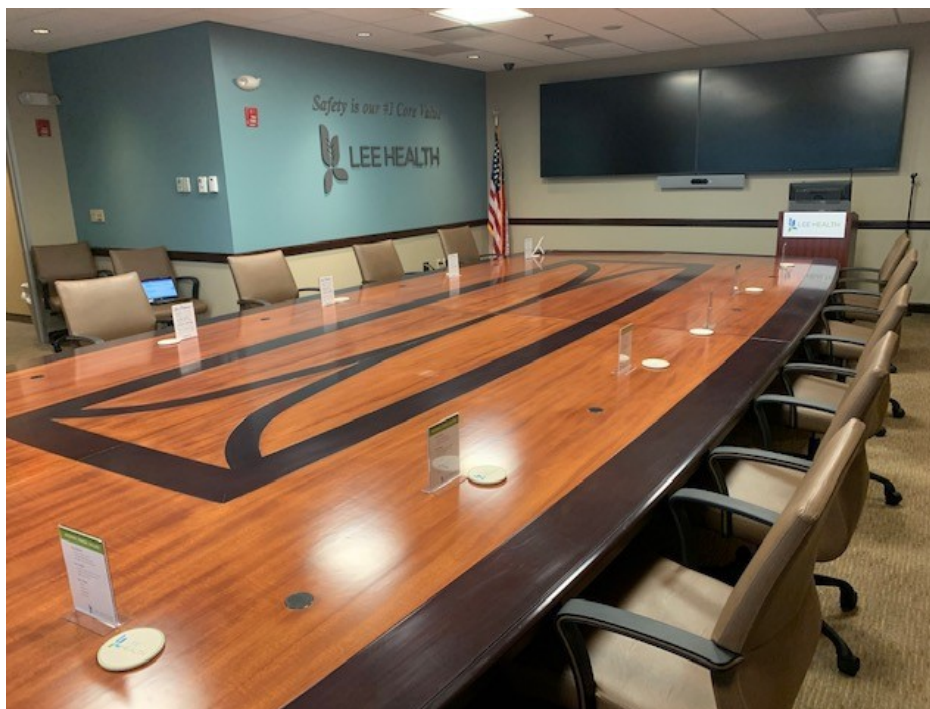


Joint Meeting of Audit and Finance & Investment Committees

Thursday, January 19, 2023

9:00 a.m.



All lines will be automatically muted by the host.

Please press *6 to mute/unmute



PUBLIC INPUT

All public input will take place at the *Board of Directors Meetings*, (*not Committee Meetings*).

At that time input is limited to three minutes and a “Request to Address the Board of Directors” card should be completed and submitted to the Board Staff prior to meeting.

Non-Committee members are present to observe only and not to participate.

Please contact the Board Office with any questions. (239) 343-1500

Welcome and Introductions



BOARD OF DIRECTORS
RECOMMENDED FOR BOARD ACTION

(Action includes Acceptance, Approval, Adoption, etc)

Keep form to **one** page, **EMAIL to: boardofdirectors@leehealth.org** by Noon
Eight (8) days PRIOR to presenting.

DATE: January 19, 2023

LEGAL SERVICE REVIEW? YES ☒ NO ☐

SUBJECT Recommend Acceptance of BDO USA, LLP Audited Financial Statement Report for FY 2022

REQUESTOR & TITLE: Jeffrey R Pigott, VP Compliance and Internal Audit

PREVIOUS BOARD ACTION ON THIS ITEM (IF ANY)

(justification and/or background for recommendations – internal groups which support the recommendation)

One of the responsibilities of the Audit Committee as outlined in the Charter, is to review the annual financial statements and oversee the independent audit of the health system. Acceptance of the audited financial statements will satisfy this requirement.

SPECIFIC PROPOSED MOTION:

Motion from the Joint Meeting of the Audit and Finance Committees to recommend to the Board of Directors of LMHS to accept the Audited Financial Statement Report from BDO USA, LLP for the fiscal year ended September 30, 2022 for Lee Memorial Health System, Lee County Trauma Service District and Lee Memorial Health System Foundation, Inc. as presented in draft form with the understanding that any substantive change would be brought back to the Audit Committee for review and approval.

FINANCIAL IMPLICATIONS Budgeted Account _____ Non-Budgeted _____
(Annual Project Budget and Total Project Budget)

N/A

STAFFING & OPERATIONAL IMPLICATIONS

(including FTEs, facility needs, etc.)

N/A

PURPOSE/REASON FOR RECOMMENDATION

SUMMARY

(including alternatives considered, Pros and Cons)

BDO USA, LLP FY 2022 Audited Financial Statement Presentation

Jennifer Hamway, Engagement Partner BDO

Sheldon Reddy, Engagement Manager, BDO

REPORT TO THE AUDIT AND FINANCE COMMITTEES



AUDIT WRAP UP:
YEAR ENDED SEPTEMBER 30, 2022



Contents

QUICK ACCESS TO THE
FULL REPORT

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The following communication was prepared as part of our audits, has consequential limitations, and is intended solely for the information and use of those charged with governance (e.g., Board of Directors and Audit and Finance Committees) and, if appropriate, management of Lee Memorial Health System, and is not intended and should not be used by anyone other than these specified parties.

Welcome

January 12, 2023

Those Charged With Governance

Lee Memorial Health System

Professional standards require us to communicate with you regarding matters related to the audits, that are, in our professional judgment, significant and relevant to your responsibilities in overseeing the financial reporting process. On May 12, 2022, we presented an overview of our plan for the audit of the consolidated financial statements of Lee Memorial Health System (the System) as of and for the year ended September 30, 2022, including a summary of our overall objectives for the audit, and the nature, scope, and timing of the planned audit work.

This communication is intended to elaborate on the significant findings from our audit, including our views on the qualitative aspects of the System's accounting practices and policies, management's judgments and estimates, financial statement disclosures, and other required matters.

We are pleased to be of service to the System and look forward to meeting with you on January 19, 2023 to discuss our audit findings, as well as other matters that may be of interest to you, and to answer any questions you might have.

Respectfully,

BDO USA, LLP

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JEVON KNOWLES
Engagement Quality Review Partner



TARA MILLER
Engagement Director - Lee Memorial Health Foundation



MELANIE FERNANDEZ
Partner - Single Audit



Executive Summary

Status Of Our Audit

As of the date of this report, we have substantially completed our audit of the consolidated financial statements as of and for the year ended September 30, 2022, with the exception of:

- ▶ Completion of our tests of the System's adoption of Government Accounting Standards Board No. 87, *Leases* (GASB 87),
- ▶ Completion of our tests of certain account balances held by Lee Memorial Health System Foundation, Inc. (the Foundation),
- ▶ Finalization of various levels of review of completed audit procedures and workpaper documentation, and.
- ▶ Performance of certain general audit procedures required to be completed on or about the financial statement issuance date (e.g., subsequent events review and inquiries, updates of legal counsel responses, signed management representation letter).

Should resolution of any of the above items result in changes to items reported herein, we will provide a summary of those changes to you.

Our audit was conducted in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*. This audit of the consolidated financial statements does not relieve management or those charged with governance of their responsibilities.

- The objective of our audit was to obtain reasonable - not absolute - assurance about whether the consolidated financial statements are free from material misstatements.
- The scope of the work performed was substantially the same as that described to you in our earlier Audit Planning communications.
- We expect to issue an unmodified opinion on the consolidated financial statements and release our report on or about January 26, 2023.
- Our opinion will include explanatory paragraphs referring to the adoption of GASB 87 and a change in estimate related to the assigned useful lives of certain property and equipment assets.



Status Of Our Audit (Continued)

- Management's discussion and analysis and the schedules of changes in the net pension liability and related rations, employer contributions, investment returns, and changes in total other post-employment benefits (OPEB) liability and total other post-employment benefits (OPEB) contributions are required to be presented to supplement the basic consolidated financial statements. While we have applied certain limited procedures to the required supplementary information, we do not express an opinion or provide assurance on the information presented.
- Concurrent with the issuance of our report on the consolidated financial statements, we expect to issue our report on internal control over financial reporting and on compliance and other matters based on an audit of consolidated financial statements performed in accordance with *Government Auditing Standards*. We have presented identified internal control findings in the section titled *Internal Control Over Financial Reporting* within this report.
- Concurrent with the issuance of our report on the consolidated financial statements, we expect to issue an unqualified report on the financial statements of Lee County Trauma Services District for the year ended September 30, 2022.
- Concurrent with the issuance of our report on the consolidated financial statements, we expect to issue an unqualified report on the System's compliance with Florida Statutes Section 218.415 related to the investment of public funds for the year ended September 30, 2022.
- Upon completion of the Single Audit procedures, we expect to issue an opinion on the System's Single Audit report, including the Schedule of Expenditures of Federal Awards (SEFA), on or about April 30, 2023. In planning and performing our audit of the SEFA, we considered the System's internal control over compliance with requirements that could have a direct and material effect on its major federal programs to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with GAS and Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance.



Status Of Our Audit (Continued)

- All records and information requested by BDO were freely available for our inspection.
- Management's cooperation was excellent. We received full access to all information that we requested while performing our audit, and we acknowledge the full cooperation extended to us by all levels of System personnel throughout the course of our work.



Results Of The Audit

ACCOUNTING PRACTICES, POLICIES, ESTIMATES AND SIGNIFICANT UNUSUAL TRANSACTIONS

The following summarizes the more significant required communications related to our audit concerning the System’s accounting practices, policies, estimates and significant unusual transactions:

The System’s significant accounting practices and policies are those included in Note 1 to the consolidated financial statements. These accounting practices and policies are appropriate, comply with generally accepted accounting principles and industry practice, were consistently applied, and are adequately described within Note 1 to the consolidated financial statements.

- ▶ A summary of recently issued but not yet adopted accounting pronouncements is included in Note 1 to the System’s financial statements.
- ▶ The System adopted GASB 87 on a retrospective basis, restating the consolidated financial statements for the year ended September 30, 2021. A summary of the impact of adoption to the previously issued consolidated financial statements is adequately described within Note 1 to the consolidated financial statements. The System’s accounting policy and additional required disclosures are adequately described in various notes to the consolidated financial statements.
- ▶ Effective October 1, 2021, the System revised its estimates of the useful life assigned to certain buildings, building improvements and equipment assets. This revision primarily reflects a change in conditions and not a change in accounting principles. As a result of this revision, the decrease in net position for the year ended September 30, 2022, was reduced by \$29,500,000. The change in estimate is adequately described within Note 1 to the consolidated financial statements.

Significant estimates are those that require management’s most difficult, subjective, or complex judgments, often as a result of the need to make estimates about the effects of matters that are inherently uncertain. The System’s significant accounting estimates, including a description of management’s processes and significant assumptions used in development of the estimates, are disclosed in Note 1 of the financial statements.

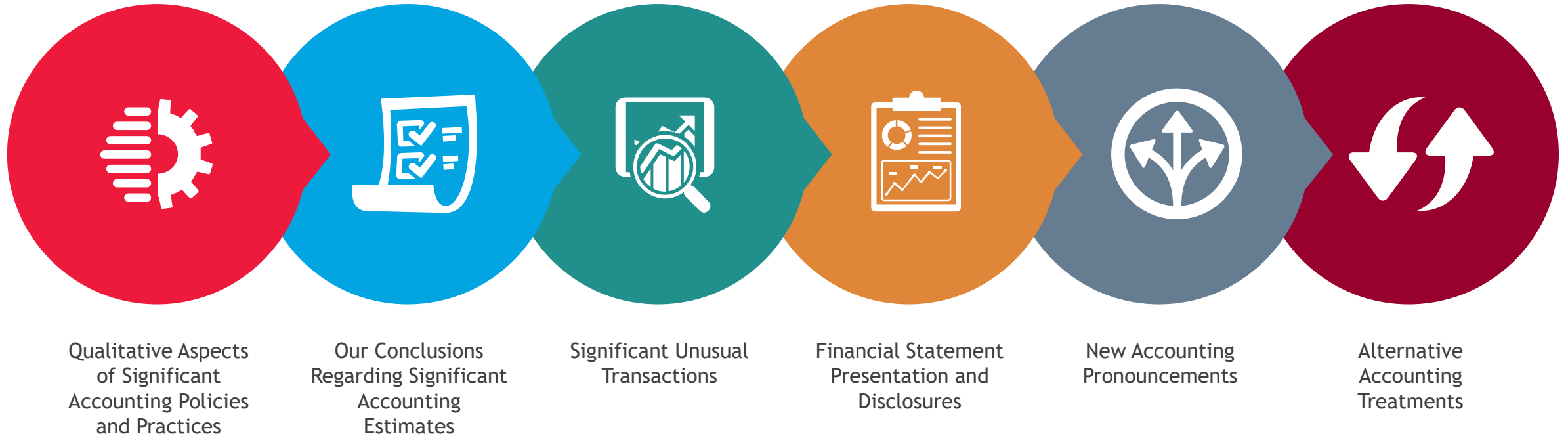
Significant Accounting Estimates
Fair Value Measurements of Investments Measured at Net Asset Value (NAV)
Patient Accounts Receivable and Allowances for Contractual Adjustments, Discounts and Uncollectible Accounts
Useful Lives of Capital Assets and Impairment of Long-Lived Assets
Third-Party Settlements
Self-insured Liabilities (Professional Liability, Workers’ Compensation, and Employee Health)
Pension and Other Post-employment Benefits (OPEB)

- ▶ Management did not make any significant changes to the processes or significant assumptions used to develop the significant accounting estimates in fiscal year 2022, with the exception of the change in estimates of the useful life assigned to certain buildings, building improvements and equipment assets.
- ▶ The methods used to account for significant or unusual transactions, and related disclosures, are considered appropriate, including those used to adopt GASB 87 and the change in estimates of the useful life assigned to certain capital assets.

Results Of The Audit

QUALITY OF THE SYSTEM'S FINANCIAL REPORTING

A discussion will be held regarding the quality of the System's financial reporting, which will include:



Results Of The Audit

CORRECTED MISSTATEMENTS

Management, as part of its routine year-end close process, recorded certain post-close adjustments which are not included in these schedules as they are not considered to be audit differences.

