

District Hospital Holdings, Inc.
**(A Component Unit of the Health Care District
of Palm Beach County, Florida)**

Financial Report and
Required Supplementary Information
September 30, 2022

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RSM US LLP

Independent Auditor's Report

Board of Directors
District Hospital Holdings, Inc.
West Palm Beach, Florida

Opinion

We have audited the financial statements of the business-type activities of District Hospital Holdings, Inc. (the Hospital), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of the Hospital, as of September 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital'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 Hospital'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 schedule of changes in the total OPEB liability and related ratios be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 13, 2023, on our consideration of the Hospital'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 Hospital'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 Hospital's internal control over financial reporting and compliance.

RSM US LLP

West Palm Beach, Florida
February 13, 2023

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Net Position
September 30, 2022

Assets	
Current assets:	
Cash and cash equivalents	\$ 4,202,111
Patient accounts receivable, net	1,635,875
Due from other governments	102,193
Inventories	1,074,125
Estimated third-party payor receivable	717,782
Prepaid expenses and other current assets	470,609
Total current assets	<u>8,202,695</u>
Capital assets and right-to-use leased and SBITA assets:	
Construction in progress	419,873
Depreciable capital assets, net of accumulated depreciation	31,677,177
Right-to-use leased and SBITA assets, net of accumulated amortization	244,313
Total assets	<u>40,544,058</u>
Deferred outflows of resources related to other post-employment benefits plan	23,931
Total assets and deferred outflows of resources	<u><u>\$ 40,567,989</u></u>
Liabilities	
Current liabilities:	
Accounts payable	\$ 2,539,211
Accrued salaries and benefits	1,136,042
Unearned revenue—grants	15,601
Current portion of accrued compensated absences	365,701
Current portion of estimated self-insured liability	373,783
Current portion of lease payable	154,381
Total current liabilities	<u>4,584,719</u>
Accrued compensated absences, less current portion	1,372,385
Estimated self-insured liability, less current portion	136,756
Lease payable, less current portion	83,248
Other postemployment benefits obligation	118,385
Total liabilities	<u>6,295,493</u>
Deferred inflows of resources related to other post-employment benefits plan	53,025
Total liabilities and deferred inflows of resources	<u><u>\$ 6,348,518</u></u>
Net Position	
Net investment in capital assets	\$ 32,103,734
Unrestricted	2,115,737
Total net position	<u><u>\$ 34,219,471</u></u>

See notes to financial statements.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Revenues, Expenses and Changes in Net Position
Year Ended September 30, 2022

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Operating revenues:	
Patient service revenues, net of provision for bad debts of \$9,105,121	\$ 25,935,978
Other operating revenues	182,398
Total operating revenues	<u>26,118,376</u>
Operating expenses:	
Salaries and benefits	24,104,042
Administrative support charges	10,821,313
Purchased services	11,998,972
Supplies	3,097,723
Depreciation and amortization	3,446,794
Repairs and maintenance	1,865,687
Utilities	1,179,720
Rentals and lease	560,465
Other	4,881,487
Total operating expenses	<u>61,956,203</u>
Operating loss	<u>(35,837,827)</u>
Non-operating revenues (expenses):	
CARES Act funding	1,376,035
Grant revenues	295,155
Loss on disposal of capital assets	(24,358)
Total non-operating revenues	<u>1,646,832</u>
Loss before District contributions	<u>(34,190,995)</u>
District contributions:	
Operating contributions	30,700,038
Capital contributions	1,161,037
Total District contributions	<u>31,861,075</u>
Decrease in net position	(2,329,920)
Net position, beginning of year	<u>36,549,391</u>
Net position, end of year	<u><u>\$ 34,219,471</u></u>

See notes to financial statements.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Cash Flows
Year Ended September 30, 2022

Cash flows from operating activities:	
Receipts from patients and third-party payors	\$ 30,813,021
Payments to employees	(25,654,912)
Payments to suppliers and service providers	(33,517,207)
Other receipts	182,398
Net cash used in operating activities	<u>(28,176,700)</u>
Cash flows from non-capital financing activities:	
Grants received	295,155
CARES Act funding	1,376,035
Operating contributions from the District	30,700,038
Net cash provided by non-capital financing activities	<u>32,371,228</u>
Cash flows from capital and related financing activities:	
Interest payments on leases	(6,606)
Principal payments on leases	(158,754)
Proceeds from sales of capital assets	51,033
Net cash used in capital and related financing activities	<u>(114,327)</u>
Net increase in cash and cash equivalents	4,080,201
Cash and cash equivalents, beginning of year	<u>121,910</u>
Cash and cash equivalents, end of year	<u>\$ 4,202,111</u>
Reconciliation of operating loss to net cash used in operating activities:	
Operating loss	\$ (35,837,827)
Adjustments to reconcile operating loss to net cash used in operating activities:	
Provision for bad debts	9,105,121
Depreciation and amortization	3,446,794
Changes in assets and liabilities:	
Patient accounts receivable	(6,507,218)
Inventories	(173,614)
Estimated third-party payor receivable	2,279,140
Prepaid expenses and other current assets	(70,642)
Accounts payable	1,354,438
Accrued salaries and benefits	(1,283,751)
Other current liabilities	(2,077)
Accrued compensated absences	(258,318)
Estimated self-insured liability	(219,945)
Other postemployment benefits obligation	(8,801)
Net cash used in operating activities	<u>\$ (28,176,700)</u>
Supplemental disclosure of noncash capital and related financing activities:	
Capital assets contributed at acquisition value	<u>\$ 1,161,037</u>

See notes to financial statements.

