Medicaid and Medicare, in the event of noncompliance. NYC Health + Hospitals has a Corporate Compliance Committee and a Corporate Compliance Officer to monitor adherence to laws and regulations.

**(b) Risks to Supplemental Medicaid Reimbursement**

As the country’s largest municipal provider of safety net care to low income and uninsured patients, NYC Health + Hospitals relies heavily on a variety of supplemental safety net funding programs, to augment below cost reimbursements received from government and subsidized insurances, and to support care for the uninsured and underinsured. Chief among these is the Medicaid DSH program, from which NYC Health +

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Hospitals' facilities received \$1.3 billion in fiscal year 2023. These programs are subject to many laws and regulations at both the State and federal level, changes to which may result in significant implications for NYC Health + Hospitals.

*i. Federal Medicaid DSH Reductions*

The Affordable Care Act ("ACA") included reductions in Medicaid DSH funds that were originally scheduled to begin in federal fiscal year 2014, and totaled \$18.0 billion through federal fiscal year 2020. The ACA DSH cuts were premised on the expectation that growth in insurance coverage through Medicaid expansion and the new ACA offerings would reduce hospital need for DSH funds. However, since passage of the ACA, lawmakers have recognized hospitals' ongoing need for Medicaid DSH funding, by delaying or eliminating the cuts six times. The most recent DSH cut delays came via the Consolidated Appropriations Act of 2021 which delayed DSH cuts until November 2023. Cuts are now slated to be \$8.0 billion annually in federal fiscal years 2024 through 2027.

NYC Health + Hospitals, along with the entire hospital industry and a broad coalition of stakeholders in the provision of care to low income patients, has advocated for further delay and ultimate repeal of the federal Medicaid DSH cuts. The coronavirus pandemic has only highlighted the urgent need to maintain and support critical safety net hospital services, and strengthened the case against Medicaid DSH cuts. It is NYC Health + Hospitals' continued belief that the cuts will likely be delayed or potentially repealed.

*ii. MetroPlus Enhanced Rate Pass Through*

In the State fiscal year beginning in April 2011, NYC Health + Hospitals began receiving supplemental revenue averaging approximately \$120.0 million per year related to an enhanced Medicaid managed care premium rate paid to MetroPlus by New York State, which was directed to be passed from the plan to NYC Health + Hospitals. As a result of changes in federal Medicaid managed care regulations, the State's ability to provide these enhanced rates to MetroPlus ended on March 1, 2019. NYC Health + Hospitals continues to work with New York State to receive the payment related to the final reconciliation of these funds.

**(c) Audits**

Federal and State governmental entities have a variety of audit programs to review and recover potential improper payments to providers from the Medicare and Medicaid programs. Stated below are various recovery audits of which NYC Health + Hospitals continues to be subject to:

*i. Medicare Recovery Audit Contractor Program ("RAC")*

The RAC program, which primarily reviews medical necessity of inpatient admissions and hospital coding practices was implemented by CMS on a demonstration basis for 2002 through 2008, and as a full program for 2009, although implementation was delayed until 2012. Subsequently, in 2013 CMS implemented a policy, known as the "Two-Midnight" rule, which establishes that hospital stays expected to span two or more midnights after the beneficiary is properly and formally admitted as an inpatient, are reasonable and necessary proper admissions for reimbursement. Related to the Two-Midnight Rule, CMS implemented a "Probe and Educate" training period

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beginning May 4, 2016, during which RAC audits for medical necessity were temporarily suspended until September 2016. Since the suspension has been lifted, RAC audit activities for NYC Health + Hospitals has continued to be minimal. NYC Health + Hospitals maintains estimates of liabilities for RAC audits related to the demonstration period, and for fiscal years 2009 through 2014 for which we have received final settlement notices indicating a reopening to account for adjustments due to an issue where the claim payments on the Provider Statistical and Reimbursement report (“PS&R”) were not accounting for the RAC adjustments applicable to claims paid on a Periodic Interim Payment basis. As of June 30, 2020, all RAC liabilities for fiscal years 2009 through 2014 have been resolved. RAC liabilities for the demonstration period remain open. For fiscal years after 2014, RAC liabilities are reflected in the PS&R data used to estimate Medicare cost report final settlements, therefore no separate RAC liability after 2014 is necessary.

*ii. Disproportionate Share Hospital (“DSH”) Payment Audits*

Pursuant to federal regulations, all New York State hospital recipients of DSH participate in Medicaid DSH Audits to determine the final calculation of limits on hospital-specific DSH payments. Since 2014, these audits have been conducted for each Medicaid State Plan Rate Year (“SPRY”) on an approximate three-year lag. DSH Audits have been completed through SPRY 2019; the SPRY 2020 audit is currently in progress.

**(d) Budget Control Act**

The Budget Control Act of 2011 (the “Budget Control Act”) mandated significant reductions and spending caps on the federal budget for fiscal years 2012 through 2021. The Budget Control Act also created a requirement for Congress to enact recommendations of a bipartisan “super committee” achieving at least \$1.2 trillion in deficit savings over a 10-year period by January 1, 2013, otherwise \$1.2 trillion of across-the-board reductions, known as the “sequester,” would be triggered. The super committee failed to produce recommendations and after passing the American Taxpayer Relief Act to provide a two-month delay, Congress was unable to reach an agreement to avoid imposition of the sequester. As a result, Medicare reimbursement was reduced by 2% effective April 1, 2013, known as Sequestration. The Sequestration period was extended by legislation until 2029. However, sequestration was suspended for the period May 1, 2020 through December 31, 2020 by the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”); subsequent legislation further extended the suspension period to December 31, 2021. A final extension through March 31, 2022 was provided by the Protecting Medicare and American Farmers from Sequester Cuts Act which further prescribed that sequester payment reductions resume at 1% for April 1, 2022 to June 30, 2022 and be fully restored to 2% effective July 1, 2022.

**(e) Value Based Payment Quality Improvement Program (“VBP QIP”)**

VBP QIP is a New York State Medicaid Managed Care initiative that pairs hospital providers, DSRIP Performing Provider Systems, and managed care plans to improve quality and support transformation to value-based purchasing arrangements. The purpose of VBP QIP is to transition financially distressed facilities to a value-based payment, improve the quality of care, and as a result, achieve financial sustainability over the five years of the program, which commenced in April 2015 and was originally scheduled to end with the State fiscal year commencing in April 2020. This program is meant to ensure long-term financial sustainability through active changes in the delivery and contracting of healthcare services, not to solely sustain operations.

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NYC Health + Hospitals was allocated \$120.0 million per year for the five-year program which started as of the State fiscal year April 1, 2015 to March 31, 2016 (“Year 1”). For Year 1, NYC Health + Hospitals, through OneCity Health, worked with EmblemHealth, HealthFirst, and MetroPlus. In April 2016 (“Year 2”), HealthFirst was reassigned to a different VBP QIP Partnership. In Years 1 and 2, there were planning and reporting milestones. Year 2 started to incorporate DSRIP VBP baseline metrics, and in Years 3 through 5 (April 1, 2017 to March 31, 2020), providers were required to maintain or improve performance on selected quality metrics. Additionally, Years 4 and 5 funding required providers to demonstrate by April 1, 2018 that 80% of Medicaid Managed Care revenue was paid through value-based payment arrangements.

Beginning in program Year 5, VBP QIP award allocations were reduced due to limitations in the State’s mechanism for program payments. During the fiscal year ended June 30, 2021, NYC Health + Hospitals earned \$101.9 million – the maximum available amount – as grant revenue related to meeting the reporting and performance metrics established by NYSDOH for Year 5. NYSDOH subsequently extended the VBP QIP program through March 2022, maintaining the Year 5 reporting and performance requirements for both extension years. NYC Health + Hospitals recognized \$101.9 million of grant revenue for VBP QIP Year 6 ending on March 31, 2021. NYC Health + Hospitals is also recognizing \$101.9 million of grant revenue for VBP QIP Year 7 ending on March 31, 2022. There is no current expectation that the program will continue beyond March 31, 2022.

**(f) Upper Payment Limit Conversion Revenue**

During 2022, New York state implemented Medicaid Managed Care rate changes related to a NYS fiscal year 2020-2021 budget amendment to the upper payment limit (“UPL”) methodology for certain eligible public hospitals for dates of service occurring on or after April 1, 2020 through December 31, 2020, and for each calendar year thereafter. Under the amendment, UPL payments were converted to direct reimbursement rate add-ons. This amendment was part of an initiative to strengthen the cash flows of New York safety net hospitals. The rate add-on approach also allowed for payment to be received for Medicaid Managed Care cases, which are not included in standard UPL payments. While the conversion of fee-for-service UPL payments is still pending CMS review, NYS was able to implement the add-on for managed care rates for fiscal years 2020 and 2021 and fiscal years 2021 and 2022 in a manner which did not require CMS preapproval. Beginning with fiscal years 2022 and 2023, the rate add-on was sought using a new methodology which was approved by CMS. As a result, total UPL Conversion payments of \$420.9 million and \$1.2 billion were received in fiscal years 2023 and 2022, respectively.