Client: Lee Memorial Health System					
Engagement: Consolidated Audit					
Year End: 9/30/2022					
Document: Corrected Misstatements					
#	Entity	Financial Statement Line Item	Debit	Credit	Period
1	FON	150035 Restricted pledges receivable	\$ 5,496		Current
		494001 Temp restricted gifts - donations	2,374,985		
		150031 Allowance for donated art	8,151		
		150001 Allowance for uncollectible pledges receivable		\$ 2,216,451	
		141000 Pledges receivable		172,181	
			<u>\$ 2,388,632</u>	<u>\$ 2,388,632</u>	
		<i>To properly report pledges receivable and related allowance for uncollectible pledges and net present value</i>			
2	CCH	270003 CCH deferred retirement plan outflows	\$ 2,524,071		Current
		198000 CCH unfunded pension asset	473,544		
		270000 CCH unfunded pension liability		\$ 2,500,281	
		715009 Retirement expense		497,334	
			<u>\$ 2,997,615</u>	<u>\$ 2,997,615</u>	
		<i>To adjust CCH pension liability to actuary report estimates</i>			
3	LMH	270002 OPEB deferred inflow of resources	\$ 3,800,685		Current
		260010 Long-term retiree health benefits		\$ 3,800,685	
			<u>\$ 3,800,685</u>	<u>\$ 3,800,685</u>	
		<i>To reclassify OPEB liability and deferred inflow of resources based on the actuary report estimates</i>			
4	LHH	150040 Investment in Paramount Surgery Center	\$ 905,304		Current
		420701 Other operating revenue	314,799		
		395500 Unrestricted net position		\$ 1,220,103	
			<u>\$ 1,220,103</u>	<u>\$ 1,220,103</u>	
		<i>To correct equity accounting for investment in Paramount Surgery Center</i>			



Results Of The Audit

UNCORRECTED MISSTATEMENTS

We concur with management’s assessment that the effects of not recording such adjustments are, both individually and in the aggregate, immaterial to the consolidated financial statements taken as a whole, considering both qualitative and quantitative factors. None of the proposed adjustments could potentially cause future-period consolidated financial statements to be materially misstated.

Client:	Lee Memorial Health System				
Engagement:	Consolidated Audit				
Year End:	9/30/2022				
Document:	Uncorrected Misstatements				
#	Entity	Financial Statement Line Item	Debit	Credit	Period
1	LMH	Prepaid expenses and other current assets	\$ 4,644,278		Current
		Accounts payable		4,644,278	
			<u>\$ 4,644,278</u>	<u>\$ 4,644,278</u>	
		<i>To reclassify debit balance included in accounts payable for deposits and prepayments to prepaid expenses and other current assets</i>			
#	Uncorrected Presentation and/or Disclosure Differences				
1	GASB standards require Paramount Surgery Center, LLC to be presented as a discrete component unit, meaning that the System would present Paramount account balances in separate columns each financial statement and disclosures. Management has presented Paramount as a blended component (included in the System consolidated numbers presented in the basic financial statements in a single column) due to the immateriality of Paramount in relation to the System.				
2	The statement of cash flows should present cash flows from investing activities separately for purchases and sales of investments, rather than presenting the net increase or decrease in investments				
Summary of Uncorrected Misstatements					
Current year cumulative uncorrected misstatements			\$	-	
Cumulative effect of prior period uncorrected misstatements brought forward				2,755,233	
Cumulative uncorrected misstatements adjusted for prior period impact			<u>\$</u>	<u>2,755,233</u>	
Reported deficit of revenues and income over expenses for the year ended September 30, 2022			\$	(6,160,000)	
% impact of cumulative uncorrected misstatements				0.0%	
% impact of cumulative uncorrected misstatements including prior period impact				44.7%	





Internal Control Over Financial Reporting

Internal Control Over Financial Reporting

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

Our consideration of internal control was for the limited purpose described above and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses.

We are required to communicate, in writing, to those charged with governance all material weaknesses and significant deficiencies that have been identified in the System’s internal control over financial reporting. The definitions of control deficiency, significant deficiency and material weakness follow:

Category	Definition
Control Deficiency	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.
Significant Deficiency	A deficiency or 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.
Material Weakness	A deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the System’s consolidated financial statements will not be prevented, or detected and corrected on a timely basis.

Internal Control Over Financial Reporting

In conjunction with our audit of the System’s consolidated financial statements, we noted no material weaknesses. We have communicated to management of the System control deficiencies, and provided suggestions for improvement of those deficiencies, that were identified as a result of our audit that we did not consider to be material weaknesses or significant deficiencies.

Control Deficiency	Comments
RELIANCE ON INTERNAL CONTROLS OF THIRD-PARTY SERVICE ORGANIZATIONS	<p>Management relies on information provided by several third-party service or trust organizations, such as SEI Private Trust Company, Northern Trust Bank, Web-TPA and others, in the preparation of its financial statements and disclosures. As part of the System’s internal control over financial reporting, various departments obtain the third-party organizations’ Service Organization Controls (SOC) Report over the suitability of design and operating effectiveness of the organizations’ controls. However, financial management does not currently request or obtain a copy of all such reports and does not review each report for exceptions in internal controls that may impact the information used by management. Additionally, each SOC report includes certain control objectives that can only be achieved if complementary user entity (the System) controls are suitably designed and operating effectively. Financial management has not identified and evaluated the applicable control objectives for each third-party service organization or identified the related user entity controls to be compared to the System’s current internal controls over financial reporting. Any exceptions in the design and effectiveness of the Service Organizations’ controls or gaps in the design of effectiveness of the System’s (complementary user entity) controls may result in a failure to detect a material misstatement of information included in the System’s consolidated financial statements.</p> <p>We recommend management prepare a schedule identifying all third-party service organizations that provide services or data used by the System in its financial reporting, the type of service and nature of the data provided, the type of SOC report obtained, and the date the SOC report is available to the System. Further, we recommend management develop a process and documentation template for an annual review of the SOC report by an individual familiar with the data and its impact on the System’s accounting and reporting. The review should include, but not limited to:</p> <ul style="list-style-type: none">▪ Evaluation of the type of SOC report (SOC 1 vs. SOC 2, etc.), the period covered by the SOC report compared to the System’s financial reporting period and the availability of any bridge documentation if the periods are non conterminous,▪ Evaluation of the identified control objectives and alignment with the inherent risks related to the impacted financial statement accounts and assertions (e.g., do the control objectives align with management’s identification of potential errors or “what could go wrong” that may lead to a material misstatement in the System’s financial reporting),▪ Evaluation of the nature of the auditor’s opinion, identified control exceptions, and responses and/or remediations as it relates to control objectives relevant to the System’s financial reporting.▪ Identification of User Entity Controls (UEC’s) for relevant control objectives and mapping to the System’s designed and implemented UECs and documentation of performance of those controls. <p>Management bears the ultimate responsibility for the fair presentation of its consolidated financial statements. Proper evaluation of SOC reports and responsive design and implementation of UECs by the System provides management with a basis for reliance on data or services provided by its third-party service organizations. We also recommend management consider any proposed new service provider’s internal controls and availability of a SOC report as a condition for vendor selection.</p>

Internal Control Over Financial Reporting

Control Deficiency	Comments
ERRORS IN FOUNDATION ACCOUNTING AND REPORTING	<p>On a monthly basis, Lee Memorial Health System Foundation, Inc. (the Foundation) uses a summarized pledge cash flow Blackbaud report to properly state the reported pledges receivable balance. The summarized pledge cash flow report should reconcile to the pledge status report, a detail of pledges outstanding at any given date, and to supporting pledge documentation. While Foundation management reconciled the monthly Blackbaud reports, they did not reconcile the September 30, 2022 annual reports and were unable to support the reported balance of pledges receivable at year-end. Additionally, the reported September 30, 2022 balance of the allowance for uncollectible pledges was misstated. Upon investigation, management was ultimately able to determine valid pledges receivable and adjust the reported balances.</p>
	<p>On a monthly basis, Foundation management also reconciles reported monthly contribution revenue and the appropriate classification as restricted or unrestricted support to Blackbaud monthly contributions report. However, the Blackbaud annual contributions report used to support the year-to-date contribution revenue and classification per the financial statements did not reconcile to the general ledger or the individual monthly reports. Upon investigation, management was subsequently able to reconcile and adjust reported amounts and, at the date of this report, we are executing our audit procedures related to contribution revenue and the classification of net position at September 30, 2022.</p>
	<p>We recommend management work with Blackbaud to identify the correct use and report generation from the software for the Foundation's financial reporting. We also recommend management fully document the accounting and reporting processes specific to the Foundation, including the generation of required Blackbaud year-to-date reports and data, such that, in the event of a loss of personnel, new personnel may be quickly trained without delays in financial reporting. Additionally, we recommend review the Foundation-specific month-end close procedures and internal controls responsive to the risk of, and able to prevent or detect, errors such as those identified during our year-end audit procedures.</p>
TIMELY AND ACCURATE RECONCILIATIONS DURING THE FINANCIAL STATEMENT CLOSE PROCESS	<p>In performance of our year-end audit procedures, we identified, and management corrected, errors in reported balances. We also identified errors or omissions in reconciliations or management prepared audit schedules or supporting documentation, requiring additional effort by management and the audit team to ultimately support recorded balances or identify the necessary adjustment. Additionally, certain data used in management's estimates and reconciliations is exported from systems or data bases, or third-party service providers' data sites that only provide information in "real time" (e.g., as of the date the report is generated) and certain reports were not run as of September 30 or were not retained and were therefore unavailable to support recorded balances. A misstatement above our materiality threshold that is not detected and corrected by management is generally an indicator of a deficiency in internal controls.</p>
	<p>We recommend management evaluate the corrected and uncorrected misstatements and difficulties encountered with certain reconciliations or audit schedules to identify opportunities for improvement such that management's close process and internal controls may better prevent or detect such misstatements and produce audit schedules and supporting documentation that clearly and fully supports reported balances and management representations.</p>

Internal Control Over Financial Reporting

Control Deficiency	Comments
MISCLASSIFICATION OF DEPOSITS AND PREPAYMENTS IN ACCOUNTS PAYABLE	<p>Management records all payments to vendors through Lawson Infor FSM's accounts payable module, including processed payments of certain expenses including the prepayment of certain debt and lease payments for the following month (generally due on the 1st day of the following month). The offsetting account to these prepayments is accounts payable, resulting in month-end accounts payable balances reported net of these debit balances. Management does not currently reclassify the debit balances in month-end accounts payables to prepaid expenses and other current assets, resulting in an understatement of both current assets and liabilities in the consolidated financial statements. With the adoption of GASB 87, it is possible the System will experience a greater volume and materiality of these debit balances in accounts payable at month-end.</p> <p>We recommend management develop a month-end closing process to identify and reclassify those debit balances in accounts payable to prepaid expenses. Alternatively, management may consider the creation of a prepaid lease liability clearing account (classified as a current asset) for use as the offsetting general ledger credit to those prepayments, rather than the accounts payable general ledger account. The same clearing account would then be used upon reduction of the recorded lease liability in the following month. In this manner, management would not be required to perform a month-end manual reclassification of debit balances in accounts payable.</p>



Additional Required Communications

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the System

Requirement	Discussion Point
Significant changes to planned audit strategy or significant risks initially identified	There were no significant changes to the planned audit strategy or significant risks initially identified and previously communicated to those charged with governance as part of our Audit Planning communications.
Obtain information from those charged with governance relevant to the audit	There were no matters noted relevant to the audit, including, but not limited to: violations or possible violations of laws or regulations; risks of material misstatement, including fraud risks; or tips or complaints regarding the System's financial reporting that we were made aware of as a result of our inquiry of those charged with governance.
If applicable, nature and extent of specialized skills or knowledge needed related to significant risks	<p>The nature and extent of specialized skills or knowledge needed to perform the planned audit procedures or evaluate audit results related to significant risks are outlined below:</p> <ul style="list-style-type: none">• BDO Actuarial Group assisted in the evaluation of the estimated workers' compensation and professional liability reserves• BDO Healthcare Actuarial Group assisted in the evaluation of the employee health benefits liability• BDO Global Employer Services Actuarial Group assisted in the evaluation of assumptions used in the defined benefit pension and other post-employment benefit plan valuations• BDO RISE Assurance Valuation specialists performed the tests of fair market values of certain of the mutual funds and debt securities held within the System's SEI Investments portfolio• Harvest Investments, Ltd., a third-party specialist, performed the tests of fair market values of alternative investment funds within the defined benefit pension plan assets held in trust• BDO Valuation & Capital Market Analysis group assisted in the evaluation of NAV valued alternative investments held in short-term investments (SEI investments)• BDO Valuation & Capital Market Analysis and Real Estate Advisory groups assisted in the evaluation of methodology, assumptions and conclusions related to the change in the estimated useful life of certain capital assets

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the System:

Requirement	Discussion Point
Consultations with other accountants	We are not aware of any consultations about accounting or auditing matters between management and other independent public accountants. Nor are we aware of opinions obtained by management from other independent public accountants on the application of generally accepted accounting principles.
Significant findings and issues arising during the audit in connection with the System's related parties	We have evaluated whether the identified related party relationships and transactions have been appropriately identified, accounted for, and disclosed and whether the effects of the related party relationships and transactions, based on the audit evidence obtained, prevent the consolidated financial statements from achieving fair presentation.
Significant findings or issues arising during the audit that were discussed, or were the subject of correspondence, with management	There were no significant findings or issues arising during the audit that were discussed, or were the subject of correspondence, with management
If applicable, departure from auditor's standard report	We expect to include explanatory paragraphs in our report due to the following: <ul style="list-style-type: none">• Adoption of GASB 87, Leases, effective October 1, 2022• Change in estimate related to the assigned useful lives of certain property and equipment assets
Disagreements with management	There were no disagreements with management about matters, whether or not satisfactorily resolved, that individually or in aggregate could be significant to the System's consolidated financial statements or to our auditor's report.
Significant difficulties encountered during the audit	There were no significant difficulties encountered during the audit.

Other Required Communications

Following is a summary of other required items, along with specific discussion points as they pertain to the System:

Requirement	Discussion Point
Matters that are difficult or contentious for which the auditor consulted outside the engagement team	There were no difficult or contentious matters that we consulted with others outside the engagement team that we reasonably determined to be relevant to those charged with governance regarding their oversight of the financial reporting process.
If applicable, other matters significant to the oversight of the System’s financial reporting process, including complaints or concerns regarding accounting or auditing matters	There are no other matters that we consider significant to the oversight of the System’s financial reporting process that have not been previously communicated.
Representations requested from management	Please refer to the draft management representation letter that accompanied this report.

Independence

Our engagement letter to you dated August 10, 2022 describes our responsibilities in accordance with professional standards and certain regulatory authorities and *Government Auditing Standards* with regard to independence and the performance of our services. With regard to independence and the performance of our services. This letter also stipulates the responsibilities of the System with respect to independence as agreed to by the System. Please refer to that letter for further information.