**District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)**

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies

Reporting entity: District Hospital Holdings, Inc. (the Hospital) is a Florida nonprofit corporation formed February 25, 2004, by its sole corporate member, the Health Care District of Palm Beach County, Florida (the District), for the purpose of holding certain assets of and operating the hospital business located in Belle Glade, Florida, known as Lakeside Medical Center. Lakeside Medical Center opened on October 15, 2009, replacing Glades General Hospital, which had been operating since the 1940's. The Hospital began operations effective May 1, 2004, when the District acquired certain assets of Glades General Hospital from Province Healthcare Company, Inc.

The District was created by the Florida Legislature pursuant to Chapter 2003-326, Laws of Florida (the Health Care Act) and by the affirmative vote of the residents of Palm Beach County, Florida (the County). The District's general purpose is to provide quality health care services in a comprehensive and efficient manner throughout the County, as more fully set forth in the Health Care Act. Specifically, the Health Care Act provides for the continued presence of at least one hospital in the rural Glades area (that area of the County lying west of a line between Range 39 East and Range 40 East), and such health care facility shall be established and maintained for the preservation of the public health and for the public good. As such, the Hospital is financially dependent on the District to fund future operating losses, and the District is legally obligated to maintain the continued operations of the Hospital for the benefit of the public. Since May 1, 2004, the District has provided cumulative operating contributions of approximately \$189,897,000 and capital contributions of approximately \$71,211,000 in the form of new hospital facilities and contributed capital assets.

The Hospital is governed by the District's Board of Directors (the District Board) and is considered a blended component unit of the District. The Hospital continues to have a separate Glades Rural Area Support Board, which acts in an advisory capacity.

Measurement focus and basis of accounting: The Hospital uses proprietary fund accounting and follows all relevant pronouncements of the Governmental Accounting Standards Board (GASB). Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Under this method, revenues are recorded when earned and expenses are recognized when incurred.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets/deferred outflows of resources and liabilities/deferred inflows of resources and disclosure of contingent assets/deferred outflows of resources and liabilities/deferred inflows of resources at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the allowances for contractual discounts and doubtful accounts, estimated third-party payor settlements and the professional liability accrual. Actual results could differ from those estimates.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

Cash and cash equivalents: All of the Hospital's operating accounts are pooled into a common interest-bearing account with the District consisting of deposits with financial institutions. The Hospital considers cash, deposits with financial institutions and short-term investments with an original maturity of three months or less to be cash and cash equivalents.

Patient accounts receivable: Patient accounts receivable are reported at estimated net realizable amounts due from patients, third-party payors and others for services rendered. The Hospital grants credit without collateral to its patients, most of whom are residents of western Palm Beach County. Throughout the year, management assesses the adequacy of the Hospital's estimates, including those related to bad debt and contractual discounts. The accounting policies related to the Hospital's overall determination of net patient accounts receivable are described in the paragraphs that follow.

Allowance for doubtful accounts: The provision for bad debts is estimated based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in health care coverage and other collection indicators. The primary collection risk lies with uninsured patient accounts or patient accounts for which a balance remains after primary insurance has paid. The Hospital's policy with respect to estimating its allowance for doubtful accounts is to reserve an additional 50% of self-pay patient balances over 150 days and 100% of all self-pay patient balances over 180 days. For other payors, the Hospital reserves an additional 50% of balances over 180 days. The Hospital continually monitors its accounts receivable balances and utilizes cash collections data and other analysis to support the basis for its estimates of the allowance for doubtful accounts. In addition, the Hospital performs retrospective procedures on historical collection and write-off experience for the prior six months to determine the reasonableness of its policy for estimating the allowance for doubtful accounts. The Hospital does not pursue collection of amounts related to patients that qualify for charity care under its guidelines. As such, charity care accounts do not affect the allowance for doubtful accounts. Significant changes in the payor mix, business office operations or deterioration in aging accounts receivable could result in a significant increase in the allowance for doubtful accounts.

Allowance for contractual discounts: The Hospital estimates the allowance for contractual discounts on a payor-specific basis, given its interpretation of the applicable regulations or contract terms. The Hospital continually monitors its accounts receivable balances and utilizes cash collections data and other analysis to support the basis for its estimates of the allowance for contractual discounts. In addition, the Hospital performs retrospective procedures on historical collection and write-off experience for the prior six months to determine the reasonableness of its policy for estimating the allowance for contractual discounts. However, the services authorized and provided and the resulting reimbursement are often subject to interpretation. These interpretations sometimes result in payments that differ from the Hospital's estimates. Additionally, updated regulations and contract negotiations occur frequently, necessitating the continual review and assessment of the estimation process.