**(g) Legal Matters**

There are a significant number of outstanding legal claims against NYC Health + Hospitals for alleged negligence, medical malpractice, and other torts, and for alleged breach of contract, which are provided for in the financial statements as amounts are determined to be probable and estimable. Pursuant to the Agreement, NYC Health + Hospitals is indemnified by the City for such costs. In fiscal years 2023 and 2022, NYC Health + Hospitals agreed to reimburse the City \$62.9 million and \$91.6 million, respectively. NYC Health + Hospitals records these costs when settled by the City as appropriations from the City and as other than personal services expenses in the accompanying financial statements (Note 9). Accordingly, no provision has been made in the accompanying financial statements for unsettled claims, whether asserted or unasserted.



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**13. ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

Accounts payable and accrued expenses consists of the following as of June 30<sup>th</sup> (in thousands):

	<u>2023</u>	<u>2022</u>
Vendors payable	\$ 971,055	\$ 1,094,418
Accrued interest	13,103	9,828
Affiliations payable	81,969	96,387
Affiliations vacation accrual	35,177	32,492
Pollution remediation liability	16,946	10,527
Other	<u>59,332</u>	<u>218,065</u>
	<u>\$ 1,177,582</u>	<u>\$ 1,461,717</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations* (“GASB 83”) establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (“AROs”). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with GASB 83, the Corporation completed an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPPA laws, and certain types of laboratory equipment. NYC Health + Hospitals determined, based on industry standards for disposition of similar equipment and other known costs, that the future cost for disposition of these assets, in the aggregate, totals approximately \$5.0 million.

**14. CORRECTIONAL HEALTH SERVICES**

On August 9, 2015, NYC Health + Hospitals, via a Memo of Understanding with the City, assumed from the New York City Department of Health and Mental Hygiene (“NYCDOHMH”) its contracts for the provision of medical, mental health, and dental services for the inmates of correctional health facilities maintained and owned by the City of New York’s Correctional Health Services, from other providers of care for the duration of their terms. Included is the understanding that NYC Health + Hospitals assumed the transfer of staff from NYCDOHMH otherwise engaged in the performance of correctional health functions, together with the transfer of all real and personal property, as used by NYCDOHMH, in its provision of correctional health services. Total expenses funded through appropriations by the City was \$242.8 million and an additional \$61.1 million was funded through grants and intra-city agreements for a total funding for the year ended June 30, 2023 of \$303.9 million. Total expenses funded through appropriations by the City was \$246.4 million and an additional \$68.9 million was funded through grants and intra-city agreements for a total funding for the year ended June 30, 2022 of \$315.3 million.

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**15. METROPLUS**

***Cash and Cash Equivalents***

Cash and cash equivalents consist principally of money market funds. MetroPlus considers all highly liquid investments with original maturities of three months or less to be cash equivalents.

***U.S. Government Securities***

U.S. government securities consist of U.S. Treasury bills, U.S. Treasury notes, and U.S. Treasury zero-coupon strips. These securities are stated at fair value, with unrealized and realized gains and losses included in investment income. Securities maturing within a year are presented as current assets in the Statements of Net Position. Securities presented as noncurrent assets mature after a year. Possible exposure to fair value losses arising from interest rate volatility is limited by investing in securities with maturities of less than one year and, at most, five years, and by intending to hold the security to maturity.

As of June 30, MetroPlus had the following U.S. government securities (in thousands):

Year	Investment Type	Fair Value	Investment Maturities (in Years)	
			Less than 1	1 to 5
2023	U.S. Treasury bills, notes,	\$ 647,668	\$ 382,490	\$ 265,178
2022	U.S. Treasury bills, notes,	600,030	165,740	434,290

***Premiums Receivable and Premium Revenue***

Premiums earned are recorded in the month in which members are entitled to service for primarily medical, pharmacy, and dental benefits. Medicaid and HIV-SNP premiums are based upon several factors, including age, aid category, and health status of the enrollee; and plan premium rates are risk-adjusted to reflect historical medical cost experience. In addition, Medicaid makes one-time maternity and newborn supplemental payments for the delivery of each child born to a member of the MetroPlus Plan. Medicaid, CHP, and HIV-SNP premium revenue received from the NYSDOH represents a substantial portion of MetroPlus' premium revenue and is subject to audit and adjustment by the NYSDOH. Medicare and MAP premiums are based on rates approved by CMS.

Effective April 1, 2023, prescription drug benefits are no longer provided by MetroPlus and are offered through the NYS Medicaid Pharmacy program ("NYRx") for Medicaid, HIV-SNP, and HARP. MetroPlus continued to receive pharmacy premiums for Medicaid, HARP, and SNP through June 30, 2023. MetroPlus estimated \$209.4 million for the pharmacy premiums MetroPlus received from the State for April to June 2023 and reported as unearned premiums within accounts payable and accrued expenses as of June 30, 2023.

QHP premiums are based on the plan type (Bronze, Silver, Gold or Platinum) and coverage level (standard or nonstandard) selected by the enrollee. In addition to premiums from enrolled QHP members, MetroPlus receives subsidies from CMS under the Advanced Premium Tax Credit program provided under ACA,

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which were included in premium revenue.

The Essential Plan covers major health benefits, including inpatient and outpatient care, physician services, diagnostic services, and prescription drugs, among others, with no annual deductible and low out-of-pocket costs. Preventive care, such as routine office visits and recommended screenings, are free of charge.

Premium revenue, by percentage, from members and third-party payors for the years ended June 30, 2023 and 2022 was as follows:

	<u>2023</u>	<u>2022</u>
Medicaid	58%	57%
Essential Plan	18%	15%
HARP	8%	10%
HIV-SNP	4%	6%
Medicare	3%	3%
MLTC	2%	2%
Others*	7%	7%
	<u>100%</u>	<u>100%</u>

\* Included in "Others" are MetroPlus Gold, CHP, QHP, Small Business Health Options Programs ("SHOP"), GoldCare I, GoldCare II, and MAP.

***Assets Restricted as to Use***

Assets restricted as to use consist of the following as of June 30 (in thousands):

	<u>2023</u>	<u>2022</u>
MetroPlus Statutory reserve investments	<u>\$ 183,779</u>	<u>\$ 180,852</u>

NYSDOH Rules and Regulations Section 98-1.11(f) requires that a plan operating under the authority of Article 44 of the public health law, establish a statutory escrow reserve account for the protection of its enrollees, and that this balance be maintained at 5% of the healthcare expenditures, as defined, and projected for the following calendar year. The statutory escrow reserve is computed in accordance with the regulations.

The statutory escrow reserve account of \$183.8 million and \$180.9 million at June 30, 2023 and 2022, respectively, is invested in U.S. government securities with original maturity dates of six months or more and are measured at fair value based on Level 2 inputs. The account is in the form of an escrow deposit, maintained in a trust account under a custodian arrangement with Citibank approved by the NYSDFS.

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In accordance with NYSDOH Rules and Regulations, MetroPlus is also required to maintain a contingent surplus reserve equal to 12.5% of net premiums earned for the prior year. The contingent surplus reserve as of June 30, 2023 and 2022 was \$536.0 million and \$485.4 million, respectively.

***Change in Claims Payable***

Activity in the liability for claims payable, which primarily includes medical claims, the risk sharing agreement with NYC Health + Hospitals, and claim adjustment expenses is summarized as follows (in thousands):

	<u>2023</u>	<u>2022</u>
<b>Balance, July 1</b>	\$ 793,432	\$ 670,942
Less: Drug rebates receivable	<u>(28,564)</u>	<u>(26,256)</u>
Net balance	<u>764,868</u>	<u>644,686</u>
Incurred related to:		
Current year	4,234,867	3,758,683
Prior years	<u>136,505</u>	<u>167,685</u>
Total incurred	<u>4,371,372</u>	<u>3,926,368</u>
Paid related to:		
Current year	3,592,432	3,219,518
Prior years	<u>752,589</u>	<u>586,668</u>
Total paid	<u>4,345,021</u>	<u>3,806,186</u>
Net balance at June 30	791,219	764,868
Plus drug rebates receivable	<u>23,287</u>	<u>28,564</u>
<b>Balance, June 30</b>	<u>\$ 814,506</u>	<u>\$ 793,432</u>

MetroPlus claims payable were \$814.5 million and \$793.4 million at June 30, 2023 and 2022, respectively, and is reported in the Accounts Payable and Accrued Expenses line in the MetroPlus column of the Statements of Net Position. Net reserves for unpaid claims and claim adjustment expenses attributable to incurred claims of prior years' increased by \$136.5 million and \$167.7 million in 2023 and 2022, respectively. These changes are generally the result of ongoing analysis of recent loss development trends that include expected healthcare cost and utilization.