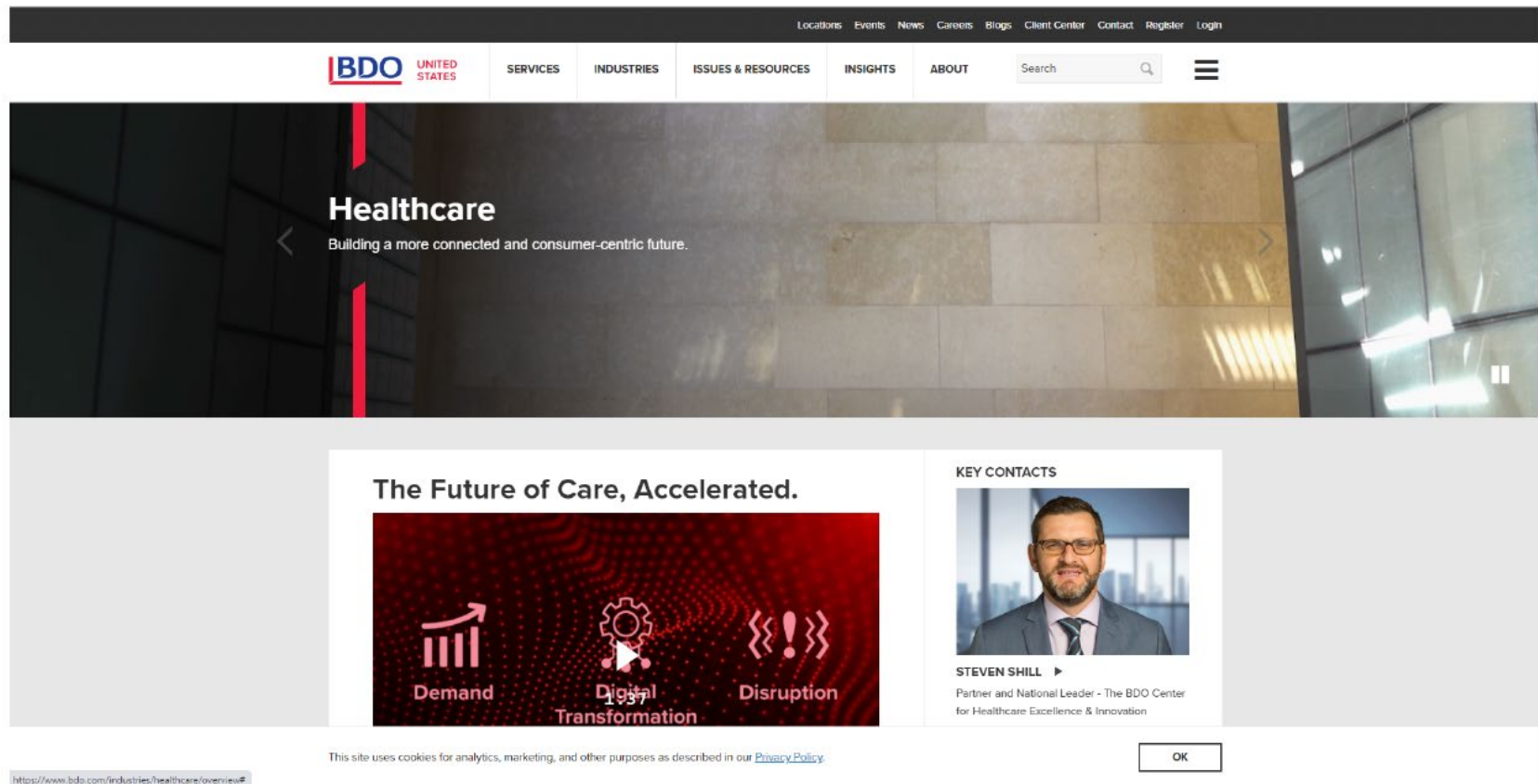




Appendix

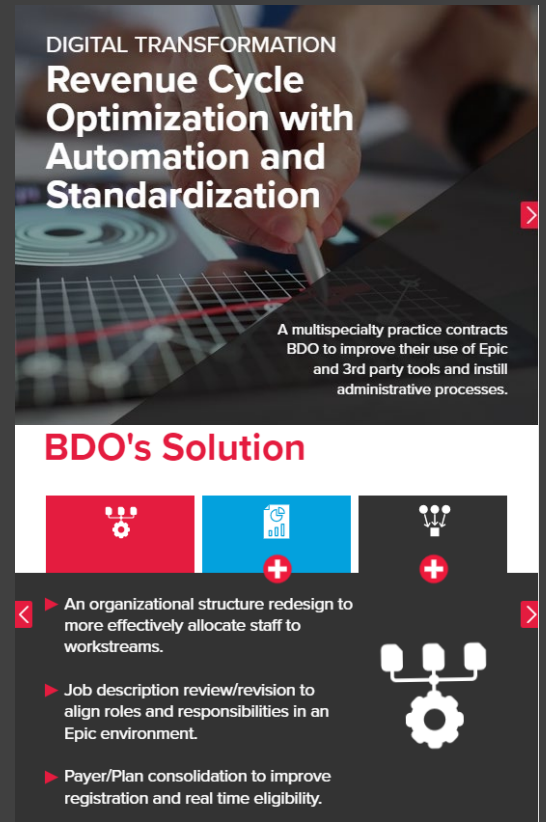
Industry Risk And Resources

- ▶ BDO's industry focus is part of who we are and how we serve our clients and has been for over a century. We demonstrate our experience through knowledgeable professionals, relevant client work and participation in the industries we serve.
- ▶ Our industry practices bring perspective on trends, opportunities, issues and regulations that frame our services and approach to address your needs and your industry.



Revenue Cycle Optimization With Automation And Standardization

A multispecialty practice contracts BDO to improve their use of Epic and 3rd party tools and instill administrative processes.



Click [here](#) to access the publication

Minimizing Revenue Loss Due To Inpatient Status Downgrades

Hospital revenue has taken a hit in recent years due to hurdles in meeting inpatient criteria established by payers. When these criteria aren't met, payers will deny inpatient status, resulting in a payout reduction of up to 80%. Nowhere is this more common than with managed Medicare payers.

So how can hospitals mitigate revenue loss as a result of inpatient status downgrades?



Click [here](#) to access the publication

The BDO Center For Healthcare Excellence & Innovation

WHO WE ARE: HEALTHCARE LEADERS

We are 300+ professionals focused on the healthcare industry with a hands-on, service-oriented philosophy who believe in open, candid, constructive communication and strong internal collaboration with our clients.

Our clients rest assured that their dedicated BDO industry leaders are at the forefront of the healthcare conversation.

We provide our clients with research and insights into the industry by authoring articles on the latest regulations, speaking at industry conferences, commenting on breaking news, and bringing perspective on trends, opportunities, and issues that affect healthcare organizations.

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- BRAD BOYD, CPA - Managing Director, MAS - 617-378-3634 brad.boyd@bdo.com

Healthcare Webinar Series

2022 BDO HEALTHCARE TRENDS & TOPICS WEBINAR SERIES

AUGUST 2022



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January XX, 2023

BDO USA, LLP
501 E. Kennedy Blvd., Suite 910
Tampa, Florida 33602

Ladies and gentlemen:

We are providing this letter in connection with your audit of the consolidated financial statements of Lee Memorial Health System (the System), which comprise the respective consolidated financial position of the business-type activities and pension trust fund, as of September 30, 2022, and the respective consolidated changes in fund net position and, where applicable, cash flows, and the pension trust fund for the year then ended, and the related notes to the consolidated financial statements, for the purpose of expressing an opinion as to whether the consolidated financial statements are presented fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America including all applicable effective statements of the Governmental Accounting Standards Board (GASB). We confirm that we are responsible for the preparation and fair presentation in the consolidated financial statements of financial position, changes in fund net position, and cash flows in conformity with accounting principles generally accepted in the United States of America.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, as of the date of this representation letter, as entered on the first page, the following representations made to you during your audits:

- (1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated August 10, 2022, for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America.
- (2) We have fulfilled our responsibility, as set out in the terms of the aforementioned audit engagement letter, for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.
- (3) The consolidated financial statements include all properly classified funds and other financial information of the primary government and all component units required to be included in the financial reporting entity by accounting principles generally accepted in the United States of America. All funds required to be presented as major funds are identified and presented as such. The financial position and changes in fund net position of Paramount Surgery Center, LLC have not been presented as a discrete component unit as required by GASB due to management's assessment of its immateriality to the consolidated financial statements. Adequate disclosure of the component's financial position and results of operations have been included in the notes to the consolidated financial statements.

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- (4) We have made available to you:
- (a) All financial records, and related data, including the names of all related parties and all relationships and transactions with related parties, as agreed upon in the terms of the aforementioned audit engagement letter.
 - (b) All additional information that you have requested from us for the purpose of the audit.
 - (c) Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
 - (d) Minutes of the meetings of Board of Directors, and Audit and Finance Committees, that were held from October 1, 2021 to the date of this letter, or summaries of actions of recent meetings for which minutes have not yet been prepared.
- (5) There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in financial reporting practices.
- (6) There are no material transactions that have not been properly recorded in the accounting records underlying the consolidated financial statements. The financial statement misstatements relating to accounts and disclosures identified and discussed with us in the course of the audits that are included in the attached schedule of corrected misstatements, which we have initialed and dated, have been corrected. We have evaluated the propriety of the corrected misstatements based on a review of both the applicable authoritative literature and the underlying supporting evidence from our files and confirm our responsibility for the decision to correct them.
- (7) The financial statement misstatements relating to accounts and disclosures identified and discussed with us in the course of the audits that are included in the attached schedule of uncorrected misstatements, which we have initialed and dated, have not been corrected. In our opinion, the effects of not correcting such identified financial statement misstatements are, both individually and in the aggregate, immaterial to the consolidated financial statements of the System taken as a whole.
- (8) You have identified and discussed with us in the course of the audit the deficiencies in our internal control over financial reporting included in the attached schedule of identified control deficiencies, which we have initialed and dated.
- (9) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud or noncompliance. We have disclosed to you the results of our assessment of the risk that the consolidated financial statements may be materially misstated as a result of fraud or noncompliance.

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We have no knowledge of any:

- (a) Fraud or suspected fraud involving management or involving employees who have significant roles in internal control, whether or not perceived to have a material effect on the consolidated financial statements.
 - (b) Fraud or suspected fraud involving others where the fraud could have a material effect on the consolidated financial statements.
 - (c) Allegations of fraud or suspected fraud affecting the System received in communications from employees, former employees, regulatory agencies, law firms, predecessor accounting firms, or others, other than allegations in the Civil Action brought by a former employee which has been disclosed to you.
 - (d) Instances of noncompliance or suspected noncompliance with provisions of laws, regulations, contracts or grant agreements, or abuse, whose effects should be considered when preparing the consolidated financial statements.
- (10) We have no plans or intentions that may materially affect the carrying value or classification of assets, liabilities, or equity, except for the sale of membership of Vivida Health Plan subsequent to the reporting date.
- (11) The following, where applicable and material, have been properly recorded or disclosed in the consolidated financial statements:
- (a) The identity of all related parties and all related party relationships and transactions of which we are aware, including revenues, expenses, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties.
 - (b) Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances and line-of-credit or similar arrangements.
 - (c) Guarantees, whether written or oral, under which the System is contingently liable.
 - (d) Significant estimates and material concentrations known to management that are required to be disclosed in accordance with accounting principles generally accepted in the United States of America. In that regard, all accounting estimates that could be material to the consolidated financial statements, including key factors and significant assumptions underlying those estimates, have been identified, and we believe the estimates are reasonable in the circumstances. The methods, significant assumptions, and the data used in making the accounting estimates and the related disclosures are appropriate to achieve recognition, measurement, and disclosure that is in accordance with accounting principles generally accepted in the United States of America.
 - (e) The effects of all known actual or possible litigation, claims, and other liabilities or gain or loss contingencies that are required to be accrued or disclosed by accounting principles generally accepted in the United States of America, including:

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- Pending or anticipated tax refunds, other potential or pending claims, lawsuits by or against any branch of government or others;
- Written or oral guarantees, endorsements, or unused letters of credit;
- Unusual guarantees; or
- Labor claims or negotiations.

Accounting principles generally accepted in the United States of America require loss contingencies to be accrued if it is probable an asset has been impaired or a liability incurred at the statement of financial position date and the amount of loss can be reasonably estimated. Such contingencies must be disclosed, but may not be accrued, if the loss is reasonably possible (but not probable) or the loss is probable but the amount of loss cannot be reasonably estimated.

(f) Commitments, such as:

- Major capital asset purchase agreements;
- More-than-one-year employment arrangements or contracts with suppliers or customers, or one-year-or-longer term leases;
- Deferred compensation, bonuses, pensions plans, or severance pay; or
- Pending sale or merger of all or a portion of the business or of an interest therein or acquisition of all or a portion of the business, assets or securities of another entity.

(g) Joint ventures or other participations, the detailed transactions of which are not carried on our books.

(12) There are no:

- (a) Violations or possible violations of budget ordinances, laws or regulations and provisions of contracts and grant agreements, tax or debt limits, and any related debt covenants whose effects could be material to the consolidated financial statements whose effects should be considered for disclosure in the consolidated financial statements or as a basis for recording a loss contingency.
- (b) Unasserted claims or assessments that our lawyer has advised us are probable of assertion and must be disclosed in accordance with accounting principles generally accepted in the United States of America.
- (c) Side agreements or other arrangements (either written or oral) that have not been disclosed to you.
- (d) Restrictions of net position that were not properly authorized and approved, or reclassifications of net position that have not been properly reflected in the consolidated financial statements.

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- (13) Receivables recorded in the consolidated financial statements represent valid claims against debtors for transactions arising on or before the statement of financial position date and have been appropriately reduced to their estimated net realizable value.
- (14) The unaudited financial statements of LeeSar Healthtrust Partners, LC and Paramount Surgery Center, LLC are presented fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America and applied on a consistent basis.
- (15) The Lee County Trauma Services District's ("Trauma District") financial records and transactions are properly disclosed in the Trauma District's standalone financial statements in conformity with accounting principles generally accepted in the United States of America and applied on a consistent basis. All revenues and expenses have been properly allocated from the System to the Trauma District.
- (16) The methods and significant assumptions used to determine fair values of financial instruments that do not have readily determinable market values include recognizing the fair value based on the net asset value per share (or its equivalent) reported by each underlying fund manager, with no adjustment made by us, of the System's alternative investment holdings. The methods and significant assumptions used result in a measure of fair value appropriate for financial statement measurement and disclosure purposes.
- (17) The System has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral (except as disclosed in the consolidated financial statements).
- (18) We have appropriately disclosed the System's policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position are available and have determined that net position is properly recognized under the policy.
- (19) Provision, when material, has been made (i) to reduce excess or obsolete inventories to their estimated net realizable value and (ii) for any loss to be sustained as a result of purchase commitments for inventory quantities in excess of normal requirements or at prices in excess of prevailing market rates.
- (20) We have complied with all aspects of contractual agreements, including debt covenants, that would have a material effect on the consolidated financial statements in the event of noncompliance.
- (21) We noted no indicators, including significant and unexpected declines in utilization, significant changes in organization or operations, etc., that would indicate the need for an evaluation of impairment of capital assets and excess consideration provided for acquisitions.
- (22) No discussions have taken place with your firm's personnel regarding employment with the System.
- (23) We are responsible for compliance with laws, regulations and provisions of contracts and grant agreements applicable to us and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of consolidated financial statement amounts.