Inventories: Inventories consist primarily of pharmaceuticals and medical supplies and are stated at the lower of cost or blended market rate on a first in, first out basis for pharmaceuticals and average cost basis for medical supplies.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

Capital assets: Capital assets are recorded at acquisition cost. Capital assets contributed by the District are recorded at the District's carrying value. Assets contributed by others are recorded at their estimated acquisition value on the date contributed. Capital assets include buildings and improvements, furniture, fixtures and equipment, computer software, vehicles and right to use leased assets. The Hospital defines capital assets as assets with an initial cost of at least \$5,000 and an estimated useful life of at least one year. Capital assets used in operations are depreciated over the estimated useful lives of the respective assets on the straight-line basis. Amortization expense of right-to-use leased and Subscription Based Information Technology Arrangements (SBITA) assets, is included in depreciation and amortization expense. Gains and losses on dispositions of capital assets are recorded in the period of disposal. The estimated useful lives generally conform to those recommended by the American Hospital Association as follows:

<u>Asset Type</u>	<u>Years</u>
Buildings and improvements	15-30
Furniture, fixtures and equipment	3-20
Computer software	3-10
Vehicles	3-5

The Hospital evaluates capital assets regularly for impairment. If circumstances suggest that assets may be impaired, an assessment of recoverability is performed prior to any write-down of the assets. An impairment charge is recorded on those assets for which the estimated fair value is below the carrying amount. No impairment was recorded in fiscal year 2022.

Leases: The Hospital is a lessee for noncancellable leases of equipment and building space. The Hospital recognizes a lease liability and an intangible right-to-use leased asset (lease asset) on the financial statements.

At the commencement of the lease, the Hospital 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, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

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

- The Hospital uses estimated incremental borrowing rates, which is the estimate of the interest rate that would be charged for borrowing the lease payment amounts during the lease term.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and a purchase option price that the Hospital is reasonably certain to exercise.

The Hospital is currently not a lessor in any transactions.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

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

Lease assets and SBITA are reported as right-to-use leased and SBITA assets on the statement of net position. The related lease liabilities are reported as lease payables on the statement of net position.

Net position: In accordance with GASB standards, the Hospital reports net position in three components: net investment in capital assets, restricted net position and unrestricted net position. Net investment in capital assets consists of right-to-use, SBITA and capital assets net of accumulated depreciation and amortization, reduced by the balance of any outstanding debt (including lease payables) used to finance the purchase or construction of those assets. Restricted net position is assets/deferred outflows of resources less liabilities/deferred inflows of resources that have constraints placed on them externally by creditors, grantors, contributors or laws and regulations. The Hospital does not have any restricted net position. Unrestricted net position consists of remaining assets/deferred outflows of resources less liabilities/deferred inflows of resources that do not meet the definition of investment in capital assets or restricted net position.

Restricted resources: When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use the restricted resources before unrestricted resources. The Hospital presently has no restricted resources.

Net patient service revenues: The Hospital serves patients whose medical costs are not paid at established rates. These include patients sponsored under government programs, such as Medicare and Medicaid, patients sponsored under private contractual agreements, and uninsured patients who have limited ability to pay. Contractual adjustments under third-party reimbursement programs represent the difference between the established rates for services and amounts reimbursed by third-party payors and are included as a reduction of patient service revenues. The Hospital presents its provision for bad debts as a direct reduction of patient service revenues.

A summary of the basis of reimbursement with major third-party payors is as follows:

Medicare: Inpatient acute care services rendered to Medicare beneficiaries are reimbursed at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient non-acute services, outpatient services and defined capital costs related to Medicare beneficiaries are primarily reimbursed on a prospective payment system, which is complex, subject to frequent change and subject to interpretation. As part of operating under these programs, there is a possibility that governmental authorities may review the Hospital's compliance with these laws and regulations. Such review may result in adjustments to reimbursements previously received and subject the Hospital to fines and penalties. Although no assurances can be given, management believes they have complied with the requirements of these programs. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital. The Medicare cost reports through September 30, 2017, have been audited by the Medicare Administrative Contractor.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

Medicaid: Effective in 2013, Florida Medicaid implemented prospective inpatient reimbursements based on All Patient Refined Diagnostic Related Groups methodology (APR DRG). Payments under APR DRG assignments are made on a per case basis and are not subject to retrospective rate adjustments. Outpatient payments prior to July 2017 are subject to retrospective rate adjustments. All rate periods through June 30, 2017 have been settled.

Commercial providers: The Hospital also has reimbursement agreements with commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates and capitation. Certain provider contracts provide for review of paid claims for compliance with the terms of the contract and may result in retroactive settlements with providers. In management's opinion, such settlements, when reached, will not vary significantly from the estimated amounts that are recorded in the accompanying financial statements.

Charity care: The Hospital's mission is to provide high quality, affordable health care to the greater Glades area community. In pursuing its commitment to serve all members of the community, the Hospital provides services to the financially disadvantaged, despite the lack or adequacy of payment for its services. The Hospital maintains records to identify and report the level of charity care it provides to the community. These records include the amount of charges foregone for health care services and supplies furnished under the Hospital's charity care guidelines. The Hospital provides care to patients who meet certain criteria under its charity care guidelines without charge or at amounts less than its established rates. Because the Hospital does not anticipate payment when services are rendered and does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. Charges foregone, based on the Hospital's established rates, and excluded from revenue under the Hospital's charity care guidelines were approximately \$5,691,000 the year ended September 30, 2022. Using the Hospital's average ratio of cost to charges, the cost of the charity care provided was approximately \$2,610,000 and the percentage of charity care charges to all patient charges was 4.2% for the year ended September 30, 2022.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods when adjustments become known or as years are no longer subject to audits, reviews or investigations.