***Risk Sharing Agreement with NYC Health + Hospitals***

MetroPlus entered into a risk sharing agreement with NYC Health + Hospitals in July 2000. The agreement is open to annual negotiation. The agreement shifts all medical risk from MetroPlus to NYC Health +



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Hospitals for Medicaid, CHP, HIV-SNP, HARP, Essential Plan, MetroPlus Gold, Gold Care I, and Gold Care II. The risk sharing agreement is 87.8% for Medicaid, 88.0% for CHP and HIV-SNP, 91.0% for Essential Plan and HARP, 92.0% for MetroPlus Gold, and 86.0% for Gold Care I and Gold Care II in 2023 calendar year of the premiums collected for those members. NYC Health + Hospitals is also entitled to one-time maternity and newborn supplemental payments as of June 30, 2023. After the end of the calendar year risk period, both parties settle the net amount remaining after payment of all capitated and fee-for-service medical expenses regardless of whether the provider was part of NYC Health + Hospitals network or not.

In addition, the risk sharing agreement shifts the prescription drug risk cost component for most Medicaid, HIV-SNP, and HARP members from MetroPlus to NYC Health + Hospitals, for 96.5% of the prescription drug premium collected for Medicaid and HIV-SNP members and 97.5% for HARP members through March 31, 2023. MetroPlus assumes full risk for operations, including paying medical claims and providing administrative services to its members and providers, and other services required by contract with NYC Health + Hospitals, the State of New York, and CMS for its business lines.

The risk sharing agreement provides for a quarterly settlement or as needed and mutually agreed upon. Risk sharing payables were \$343.4 million and \$291.2 million at June 30, 2023 and 2022, respectively, representing net amounts payable to NYC Health + Hospitals pursuant to the agreement. NYC Health + Hospitals has reported a corresponding receivable at June 30, 2023 and 2022, respectively. Amounts are included in eliminations in the Statements of Net Position. Net payments pursuant to the agreement were \$447.4 million and \$319.3 million in 2023 and 2022, respectively.

***Risk-Sharing Program of the Affordable Care Act***

MetroPlus is required to participate in the Risk Adjustment program under the ACA.

The program covers both individual and small businesses and transfers funds from lower risk plans to higher risk plans, within the same state, to adjust premiums for adverse selection among the plans. The federal Department of Health and Human Services operates the program for the State of New York and may set an annual user fee payable by plans.

MetroPlus estimates its risk adjustment amount based on an estimate of its risk score relative to an estimate of the average risk score of all QHP and SHOP plans in New York State. Effective January 1, 2022, MetroPlus is no longer offering SHOP coverage to new enrollees and terminated this program at the end of 2022.

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As of June 30, 2023 and 2022, MetroPlus reported a payable of \$3.2 million and a receivable of \$2.1 million, respectively, including risk adjustment, high cost risk pool (“HCRP”) and risk adjustment data validation (“RADV”) as of June 30<sup>th</sup> (in thousands):

	<u>2023</u>	<u>2022</u>
Risk adjustment	\$ (3,108)	\$ 5,088
HCRP	(378)	(142)
RADV	<u>265</u>	<u>(2,865)</u>
<b>Total</b>	<u><u>\$ (3,221)</u></u>	<u><u>\$ 2,081</u></u>

MetroPlus reported a liability of \$3.1 million and a receivable of \$5.1 million for the risk adjustment as of June 30, 2023 and 2022, respectively. Included in the risk adjustment liability of \$3.1 million as of June 30, 2023 is a \$3.7 million liability estimate for the first six months of 2023, offset by a receivable of \$0.6 million for the 2022 benefit year. MetroPlus received \$5.2 million for the 2021 benefit year in fiscal year 2023.

MetroPlus reported a receivable of \$0.3 million and a liability of \$2.9 million for RADV as of June 30, 2023 and 2022, respectively. MetroPlus made a payment of \$2.3 million for the 2020 benefit year in fiscal year 2023. As of June 30, 2023, MetroPlus is expected to receive \$0.3 million for the 2021 benefit year based on the final CMS report. MetroPlus elected not to accrue any receivables for the 2022 benefit year or for the first six months of the 2023 benefit year.

***Stop-Loss and Reinsurance***

MetroPlus uses stop-loss insurance to minimize medical expense losses as a result of a Medicaid member incurring excessive expenses in any one calendar year. Such insurance is provided by the State of New York for Medicaid enrollees with coverage as follows:

- Medical inpatient is reimbursed at 80% of the lower of contractual or Medicaid calculated rate for expense between \$200,000 and \$350,000 for 2023 and 2022. For any expenses over \$350,000 for 2023 and 2022, the coverage is increased to 100% of the excess amount.
- Residential Health Care Facility inpatient stays are not covered for members for 2023 and 2022.
- Stop-Loss insurance is also provided by the State of New York for HIV-SNP members, with coverage for hospital inpatient at 85% of the lower of contractual or Medicaid calculated rate for expenses between \$200,000 and \$400,000 in any one calendar year for 2023 and 2022. For any expenses over \$400,000 for 2023 and 2022, the coverage is increased to 100% of the excess amount.
- Stop-Loss insurance is also provided by the State of New York for certain mental health costs of its Medicaid members. For episodes of inpatient psychiatric care, the State reimburses for 100% of payments made in the episode of care beyond the 100th day for 2023 and 2022.

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Premiums for the reinsurance provided by the State of New York are netted against premiums earned and any related recoveries on paid losses are netted and reported within other than personal services expenses. MetroPlus has two years from the close of the benefit year to file a claim for all stop-loss coverages. Reinsurance recoverable, mainly from the State of New York, was \$25.6 million and \$47.4 million at fiscal years ended June 30, 2023 and 2022, respectively.

***Value-based Payment Quality Improvement Program (VBP QIP)***

MetroPlus and NYC Health + Hospitals were selected to participate as part of the VBP QIP program administered by the NYSDOH for years 1 through 7. There were no pass-through payments for this program during fiscal year 2023. During fiscal year 2022, MetroPlus released the award pass-through payments of \$153.1 million to NYC Health + Hospitals and retained surplus and administrative fees of \$6.1 million that MetroPlus is entitled to keep in accordance with the VBP QIP program. MetroPlus reported a liability of \$1.6 million and \$1.8 million for the excess funds received for this program as of June 30, 2023 and 2022, respectively.

***Upper Payment Limit Supplemental Program***

NYC Health + Hospitals provided health care services to individuals enrolled in the MetroPlus' Medicaid and HARP benefit programs for which NYS approved UPL funding, inclusive of HCRA taxes, through MetroPlus' premium rates for NYS fiscal years 2021 and 2022. Effective NYS fiscal year 2023, NYS converted the UPL funding paid to MetroPlus into directed payments per CMS' approval. The directed payments included the UPL add-on amount, HCRA taxes, and 3% MetroPlus administrative fees that MetroPlus retained in accordance with the program. MetroPlus recorded the UPL funding inclusive of the UPL add-on amount, HCRA taxes, and 3% MetroPlus administrative fees as premiums with offsets to Hospital and Medical benefits for the UPL add-on amount payable to NYC Health + Hospitals and HCRA taxes. MetroPlus and NYC Health + Hospitals entered into agreements to settle the UPL add-on amount as lump sum payments dated June 12, 2023 and November 23, 2021.

MetroPlus estimated \$68.0 million in UPL funding for the period from April 1 through June 30, 2023 (which is the first quarter for NYS fiscal year 2024). During fiscal years 2023 and 2022, MetroPlus received UPL funding of \$335.9 million (which is NYS fiscal year 2023) and \$223.8 million (which is NYS fiscal years 2022 and 2021), respectively. MetroPlus paid the UPL add-on amounts of \$304.6 million (which is NYS fiscal year 2023) and \$207.5 million (which is NYS fiscal years 2022 and 2021) to NYC Health + Hospitals during fiscal years 2023 and 2022, respectively.

Subsequently, pursuant to the terms of the June 12, 2023 agreement, MetroPlus and NYC Health + Hospitals performed a reconciliation of the \$304.6 million (which was NYS fiscal year 2023) payment and determined a payable of approximately \$60.3 million due to NYSDOH and a receivable of approximately \$54.7 million due from NYC Health + Hospitals as of June 30, 2023. HCRA taxes covering the first quarter of NYS fiscal year 2024 and the entirety of NYS fiscal year 2023 were paid by MetroPlus in July 2023 in accordance with the established payment due date. MetroPlus paid \$14.6 million of HCRA taxes for NYS fiscal year 2022 and 2021 as of June 30, 2022. During fiscal year ended June 30, 2023, MetroPlus earned \$2.0 million and \$8.0 million in administrative fees for the first quarter of NYS fiscal year 2023 and the entirety of NYS

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fiscal year 2023, respectively.