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- (24) Components of net position (net investment in capital assets, restricted and unrestricted) and classifications of fund balance (non-spendable, restricted, committed, assigned and unassigned) are properly classified and, if applicable, approved.
- (25) Revenues are appropriately classified in the consolidated statement of revenues, expenses and changes in fund net balance within patient revenues, other operating revenue, and nonoperating revenue. Expenses have been appropriately classified in the consolidated statement of revenues, expenses and changes in fund net balance, and allocations have been made on a reasonable basis.
- (26) Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to home health resource group, resource utilization group, ambulatory payment classification, and diagnosis-related group assignments.
- (27) Billings to third-party payors comply in all material respects with applicable coding guidelines and laws and regulations, including those dealing with Medicare and Medicaid antifraud and abuse. Billings only reflect charges for goods and services that were medically necessary, properly approved by regulatory bodies, if required, and properly rendered.
- (28) Provision has been made, when material, for estimated retroactive adjustments by third party payers under reimbursement agreements.
- (29) All required Medicare, Medicaid and similar reports have been properly filed. We are responsible for the accuracy and propriety of all cost reports filed. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations, patient related, and properly allocated to respective payors. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for subsequent appeal, have been fully disclosed in the cost reports.
- (30) Recorded third-party settlements include differences between filed and to be filed cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations subject to differing interpretations. The System is entitled to all amounts claimed on the cost reports, and the amounts of these differences are appropriate.
- (31) Recorded valuation allowances are necessary, appropriate, and properly supported.
- (32) All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available to you.
- (33) There are no instances of noncompliance with laws or regulations, such as those related to Medicare and Medicaid antifraud and abuse statutes, in any jurisdiction, whose effects are considered for disclosure in the consolidated financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the consolidated financial statements, including but not limited to, the anti-kickback statute of the Medicare and Medicaid Patient and Program Protection Act of 1987, limitations on certain physician referrals (the Stark Law) and the False Claims Act.

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In January of 2015, the Department of Justice (the “DOJ”) issued a civil investigation demand pursuant to the False Claims Act in the course of a False Claims Act investigation to determine whether there is or has been a violation of the Act. The DOJ notified us in 2018 that it will not pursue legal action against the System based on their investigation. No further communication from the DOJ has been received. Based on the information received as of this date, the risk of fines or penalties is remote.

- (34) There are no violations or possible violations of laws or regulations, including the failure to file reports required by regulatory bodies (e.g., DOL, Medicare, HIPAA, IRS, Dept. of Commerce, state, and municipal authorities when the effects of failing to file could be material to the consolidated financial statements), whose effects should be considered for disclosure in the consolidated financial statements or as a basis for recording a loss contingency.
- (35) There have been no internal or external investigations relating to compliance with applicable laws and regulations, including investigations in progress, whose effects should be considered for disclosure in the consolidated financial statements or as a basis for recording a loss contingency, other than the February 2022 Settlement Agreement with the Office of Inspector General (“OIG”) of the United States Department of Health and Human Services (“HHS”) and the November 2022 settlement with the Centers for Medicare & Medicaid Services (“CMS”), copies of which have been provided to you.
- (36) There have been no oral or written communications from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws or regulations in any jurisdiction, including those related to Medicare and Medicaid antifraud and abuse statutes, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the consolidated financial statements.
- (37) The System has reported to its risk management department and third-party specialists all known asserted and unasserted claims and incidents. Adequate and reasonable provision has been made for losses related to asserted and unasserted professional liability, workers’ compensation, employee health costs and other claims.
- (38) We believe that the actuarial assumptions and methods used to measure pension and other postretirement liabilities and costs for financial accounting and disclosure purposes are appropriate in the circumstances.
- (39) We agree with the findings of specialists in evaluating the valuation of pension and other post-employment benefit plan liabilities, as well as liabilities under employee health, workers’ compensation, and professional liability self-insurance arrangements, and have adequately considered the qualifications of the specialist in determining the amounts and disclosures used in the consolidated financial statements and underlying accounting records. We did not give or cause any instructions to be given to specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.
- (40) We agree with the findings of specialists in reevaluating and assigning revised remaining useful lives of property and equipment and have adequately considered the qualifications of the specialist in determining the amounts and disclosures used in the consolidated financial statements and underlying accounting records. We did not give or cause any instructions to be given to specialists with respect to

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the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.

- (41) We believe that all material expenditures that have been deferred to future periods will be recoverable.
- (42) We affirm that the methodology used for allocations of expenses to the System's component units are reasonable and reflective of amount incurred by each component unit.
- (43) We have complied with all restrictions on resources, including donor restrictions and aspects of contractual and grant agreements that would have a material effect on the consolidated financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions.
- (44) We have not completed the process of evaluating the impact that will result from adopting Governmental Accounting Standards Board (GASB) Statements as discussed in Note 1. The System is therefore unable to disclose the impact that adopting those GASB Statements will have on its financial position and the results of operations when such statements are adopted.
- (45) Tax-exempt bonds used have retained their tax-exempt status.
- (46) Certain of the System's subsidiaries are exempt organizations under Section 501(a) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize their tax-exempt status, all activities subject to tax on unrelated business income or other excise or other tax, have been disclosed to you. All required filings with tax authorities are up to date.
- (47) We acknowledge our responsibility for presenting the required and other supplementary information in accordance with accounting principles generally accepted in the United State of America and we believe it is fairly presented. The methods of measurement and presentation of the supplementary information have not changed from the prior period and we have disclosed to you any significant assumptions underlying the measurement and presentation of the supplementary information.
- (48) Required supplementary information is measured and presented in accordance with prescribed guidelines.
- (49) There have been no known or suspected breaches of sensitive information (e.g., personnel files) caused by cyber-attack or other means, or other cybersecurity incidents, where the breach or other incident could have a material effect on the consolidated financial statements. To the extent our normal procedures and controls related to our financial close and other financial reporting processes at any of our locations were adversely impacted by the COVID-19 pandemic, we took appropriate actions and safeguards to reasonably ensure the fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America.
- (50) To the extent our normal procedures and controls related to our financial close and other financial reporting processes at any of our locations were adversely impacted by Hurricane Ian, we took appropriate actions and safeguards to reasonably ensure the fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America.

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- (51) In connection with any electronic presentation of the consolidated financial statements and your audit report thereon on our web site, we acknowledge that:
- We are responsible for the preparation, presentation, and content of the consolidated financial statements in the electronic format.
 - If your audit report is presented on our web site, the full consolidated financial statements upon which you reported and to which you appended your signed report will be presented.
 - We will clearly indicate in the electronic presentation on our web site the financial information that is subject to your audit report. We will clearly differentiate any information that may also be presented by us on or in connection with our web site that was contained in the published version of the consolidated financial statements and other supplementary information, but which is not part of the audited consolidated financial statements or other financial information covered by your audit report.
 - We have assessed the security over financial statement information and the audit report presented on our web site and are satisfied that the procedures in place are adequate to ensure the integrity of the information provided. We understand the risk of potential misrepresentation inherent in publishing financial information on our web site through internal failure or external manipulation.
- (52) If the electronic consolidated financial statements are generally made available to the public on our web site, we will include a notification to the reader that such consolidated financial statements are presented for convenience and information purposes only, and while reasonable efforts have been made to ensure the integrity of such information, they should not be relied on. A copy of the printed consolidated financial statements will be provided on request.

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To the best of our knowledge and belief, no events, including instances of noncompliance, have occurred subsequent to the statement of net position date and through the date of this representation letter, as entered on the first page, that would require adjustment to or disclosure in the aforementioned consolidated financial statements.

Very truly yours,

Dr. Lawrence Antonucci, President/Chief Executive Officer

Ben Spence, Chief Financial Officer

Patty Duquette, Vice President of Finance

Michael Adams, Controller - Acute Care

Pam Scardina, Controller - Finance

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Corrected Misstatements

Client: Lee Memorial Health System					
Engagement: Consolidated Audit					
Year End: 9/30/2022					
Document: Corrected Misstatements					
#	Entity	Financial Statement Line Item	Debit	Credit	Period
1	FDN	150035 Restricted pledges receivable	\$ 5,496		Current
		494001 Temp restricted gifts - donations	2,374,985		
		150031 Allowance for donated art	8,151		
		150001 Allowance for uncollectible pledges receivable		\$ 2,216,451	
		141000 Pledges receivable		172,181	
			<u>\$ 2,388,632</u>	<u>\$ 2,388,632</u>	
<i>To properly report pledges receivable and related allowance for uncollectible pledges and net present value</i>					
2	CCH	270003 CCH deferred retirement plan outflows	\$ 2,524,071		Current
		198000 CCH unfunded pension asset	473,544		
		270000 CCH unfunded pension liability		\$ 2,500,281	
		715009 Retirement expense		497,334	
			<u>\$ 2,997,615</u>	<u>\$ 2,997,615</u>	
<i>To adjust CCH pension liability to actuary report estimates</i>					
3	LMH	270002 OPEB deferred inflow of resources	\$ 3,800,685		Current
		260010 Long-term retiree health benefits		\$ 3,800,685	
			<u>\$ 3,800,685</u>	<u>\$ 3,800,685</u>	
<i>To reclassify OPEB liability and deferred inflow of resources based on the actuary report estimates</i>					
4	LHH	150040 Investment in Paramount Surgery Center	\$ 905,304		Current
		420701 Other operating revenue	314,799		
		395500 Unrestricted net position		\$ 1,220,103	
			<u>\$ 1,220,103</u>	<u>\$ 1,220,103</u>	
<i>To correct equity accounting for investment in Paramount Surgery Center</i>					

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Uncorrected Misstatements

Client:	Lee Memorial Health System				
Engagement:	Consolidated Audit				
Year End:	9/30/2022				
Document:	Uncorrected Misstatements				
#	Entity	Financial Statement Line Item	Debit	Credit	Period
1	LMH	Prepaid expenses and other current assets	\$ 4,644,278		Current
		Accounts payable		4,644,278	
			<u>\$ 4,644,278</u>	<u>\$ 4,644,278</u>	
		<i>To reclassify debit balance included in accounts payable for deposits and prepayments to prepaid expenses and other current assets</i>			
#	Uncorrected Presentation and/or Disclosure Differences				
1	GASB standards require Paramount Surgery Center, LLC to be presented as a discrete component unit, meaning that the System would present Paramount account balances in separate columns each financial statement and disclosures. Management has presented Paramount as a blended component (included in the System consolidated numbers presented in the basic financial statements in a single column) due to the immateriality of Paramount in relation to the System.				
2	The statement of cash flows should present cash flows from investing activities separately for purchases and sales of investments, rather than presenting the net increase or decrease in investments				
Summary of Uncorrected Misstatements					
Current year cumulative uncorrected misstatements			\$	-	
Cumulative effect of prior period uncorrected misstatements brought forward				<u>2,755,233</u>	
Cumulative uncorrected misstatements adjusted for prior period impact			\$	<u>2,755,233</u>	
Reported deficit of revenues and income over expenses for the year ended September 30, 2022			\$	(6,160,000)	
% impact of cumulative uncorrected misstatements				0.0%	
% impact of cumulative uncorrected misstatements including prior period impact				44.7%	

Please sign and date:

Patty Duquette, Vice President of Finance

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Stephanie L. Meyer, BSN, RN

Internal Control Over Financial Reporting

Category	Definition
Control Deficiency	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.
Significant Deficiency	A deficiency or 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.
Material Weakness	A deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the System's financial statements will not be prevented or detected and corrected on a timely basis.

Category	Description and Recommendation
Control Deficiency: RELIANCE ON INTERNAL CONTROLS OF THIRD-PARTY SERVICE ORGANIZATIONS	<p>Management relies on information provided by several third-party service or trust organizations, such as SEI Private Trust Company, Northern Trust Bank, Web-TPA and others, in the preparation of its financial statements and disclosures. As part of the System's internal control over financial reporting, various departments obtain the third-party organizations' Service Organization Controls (SOC) Report over the suitability of design and operating effectiveness of the organizations' controls. However, financial management does not currently request or obtain a copy of all such reports and does not review each report for exceptions in internal controls that may impact the information used by management. Additionally, each SOC report includes certain control objectives that can only be achieved if complementary user entity (the System) controls are suitably designed and operating effectively. Financial management has not identified and evaluated the applicable control objectives for each third-party service organization or identified the related user entity controls to be compared to the System's current internal controls over financial reporting. Any exceptions in the design and effectiveness of the Service Organizations' controls or gaps in the design of effectiveness of the System's (complementary user entity) controls may result in a failure to detect a material misstatement of information included in the System's consolidated financial statements.</p> <p>We recommend management prepare a schedule identifying all third-party service organizations that provide services or data used by the System in its financial reporting, the type of service and nature of the data provided, the type of SOC report obtained, and the date the SOC report is available to the System. Further, we recommend management develop a process and documentation template for an annual review of the SOC report by an individual familiar with the data and its impact on the System's accounting and reporting. The review should include, but not limited to:</p> <ul style="list-style-type: none"> ▪ Evaluation of the type of SOC report (SOC 1 vs. SOC 2, etc.), the period covered by the SOC report compared to the System's financial reporting period and the availability of any bridge documentation if the periods are non-conterminous,

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Category	Description and Recommendation
	<ul style="list-style-type: none"> ▪ Evaluation of the identified control objectives and alignment with the inherent risks related to the impacted financial statement accounts and assertions (e.g., do the control objectives align with management’s identification of potential errors or “what could go wrong” that may lead to a material misstatement in the System’s financial reporting), ▪ Evaluation of the nature of the auditor’s opinion, identified control exceptions, and responses and/or remediations as it relates to control objectives relevant to the System’s financial reporting. ▪ Identification of User Entity Controls (UEC’s) for relevant control objectives and mapping to the System’s designed and implemented UECs and documentation of performance of those controls. <p>Management bears the ultimate responsibility for the fair presentation of its consolidated financial statements. Proper evaluation of SOC reports and responsive design and implementation of UECs by the System provides management with a basis for reliance on data or services provided by its third-party service organizations. We also recommend management consider any proposed new service provider’s internal controls and availability of a SOC report as a condition for vendor selection.</p>
<p>Control Deficiency:</p> <p>ERRORS IN FOUNDATION ACCOUNTING AND REPORTING</p>	<p>On a monthly basis, Lee Memorial Health System Foundation, Inc. (the Foundation) uses a summarized pledge cash flow Blackbaud report to properly state the reported pledges receivable balance. The summarized pledge cash flow report should reconcile to the pledge status report, a detail of pledges outstanding at any given date, and to supporting pledge documentation. While Foundation management reconciled the monthly Blackbaud reports, they did not reconcile the September 30, 2022 annual reports and were unable to support the reported balance of pledges receivable at year-end. Additionally, the reported September 30, 2022 balance of the allowance for uncollectible pledges was misstated. Upon investigation, management was ultimately able to determine valid pledges receivable and adjust the reported balances.</p> <p>On a monthly basis, Foundation management also reconciles reported monthly contribution revenue and the appropriate classification as restricted or unrestricted support to Blackbaud monthly contributions report. However, the Blackbaud annual contributions report used to support the year-to-date contribution revenue and classification per the financial statements did not reconcile to the general ledger or the individual monthly reports. Upon investigation, management was subsequently able to reconcile and adjust reported amounts and, at the date of this report, we are executing our audit procedures related to contribution revenue and the classification of net position at September 30, 2022.</p> <p>We recommend management work with Blackbaud to identify the correct use and report generation from the software for the Foundation’s financial reporting. We also recommend management fully document the accounting and reporting processes specific to the Foundation, including the generation of required Blackbaud year-to-date reports and data, such that, in the event of a loss of personnel, new personnel may be quickly trained without delays in financial reporting. Additionally, we recommend review the Foundation-specific month-end close procedures and internal controls responsive to the risk of, and able to prevent or detect, errors such as those identified during our year-end audit procedures.</p>