Net Patient Service Revenue: The District's gross patient charges, charity adjustments, provision for doubtful accounts, and contractual adjustments for the year ended September 30, 2022, are as follows:

Gross patient charges	\$ 135,126,619
Charity care adjustment	(5,691,373)
Provision for doubtful accounts	(9,105,121)
Contractual adjustment	(94,394,147)
Net patient service revenue	<u>\$ 25,935,978</u>

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

Public Medical Assistance Trust Fund: The State of Florida (the State) has established the Public Medical Assistance Trust Fund to provide a method for funding the provision of health care services to indigent persons. Hospitals in the State are required to pay assessments to the trust fund equal to 1.5% of each hospital's prior-year net inpatient revenue and 1.0% of each hospital's prior-year net outpatient revenue. The assessments are distributed under various programs to hospitals in the State that serve Medicaid patients and uninsured charity care patients. The Hospital received funding for patients under the Disproportionate Share Hospital (DSH) and the Low Income Pool (LIP) programs. The DSH program provides payments to hospitals that serve a disproportionate number of Medicaid and uninsured charity care patients. The LIP program distributes funding to the Hospital to support coverage for Medicaid, uninsured and underinsured patients. The LIP program is a federal matching program that provides the State with the opportunity to receive additional federal distributions based on a capped annual allotment, which is distributed by the State to participating health care providers for eligible services. Local governments, such as counties, hospital districts and the Florida Department of Health, provide funding for the non-federal share of the LIP distributions. Revenues from the DSH and LIP programs were approximately \$2,296,000 for the fiscal year ended September 30, 2022, and are reported as net patient service revenues in the accompanying statement of revenues, expenses and changes in net position, net of the required quarterly assessments owed by the Hospital, which are accrued in the fiscal year for which the assessments are made. The receipt of future distributions is contingent upon the continued support of the program by the federal and state governments. The total estimated liability recorded at September 30, 2022, related to Medicaid DSH payments is \$0.

The Hospital recognized approximately \$3,608,000 of patient service revenues under the Medicaid supplemental financing initiative called the Hospital Directed Payment Program (DPP) for the year ended September 30, 2022. DPP is administered regionally and is intended to bridge the difference between Medicaid reimbursement rates and the costs of providing the care. Florida's DPP provides a financial incentive for all hospitals to engage in quality initiatives with the Medicaid managed care plans in their region. Hospitals that participate in a DPP receive their DPP funding through their local Medicaid managed care plans. The DPP funds are recognized as net patient service revenues in the accompanying statements of revenues, expenses and changes in net position. The Hospital also recognized net patient service revenues from the Indirect Medical Education (IME) program of approximately \$676,000 for the year ended September 30, 2022.

The State receives matching funds from the federal government under Section 1115 Waivers. The current waiver provides funding for a four-year period through June 2030. The program is subject to changes and if funding for the Hospital is reduced, the funds will be replaced by additional operating contributions from the District.

Operating revenues and expenses: The Hospital's statement of revenues, expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Hospital's principal activity. Nonexchange revenues, including interest income, gifts, grants, CARES Act funding, contributions and other unrestricted revenues, are reported as nonoperating revenues. Gifts, grants and contributions of capital assets, or such amounts restricted by donors for the acquisition of capital assets, are reported as capital contributions. Operating expenses include all expenses incurred to provide health care services, other than financing costs.

Grant revenues: Grant revenues are recorded when the related expenses are incurred and the eligibility and time requirements have been met. Grant funds received in advance of meeting eligibility requirements are reported as unearned grant revenues.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Summary of Significant Accounting Policies (Continued)

Compensated absences: The Hospital's employees earn paid time off (with no distinction between holiday, vacation, personal days and other absences) at varying rates depending on years of service and position. Employees may accumulate a maximum of 400 hours of paid time off. Upon termination, employees are paid all time off accrued but not used at the current rate of pay. The estimated amount of paid time off available is reported as a liability. The Hospital estimates amounts due within one year based on historical trends.

Risk management: The Hospital is exposed to various risks of loss from torts, theft of, damage to and destruction of assets, business interruption, errors and omissions, employee injuries and illnesses, natural disasters, medical malpractice, and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters to the extent such claims are not covered by sovereign immunity (see Note 10). Settled claims have not exceeded the Hospital's commercial coverage from inception through September 30, 2022.

Income taxes: The Hospital is controlled by the District, which is its sole corporate member. The Hospital is exempt from federal and state income taxes as a governmental entity and is not required under the Internal Revenue Code to file tax returns.

Recent accounting pronouncements: In June 2017, the GASB issued Statement No. 87, *Leases*. This statement improves the accounting and financial reporting for leases by governments. The Hospital adopted this statement effective October 1, 2021. The adoption of GASB 87 did not have a material effect on the District's financial position.

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*. This statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements. The Hospital adopted this statement effective October 1, 2021. The adoption of GASB 96 did not have a material effect on the District's financial position.