MetroPlus reported a liability of \$30.7 million and \$2.0 million for the UPL add-on and HCRA taxes associated with the UPL funding within accounts payable and accrued expenses as of June 30, 2023 and 2022, respectively. Included in the \$30.7 million liability as of June 30, 2023 are payables of \$66.0 million (which is the first quarter of NYS fiscal year 2024) and \$1.8 million (which is NYS fiscal years 2022 and 2021), offset by a receivable of \$37.1 million (which is NYS fiscal year 2023).

***Essential Plan (“EP”) Provider Investment Fund Program***

The NYSDOH, during the 2022 NYS fiscal year, enacted a budget that included a full annual investment of \$420.0 million into provider reimbursement rates for the EP1 (FPL 151% to 200%) and EP2 (FPL 139% to 150%) premium groups to bring rates more in line with commercial reimbursement for inpatient and outpatient hospital-based services. This increase would result in rates for inpatient and outpatient hospital-based services that are 225% of Medicaid fee for service reimbursement for the same services. Plans are encouraged to utilize funding to increase provider medical reimbursement rates to improve the quality, accessibility, appropriate utilization, and efficiency of services provided to enrollees. Effective January 1, 2022, funding is paid over 12 months and annually, thereafter. MetroPlus entered into agreements with the providers for 2021 calendar year dates of service to settle in lump sum payments and reprocess underlying claims for 2022 calendar year dates of service and thereafter.

For lump sum settlements for calendar year 2021, MetroPlus paid a total of \$20.3 million of which \$9.5 million was paid to other providers during fiscal year 2023 and \$10.8 million, including \$8.0 million paid NYC Health + Hospitals and \$2.8 million paid to other providers, during fiscal year 2022.

MetroPlus reported a liability of \$22.7 million and \$32.1 million as of June 30, 2023 and 2022, respectively. The fiscal year 2023 liabilities include \$4.6 million remaining for calendar year 2021, \$12.1 million for calendar year 2022, and \$6.0 million estimated for six months of 2023 dates of service. The fiscal year 2022 liabilities include \$15.1 million estimated for calendar year 2021 and \$17.0 million estimated for six months of calendar year 2022.

***Financially Distressed Hospital Add-On Program (“FDHA”)***

CMS has approved FDHA funding inclusive of HCRA taxes and 3% MetroPlus administrative funds for NYS fiscal year 2023 as directed payments and through a premium rate per member per month for NYS fiscal year 2022 to Medicaid Managed Care plans for hospitals that qualified as financially distressed. The FDHA funding is to cover paid claims that occurred during dates of services from April 1, 2022 to December 31, 2022 and December 1, 2021 to March 31, 2022 for NYS fiscal year 2023 and NYS fiscal year 2022, respectively. These payments are only applicable to Article 28 general clinic, ambulatory surgery, and emergency department services. MetroPlus is required to reprocess the underlying claims for the covered periods and remit funding to the impacted hospitals within 45 days of the fee schedules being posted to the NYSDOH website. The FDHA funding, inclusive of HCRA and 3% MetroPlus administrative fees (for NYS fiscal year 2023), is reported as premiums. The FDHA payment to eligible providers and HCRA taxes are reported as hospital and medical benefits.

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In May 2023, MetroPlus received FDHA funding via a lump sum payment of \$114.4 million for dates of service covering April 2022 through December 2022 inclusive of distressed hospital payments, HCRA taxes, and the 3% MetroPlus administrative fees that MetroPlus retained for this program. MetroPlus paid \$97.1 million to distressed hospitals, \$5.1 million of HCRA taxes, retained \$3.3 million of MetroPlus administrative fees and reported a liability of \$8.9 million within accounts payable and accrued expenses as of June 30, 2023.

In fiscal year 2023, MetroPlus received FDHA funding of \$62.2 million inclusive of HCRA taxes and surplus through a premium rate per member per month retroactive to April 2021 through March 2022. MetroPlus paid \$35.8 million to distressed hospitals, \$2.5 million of HCRA taxes, retained \$0.4 million of surplus and reported a liability of \$23.5 million of excess payment received as due to the State of New York within accounts payable and accrued expenses.

***Due to State of New York***

The State of New York has advised MetroPlus of instances where it will need to return premium payments as a result of State audits and adjustments of its payments made to MetroPlus. Management's estimate of such amounts is included in due to the State of New York and reported within Accounts Payable and Accrued Expenses and is \$143.7 million and \$122.8 million at June 30, 2023 and 2022, respectively. Premiums returned to the State of New York are charged against premiums earned.

***Medical Loss Ratio***

The ACA Medical Loss Ratio ("MLR") standards require that the MLR for MetroPlus' commercial lines of business individuals (QHP), small groups (SHOP), and large groups (MetroPlus Gold, GoldCare I, and GoldCare II) meet specified minimums of 82% for QHP and SHOP and 85% for large groups. In addition, MetroPlus is also required to meet the MLR minimum of 85% for Medicare and Essential Plan, 86% for Medicaid lines of business, and 89% for HARP. Effective April 1, 2023, MLR for Medicaid and MLTC lines of business increased to 89% from 86% with the other lines of business unchanged. MetroPlus continues to monitor the MLR to remain in compliance with the minimum requirements. The MLR represents the percentage of premium dollars spent on healthcare claims and quality improvement activities. MetroPlus has complied with these requirements as of June 30, 2023. MetroPlus estimated a potential rebate for MLTC of \$0.8 million as of June 30, 2022, which is subsequently released in fiscal year 2023.

***Leases***

In June 2017, GASB issued Statement No. 87, Leases ("GASB 87"). GASB 87 increases the usefulness of governments' financial statements by requiring the reporting of certain lease related assets, liabilities and deferred inflows of resources on the Statements of Net Position that previously were not reported on that Statement. It also enhances the comparability of financial statements among governments by requiring lessees and lessors to report leases under a single model. The new standard establishes a right-to-use ("RTU") model that requires a lessee to recognize an RTU asset and lease liability on the Statements of Net Position for all leases with a term longer than 12 months. Leases are classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the Statements of Revenues,



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Expenses, and Changes in Net Position.

MetroPlus adopted the new standard on July 1, 2022 and is reflecting the new reporting requirements for periods beginning in fiscal year 2023 and forward. It was determined that prior year amounts were not material, thus this election to report beginning in the current year.

The new standard provides a number of optional practical expedients in transition. MetroPlus has elected the “package of practical expedients,” which permits entities to not reassess conclusions prior to the implementation of the new standard about lease identification, lease classification, and initial direct costs.

The most significant effects on MetroPlus’ financial statements are related to: (1) the recognition of new RTU assets and lease liabilities on the Statements of Net Position for existing real estate and equipment operating leases; and (2) providing significant new disclosures about leasing activities.

The impact of the adoption as of July 1, 2022 was the recognition of RTU assets and corresponding operating lease liabilities of \$163.5 million, based on the present value of the remaining minimum rental payments for existing leases as of that date.

The new standard also provides practical expedients for an entity’s ongoing accounting. MetroPlus has elected the short-term lease recognition exemption for all leases that qualify. This means, for those leases that qualify, MetroPlus does not recognize RTU assets or lease liabilities, and this includes not recognizing RTU assets or lease liabilities for existing short-term leases of those assets in transition.

A summary of changes in the related leased assets during the year ended June 30, 2023 is as follows (in thousands):

	<b>Balance Beginning of year</b>	<b>Additions</b>	<b>Remeasurements</b>	<b>Deductions</b>	<b>Balance end of year</b>
Lease assets	\$ 163,499	\$ -	\$ -	\$ 2,236	\$ 161,263

Future annual lease payments are as follows (in thousands):

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	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 3,046	\$ 4,877	\$ 7,923
2025	3,508	9,119	12,627
2026	4,328	8,901	13,229
2027	5,074	8,623	13,697
2028	5,401	8,320	13,721
2029-2033	29,142	36,770	65,912
2034-2038	41,901	26,765	68,666
2039-2043	61,731	11,900	73,631
2044-2048	8,965	127	9,092
	<u>163,096</u>	<u>115,402</u>	<u>278,498</u>
Total	<u>\$ 163,096</u>	<u>\$ 115,402</u>	<u>\$ 278,498</u>

**Variable lease payments**

Variable lease payments, other than those payments that depend on an index or rate or are fixed in substance, are excluded from the measurement of the lease liability. Such amounts are recognized as lease expense or subscription expense, respectively, in the period in which the obligation for those payments is incurred.