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Category	Description and Recommendation
Control Deficiency: TIMELY AND ACCURATE RECONCILIATIONS DURING THE FINANCIAL STATEMENT CLOSE PROCESS	<p>In performance of our year-end audit procedures, we identified, and management corrected, errors in reported balances. We also identified errors or omissions in reconciliations or management prepared audit schedules or supporting documentation, requiring additional effort by management and the audit team to ultimately support recorded balances or identify the necessary adjustment. Additionally, certain data used in management's estimates and reconciliations is exported from systems or data bases, or third-party service providers' data sites that only provide information in "real time" (e.g., as of the date the report is generated) and certain reports were not run as of September 30 or were not retained and were therefore unavailable to support recorded balances. A misstatement above our materiality threshold that is not detected and corrected by management is generally an indicator of a deficiency in internal controls.</p> <p>We recommend management evaluate the corrected and uncorrected misstatements and difficulties encountered with certain reconciliations or audit schedules to identify opportunities for improvement such that management's close process and internal controls may better prevent or detect such misstatements and produce audit schedules and supporting documentation that clearly and fully supports reported balances and management representations.</p>
Control Deficiency: MISCLASSIFICATION OF DEPOSITS AND PREPAYMENTS IN ACCOUNTS PAYABLE	<p>Management records all payments to vendors through Lawson Infor FSM's accounts payable module, including processed payments of certain expenses including the prepayment of certain debt and lease payments for the following month (generally due on the 1st day of the following month). The offsetting account to these prepayments is accounts payable, resulting in month-end accounts payable balances reported net of these debit balances. Management does not currently reclassify the debit balances in month-end accounts payables to prepaid expenses and other current assets, resulting in an understatement of both current assets and liabilities in the consolidated financial statements. With the adoption of GASB 87, it is possible the System will experience a greater volume and materiality of these debit balances in accounts payable at month-end.</p> <p>We recommend management develop a month-end closing process to identify and reclassify those debit balances in accounts payable to prepaid expenses. Alternatively, management may consider the creation of a prepaid lease liability clearing account (classified as a current asset) for use as the offsetting general ledger credit to those prepayments, rather than the accounts payable general ledger account. The same clearing account would then be used upon reduction of the recorded lease liability in the following month. In this manner, management would not be required to perform a month-end manual reclassification of debit balances in accounts payable.</p>

Please sign and date:

 Patty Duquette, Vice President of Finance

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Lee Memorial Health System

Consolidated Financial Statements,
Required Supplementary Information,
and Other Supplementary Information
Years Ended September 30, 2022 and 2021

PLEASE NOTE:

BDO has not completed audit of Foundation pledges and contribution revenue, GASB 87 leases, and the consolidated cash flows - audit adjustments or revisions to the enclosed financial statements may be identified upon completion of those procedures. Additionally, these financials have not been through full quality review by BDO and may subject to changes. We do not expect changes, if any, to be material to the financial statements. Any changes made subsequent to provision of these draft financial statements to the Audit Committee will be identified and communicated to the Audit Committee prior to finalization of the financial statements.

Lee Memorial Health System

Consolidated Financial Statements, Required Supplementary Information,
and Other Supplementary Information
Years Ended September 30, 2022 and 2021

Lee Memorial Health System

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Independent Auditor's Report

The Board of Directors
Lee Memorial Health System
Ft. Myers, Florida

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Lee Memorial Health System and its subsidiaries and the pension trust fund as of and for the years ended September 30, 2022 and 2021 (collectively, the System), and the related notes to the consolidated financial statements, which collectively comprise the System's basic consolidated financial statements as listed in the table of contents.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the System as of September 30, 2022 and 2021, and the changes in its fund net position and its cash flows for the year then ended, and the financial position of the pension trust fund as of September 30, 2022 and 2021 and the respective change in financial position 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 in accordance with auditing standards generally accepted in the United States of America (U.S. 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 Consolidated Financial Statements* section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions. The financial statements of Lee Memorial Health System Foundation, Inc. were not audited in accordance with *Government Auditing Standards*.

Emphasis of Matters

As described in Note 1 to the consolidated financial statements, the System adopted Governmental Accounting Standards Board (GASB) 87, Leases, as of October 1, 2020. Our opinion is not modified with respect to this matter.

As described in Note 1 to the consolidated financial statements, effective October 1, 2021, the System revised its estimates of the useful life assigned to certain buildings, building improvements and equipment assets. This revision primarily reflects a change in conditions and not a change in accounting principles. As a result of this revision, the deficit of revenues and income over

expenses for the year ended September 30, 2022 was decreased by \$29,500,000. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

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

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 8 through 18 and the schedules of changes in the net pension liability and related ratios, employer contributions, investment returns, changes in total other post-employment benefits (OPEB) liability, and total other post-employment benefits (OPEB) contributions on pages 72 through 79 be presented to supplement the basic consolidated financial statements. Such information is the responsibility of management and, although not a part of the basic consolidated 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 consolidated 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 consolidated financial statements, and other knowledge we obtained during our audit of the basic consolidated 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 Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements that collectively comprise the System's basic consolidated financial statements. The supplemental consolidating schedules on pages 81 through 85 are presented for purposes of additional analysis and are not required parts of the basic consolidated financial statements.

The supplemental consolidating schedules are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic consolidated financial statements or to the basic consolidated financial statements themselves, and to other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating schedules of net position and revenues, expenses, and changes in fund net position, and the related note to the consolidating schedules are fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole.

Other Reporting Required by *Government Auditing Standards*

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

_____, 2023

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Introduction

This section of Lee Memorial Health System's (the System) annual financial report presents management's discussion and analysis of the financial position and performance of the System for the year ended September 30, 2022 with comparative information as of and for the years ended September 30, 2021 and 2020. This discussion has been prepared by management and should be read in conjunction with the consolidated financial statements and related footnote disclosures.

The System is governed by a ten-member, publicly elected Board of Directors (the Board). Each Board member can be elected to an unlimited number of four-year terms with six members being up-for-election normally in the presidential election year and four in the nonpresidential election year. This assists in providing leadership continuity among the Board members.

The System is an integrated health care provider that consists of 1,865 acute care hospital beds located at four campuses, which includes a 135-bed designated children's hospital, a 60-bed rehabilitation hospital, a 75-bed skilled nursing unit, and an 18-bed skilled nursing unit. In addition, the System operates a 112-bed skilled nursing facility, a home health agency, outpatient treatment and diagnostic centers, and physician offices. For further detail on these entities, refer to Note 1 of the consolidated financial statements.

The Board's mission is to be a trusted partner, empowering healthier lives through care and compassion. The Board's vision is to inspire hope and be a national leader for the advancement of health and healing. To achieve this vision, the Board works within a strategic plan and evaluates existing and new services based upon community needs and economic viability.

Four strategic pillars underpin the Board's strategic plan to achieve the System's mission and vision: (1) deliver a patient-focused experience through the System's engaged and service-driven team members; (2) provide safe, individualized care to promote an optimal quality of life; (3) deliver uniquely convenient and seamless care; and (4) improve the affordability of care and ensure ongoing financial viability. These strategic priorities will be achieved by resourcing and deploying strategies and tactics that are fully aligned and deployed to operations through our lean operating system. The strategies will be driven by data analytics to improve processes, standardize to best practices, and utilize human capital and technology to achieve the highest probability of success in improving outcomes and lowering costs.

Overview of the Consolidated Financial Statements

The System's annual report consists of a series of consolidated financial statements prepared in accordance with accounting standards generally accepted in the United States of America, including all applicable effective statements of the Governmental Accounting Standards Board (GASB).

Required Financial Statements

The required statements are the consolidated statements of net position; the consolidated statements of revenues, expenses, and changes in fund net position; and the consolidated statements of cash flows. These statements offer short and long-term financial information about System activities. In accordance with GASB 84, *Fiduciary Activities*, the required statements also include the statements of net position and statements of changes in fund net position of the Pension Trust Fund for the frozen retirement plan of former Cape Coral Medical Center, Inc. employees.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

The consolidated statements of net position reflect all of the System's assets, liabilities, deferred inflows and outflows of resources, and net position and provide information about the nature and amounts of investments in resources (assets) and the obligations to creditors (liabilities). Assets, liabilities, and deferred activity are presented in a classified format, which distinguishes between their current and long-term time frame. The difference between the assets plus deferred outflows of resources and liabilities plus deferred inflows of resources is reported as net position.

The consolidated statements of revenues, expenses, and changes in fund net position present the change in net position resulting from revenues earned and expenses incurred. All changes in fund net position are reported as revenues are earned and expenses are incurred, regardless of the timing of related cash flows.

The consolidated statements of cash flows report cash receipts, cash payments, and net changes in cash resulting from operating, financing (capital and non-capital), and investing activities. The purpose of the statements is to reflect the key sources and uses of cash during the reporting period.

Financial Analysis

Effective October 1, 2021, the System adopted GASB Statement No. 87, *Leases*, and restated its fiscal year 2021 consolidated financial statements to reflect the impact of GASB 87 adoption as of July 1, 2020. GASB 87 establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB 87, the System was required to recognize a lease liability and an intangible right-to-use lease asset for certain of its leases that were reported as operating leases under the previous accounting standards. As a result of the adoption of GASB 87, amounts for the years ended September 30, 2021 reflect an increase of \$68.3 million for the recognition of the net right-of-use asset and a corresponding increase in lease obligations of \$68.2 million. Additionally, the adoption of GASB 87 resulted in an increase in leases receivable of \$12.2 million and an increase in deferred inflows of resources of \$12.2 million for the year ended September 30, 2021.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Condensed Consolidated Statements of Net Position

A summary of the System's consolidated statements of net position is presented below (in thousands):

September 30,	2022	Restated 2021	2020
Assets			
Current and other assets	\$ 2,048,872	\$ 2,129,045	\$ 1,822,114
Capital assets, net	1,456,334	1,412,352	1,323,478
Total Assets	\$ 3,505,206	\$ 3,553,632	\$ 3,145,592
Total Deferred Outflows of Resources	\$ 111,149	\$ 113,740	\$ 114,395
Liabilities			
Current liabilities	\$ 307,291	\$ 468,320	\$ 482,343
Long-term liabilities	1,128,952	1,007,436	986,224
Total Liabilities	\$ 1,436,243	\$ 1,475,756	\$ 1,468,567
Total Deferred Inflows of Resources	\$ 13,791	\$ 18,543	\$ 4,853
Net Position			
Restricted	\$ 66,710	\$ 58,552	\$ 52,034
Net investment in capital assets	409,394	478,971	415,307
Unrestricted	1,690,217	1,635,550	1,319,226
Total Net Position	\$ 2,166,321	\$ 2,173,073	\$ 1,786,567

Total assets at September 30, 2022 decreased by \$48.4 million, or 1.4%, due primarily to a decrease in cash and cash equivalents of \$68.3 million, or 40.1%, and a decrease of short-term investments of \$67.6 million, or 4.6%, which was partially offset by increases in capital assets of \$44 million. The decrease in cash is due to increasing operating expenses (an increase of \$359.4 million over the prior year) and the decrease in short-term investments was due to poor market performance during the period. Growth in capital assets offset these losses primarily due to strategic growth projects approved during the course of the fiscal year. In 2021, total assets increased by \$408 million, or 12.9%, due primarily to increases in short-term investments of \$269.3 million, or 22.4%. The other driver of the 2021 increase in total assets was an \$88.9 million, or 6.7%, increase in capital assets due to the adoption of GASB 87.

Deferred outflows of resources decreased by \$2.3 million in 2022 due to the payment of \$1.1 million additional excess consideration provided for acquisitions, net of 2022 amortization expense of \$3.7 million. Deferred outflows of resources decreased in 2021 by \$0.7 million, or 0.6%, over the prior year due to \$3.8 million amortization of excess consideration provided for acquisitions and deferred loss on debt refunding in 2021, partially offset by an increase in deferred outflows on pension and post-employment benefit plans of \$3.2 million.

Total liabilities decreased by \$39.2 million, or 2.7%, in 2022, due primarily to the recoupment of \$125.5 million of the advance funds received under the Medicare Accelerated and Advanced Payment Program, partially offset by a \$113.7 million increase in long-term debt. In 2021, total

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

liabilities increased by \$7.2 million, or 0.5%, due primarily to a \$25.1 million increase in long-term debt and a \$33.0 increase in estimated third-party settlements, mostly offset by the recoupment of \$35.2 million of the advance funds received under the Medicare Accelerated and Advanced Payment Program and a \$20.0 million reduction in the liability related to Provider Relief Funds as amounts were earned in 2021.

Deferred Inflows of resources decreased in 2022 by \$4.8 million, or 25.6%, due to decreases in the deferred inflows of resources related to pension and post-employment benefits and those related to leases of \$2.5 million and \$1.6 million, respectively. In 2021, deferred inflows of resources increased by \$13.7 million, related to the \$12.2 million increase in deferred inflows related to leases as a result of the adoption of GASB 87.

Fund net position decreased by \$6.8 million, or 0.3%, in 2022 and increased by \$386.5 million, or 21.6%, in 2021. The 2022 decrease reflects positive operating income of \$188.1 million and nonoperating losses of \$191.4 million and a \$3.5 million distribution to holders of a minority interest in Paramount Surgery Center, LLC. The 2021 increase reflects positive operating income of \$219.0 million and nonoperating income of \$167.5 million.

Capital Assets

The System's investment in net capital assets was \$1,456.3 million at September 30, 2022, representing a \$44 million net increase over the prior year's net capital assets of \$1,412.3 million, due primarily to a \$24.5 million increase in capitalize right-of-use assets due to new leases and \$156.9 million capital expenditures in 2021, partially offset by the 2022 disposal of capital assets with net book values of \$25.1 million and approximately \$112 million of depreciation and amortization in 2022. The composition of net capital assets is more fully described in Note 6 to the consolidated financial statements.

The System expects to make total capital expenditures of \$188.3 million in fiscal year 2023. These capital expenditures are primarily for facility upgrades, information systems, and patient care equipment. These capital purchases will be funded directly from operations.