COVID-19 pandemic: In January 2020, the Secretary of the U.S. Department of Health and Human Services (HHS) declared a national public health emergency due to a novel strain of coronavirus (COVID-19). In March 2020, the World Health Organization declared the outbreak of COVID-19 a pandemic. The resulting measures to contain the spread and impact of COVID-19 have adversely affected the Hospital's results of operations. As a result of the COVID-19 pandemic, federal and state governments have passed legislation, promulgated regulations and taken other administrative actions intended to assist health care providers in providing care to COVID-19 and other patients during the public health emergency. Sources of relief include the Coronavirus Aid, Relief and Economic Security Act (the CARES Act), which was enacted on March 27, 2020. During the year ended September 30, 2022, the Hospital was the beneficiary of this stimulus measure. The Hospital's accounting policies for the recognition of this stimulus money is described below.

CARES Act Funds: During the year ended September 30, 2022, the Hospital received approximately \$1,376,035 in payments through the Public Health and Social Services Emergency Fund (the PHSSEF) in both general and targeted distributions. For the year ended September 30, 2022, approximately \$1,376,035, of the PHSSEF payments qualified as reimbursement for qualifying expenses and was recognized as CARES Act funding revenues in the statement of revenues, expenses and changes in net position. The Hospital recognizes grant payments as income when there is reasonable assurance the Hospital has complied with the conditions associated with the grant.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 2. Cash and Cash Equivalents

At September 30, 2022, cash and cash equivalents included in the Hospital's statement of net position consisted of the following:

Carrying amount:

Deposits with financial institutions	\$ 4,201,261
Petty cash	850
	<u>\$ 4,202,111</u>

The District is responsible for all treasury functions, and pools all cash and investments, except for cash and investment accounts required by specific agreements to be maintained under legal restrictions in separate bank accounts. The Hospital's equity share of the total pooled cash and investments is included in the accompanying statement of net position as cash and cash equivalents.

See the District's Annual Financial Report for disclosures relating to its interest rate risk, credit risk, custodial credit risk, concentration of credit risk and related fair value measurement disclosures required by GASB.

Note 3. Patient Accounts Receivable

Patient accounts receivable, reported as current assets by the Hospital at September 30, 2022, consist of the following amounts:

Receivable from patients	\$ 11,470,553
Receivable from patients' insurance carriers	10,864,285
Receivable from Medicare	1,721,286
Receivable from Medicaid	469,675
Receivable from Medicaid pending	1,410
Total patient accounts receivable	<u>24,527,209</u>
Less allowance for contractual discounts	(10,514,357)
Less allowance for doubtful accounts	(12,376,977)
Total allowances	<u>(22,891,334)</u>
Patient accounts receivable, net	<u>\$ 1,635,875</u>

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 4. Capital Assets

Capital asset activity for the year ended September 30, 2022, is summarized as follows:

	Balance September 30, 2021	Increases and Transfers	Decreases and Transfers	Balance September 30, 2022
Capital assets:				
Construction in progress (nondepreciable)	\$ 294,830	\$ 392,973	\$ (267,930)	\$ 419,873
Buildings and improvements	63,480,516	78,744	-	63,559,260
Furniture, fixtures and equipment	12,156,383	689,320	(1,965,000)	10,880,703
Total cost	<u>75,931,729</u>	<u>1,161,037</u>	<u>(2,232,930)</u>	<u>74,859,836</u>
Less accumulated depreciation:				
Buildings and improvements	(32,415,771)	(2,505,783)	-	(34,921,554)
Furniture, fixtures and equipment	(9,198,463)	(800,308)	2,157,539	(7,841,232)
Total accumulated depreciation	<u>(41,614,234)</u>	<u>(3,306,091)</u>	<u>2,157,539</u>	<u>(42,762,786)</u>
Capital assets, net	<u>\$ 34,317,495</u>	<u>\$ (2,145,054)</u>	<u>\$ (75,391)</u>	<u>\$ 32,097,050</u>

Land: Lakeside Medical Center was constructed on 50 acres of land owned by the State. The District is leasing the land from the State for a period of 50 years ending February 1, 2057. Upon termination of the lease, all improvements on the property become the property of the State, which may also require the District to remove the improvements at the District's expense. As consideration for the lease, the District entered into an agreement with Prison Rehabilitative Industries and Diversified Enterprise, Inc. (PRIDE), an instrumentality of the State, that requires the District to purchase a specified amount of goods and services from PRIDE over a 30-year period as compensation for the land lease (see Note 10).

Note 5. Right-to-Use and SBITA Assets and Liabilities

The Hospital is a lessee for various noncancellable leases for buildings and equipment and has entered into SBITA to use vendor-provided information technology intangible assets.

Right-to-use and SBITA assets activity for the year ended September 30, 2022, are summarized as follows:

	Balance September 30, 2021*	Increases and Transfers	Decreases and Transfers	Balance September 30, 2022
Right-to-use leased and SBITA assets:				
Building	\$ 124,626	\$ 67,746	\$ -	\$ 192,372
Equipment and other	22,107	-	-	22,107
Right-to-use and SBITA assets	122,135	48,402	-	170,537
Total right-to-use leased assets	<u>268,868</u>	<u>116,148</u>	<u>-</u>	<u>385,016</u>
Less accumulated amortization for:				
Building	-	(65,402)	-	(65,402)
Equipment and other	-	(14,738)	-	(14,738)
Right-to-use and SBITA assets	-	(60,563)	-	(60,563)
Total accumulated amortization	<u>-</u>	<u>(140,703)</u>	<u>-</u>	<u>(140,703)</u>
Total right-to-use leased and SBITA assets, net	<u>\$ 268,868</u>	<u>\$ (24,555)</u>	<u>\$ -</u>	<u>\$ 244,313</u>