**16. OTHER LONG-TERM LIABILITIES**

Other long-term liabilities for the years ended June 30, 2023 and 2022 was as follows (in thousands):

	<u>June 30, 2021 Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>June 30, 2022 Balance</u>	<u>Additions</u>	<u>Reductions</u>	<u>June 30, 2023 Balance</u>
Accrued compensated absences	\$ 526,224	\$ 4,343	\$ -	\$ 530,567	\$ -	\$ (8,041)	\$ 522,526

**17. COVID-19**

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic, which continues to spread throughout the United States. As a result of the COVID-19 pandemic, NYC Health + Hospitals experienced a decline in patient visits, elective surgery, and other medical procedures beginning in mid-March through late May 2020. Additionally, in response to the pandemic, NYC Health + Hospitals incurred additional costs for personal protective equipment, expanded capacity, and other operating costs associated with ensuring employee, patient and public safety while operating during a pandemic. Since late spring 2020, NYC Health + Hospitals began to see increases in its patient visits, admissions, and medical procedures, however volumes have still not fully returned to pre-pandemic levels. Management continues to actively monitor operating revenues and expenses for COVID-19 and other services.



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NYC Health + Hospitals' primary source of funds to support its COVID-19-related work was through funding from the Provider Relief Fund ("PRF") and FEMA. NYC Health + Hospitals recognized PRF grant revenue totaling \$1.0 billion in fiscal year 2020, FEMA funding of \$532.3 million in fiscal year 2021, and \$309.1 million of FEMA funding and \$187.3 million of PRF funding in fiscal year 2022 to support its response to the COVID-19 pandemic.

A significant source of COVID-19 federal funding for healthcare providers is the PRF which was originated by the CARES Act, with additional funding authorized in several subsequent acts. PRF is used to prevent, prepare for, and respond to the COVID-19 and is intended for expenses or lost revenues that are attributable to COVID-19 which are not covered by other funding sources, including FEMA. PRF funding ensured that NYC Health + Hospitals had the cash flow needed for its COVID-19-related expenses through the initial phases of the pandemic.

In fiscal year 2020, PRF payments were received in the amount of \$1.0 billion and were included in grants revenue in the Statements of Revenues, Expenses and Changes in Net Position that fiscal year. NYC Health + Hospitals received additional PRF payments of \$172.4 million during fiscal year 2021 and \$14.9 million during fiscal year 2022 which were recognized as grant revenue in fiscal year 2022. NYC Health + Hospitals does not anticipate receiving any additional PRF funding. These payments are subject to audit and compliance with federal regulations.

In addition to PRF funding, NYC Health + Hospitals recognized \$532.3 million of COVID-19 grant revenues from FEMA in fiscal year 2021, reflecting FEMA's initial approved cost estimate of the Expedited Project Worksheet ("EPW") for COVID-19 response. An additional obligation during fiscal year 2022 of an amendment to the original EPW resulted in additional FEMA revenue of \$309.1 million being recognized in fiscal year 2022. NYC Health + Hospitals will continue to work with FEMA for grant reimbursement of any remaining eligible COVID-19 expenses. Costs claimed under FEMA may not be reimbursed by any other funding source or payor, and may not be claimed through PRF or other grants.

NYC Health + Hospitals also received a number of small grant awards and supplements to existing grants under the CARES Act as well as under the American Rescue Plan Act; grants from the City, including allocations of federal funds awarded to the City; and private grants.

While strides have been made, the COVID-19 virus' full potential and long-term effect remain unknown. Although the impact of COVID-19 on NYC Health + Hospitals' finances has considerably diminished since the height of the pandemic and there is optimism that will continue, the pandemic's total impact on its financial position and operations (including regulatory requirements, federal and State funding, reduced revenue stream, constraints on operations, and higher cost of resources) cannot be fully determined at this time.

***Test and Treat Corps (formerly known as Test and Trace Corps)***

In May 2020, then-New York City Mayor DeBlasio announced the City's comprehensive plan to contain COVID-19 through testing, contact tracing, and isolation services, to be led by NYC Health + Hospitals. On June 1, 2020 the NYC COVID-19 Test & Trace Corps (now known as Test & Treat Corps) was launched, with the goal of suppressing the virus and delaying and diminishing future waves. The overall response was

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part of a multi-agency, “all-hands-on-deck” approach to COVID-19. Certain components of the Test and Treat strategy were managed by multiple City agencies.

The NYC Mayor’s Office of Management and Budget (“NYC OMB”) and NYC Health + Hospitals signed a Memorandum of Understanding outlining that the City would provide NYC Health + Hospitals funding for all expenses incurred in connection with this program and both parties would work together to secure any eligible grants, third-party billing or other funding sources.

Some of the major components of the strategy included community-based testing sites throughout the City, hiring up to 4,000 contact tracers and monitors (both directly and through a vendor), maintaining multiple hotels in order to offer safe spaces to quarantine those who tested positive for COVID-19 and their close contacts, as well as the provision of resources to those isolating at home. Over time, additional strategies such as canvassing, mobile testing and treatment, and school-based testing were deployed. Overall, Test and Treat Corps has administered over 14.5 million COVID-19 tests, including 4 million in schools. They have successfully reached nearly 90% of positive cases prior to Omicron and identified 1.8 million contacts throughout the pandemic. In addition, Test and Trace Corps provided hotel rooms for safe isolation and quarantine to over 33,000 New Yorkers and administered 580,000 vaccines at the 24-hour vaccine mega-sites. By the end of fiscal year 2022, Test and Trace Corps ended their contact tracing program, isolation and quarantine program, and vaccination program. In response to the changing trends of the pandemic and needs of New Yorkers, the program launched a new testing and treatment program in fiscal year 2023 that offered COVID testing and on-site Paxlovid prescriptions. Over 80 million at-home COVID tests were also distributed throughout schools, partner community-based organizations, and popular publicly accessible locations such as libraries.

NYC Health + Hospitals incurred \$244.2 million and \$1.3 billion of expenses in fiscal years 2023 and 2022, respectively, to provide these services on behalf of the City.

NYC Health + Hospitals worked closely with NYC OMB to ensure sufficient funding for all incurred expenses, despite uncertainty at times regarding the availability of federal funds. The City will submit or has submitted on behalf of NYC Health + Hospitals recognized grant revenue of:

- \$36.6 million and \$270.7 million in Epidemiology and Laboratory Capacity grants during the years ended June 30, 2023 and 2022, respectively;
- \$105.5 million and \$690.3 million in FEMA reimbursement during the years ended June 30, 2023 and 2022, respectively; and
- \$42.1 million and \$214.3 million during the years ended June 30, 2023 and 2022, respectively, under the American Rescue Plan Act

NYC Health + Hospitals has also received over \$18.4 million and \$149.6 million in third party receipts for COVID-19 tests performed in fiscal years 2023 and 2022, respectively, that offset testing expenditures.

## **18. LEASES AND SUBSCRIPTION INFORMATION TECHNOLOGY ARRANGEMENTS**

In June 2017, GASB issued Statement No. 87, *Leases* (“GASB 87”). GASB 87 increases the usefulness of governments’ financial statements by requiring the reporting of certain lease related assets, liabilities and deferred inflows of resources on the Statements of Net Position that previously were not reported on that

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statement. It also enhances the comparability of financial statements among governments by requiring lessees and lessors to report leases under a single model. The new standard establishes a right-to-use (“RTU”) model that requires a lessee to recognize an RTU asset and lease liability on the Statements of Net Position for all leases with a term longer than 12 months. Leases are classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the Statements of Revenues, Expenses, and Changes in Net Position. The System also adopted GASB Statement No. 96, *Subscription Information Technology Arrangements* (“SBITAs”) which addresses the reporting for non-cancellable subscription Information Technology (“IT”) arrangements (similar to a lease) for the right-to-use information technology hardware and software. The treatment and reporting are very similar to that of leases.

The System adopted the new standards on July 1, 2022 and is reflecting the new reporting requirements for periods beginning in fiscal year 2023 and forward. It was determined prior year amounts were not material, thus this election to report beginning in the current year.

The new standards provide a number of optional practical expedients in transition. The System has elected the “package of practical expedients,” which permits entities to not reassess conclusions prior to the implementation of the new standard about lease identification, lease classification, and initial direct costs.

The most significant effects on the System’s consolidated financial statements related to: (1) the recognition of new RTU assets and lease liabilities on the Statements of Net Position for existing real estate and equipment operating leases; and (2) providing significant new disclosures about leasing activities.

The impact of the adoption as of July 1, 2022 was the recognition of RTU assets and corresponding operating lease liabilities of \$393.8 million, based on the present value of the remaining minimum rental payments for existing leases as of that date for leases.

The impact of the adoption as of July 1, 2022 was the recognition of RTU assets and corresponding operating liabilities of \$40.0 million, based on the present value of the remaining minimum payments for existing SBITAs as of that date.

The new standard also provides practical expedients for an entity’s ongoing accounting. The System has elected the short-term lease recognition exemption for all leases that qualify. This means, for those leases that qualify, the System does not recognize RTU assets or lease liabilities, and this includes not recognizing RTU assets or lease liabilities for existing short-term leases of those assets in transition.