Debt Outstanding

As of September 30, 2022 and 2021, the System owed \$1,046.9 million and \$933.2 million, respectively, under long-term debt arrangements (revenue bonds, loans and notes payable, and lease obligations). In 2022 and 2021, 95% and 94% of the System's total debt and total revenue bonds, respectively, incur interest at fixed rates. Long-term debt is described in more detail in Notes 9 through 12 to the consolidated financial statements.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Condensed Consolidated Statements of Revenues, Expenses, and Changes in Fund Net Position

A summary of the System's consolidated statements of revenues, expenses, and changes in fund net position is presented below (in thousands):

<i>Year ended September 30,</i>	2022	Restated 2021	2020
Operating revenues	\$ 2,799,824	\$ 2,471,292	\$ 2,063,231
Operating expenses	2,611,719	2,252,321	2,031,056
Operating Income	188,105	218,971	32,175
Other non-operating revenues and expenses, net	(211,070)	143,276	24,710
Federal and state appropriations	15,005	20,146	61,218
Contributions and grants	4,687	4,113	10,916
Total Non-Operating (Loss) Income	(191,378)	167,535	96,844
(Deficit) Excess of Revenue and Income over Expenses	(3,273)	386,506	129,019
Other changes in net position - distributions to minority interest holders	(3,479)	-	-
(Decrease) Increase in Net Position	\$ (6,752)	\$ 386,506	\$ 129,019

A summary of the System's key operating ratios is presented below. All ratios are expressed as a percentage of total operating revenue.

Year ended September 30,

	2022 (%)	2021 (%)	2020 (%)	(%) Change 2021-2022	(%) Change 2020-2021
Salaries, wages, and benefits	54.5	49.8	55.5	9.4	(10.3)
Supplies and other services	25.4	26.6	25.8	(4.5)	3.1
Purchased services	9.3	9.1	10.8	2.2	(15.7)
Capital costs (depreciation, amortization, and interest expense)	5.3	6.8	7.8	(22.1)	(12.8)

Operating Revenues

Total operating revenues increased in 2022 and 2021 by \$328.5 million, or 13.3% and \$408.1 million, or 19.8%, respectively. In 2022, net patient service revenue increased by \$242.4 million, or 10.6%, reflecting an increase in adjusted admissions of 3.1% and an increase to net revenue per adjusted admission of 7.3%, a result of favorable payor mix shifts and upward trends in patient severity. In 2021, net patient service revenue increased by \$339.0 million, or 17.3%, reflecting an increase in adjusted admissions of 7.1% and an increase to net revenue per adjusted admission of 9.6%, a result of favorable payor mix shifts and upward trends in patient severity.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Capitation and other operating revenue increased by \$86.1 million, or 49.1%, and \$69 million, or 65%, in 2022 and 2021, respectively, due primarily to revenue received from the System's Provider Service Network (PSN) contract with the Florida Agency for Health Care Administration and Florida Medicaid, as well as the continued growth of the specialty pharmacy services at the Lee Health Coconut Point facility.

Operating Expenses

Total operating expenses increased in fiscal year 2022 by \$359.4 million, or 16.0%. Salaries, wages, and benefits increased by approximately \$294.8 million, or 24.0%, primarily due to a 14.7% increase in average hourly pay rate over the prior year. Increases in hourly rates were driven by staffing shortages that began during the COVID-19 pandemic and required the continued use of more premium labor. The System also increased personnel related to its continued expansion in outpatient services and other programs aimed at improving community health and patient access. Benefit costs increased by \$17.1 million, or 10.2%, over the prior year but decreased as a percent of salaries and wages to 13.7%. Salaries, wages, and benefits, as a percent of total operating revenues, increased from 49.8% to 54.5% in 2022. Supplies and other services expenses increased in 2022 by \$53.9 million, or 8.2%, due mostly to a 3.5% increase in supply costs per adjusted admission, as costs for, and utilization of, supplies related to the COVID-19 pandemic increased significantly. Additionally, supplies and other services expenses also increased commensurate with the 3.1% increase in patient volumes. Purchased services increased by \$33.6 million, or 14.9%, due primarily to increased expenses for physician contracts, contract services pertaining to new technology initiatives, and specialty pharmacy services.

Total operating expenses increased in fiscal year 2021 by \$221.3 million, or 10.9%. Salaries, wages, and benefits increased by approximately \$85.9 million, or 7.5%, primarily due to a 5.1% increase in average hourly pay rate over the prior year. Increases in hourly rates were driven by staffing needs related to the COVID-19 pandemic, which required the use of more premium labor. The System also increased personnel related to its continued expansion in outpatient services and other programs aimed at improving community health and patient access. Benefit costs increased by \$10.7 million, or 6.8%, over the prior year but remained comparable as a percent of salaries and wages of 13.6%. Salaries, wages, and benefits, as a percent of total operating revenues, decreased from 55.5% to 49.8% in 2021. Supplies and other services expenses increased in 2021 by \$125.1 million, or 23.5%, due mostly to a 16.7% increase in supply costs per adjusted admission, as costs for, and utilization of, supplies related to the COVID-19 pandemic increased significantly. Additionally, supplies and other services expenses also increased commensurate with the 7.1% increase in patient volumes. Purchased services increased by \$3.2 million, or 1.4%, due primarily to increased expenses for physician contracts, contract services pertaining to new technology initiatives, and specialty pharmacy services.

Depreciation and amortization expense decreased by \$22.9 million over the prior year, to \$115.5 million in 2022, due primarily to the System revising its estimates of the useful life assigned to certain buildings, building improvements and equipment assets effective October 1, 2021. Depreciation and amortization expense increased by \$7.2 million in 2021 over the prior year, to \$138.4 million, due to the System's continued investments in expansion, renovation, and upgrades in technology.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Non-Operating Revenues and Expenses

Total 2022 non-operating income decreased by \$358.9 million, or 214.2%, over the prior year, primarily attributable to unrealized gains and losses on investments resulting from changes in the fair market value, which may vary significantly from year-to-year dependent on financial market performance. Total investment income decreased in 2022 by \$371.4 million. 2022 investment income included unrealized losses of \$305.4 million and investment income and realized gains of \$105.0 million, a decrease of \$417.1 million and an increase of \$45.7 million over 2021 amounts, respectively. The System recognized federal and state appropriations of \$15.0 million in 2022. Interest expense increased by \$2.7 million to \$32.3 million in 2022, compared to \$29.5 million in 2021.

Total 2021 nonoperating income increased by \$70.7 million, or 73.0%, over the prior year, primarily attributable to unrealized gains on investments due to changes in the fair market value, which can vary significantly from year-to-year dependent on financial market performance. Total investment income increased in 2021 by \$95.3 million. 2021 investment income included unrealized gains of \$111.7 million and investment income and realized gains of \$59.3 million, increases of \$67.8 million and \$27.5 million over 2020 amounts, respectively. The System recognized federal and state appropriations of \$20.1 million and \$61.2 million related to the CARES Act Provider Relief Funds received in 2020. In 2020, the System deferred recognition of the \$20.0 million for funds at risk for potential payback based on continuously evolving eligibility criteria published by the United States of America (U.S.) Department of Health and Human Services (HHS). Interest expense remained comparable at \$29.5 million for 2021 and 2020.

Below is a table outlining the System's Board defined and monitored operating ratios. These ratios are compared with Moody's A-rated hospitals.

<i>Year ended September 30,</i>	2021 Moody's Median (%)	2022 (%)	2021 (%)	2020 (%)
Profitability Ratios				
Operating margin*	3.1	5.6	7.7	0.1
Excess margin**	6.7	(0.1)	14.5	5.9
EBITDA margin***	8.8	10.8	14.5	7.9
Liquidity Ratios				
Days cash on hand	268.4	217.3	279.5	271.8
Cushion ratio	31.5	15.3	20.1	18.0
Cash-to-debt	220.4	143.8	175.9	157.8
Capitalization Ratios				
Debt to capitalization	29.1	33.3	30.6	34.4
Annual debt service coverage	6.0	4.8	5.8	3.3
Debt to cash flow	2.6	2.5	2.3	4.2

* Operating margin is calculated as operating income less interest expense divided by total operating revenues.

** Excess margin is calculated as the excess/deficit of revenues and income over expenses divided by [total operating revenues plus nonoperating income or loss plus interest expense].

*** EBITDA margin is calculated as [operating income plus depreciation and amortization divided by total operating revenues].

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Annually, the Board establishes targets for these key ratios and then monitors these ratios each month to ensure that the System remains an A-rated organization. The excess margin, days cash on hand, cushion, cash-to-debt, debt to capitalization, and annual debt service coverage ratios fall outside the range of the Moody's 2021 Medians.

Consolidated Statements of Cash Flows

Unrestricted and restricted cash and cash equivalents decreased \$61.4 million in 2022. Cash used in capital and related financing activities and to purchase additional investments exceeded the System's positive cash flow from operating activities.

Net cash provided by operating activities was \$169.6 million and \$264.8 million for the years ended September 30, 2022 and 2021, respectively. In 2022, the System made additional payments of \$196.2 million and \$143.4 million to employees and suppliers, respectively, as compared to the prior year. The impact of these additional payments was partially offset additional cash of \$158.2 million and \$86.1 million, received for patient care and from other operations, respectively.

Net cash provided by noncapital financing activities in 2022 was \$20.7 million, compared to \$4.3 million provided by noncapital financing activities in the prior year.

Net cash used in capital and related financing activities was \$117.7 million in fiscal year 2022 and \$223.9 million in fiscal year 2021. Net proceeds from borrowings of long-term debt of \$151.1 million significantly offset capital and related financing activities' cash outflows in 2022; however, the decrease in cash outflows was partially offset by higher expenditures for capital assets of \$198 million.

Net cash used in investing activities was \$133.9 million for fiscal year 2022 compared to \$99.9 million in the prior year. The System invested an additional \$127.5 million in 2022 compared to the investment of \$157.1 million in 2021, a decrease of \$29.6 million in cash outflows. Additionally, investment income received through interest earnings and realized gains was \$2.9 million and \$57.2 million in 2022 and 2021.

Community Benefit

As a special purpose unit of government, the System is committed to meeting the needs and improving the health status of the people of Southwest Florida. The essential services that are provided throughout the System were created from its commitment to the community and not because of an economic opportunity. Therefore, the System regularly assesses the needs of the community so that even the most vulnerable of its citizens are provided care even though a particular service might generate a low or negative margin.

The entire cost of providing care to low-income citizens or to fund unprofitable services is subsidized through our tax-exempt status. The System regularly estimates the benefit of its tax-exempt status as compared to the "community benefits" that are provided to the citizens as well as identifying the types of services that are provided often at significant financial loss to meet the needs of the community.

The analysis of the community benefit reveals that the System's financial benefit of its tax-exempt status was approximately \$118.6 million for 2022, \$117.5 million for 2021, and \$68.9 million for 2020. This financial benefit includes the savings derived from not having to pay certain state and

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

federal taxes, real estate taxes, sales, and intangible taxes, as well as lower malpractice costs due to sovereign immunity as a governmental entity, and lower cost of capital due to the use of tax-exempt financing.

Community benefit consists of charity care provided to patients who might not otherwise have access to health care, services that are provided at less than cost to low-income members of the community (e.g., Medicaid), and other services provided at a loss, such as community wellness and health education programs. The System's commitment to its community is summarized into the following community benefit categories as follows (in thousands):

<i>Year ended September 30,</i>	2022	2021	2020
Cost of charity care for low-income patients	\$ 82,473	\$ 82,661	\$ 72,800
Cost of community outreach and educational programs and one-of-a-kind medical services	51,852	45,056	59,129
Cost of unpaid Medicaid services	115,959	159,673	77,425
Cost of unpaid Medicare and other government programs	578,551	397,769	272,551
Benefit of Services Provided to the Community	\$ 828,835	\$ 685,159	\$ 481,905

In summary, the System continues to provide benefit to the community well in excess of the value of its tax-exempt status. The System continues to be focused on the provision of essential services to all of its citizens and uses its financial surplus to further its charitable purpose.

Forward-Looking Considerations

The following items describe known facts, decisions or conditions that are expected to have a significant effect on the System's consolidated financial position or results of operations.

Medicaid and Medicare Revenues

As reflected in the following table, the System is dependent on the State and Federal government programs for the majority of its revenues, with 65.2% of the System's revenue being derived from the Medicare and Medicaid programs. Over the past several years, Medicare rate increases have not kept pace with overall medical expense increases. Management expects these trends to continue, placing continued pressure on operating margins and necessitating efforts to further enhance operating efficiencies. The System has created a department with highly trained Lean Management personnel to implement process standardization and waste elimination through the use of Lean methodologies.

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

Patient service revenue by payor as a percentage of total patient service revenue is as follows:

<i>September 30,</i>	2022 (%)	2021 (%)	2020 (%)
Medicare	52.0	51.3	52.2
Medicaid	13.2	13.4	12.6
Commercial	24.0	24.7	23.8
Other	10.8	10.6	11.4
	100.0	100.0	100.0

COVID-19 Pandemic

The System's operations and financial condition have been significantly impacted by the emergence of a novel coronavirus (COVID-19) that evolved into a global pandemic. In response to COVID-19 and its effects on the U.S. economy and the health care delivery system, Congress passed various stimulus bills, which have provided certain financial benefits to the System. The following is a summary of the key benefits provided to the System as part of the various stimulus funding packages passed by Congress:

- The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) authorized Provider Relief Funds intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic. Provider Relief Funds are not required to be repaid, provided recipients attest to and comply with certain terms and conditions. In the year ended September 30, 2020, the System received approximately \$81.2 million in Provider Relief Funds, comprised of approximately \$37.8 million from the general distribution, approximately \$42.7 million in targeted high-impact funds, and approximately \$0.7 million in other funds. In December 2021, the System received another \$7.0 million. Of the total \$88.2 million received, the System recognized \$7.0 million in 2022, \$20.0 million in 2021, and \$61.2 million in 2020 as federal and state appropriations within nonoperating revenue in the consolidated statements of revenues, expenses, and changes in fund net position.
- Throughout the pandemic, and as recent as June 2021, HHS has released updated guidance on reporting the appropriate use of Provider Relief Funds received under the CARES Act. Based on the most recent guidance, recipients may use Provider Relief Funds for health care-related expenses attributable to COVID-19 that another source has not reimbursed and is not obligated to reimburse, and then for lost operating income related to health care services measured through December 31, 2020, and then, if necessary, through June 30, 2021. In November 2021, the System filed the first supporting documentation for \$75.2 million of Provider Relief Funds received through June 30, 2020 and related increased labor expenses attributable to COVID-19 and lost patient revenue totaling \$160 million. HHS guidance allows the System to carryforward a portion of the excess expenses and lost revenue to support the remaining \$6.9 million of Provider Relief Funds required to be filed with HHS by March 31, 2022. Management is aware that the Provider Relief Funds received are subject to audit, and certain amounts could be at risk of being paid back in the future. However, based on the estimated financial impact of COVID-19, management does not believe such amounts, if any, would be material to the consolidated financial statements.
- The System was also able to utilize the Federal Emergency Management Assistance grant program and applied for and received a grant in the amount of \$7.9 million in 2022 to help offset \$17.0 million in additional COVID-19 expenses that were incurred through

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

December 31, 2020 for supplies and equipment. This was also recorded as federal and state appropriations within nonoperating revenue in the consolidated statements of revenues, expenses, and changes in fund net position.