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 5. Right-to-Use and SBITA Assets and Liabilities (Continued)

Right-to-use and SBITA liabilities activity for the year ended September 30, 2022, are summarized as follows:

	Balance September 30, 2021*	Additions	Deletions	Balance September 30, 2022
Lease payable:				
Building	\$ 124,626	\$ 72,527	\$ (42,178)	\$ 154,975
Equipment and other	22,107	-	(15,132)	6,975
Right-to-use and SBITA assets	122,135	54,988	(101,444)	75,679
Total lease payable	<u>\$ 268,868</u>	<u>\$ 127,515</u>	<u>\$ (158,754)</u>	<u>\$ 237,629</u>

*The beginning balances were restated with the implementation of GASB 87, *Leases* and GASB 96, *SBITA*.

The future principal and interest payments due on the right-to-use and SBITA liabilities are as follows:

	Principal	Interest	Total
Fiscal year ending September 30:			
2023	\$ 154,381	\$ 7,215	\$ 161,596
2024	80,259	1,737	81,996
2025	2,989	19	3,008
Totals	<u>\$ 237,629</u>	<u>\$ 8,971</u>	<u>\$ 246,600</u>

Note 6. Compensated Absences

Compensated absences for the year ended September 30, 2022, are summarized as follows:

	Balance September 30, 2021	Additions	Deletions	Balance September 30, 2022	Amounts Due Within One Year
Accrued compensated absences	<u>\$ 1,996,404</u>	<u>\$ 2,085,237</u>	<u>\$ (2,343,555)</u>	<u>\$ 1,738,086</u>	<u>\$ 365,701</u>

Note 7. Other Postemployment Benefits

The Hospital follows GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, for financial reporting and disclosure for its other postemployment benefits plan (OPEB Plan).

Plan description: The Hospital participates in the District's single-employer OPEB Plan that provides health care benefits to eligible retired employees and their spouses and/or beneficiaries. The District Board has the authority to establish and amend the premiums for and the benefit provisions of the OPEB Plan. The OPEB Plan is financed on a "pay as you go" basis and is not administered as a formal qualifying trust. The OPEB Plan does not issue a stand-alone publicly available financial report.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 7. Other Postemployment Benefits (Continued)

Funding policy: The Hospital is required by Florida Statutes, Section 112.0801 to allow retirees to buy health care coverage at the same group insurance rates that current employees are charged, resulting in an implicit health care benefit. Florida law prohibits the OPEB Plan from separately rating retirees and active employees. The OPEB Plan, therefore, charges both groups an equal, blended rate premium for health insurance. Although both groups are charged the same blended rate premium, U.S. GAAP requires the actuarial figures to be calculated using age-adjusted premiums approximating claim costs for retirees separately from active employees. The use of age-adjusted premiums results in the addition of the implicit rate subsidy into the actuarial accrued liability. Plan members receiving benefits contribute 100% of the monthly medical premium, which currently ranges from a minimum of \$559 to a maximum of \$1,726.

District employees covered by benefit terms: At October 1, 2021, there were six retirees and 980 active plan members covered by the benefit terms for the overall District.

Total OPEB liability: The Hospital's allocated proportionate share of the District's total OPEB liability was \$118,385 for the year ended September 30, 2022. The September 30, 2022, total OPEB liability was measured based on an actuarial valuation as of October 1, 2021.

The total OPEB liability in the October 1, 2021, actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Salary increases	3%
Investment rate of return	Not applicable. The plan is not funded.
Discount rate	4.77%
Healthcare cost trend rates	8.25% in 2021, graded down to 4.5% by 0.25% per year
Mortality	Mortality Pub-2010 Headcount weighted mortality table for general public employer, annuitant and non-annuitant, sex distinct with improvement scale MP-2021

The discount rate used to measure the total OPEB liability was based on a 20-year AA/Aa tax-exempt municipal bond yield for each measurement date.

The following provides the changes to the total OPEB liability for the year ended September 30, 2022:

Beginning balance	\$ 153,030
Service cost	10,294
Interest	3,498
Difference between expected and actual experience	15,209
Changes of assumptions	(44,277)
Implicit benefit payments	(19,369)
Net changes	(34,645)
Ending balance	<u>\$ 118,385</u>

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 7. Other Postemployment Benefits (Continued)

Sensitivity of the total OPEB liability to changes in the discount rate: The following presents the total OPEB liability of the Hospital, as well as what the Hospital's total OPEB liability would be if it were calculated using a discount rate that is one-percentage-point lower or one-percentage-point higher than the discount rate for the year ended September 30, 2022:

	Discount Rate		
	1% Decrease 3.77%	Current Discount Rate 4.77%	1% Increase 5.77%
Total OPEB Liability	\$ 126,606	\$ 118,385	\$ 112,775

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates: The following presents the total OPEB liability of the Hospital, as well as what the Hospital's total OPEB liability would be if it were calculated using healthcare cost trend rates that are one-percentage-point lower or one-percentage-point higher than the current healthcare cost trend rates for the year ended September 30, 2022:

	Trend Rate		
	1% Decrease 7.25%	Current Trend Rate 8.25%	1% Increase 9.25%
Total OPEB Liability	\$ 108,889	\$ 118,385	\$ 131,493

OPEB expense and deferred inflows and outflows of resources related to OPEB: The Hospital recognized OPEB expense of \$10,568 for the year ended September 30, 2022. At September 30, 2022, the Hospital reported deferred inflows and outflows of resources for changes in assumptions of \$53,025 and \$23,931, respectively, related to the OPEB plan. Amounts reported as deferred inflows and outflows of resources related to the OPEB plan will be recognized in OPEB expense on a straight-line basis over the next 10 years.