A summary of changes in the related leased assets during the year ended June 30, 2023 is as follows (in thousands):

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	<u>Balance Beginning of Year</u>	<u>Additions</u>	<u>Remeasurements</u>	<u>Deductions</u>	<u>Balance End of Year</u>
Lease assets	\$ 393,838	\$ -	\$ -	\$ 22,881	\$ 370,957
Subscription IT assets	39,988	-	-	11,289	28,699
Total	<u>\$ 433,826</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,170</u>	<u>\$ 399,656</u>

Future annual lease payments are as follows:

<b>Years</b>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2024	\$ 10,702	\$ 21,988	\$ 32,690
2025	10,840	21,359	32,199
2026	12,418	20,701	33,119
2027	13,919	19,929	33,848
2028	14,805	19,098	33,903
2029-2033	94,791	80,274	175,065
2034-2038	76,947	55,185	132,132
2039-2043	111,280	28,579	139,859
2044-2051	57,135	6,770	63,905
Total	<u>\$ 402,837</u>	<u>\$ 273,883</u>	<u>\$ 676,720</u>

Future annual subscription IT payments are as follows (in thousands):

<b>Years</b>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2024	\$ 11,047	\$ 1,316	\$ 12,363
2025	6,264	869	7,133
2026	5,698	509	6,207
2027	5,729	181	5,910
2028	-	-	-
Total	<u>\$ 28,738</u>	<u>\$ 2,875</u>	<u>\$ 31,613</u>

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**Lease Receivables**

The System leases real estate to independent third parties. The rental income under these lease agreements was approximately \$5.0 million in 2023. The System had lease receivables of approximately \$1.7 million as of June 30, 2023 which are included as a component of other assets. NYC Health + Hospitals had deferred inflows of resources of approximately \$110.5 million associated with these leases as of June 30, 2023.

Future annual lease receivables are as follows (in thousands):

	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
<b>Years</b>			
2024	\$ 1,874	\$ 6,552	\$ 8,426
2025	2,125	6,439	8,564
2026	2,683	6,300	8,983
2027	2,727	6,140	8,867
2028	2,816	5,981	8,797
2029-2033	12,704	27,522	40,226
2034-2038	9,377	24,424	33,801
2039-2043	14,184	21,198	35,382
2044 and beyond	66,343	27,497	93,840
	<u>114,833</u>	<u>132,053</u>	<u>246,886</u>
Total	<u>\$ 114,833</u>	<u>\$ 132,053</u>	<u>\$ 246,886</u>

**Variable lease and subscription payments**

Variable lease and subscription payments, other than those payments that depend on an index or rate or are fixed in substance, are excluded from the measurement of the lease and subscription IT liability. Such amounts are recognized as lease expense or subscription expense, respectively, in the period in which the obligation for those payments is incurred. These types of variable payments are applicable to SBITAs and usually appear in terms of variable employee users of subscription software or are related to variable storage usage.

## NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

(A Component Unit of the City of New York)

## Schedule of NYC Health + Hospitals' Contributions NYCERS Pension Plan (Unaudited)

Years ended June 30, 2023, 2022, 2021, 2020, 2019, 2018 and 2017

(Dollar amounts in thousands)

	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
Contractually required contribution	\$ 459,065	\$ 498,657	\$ 503,758	\$ 505,624	\$ 515,454	\$ 507,335
Actual contributions as related to the contractually required contribution	<u>459,065</u>	<u>472,457</u>	<u>529,957</u>	<u>505,624</u>	<u>515,454</u>	<u>507,335</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ 26,200</u>	<u>\$ (26,199)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
HHC covered payroll	<u>\$ 2,520,406</u>	<u>\$ 2,429,120</u>	<u>\$ 2,444,860</u>	<u>\$ 2,367,816</u>	<u>\$ 2,207,943</u>	<u>\$ 2,122,448</u>
Contributions as a percentage of covered payroll	18.21 %	19.45 %	21.68 %	21.35 %	23.35 %	23.90 %

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
**(A Component Unit of the City of New York)**  
**Schedule of NYC Health + Hospitals' Proportionate Share of the Net Pension Liability**  
**NYCERS Pension Plan (Unaudited)**  
**Years ended June 30, 2023, 2022, 2021, 2020, 2019, 2018, and 2017**  
**(Dollar amounts in thousands)**

	2023	2022	2021	2020	2019	2018
HHC proportion of the net pension liability	13.280 %	13.015 %	13.387 %	13.564 %	13.959 %	15.023 %
HHC proportionate share of the net pension liability	\$ 2,369,448	\$ 2,356,314	\$ 858,625	\$ 2,859,284	\$ 2,585,414	\$ 2,751,874
HHC covered payroll	2,520,406	2,429,120	2,444,860	2,367,816	2,207,943	2,122,448
HHC proportionate share of the net pension liability as a percentage of its covered payroll	94.01 %	97.00 %	35.12 %	120.76 %	117.10 %	129.66 %
Plan fiduciary net position as a percentage of the total pension liability	82.22%	81.28%	93.14%	76.93%	78.84%	78.83%

*See accompanying notes to the basic financial statements.*



**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**  
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**Schedule of NYC Health + Hospitals' Changes in Total OPEB Liability and Related Ratios (Unaudited)**  
**Years ended June 30, 2023, 2022, 2021, and 2020**  
**(Dollar amounts in thousands)**

	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Total OPEB liability				
Service cost	\$ 202,771	\$ 303,477	\$ 279,635	\$ 264,512
Interest	175,009	119,206	148,458	159,281
Differences between expected and actual experience	(19,048)	(191,019)	(189,272)	(450,871)
Changes of assumptions	87,180	(1,045,957)	(183,865)	99,391
Benefit payments	(282,443)	(267,370)	(116,817)	(230,815)
Other Changes	-	-	-	(41,078)
Net change in total OPEB liability	163,469	(1,081,663)	(61,861)	(199,580)
Total OPEB liability - beginning	4,216,000	5,297,663	5,359,524	5,559,104
Total OPEB liability - ending	<u>\$ 4,379,469</u>	<u>\$ 4,216,000</u>	<u>\$ 5,297,663</u>	<u>\$ 5,359,524</u>
Covered employee payroll	\$ 2,601,774	\$ 2,548,754	\$ 2,444,860	\$ 2,320,005
Total OPEB liability as a percentage of covered employee payroll	168.3 %	165.4 %	216.7 %	231.0 %
Changes of assumptions				
Changes of assumptions reflect the effects of changes in the discount rate.				
The following are the discount rates used in each period:	4.13 %	4.09 %	2.18 %	2.66 %

See accompanying notes to the basic financial statements.

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**GRANT THORNTON LLP**757 Third Ave., 9th Floor  
New York, NY 10017-2013**D** +1 212 599 0100**F** +1 212 370 4520**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON  
INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS REQUIRED BY GOVERNMENT  
AUDITING STANDARDS**Board of Directors  
New York City Health and Hospitals Corporation

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of New York City Health and Hospitals Corporation (the "Corporation"), a discretely presented component unit of the City of New York, and the discretely presented component unit as of and for the years ended June 30, 2023 and the related notes to the financial statements, and have issued our report thereon dated October xx, 2023.

The financial statements of MetroPlus Health Plan, Inc., a discretely presented component unit, and HHC Insurance Company, Inc., a blended component unit, were not audited in accordance with *Government Auditing Standards*.

**Report on internal control over financial reporting**

In planning and performing our audit of the 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 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 Corporation'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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify a deficiency in internal control, described in the accompanying schedule of findings and responses as item 2023-001 that we consider to be a significant deficiency in the Corporation's internal control.

**Report on compliance and other matters**

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

**Corporation's response to findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Corporation's response to the findings identified in our audit and described in the accompanying schedule of findings and responses. The Corporation's response was not subjected to the other auditing procedures applied in the audit of the financial statements, and accordingly, we express no opinion on the Corporation's response.

**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 report is not suitable for any other purpose.

GRANT THORNTON LLP (signed manually)

New York, New York  
October \_\_, 2023

# Office of Internal Audits Update

Audit Committee Meeting  
October 16, 2023

Joseph O’Keefe, CPA CHC – Chief Internal Audit Officer

# External Audits Update

- **EXTERNAL AUDITS - Audit of the Department of Corrections Efforts to Ensure Access to Mental Health Services for Inmates**
- Audit Notification Letter Received – January 31, 2023 Entrance Conference – February 13, 2023
- Status: In progress
- On February 13, 2023, an entrance conference was held between NYC Health + Hospitals personnel and the New York City Comptroller’s Office (CO).
- At the entrance conference, the CO made various requests for information, which were supplied.
- A second meeting was held with CHS on March 6, 2023 to get a general overview of the mental health services provided by CHS to DOC detainees. From the meeting, a summary of the topics discussed was provided to CHS for review.
- On April 17, 2023 the auditors requested access to the detainees’ medical records. This request was escalated to the legal department.
- 
- Additional meetings have been held with each Agency’s Legal Counsel on the direction of the Audit.