- The CARES Act also expanded the Medicare Accelerated and Advance Payment Program as a way to increase cash flow to Medicare providers impacted by the COVID-19 pandemic. Acute care hospitals may request accelerated payments of up to 100% of their total Medicare payment amount for a six-month period based on the last six months of 2019. The Continuing Appropriations Act, 2021 and Other Extensions Act was signed into law on October 1, 2020 and resulted in the accelerated payments being interest free if repaid within 30 months of receipt. Beginning in April 2021, Medicare withholds 25% of all Medicare remittance advice payments for 11 months and then 50% of payments for the next six months or until fully recovered. The System received \$162.6 million of accelerated payments in April 2020 and an additional \$14.0 million in October 2021. As of September 30, 2022, the balance remaining to be withheld was \$1.8 million, classified as Medicare advance payments within current liabilities in the consolidated statement of net position.

Management anticipates that the extent of COVID-19's adverse impact on the System's operating results and financial position will be driven by many factors, most of which are beyond management's control and ability to forecast. The ultimate impact on operating results will be a function of the duration and scope of the COVID-19 outbreak in areas served by the System and its effect on patient volumes. As a result, at this time, management cannot reasonably estimate the future impact on operations of a prolonged continuation of the COVID-19 pandemic.

Lee Memorial Health System
Consolidated Statements of Net Position
(in thousands)

<i>September 30,</i>	2022	Restated*
		2021
Assets		
Current Assets		
Cash and cash equivalents	\$ 102,009	\$ 170,289
Restricted cash and cash equivalents	44,534	37,664
Investments	1,403,501	1,471,069
Assets whose use is restricted	1,435	1,499
Patient accounts receivable, net of allowance for estimated uncollectible accounts of \$127,465 and \$131,579 at September 30, 2022 and 2021, respectively	319,347	308,299
Inventories	44,795	41,307
Other current assets	64,116	51,201
Total Current Assets	1,979,737	2,081,328
Noncurrent Assets		
Assets whose use is restricted	12,410	14,257
Capital assets, net	1,456,334	1,412,352
Other assets	56,725	45,695
Total Assets	\$ 3,505,206	\$ 3,553,632
Deferred Outflows of Resources		
Deferred loss on debt refunding	\$ 373	\$ 622
Deferred outflows related to pension and post-employment benefit plans	9,005	8,496
Excess consideration provided for acquisitions	102,069	104,622
Total Deferred Outflows of Resources	\$ 111,447	\$ 113,740
Liabilities		
Current Liabilities		
Accounts payable	\$ 90,237	\$ 84,817
Accrued expenses	144,713	141,871
Medicare advance payments	1,886	127,391
Current installments of long-term debt	60,914	56,200
Estimated third-party payor settlements	9,541	58,041
Total Current Liabilities	307,291	468,320
Noncurrent Liabilities		
Long-term debt, excluding current installments	986,026	877,028
Pension and post-employment benefit plan liabilities	78,317	71,529
Other liabilities	64,907	58,879
Total Liabilities	\$ 1,436,541	\$ 1,475,756
Deferred Inflows of Resources		
Deferred gain on debt refunding	\$ 2,817	\$ 3,047
Deferred inflows related to pension and post-employment benefit plans	362	2,869
Deferred inflows related to leases	10,612	12,236
Deferred inflows on split-interest agreements	-	391
Total Deferred Inflows of Resources	\$ 13,791	\$ 18,543
Net Position		
Restricted for:		
Nonexpendable	\$ 14,370	\$ 9,132
Expendable	52,340	49,420
Net investment in capital assets	409,394	478,971
Unrestricted	1,690,217	1,635,550
Total Net Position	\$ 2,166,321	\$ 2,173,073

See accompanying notes to consolidated financial statements.

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Lee Memorial Health System

Consolidated Statements of Revenues, Expenses, and Changes in Fund Net Position (in thousands)

Year ended September 30,	2022	Restated* 2021
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts of \$305,931 in 2022 and \$293,296 in 2021	\$ 2,538,467	\$ 2,296,033
Capitation revenue	79,994	54,498
Other revenue	181,363	120,761
Total Operating Revenues	2,799,824	2,471,292
Operating Expenses		
Salaries, wages, and benefits	1,525,027	1,230,212
Supplies and other services	711,577	657,691
Purchased services	259,657	226,042
Depreciation and amortization	115,458	138,376
Total Operating Expenses	2,611,719	2,252,321
Operating Income	188,105	218,971
Non-Operating Revenues (Expenses)		
Interest expense	(32,272)	(29,547)
Investment income (loss), including realized and unrealized gains and losses on investments	(200,380)	170,982
Contributions and grants	4,687	4,113
Investment activity on restricted nonexpendable investments	(1,635)	2,063
Loss on disposal of capital assets	10,706	(513)
Federal and state appropriations	15,005	20,146
Other	12,511	291
Total Non-Operating (Loss) Income	(191,378)	167,535
(Deficit) Excess of Revenues and Income Over Expenses	(3,273)	386,506
Other Changes in Net Position:		
Distributions to minority interests in joint ventures	(3,479)	-
(Decrease) Increase in Net Position	(6,752)	386,506
Net Position, beginning of year	2,173,073	1,786,567
Net Position, end of year	\$ 2,166,321	\$ 2,173,073

See accompanying notes to consolidated financial statements.

** Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)*

Lee Memorial Health System
Consolidated Statements of Cash Flows
(in thousands)

<i>Year ended September 30,</i>	2022	Restated* 2021
Cash Flows from Operating Activities		
Received from patient care services	\$ 2,370,303	\$ 2,212,106
Salaries and benefits paid to employees	(1,427,698)	(1,231,477)
Payments to suppliers	(1,034,255)	(890,880)
Other receipts from operations	261,201	175,076
Net Cash Provided by Operating Activities	169,551	264,825
Cash Flows from Noncapital Financing Activities		
Restricted gifts received (noncapital related)	6,749	7,308
Assets donated via Lee Memorial Health System Foundation, Inc.	4,343	4,654
Federal and state appropriations	8,003	6,865
Miscellaneous nonoperating items	1,640	(14,495)
Net Cash Provided by Noncapital Financing Activities	20,735	4,332
Cash Flows from Capital and Related Financing Activities		
Proceeds from long-term borrowings	151,105	-
Purchases of capital assets	(198,067)	(149,993)
Proceeds from sale of capital assets	31,002	161
Interest payments	(34,846)	(33,607)
Repayment of long-term debt	(67,523)	(41,029)
Restricted gifts received (capital related)	580	630
Net Cash Used in Capital and Related Financing Activities	(117,749)	(223,838)
Cash Flows from Investing Activities		
Distributions to minority interests	(3,479)	-
Investment income received	(2,923)	57,217
Increase in investments	(127,545)	(157,145)
Net Cash Used in Investing Activities	(133,947)	(99,928)
Net Change in Cash and Cash Equivalents	(61,410)	(54,609)
Cash and Cash Equivalents, beginning of year	207,953	262,562
Cash and Cash Equivalents, end of year	\$ 146,543	\$ 207,953
Unrestricted cash and cash equivalents	\$ 102,009	\$ 170,289
Restricted cash and cash equivalents	44,534	37,664
Total Cash and Cash Equivalents	\$ 146,543	\$ 207,953
Supplemental Disclosure of Cash Flow Information		
Capital assets financed through lease obligations	\$ 71,713	\$ 73,641

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Lee Memorial Health System
Consolidated Statements of Cash Flows
(in thousands)

<i>Year ended September 30,</i>	2022	Restated* 2021
Reconciliation of Operating Income to Net Cash		
Provided by Operating Activities		
Operating income	\$ 188,105	\$ 218,971
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	115,458	138,376
Provision for uncollectible accounts	305,931	293,242
Changes in:		
Patient accounts receivable	(316,979)	(423,498)
Inventories	(3,488)	(3,632)
Other assets	42,376	(5,878)
Accounts payable	5,420	(9,002)
Accrued expenses	2,842	5,886
Estimated third-party payor settlements	(48,500)	32,063
Medicare advance payments	(125,505)	14,266
Other liabilities	3,891	4,031
Net Cash Provided by Operating Activities	\$ 169,551	\$ 264,825

See accompanying notes to consolidated financial statements.

** Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)*

Lee Memorial Health System

Statements of Net Position - Pension Trust Fund (in thousands)

<i>September 30,</i>	2022	2021
Assets		
Cash and cash equivalents	\$ 1,190	\$ 1,747
Investments, measured at fair value	22,787	28,792
Accrued investment income	16	11
Total Assets	\$ 23,993	\$ 30,550
Net Position		
Restricted for employees' pension benefits	\$ 23,993	\$ 30,550

See accompanying notes to consolidated financial statements.

Lee Memorial Health System

Statement of Changes in Fund Net Position - Pension Trust Fund (in thousands)

<i>Year ended September 30, 2022</i>	2022	2021
Additions		
Pension contributions	\$ 914	\$ 2,032
Investment (loss) income, net	(5,316)	3,936
Total	(4,402)	5,968
Deductions		
Pension benefit payments	1,999	1,948
Other expenses	156	158
Total Deductions	2,155	2,106
Net (Decrease) Increase in Net Position	(6,557)	3,862
Net Position - Restricted for Employees' Pension Benefits, beginning of year	30,550	26,688
Net Position - Restricted for Employees' Pension Benefits, end of year	\$ 23,993	\$ 30,550

See accompanying notes to consolidated financial statements.

Lee Memorial Health System

Notes to Consolidated Financial Statements

(in thousands)

1. Description of Reporting Entity and Summary of Significant Accounting Policies

Description of Reporting Entity

Lee Memorial Health System (the System) is a special purpose unit of local government created by special act of the Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963 as re-codified by Chapter 2000-439, Laws of Florida, Special Acts, 2000 (the Enabling Act). It is classified as an independent special district under the laws of Florida. The System operates pursuant to the Enabling Act, as amended.

The System includes four acute care hospitals: Lee Memorial Hospital, HealthPark Medical Center, Gulf Coast Medical Center (GCMC), and Cape Coral Hospital. Additionally, the System is comprised of other healthcare facilities and services, which include a 135-bed designated children's hospital, a 60-bed rehabilitation hospital, an 18-bed skilled nursing unit, a 75-bed skilled nursing unit, a 112-bed skilled nursing facility, a home health agency, outpatient treatment and diagnostic centers, and physicians' offices. The System operates primarily in Lee County, Florida.

Certain of these operations have been placed in subagencies for administrative purposes. Subagencies are created by resolution of the System's Board of Directors under authorization granted by its Enabling Act. These subagencies are not incorporated under the corporation laws of Florida. The System has also formed various legal entities that enable the System to participate in business relationships that provide investment opportunities and increase the provision of health care services throughout the community.

The accompanying consolidated financial statements present the System and its component units, entities for which the System is considered to be financially accountable (referred to as System throughout these notes to the consolidated financial statements). Blended component units are, in substance, part of the System's operations, even though they are legally separate entities. The discrete component unit is both legally and substantively separate from the System. The component units discussed below are included in the System's reporting entity because of their operational or financial relationships with the System. Except as indicated below, separate financial statements for component units are not publicly available.

Blended Component Units

- Cape Coral Hospital is managed through a not-for-profit organization, Cape Memorial Hospital, Inc. (Cape Coral Hospital). This corporation was created by the System's Board of Directors to receive and hold the assets purchased from Cape Coral Medical Center, Inc. (CCMC) on July 1, 1996, upon acquisition of Cape Coral Hospital. The System is the sole owner of Cape Coral Hospital and ten members of the System's Board of Directors comprise its Board of Directors. See Note 15 for presentation of Cape Coral Hospital's condensed statements of net position, revenue, expenses, and changes in fund net position and cash flows.
- HealthPark Care Center, Inc. (HPCC) is a not-for-profit corporation, which owns and operates the System's skilled nursing facility. The System is the sole owner of HPCC and HPCC's Board of Directors consists of the ten members of the System's Board of Directors.
- Lee Memorial Home Health, Inc. (LMHH) is a not-for-profit corporation, which owns and operates the System's home health agency. The System is the sole owner and LMHH's Board of Directors consists of the ten members of the System's Board of Directors. LMHH is the

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

sole owner of Access Medical South, LC, which was formed in 2001 to provide durable medical equipment, oxygen, and respiratory services, and the sole member of Access Infusion Partners, LLP, formed in 1997 to provide infusion services in Lee County.

- Bonita Community Health Center (BCHC) is a not-for-profit organization. BCHC operates an urgent care center, a diagnostic imaging center, and an outpatient rehabilitation center in Estero, Florida. Previously, the System had a 50% membership interest in BCHC and accounted for its interest under the equity method. On November 29, 2019, the System acquired the remaining 50% membership interest.
- Lee Memorial Health System Foundation, Inc. (the Foundation) is a not-for-profit corporation created by the System's Board of Directors and community leaders to serve as a fund-raising organization in support of the System. Its Board of Directors consists of persons prominent in the community and interested in serving the community and the System's needs. Two Board positions are also reserved on an ex-officio basis for the Chairman of the Board of Directors of the System or members of such Board designated by the Chairman and the Chief Executive Officer of the System or his/her designee. The Foundation's separately issued financial reports may be obtained on the System's website at www.leehealth.org.
- Lee County Trauma Services District (the District) is a not-for-profit organization located in Fort Myers, Florida. The District is a special purpose unit of local government created by a special act of the 2003 Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963 as recodified by Chapter 2003-357, Laws of Florida, Special Acts 2003. The District is classified as an independent special district under the laws of Florida. The District serves as an integral member of the continuum of care offered by the System. Per an Interlocal Agreement pursuant to the provisions of Section 163.01, Florida Statutes, the System is obligated to provide monetary support to the District so there is no financial loss (or gain) to the District. The District's separately issued financial reports may be obtained on the System's website at www.leehealth.org.
- The System provides vital patient care services through various access points. To promote access to comprehensive preventive and primary health services for medically underserved residents members of the community regardless of their ability to pay for such services, the System sought and received, from the Health Resources and Services Administration (HRSA) of the United States of America (U.S.) Department of Health and Human Services (HHS), the designation of certain System clinic locations as public-entity model federally qualified health center look-alikes (FQHC-LA), known as public health centers. Lee Community Healthcare, Inc. (LCH) is a separate tax-exempt Florida not-for-profit corporation with a Board of Directors that meets independent governance (community board) standards and retains reserve powers relative to FQHC-LA operations. The System and LCH entered into a co-applicant arrangement to comply with the federal law requirements related to independent Board of Directors oversight of the designated centers. As the public entity, the System is responsible for the operation of the centers, which are located in Cape Coral; North Fort Myers; East Fort Myers; South Fort Myers; Port Charlotte; and Lehigh Acres. LCH serves as an integral member of the continuum of care offered by the System.
- The System has population health services (Center for Care Transformation) aimed at furthering the System's mission to be a trusted partner empowering healthier lives through care and compassion. The System is the sole member or owner of the following entities that comprise Population Health:
 - Best Care Assurance, LLC (d/b/a Vivida Health) holds the Provider Service Network (PSN) contract with the Florida Agency for Health Care Administration and Florida Medicaid.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

- Best Care Collaborative, LLC holds the Medicare Next Generation Accountable Care Organization (ACO) contract with the Centers for Medicare and Medicaid Services (CMS).
- Best Care Partners, Inc. holds the Clinically Integrated Network (CIN) of providers, as well as the provider-led Medicare Advantage and/or a commercial employer health insurance plan. As of December 31, 2020, the Medicare Advantage plan no longer has members.
- Effective May 1, 2017, the System acquired 100% membership in Florida Radiology Leasing, LLC, which operates freestanding multi-diagnostic outpatient radiology centers in various leased locations.
- The System is the sole member of CB Medical North, LLC, which owns the land and building housing the Lee Memorial Regional Cancer Center at the Sanctuary, and CB Medical South, LLC, which owns the land and building housing the Outpatient Center at the Sanctuary.
- On October 21, 2019, the System's Board of Directors approved the creation of an entity to participate in investments and advantageous business relationships. The System is the sole member of Community Healthcare Innovations, LLC (CHI) and CHI is the sole member of the following entities:
 - Lee Healthcare Holdings, LLC (LHH) was formed on November 7, 2019 as a wholly owned subsidiary of CHI. LHH was created to participate in joint ventures and future investment ventures.
 - Lee Healthcare Investments, LLC (LHI) was formed on November 7, 2019 as a wholly owned subsidiary of CHI. LHI was created to house all of the System's wholly owned ambulatory surgery centers (ASCs).