Note 8. Related-Party Transactions

The Hospital received approximately \$30,700,000 and \$1,161,000 in operating and capital contributions from the District during the year ended September 30, 2022. The District received approximately \$9,368 in net patient service revenues from the District during the year ended September 30, 2022.

The District allocated certain department support charges to the Hospital, including personnel, purchasing, information technology, legal and administrative costs. The total District allocated costs charged to expense by the Hospital were approximately \$10,821,313 for the year ended September 30, 2022. Such charges are recorded as administrative support charges in the statement of revenues, expenses and changes in net position.

**District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)**

Notes to Financial Statements

Note 9. Retirement Plans

Defined contribution plan: In November 2004, the Hospital established the District Hospital Holdings 401(a) Retirement Plan (the 401(a) Plan), which is a defined contribution pension plan for Hospital employees who are 18 years of age or older and have completed one year of service. The 401(a) Plan is administered by the Empower and does not issue a separate financial report. Plan amendments and contribution rates are approved by the District's Board. Employees are fully vested after six years of service. The Hospital contributes 4% of eligible compensation to the 401(a) Plan and also makes matching contributions equal to 100% of the participants' elective deferrals up to 4% of eligible compensation. Effective October 1, 2015, the Hospital merged its 401(a) Plan with the Health Care District of Palm Beach County's 401(a) Plan (District 401(a) Plan). All provisions of the Hospital 401(a) Plan noted above are the same as those in the District 401(a) Plan. The Hospital contributed approximately \$862,000 to the 401(a) Plan for the year ended September 30, 2022.

Deferred compensation plan: In May 1994, the Hospital established the District Hospital Holdings 457(b) Retirement Plan (the 457(b) Plan), which is a deferred compensation plan. Under the 457(b) Plan, an employee is able to contribute pretax wage/salary dollars into a personal retirement account. The 457(b) Plan is administered by Empower and does not issue a separate financial report. Plan amendments and contribution rates are approved by the District Board. An employee can defer up to \$20,500 of eligible compensation annually. Contribution rates and benefits of the 457(b) Plan are established by the District Board and may be amended in the future by the District Board.

Note 10. Commitments and Contingencies

PRIDE agreement: The District entered into an agreement with PRIDE, an instrumentality of the State, and a lease with the State for 50 acres of land for the Lakeside Medical Center facility. The lease is for a term of 50 years ending February 1, 2057. Upon termination of the lease, all improvements on the property become the property of the State, which may also require the District to remove the Hospital facility and improvements at the District's expense. As consideration for the lease, the District entered into an agreement with PRIDE that requires the District to purchase \$4,166,667 in goods and services from PRIDE over a 30-year period ending July 12, 2036. Purchases by the District through September 30, 2022, totaled approximately \$270,000. If the purchase requirement is not met by July 12, 2036, the District must pay 18% of the unfulfilled purchase commitment on July 12, 2036. The unfulfilled purchase commitment as of September 30, 2022, is reported at net present value, discounted at a rate of 4.08% (20-year U.S. Treasury Rate), and is approximately \$490,000. The payments to PRIDE, the land lease expense of approximately \$148,000 for the year ended September 30, 2022, and the liability for the lease are recorded by the District and have not been charged to the Hospital.

Contract commitments: The Hospital has entered into various contracts for services, agreements with physicians and physician groups. The provisions of those contracts are summarized as follows:

Service contracts: The Hospital has entered into various contracts for maintenance agreements, software licenses and other services. The remaining term of the individual service contracts at September 30, 2022, is generally one to five years.

Physician contracts: The Hospital has entered into various employment contracts with physicians and physician groups for services, which include payments for hourly, shift, weekend and annual salaries. The remaining term of the individual physician contracts at September 30, 2022, is generally one to four years.

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 10. Commitments and Contingencies (Continued)

The future minimum payments for these contracts at September 30, 2022, are summarized as follows:

	Service Contracts	Physician Contracts
Years ending September 30:		
2023	\$ 891,016	\$ 8,285,700
2024	279,441	1,552,495
2025	25,604	2,000
2026	-	-
2027	-	-
	\$ 1,196,061	\$ 9,840,195

Professional and general liability claims: The Hospital is subject to claims and lawsuits arising in the ordinary course of business, including claims for damages from medical malpractice, personal injuries, employment-related claims, breach of management contracts and for wrongful restriction of or interference with physicians' staff privileges. Except where prohibited by statute, in certain of these actions, plaintiffs may seek punitive or other damages against the Hospital, which are generally not covered by insurance.