- Number of Audits on FY 2024 Plan. 14
- Completed Audits 3
- In Progress 7
- Not Started 4

- 1. System-Wide Review of Nurse Hiring
  - Entrance Conference (Nursing and Human Resources) – November 29, 2021 Fieldwork Start Date and Document Request – November 30, 2021
  - Status: Ongoing
  - Objective of the audit:
    - To evaluate the onboarding of nurses, including direct hire nurses, agency nurses and travel nurses;
    - To verify proper background checks, such as fingerprinting, employment eligibility, and verification of New York State licensure;
    - To ensure that annual performance evaluations of direct hire and agency nurses are completed; and
    - To ensure that proper documentation is maintained and reviewed by relevant parties



## **Bellevue Hospital Center**

Entrance Conference – March 16, 2023  
Status: Completed – September 21, 2023

The objective of the audit was to obtain reasonable assurance regarding the efficiency and effectiveness of the overall process related to Patient's Property, Cash, and Valuables.

We will also assess internal controls over the process of collecting, recording, safeguarding, distributing and accounting for Patient's Property, Cash, and Valuables.

Based on our evaluation, the Patient Valuables Process could be improved by updating and automating their systems

## **Jacobi Medical Center**

Entrance Conference – May 31, 2023  
Status – Fieldwork Completed

The fieldwork is completed and the findings are similar to what was noted at Bellevue.

## **Kings County Hospital Center**

Entrance Conference – June 15, 2023  
Status-Fieldwork Completed.

The fieldwork is completed and the findings are similar to what was noted at Bellevue.

# Discretionary Funds Audit

Entrance Conference – May 30, 2023

Status-Fieldwork Completed

The objectives of the audit were to evaluate the internal controls in place and its environment regarding Discretionary Funds at the facilities.

Based on our evaluation, Internal Audit would recommend that a system policy be formalized. The Finance Department is currently working on a draft policy.

# *Auxiliary Audits*

The New York State Charities Bureau requires that a review, compilation or audit report accompany the CHAR500 New York State tax form submitted by the Auxiliaries. The type of report required is based on the total annual revenue of the Auxiliary.

The Bonadio Group has completed fourteen (14) draft reports for Calendar Year (CY) 2021. The Office of Internal Audits has reviewed and finalized those reports. Twelve (12) reports were Compilations as the Auxiliaries' revenues were below \$250,000, one (1) was a Review as the Auxiliary's revenues were between \$250,000 and \$750,000; and another was an Audit. Two (2) reports remain outstanding for CY2020: Friends of North Central Bronx Hospital, and Queens Hospital Center. For Queens Hospital, the Office of Internal Audits reached out management on May 2, 2023 advising them that the Bonadio Group needs two individuals to sign the representation letter. This is required because it is a review report. Once this is completed, we will issue the reports to the appropriate individuals. For Calendar Year (CY) 2022, the Office of Internal Audits has reviewed 5 draft reports. These reports will be issued once they become final.

# Auxiliary Audits List Status Update as of March 27, 2023

AUXILIARY	CALENDAR YEARS REVIEWED	2018 REVENUES	2019 REVENUES	2020 REVENUES	2021 REVENUES
East New York Diagnostic & Treatment Center	2019/2020/2021	NA	\$5,522	\$4,650	\$4,950
Coney Island Hospital	2019/2020/2021	NA	\$5,906	\$5,003	\$5,233
Jacobi Medical Center	2018/2019/2020/2021	\$537,664	\$457,149	\$232,607	\$70,021
Renaissance Health Care	2018/2019/2020/2021	\$16,788	\$20,666	\$12,184	\$11,828
Coler Hospital	2018/2019/2020/2021	\$187,498	\$229,285	\$91,790	\$97,923
Carter Hospital Center	2018/2019/2020/2021	\$226,599	\$29,893	\$12,309	\$8,329
Cumberland Diagnostic & Treatment Center	2018/2019/2020/2021	\$104,367	\$76,782	\$31,683	\$30,240
Gouverneur Hospital	2018/2019/2020/2021	-\$146,562	\$997,683	\$751,055	\$658,222
Metropolitan Hospital Center	2018/2019/2020/2021	\$1,538,040	\$744,114	\$147,938	\$203,738
Lincoln Hospital Center	2019/2020/2021	NA	\$99,403	\$17,339	\$4,717
Woodhull Medical Center	2019/2020/2021	NA	\$234,293	\$19,925	\$22,984
Elmhurst Hospital Center	2018/2019/2020/2021	\$422,419	\$335,651	\$1,026,642	\$240,491
Dr. Susan Smith McKinney Nursing & Rehabilitation Center	2018/2019/2020/2021	\$80,714	\$77,547	\$12,102	\$4,600
Children of Bellevue	2018/2019/2020/2021	\$1,112,221	\$1,154,967	\$986,097	\$532,834
Bellevue Association	2019/2020	NA	\$243,272	\$83,823	Pending
Friends of Harlem Hospital Center	2018/2019/2020	\$133,487	\$215,341	\$276,382.00	Pending
Kings County Hospital Center	2018/2019/2020	\$58,804	\$21,142	\$43,407	Pending
Sea View Hospital and Home	2018/2019/2020	\$110,468	\$42,748	\$21,600	Pending
Harlem Hospital Center	2018/2019/2020	\$9,946	\$12,201	\$5,334	Pending
Bellevue Hospital Center	2018/2019/2020	\$151,939	\$938,114	\$543,122	Pending
Friends of North Central Bronx Hospital	2018/2019	\$131,555	\$74,525	Pending	Pending
Queens Hospital Center	2018/2019	Pending	Pending	Pending	Pending



**Audit Committee of the  
NYC Health + Hospitals  
Board of Directors  
Meeting**

**Corporate Compliance Report**

**October 16, 2023**



# Compliance Activities

- Revised Operating Procedures
  - Revised Operating Procedures 240-01 through 240-30 HIPAA Privacy and 250-01 through 250--20 and 250-23 Security Operating Procedures.
  - Revised Operating Procedure 50-1 “Corporate Compliance and Ethics Program”
  - Revised Operating Procedure 20-58 “Information Systems Application Access Policy and Procedure”
  - Revised Operating Procedure 120-19 New Record Retention Schedule approved by the Board of Directors on September 28, 2023

## Compliance Activities (cont'd)

- Enterprise Risk and Compliance Committee (ERCC):
  - Met in July and September
  - Changed the scope of the Committee to include Risk
  - Adopted the ERCC Charter





## Compliance Activities (cont'd)

- Corporate Compliance and Ethics Week:  
November 6<sup>th</sup> – 10<sup>th</sup>
  - Tables at each facility promoting compliance and ethics and the activities of the Office of Corporate Compliance
  - Jeopardy game at the tables for prizes
  - Online puzzle
  - Compliance and HIPAA webinars
  - Drawing to win prizes – need to complete puzzle or attend a webinar, and have completed the General Compliance/HIPAA Training this year



## Compliance Activities (cont'd)

- Workforce Member Compliance Survey to be available throughout December 2023. The results will be compared to last year's survey to help evaluate the effectiveness of the Compliance Program.
- Communications Plan: Will be disseminating short videos and infographics on compliance issues, such as conflicts of interest and gifts, and HIPAA topics.



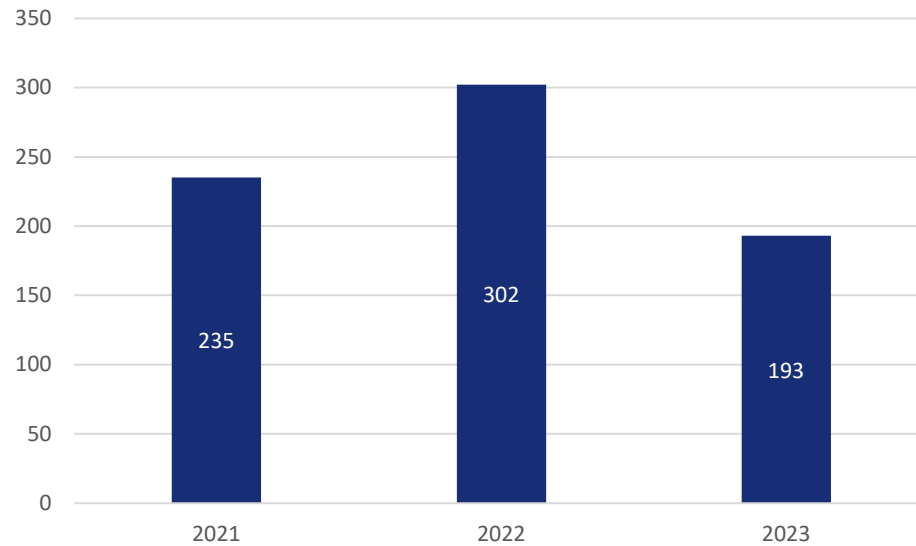
## Compliance Activities (cont'd)

- **Developing a Policy Management System**
  - Expected roll out early 2024
  - Starting with Compliance Operating Procedures as a pilot
  - Will automate the review and approval process
  - Will automate distribution of policies to intended audiences
  - Will expand tool to include Guidance, Administrative Materials, Tip Sheets, etc.



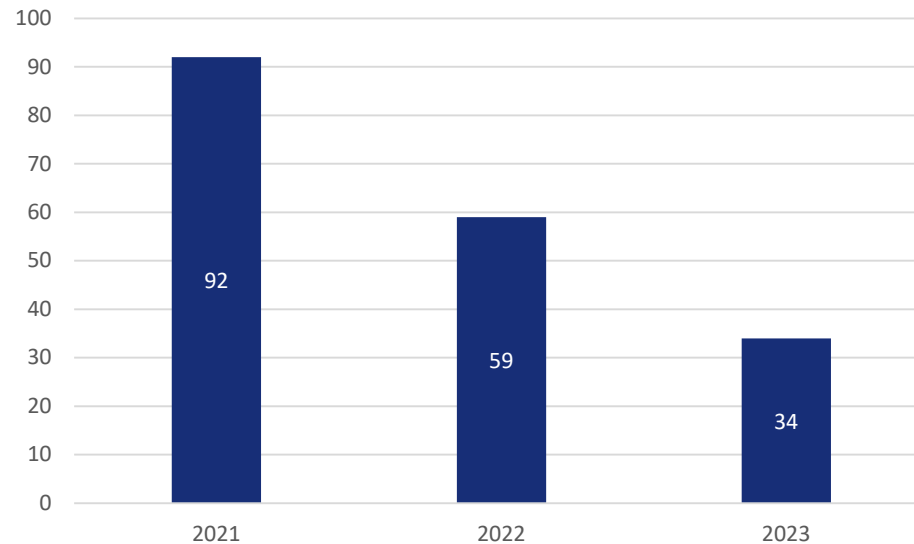
# Compliance Report Metrics

- Comparative analysis of compliance cases for 2021, 2022, and 2023



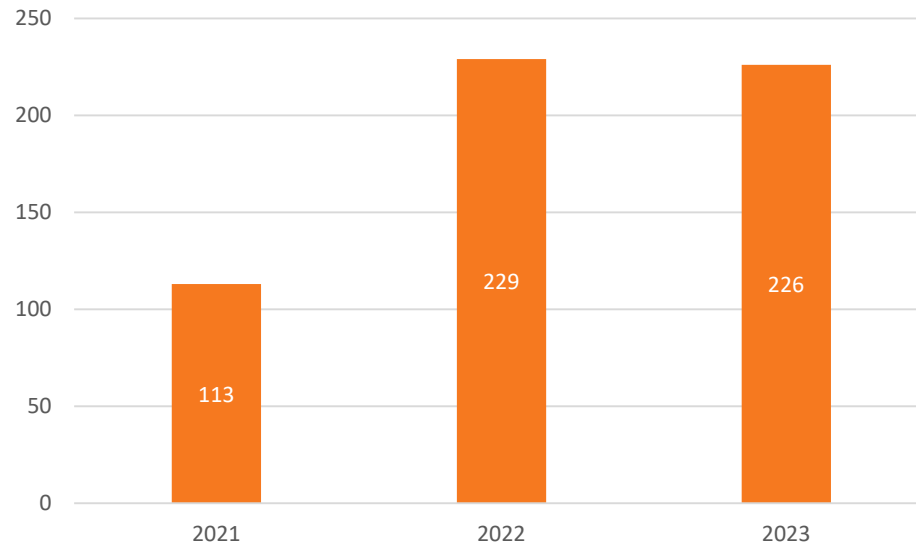
## Compliance Report Metrics

- Comparative time to resolve compliance cases for 2021, 2022, and 2023 (days)



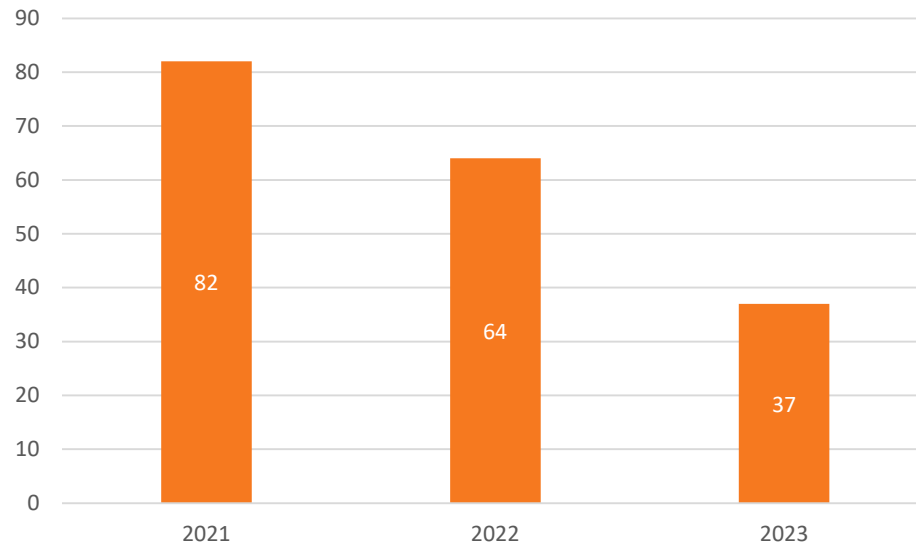
# Privacy Report Metrics

- Comparative analysis of privacy cases for 2021, 2022, and 2023



# Privacy Report Metrics

- Comparative time to resolve privacy cases for 2021, 2022, and 2023 (days)





**FY2025**  
**Risk Assessment Process**

**Audit Committee Meeting - October 16, 2023**

**Office of Corporate Compliance**

Catherine G. Patsos, Esq., CHC Chief Corporate Compliance Officer

**Office of Internal Audits**

Joseph O'Keefe  
Chief of Internal Audits



## Purpose of a Risk Assessment (RA)

The purpose of conducting a RA is to identify and prioritize those risks that, or have the potential to impact, the achievement of NYC Health + Hospitals' strategic and operational objectives. Those auditable risks will be used to help develop the Internal Audit and Compliance plans.



# Key Indicators of Health Care Business Risks



Pace of organizational changes



Declining financial performance



Diminished focus on core operations



Major new legislation (e.g., Healthcare Reform, HITECH Act.)



Regulatory initiatives (e.g., OIG Work Plan, ICD-10)



Significant investments in new technology



Management turnover in key positions



# Risk Assessment Categories

- The following categories of risks will be assessed:
  - Financial - Financial risks deal with the accounting for internal controls over and reporting of financial transactions, including assets, liabilities, revenues, and expenditures.
  - Compliance - Compliance risks deal with the adequacy of a unit's system to ensure compliance with applicable laws, regulations, and policies.
  - Operational - Operational risks deal with deficiencies in a unit's effective and efficient use of resources.
  - Reputational - Reputational risks deal with issues that may not be significant from a financial, compliance, or operational perspective, but could have a potentially negative public perception impact.
  - Legal – Legal risks deal with the consequences that might occur as a result of violating or being noncompliant with applicable laws and regulations.

# Overview of the Risk Assessment Process



The RA will involve the review of key documentation, such as the System's strategic plan and performance reports, and interviews with key System Senior Leaders, including the CEO, as well as the Chair of the Audit Committee, to better understand the activities and processes that pose the greatest risk to the System's ability to achieve its strategic objectives.



Internal Audits and the Office of Corporate Compliance (OCC) will present the results of the RA to Enterprise Risk and Compliance Committee (ERCC) for comments/suggestions. Internal Audits and the OCC will then develop their respective Work Plans based on the final RA.



Internal Audits and the OCC will then present to their Work Plans to the Audit Committee for approval.



# Risk Assessment Process

- The Annual Internal Audits and Corporate Compliance Work Plans (Work Plans) are developed through the Risk Assessment process. Key elements of the Risk Assessment are described below.
  - Gather background information including strategic objectives
  - Interview key senior management team members
  - Define audit universe (e.g., departments, processes, systems)
  - Identify system audit priorities
  - Develop risk "score" based on risk factors, including likelihood and impact
  - Use prior Compliance/Internal Audit work, regulator work plans, and enforcement activities as part of the RA.
  - Prioritize risks based on risk scores and available resources
  - Review preliminary Work Plans with the ERCC
  - Obtain approval of the Work Plan from the Audit Committee
  - Reassess during the year and revise as needed



## Proposed RA Timeline

- **August 2023:** Draft interview questions and schedule interviews; review external entities' work plans and identified risk areas
- **September 2023:** Send out RA and interview announcement letters
- **October 2023:** Request data and documentation
- **October/November 2023:** Conduct interviews
- **December 2023:** Conduct risk analysis and prioritization of high-risk areas
- **February 2024:** Present proposed RA to the ERCC
- **April 2024:** Present proposed Work Plans to the ERCC
- **June 2024:** Present respective Work Plans for approval to the Audit Committee