The Hospital, as a result of its management and control by the District as an independent special taxing district and a political subdivision of the State, is entitled to sovereign immunity under Florida law. For tort actions (with claims arising on or after October 1, 2011), Florida has a limited waiver of sovereign immunity at section 768.28, Florida Statutes. The District's liability for tort is limited to \$200,000 per claim and \$300,000 in the aggregate. Judgments may be claimed or rendered in excess of the sovereign immunity limits; however, the District cannot be liable for such excess amounts unless the claim/judgment is presented to and approved by the Florida legislature (i.e., claims bill). Additionally, on June 1, 2015, the District obtained an umbrella liability policy for coverage in excess of the self-insured retention levels of \$500,000 for professional and general liability exposures per incident and \$850,000 in the aggregate, as well as underlying insurance policies for employers' liability, business automobile liability and aviation general liability exposures.

The excess policies, with aggregate limits of \$5 million each and \$10 million combined, only responds in the event a covered loss results in a claims bill that is approved by the Legislature. The Hospital's management, in consultation with legal counsel, believes all general and professional liability claims are covered by insurance or limited under sovereign immunity and will not have any significant impact on the financial condition of the Hospital in excess of the amounts accrued at fiscal year-end.

Estimated professional and general liability claims, which are recorded as estimated self-insured liability in the statement of net position, are summarized as follows:

	Balance September 30, 2021	Additions	Reductions	Balance September 30, 2022	Amounts Due Within One Year
Estimated professional and general liability claims	\$ 730,484	\$ 353,556	\$ (573,501)	\$ 510,539	\$ 373,783

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 10. Commitments and Contingencies (Continued)

Medicare and Medicaid: Revenue from the Medicare and Medicaid programs accounted for a significant portion of the Hospital's net patient service revenues for 2022. The Hospital's Medicare and Medicaid cost reports through the year ended September 30, 2017, have been audited. The Hospital's cost reports for the year ended September 30, 2022, have not been filed.

The Hospital has recorded an estimated receivable of approximately \$717,782 at September 30, 2022, for future audit settlements related to Medicare and Medicaid charges. The final determination of amounts earned pursuant to the Medicare and Medicaid programs for open years is subject to review by appropriate governmental agencies or their agents.

The Centers for Medicare & Medicaid Services (CMS) has implemented a program using recovery audit contractors (RAC) as part of the CMS efforts to assure accurate payments. The program uses the RAC to review claims for potentially improper Medicare payments that may have been made to health care providers and were not detected through existing CMS program reviews. Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from, or addition to, the provider's Medicare reimbursement for the amount of the estimated overpayment or underpayment. The Hospital records an adjustment to revenue for any overpayment or underpayment at the time notice is received from the RAC and the amount can be reasonably estimated. There were no material RAC adjustments, audit recoveries or settlements for prior periods related to the Medicare and Medicaid programs during 2022, and no liability has been recorded for estimated RAC settlements.

Compliance with laws and regulations: The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, anti-kickback and anti-referral laws, false claims prohibitions and Medicare and Medicaid fraud and abuse. In addition, as a tax-exempt entity, the Hospital is also subject to the laws and regulations related to its tax exemption. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions that are unknown or unasserted at this time. Violations of these laws and regulations could result in significant fines and penalties, including repayments for patient services previously reimbursed. Management believes that the Hospital has generally complied with applicable laws and regulations that could have a material impact on the financial statements of the Hospital and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing or noncompliance.

Required Supplementary Information

District Hospital Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Required Supplementary Information
Other Post-Employment Benefits
Schedule of Changes in the Total OPEB Liability and Related Ratios
(Unaudited Last Five Years)

	2022	2021	2020	2019	2018
Total OPEB liability:					
Service cost	\$ 10,294	\$ 11,095	\$ 8,560	\$ 8,726	\$ 88,962
Interest	3,498	3,275	5,599	5,794	5,473
Difference between expected and actual experience	15,209	-	(13,119)	-	-
Changes of assumptions	(44,277)	(3,287)	13,063	1,925	(2,624)
Implicit benefit payments	(19,369)	(20,009)	(19,014)	(15,805)	(12,462)
Net change in total OPEB liability	(34,645)	(8,926)	(4,911)	640	79,349
Total OPEB liability—beginning	153,030	161,956	166,867	166,227	86,878
Total OPEB liability—ending	<u>\$ 118,385</u>	<u>\$ 153,030</u>	<u>\$ 161,956</u>	<u>\$ 166,867</u>	<u>\$ 166,227</u>
Covered payroll	\$ 20,026,669	\$ 20,185,120	\$ 20,003,705	\$ 18,737,014	\$ 18,548,791
Hospital's total liability as a percentage of covered payroll	0.59%	0.76%	0.81%	0.89%	0.90%
Measurement date	9/30/2022	9/30/2021	9/30/2020	9/30/2019	9/30/2018

Notes to schedule:

(1) Assumption changes since prior valuation:

- The percentage of active, covered lives electing low, basic and high plan options shifted significantly since the data was gathered for the prior actuarial valuation. Changing the election at retirement assumption to reflect those election changes decreased the liability by \$84,000
- Discount rate was raised from 2.43% to 4.77%

- (2) This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compile information for those years for which information is available will be presented.



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

RSM US LLP

Independent Auditor's Report

Board of Directors
District Hospital Holdings, Inc.
West Palm Beach, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of District Hospital Holdings, Inc. (the Hospital), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements, and have issued our report thereon dated February 13, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Hospital'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 Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

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

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

Report on Compliance and Other Matters

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

Purpose of This Report

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

RSM US LLP

West Palm Beach, Florida
February 13, 2023