Discrete Component Units

On December 24, 2019, LHH acquired a 51% membership interest with Paramount Surgery Center, LLC (Paramount), which is a specialized orthopedic ambulatory surgical center, for a purchase price of \$20.5 million. The consideration in excess of the value of the net assets was expensed. The accompanying consolidated financial statements do not present Paramount as a discrete component unit, but as a blended component unit, as amounts are not material to these consolidated financial statements. See Note 15 for presentation of Paramount's condensed statements of net position, revenue, expenses and changes in fund net position and cash flows. Paramount does not issue separate financial statements.

The pension trust fund is used to account for assets held in trust for the benefit of the employees of Cape Coral Medical Center, Inc. (CCMC). The frozen pension plan is sponsored by the System and governed by a committee appointed by the System's Board of Directors; therefore, the pension plan is included as a component unit of the System.

All intercompany transactions have been eliminated in the accompanying consolidated financial statements.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

Summary of Significant Accounting Policies

Measurement Focus, Basis of Accounting, and Financial Statement Presentation

The accompanying consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, including all applicable effective statements of the Governmental Accounting Standards Board (GASB). The consolidated financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recognized when incurred, regardless of the timing of the related cash flows.

Nonexchange transactions, in which the System receives (or gives) value without directly giving (or receiving) equal value in exchange, include certain grants and donations. Revenues are recognized, net of estimated uncollectible amounts, as soon as all eligibility requirements imposed by the grantor or donor have been met, if probable of collection.

The financial statements of the pension trust fund are prepared using the accrual basis of accounting. Actuarially determined employer contributions to the frozen retirement plan of former Cape Coral Medical Center, Inc. employees (the CCMC Plan) are made by the System in order to maintain sufficient assets to pay benefits and are recognized when due. Benefits are recognized when due and payable in accordance with the terms of the CCMC Plan.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Recently Adopted Accounting Standards

Effective October 1, 2021, the System adopted GASB Statement No. 87, *Leases* (GASB 87) and restated its consolidated financial statements as of and for the year ended September 30, 2021. GASB 87 establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB 87, the System was required to recognize a lease liability and an intangible right-to-use lease asset for certain of its leases that were reported as operating leases under the previous accounting standards. As a result of the adoption of GASB 87, amounts for the years ended September 30, 2021 reflect an increase of \$68.3 million for the recognition of the net right-of-use asset and a corresponding increase in lease obligations of \$68.2 million. Additionally, the adoption of GASB 87 resulted in an increase in leases receivable of \$12.2 million and an increase in deferred inflows of resources of \$12.2 million for the year ended September 30, 2021.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The System adopted the standard as of October 1, 2020 and accordingly the consolidated financial statements for the year ended September 30, 2021 have been restated as summarized below:

<i>September 30, 2021</i>	As Previously Reported	Restatement Related to GASB 87 Adoption	As Restated
Assets			
Current assets			
Current assets excluding other current assets	\$ 2,030,127	\$ -	\$ 2,030,127
Other current assets	49,700	1,501	51,201
Total Current Assets	2,079,827	1,501	2,081,328
Noncurrent Assets			
Assets whose use is restricted	14,257	-	14,257
Capital assets, net	1,344,067	68,285	1,412,352
Other assets	34,961	10,734	45,695
Total Assets	\$ 3,473,112	\$ 80,520	\$ 3,553,632
Total Deferred Outflows of Resources	\$ 113,740	\$ -	\$ 113,740
Liabilities			
Current liabilities			
Accrued expenses	\$ 141,719	\$ 152	\$ 141,871
Current installments of long-term debt	47,714	8,486	56,200
All other current liabilities	270,249	-	270,249
Total Current Liabilities	459,682	8,638	468,320
Noncurrent Liabilities			
Long term debt, excluding current installments	817,382	59,646	877,028
All other noncurrent liabilities	130,408	-	130,408
Total Liabilities	\$ 1,407,472	\$ 68,284	\$ 1,475,756
Deferred Inflows of Resources			
Deferred inflows on leases	\$ -	\$ 12,236	\$ 12,236
All other deferred inflows of resources	6,307	-	6,307
Total Deferred Inflows of Resources	\$ 6,307	\$ 12,236	\$ 18,543
Total Net Position	\$ 2,173,073	\$ -	\$ 2,173,073

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

Cash and Cash Equivalents

Cash and cash equivalents consist of amounts held as bank deposits and highly liquid investments with original maturities of three months or less at date of purchase.

The System places its cash and cash equivalents with what management believes to be high-credit quality financial institutions. Included in cash and cash equivalents are bank deposits that may be in excess of the federal insured amount of \$250,000. However, the System is a Qualified Public Depositor with the state of Florida. As such, deposits at Qualified Public Depositories are insured at the full amount on deposit. Management does not anticipate nonperformance risk by the financial institutions.

Restricted Cash and Cash Equivalents

Restricted cash and cash equivalents consist of amounts held as bank deposits and highly liquid investments with original maturities of three months or less at date of purchase and are restricted by donors for specific purposes or are held under other regulatory or contractual agreements.

Inventories

Inventories consist principally of pharmaceuticals and medical and surgical supplies that are valued, using the first-in, first-out method, at the lower of cost or net realizable value.

Investments and Investment Income

Investment securities held by the System, including investments in companies that are deemed to be alternative investment funds, are carried at fair value. Investment income, including interest, dividends, realized gains and losses based on the specific identification method, and unrealized gains and losses, are included in nonoperating revenues when earned.

The System's investments in companies deemed to be alternative investment funds and the approximate ownership interest in each company were as follows:

<i>September 30,</i>	<i>2022 (%)</i>	<i>2021 (%)</i>
SEI Core Property Fund, LP (Core Property Fund)	4.30	3.81
SEI Special Situations Fund, Ltd. (Special Situations Fund)	7.62	8.07
SEI Core Property Fund, LP (held by the Foundation)	0.06	0.05

Assets Whose Use is Restricted

Assets whose use is restricted consist primarily of investments restricted by donors for specific purposes, investments held by the trustee under the terms of the System's bond indenture agreements, and assets held under other contractual agreements (see Note 4). The current portion of assets whose use is restricted relates to the corresponding estimated current obligations.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

Capital Assets, Net

Capital assets are defined by the System as assets with estimated useful lives in excess of one year at the date of acquisition. An asset is capitalized when the cost of the individual item exceeds \$1,000. Capital assets have been recorded at historical cost or acquisition value at date of purchase or donation, respectively. Routine maintenance and repairs are expensed when incurred. Expenditures that materially increase the value, change the capacity, or extend the useful life of an asset are capitalized.

The straight-line method of computing depreciation is used for all depreciable assets. Buildings and equipment under lease arrangements are amortized under the straight-line method over the shorter of the lease term or estimated useful life of the asset.

Prior to October 1, 2021, major asset classifications and estimated useful lives were generally in accordance with those recommended by the American Hospital Association. From time to time, the System may reassess useful lives as facts and circumstances change in regard to how assets are being used. During the year ended September 30, 2022, the System performed a review of its property and equipment with a net book value greater than \$50,000 as of October 1, 2021 which identified assets with an expected remaining economic life in excess of the assigned estimated useful life, based on an analysis of the usage, maintenance, and current state of those assets. The System reassessed the assigned useful life for these assets effective October 1, 2021 and accounted for the change in estimate prospectively in the period of change and future periods. The change in estimated useful lives resulted in a decrease in depreciation for the year ended September 30, 2022, and a resulting increase in net position, of approximately \$29,500,000.

Estimated useful lives by major asset classification were as follows:

	2022	2021
Buildings and improvements	10 – 80 Years	10 – 40 Years
Equipment	2 – 20 Years	2 – 15 Years

Impairment of Long-Lived Assets

Long-lived assets are evaluated for recoverability whenever adverse events or changes in business climate indicate a decline in service utility of the capital asset. For the years ended September 30, 2022 and 2021, the System does not believe there were any adverse events or changes in business that would indicate that an impairment reserve is required.

Leases

Lessor - The System has leased to third-parties multiple nonfinancial assets. The System recognizes a lease receivable and a deferred inflow of resources in the combined financial statements.

At the commencement of the lease, The System measures the lease receivable at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments receivable. The deferred inflow of resources is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date. Subsequently, the deferred inflow of resources is recognized as revenue over the life of the lease term.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

Key estimates and judgements include how the System determines (1) the discount rate it uses to discount the expected lease receipts to present value, (2) lease term, and (3) lease receipts. The System uses its estimated incremental borrowing rate as the discount rate for leases. The lease term includes the non-cancellable period of the lease. Lease receipts included in the measurement of the lease receivable is composed of fixed payments from the lessee. The System monitors changes in circumstances that would require a re-measurement of its lease and will re-measure the lease receivable and deferred inflows of resources if certain changes occur that are expected to significantly affect the amount of the lease receivable.

Lessee - The System is party to multiple leases of nonfinancial assets as a lessee. The System recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the consolidated statements of net position.

At the commencement of a lease, the System initially measures the lease liability at the present value of payments expected to be made during the lease term no earlier than the earliest period being restated. 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 or lease term, whichever is shorter.

Key estimates and judgments related to leases include how the System determines (1) the discount rate used to discount the expected lease payments to present value, (2) lease term, and (3) lease payments. The System uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the System generally uses its estimated incremental borrowing rate as the discount rate for leases. The lease term includes the non-cancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the System is reasonably certain to exercise.

The System monitors changes in circumstances that would require a re-measurement of its leases and will re-measure lease assets and liabilities if certain changes occur that are expected to significantly affect the amount of any lease liability. Lease assets are reported with other capital assets and lease liabilities are reported with long-term debt on the consolidated statements of net position.

The System recognizes short-term lease payments, property taxes, and common area maintenance (CAM) and certain other variable lease payments to supplies and other services expense as incurred.

Excess Consideration Provided for Acquisition

Excess consideration provided for acquisition represents the consideration paid by the System for various acquisitions in excess of the estimated fair value of net position acquired. This deferred outflow is being attributed to future periods (i.e., amortized) in a systematic and rational manner over the periods presented in the table below. The System recognized approximately \$3.7 million in amortization expense for the years ended September 30, 2022 and 2021 with such amounts being included as a component of depreciation and amortization in the consolidated statements of revenues, expenses, and changes in fund net position.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The table below depicts the components of this balance, annual amortization, and the weighted-average amortization period at the component level, as well as System totals:

September 30, 2022

	Balance	Annual Amortization	Weighted- Average Amortization Period (Years)
Gulf Coast Medical Center	\$ 78,743	\$ 2,449	39.8
Lee Memorial Hospital	17,489	745	31
Cape Coral Hospital	5,838	489	20
Total	\$ 102,070	\$ 3,683	37.8

During the year ended September 30, 2022, the System acquired private entity as part of the System's strategic plan to deliver convenient and seamless care. Cash consideration of \$1.1 million paid by the System was fully attributable to excess of consideration provided for the acquisition and was recorded as a deferred outflow of resources to be amortized over a period of 20 years.

Bond and Note Issuance Costs

Bond issuance costs are expensed at time of issuance.

Bond Premiums and Discounts

Bond premiums and discounts are amortized over the period the bonds are outstanding using the effective interest method.

Compensated Absences

The System's policy is to record the cost of annual leave when earned. Employees earn annual leave at varying rates depending upon years of service and the leave plan in which they participate.

Paid Time Off (PTO) Plan - The PTO program combines the various leave types that employees may earn into one earning rate that varies depending upon years of service. The policy does not provide for a maximum accumulation of unused PTO.

Upon termination of employment, employees are paid for their current balance in PTO at a prorated amount based upon their position. The PTO program also has a bi-annual PTO cash-in option with payouts in May and November. This PTO cash-in option allows employees to cash in any and all portions of earned PTO, provided they maintain a minimum balance of 80 hours. PTO is cashed in at a prorated value of 80% for non-management staff and 50% for management staff.

Liability Calculation - The liability for accumulated annual leave, holiday leave, and PTO leave for each employee at September 30 equals the leave carried forward at the previous September 30 plus the leave earned, less the leave taken between October 1 and September 30. The liability is equal to the accumulated hours multiplied by the employee's current hourly rate. The PTO liability is included in accrued salaries and benefits and other noncurrent liabilities in the accompanying

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

consolidated statements of net position, classified as current or noncurrent based on historical trends of PTO activity.

Self-Insurance Programs

Estimated liabilities for self-insured medical malpractice, employee health, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Deferred Outflows and Inflows of Resources

Deferred outflows of resources are defined as a consumption of net assets by the System that is applicable to a future reporting period. Deferred inflows of resources are defined as an acquisition of net assets by the System that is applicable to a future reporting period. Deferred outflows of resources increase net position, similar to assets, and deferred inflows of resources decrease net position, similar to liabilities.

Net Position

Net position of the System is classified in four components. Net position for investment in capital assets equals the balance of capital assets, net of accumulated depreciation, reduced by amounts due under outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net position relates to noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the System, including amounts deposited with trustees as required by revenue bond indentures. Restricted nonexpendable net position is equal the principal portion of permanent endowments. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

When both restricted and unrestricted resources are available for use, the System uses the restricted resources first, then unrestricted resources as needed. Resources restricted by donors or grantors for specific operating purposes are reported in other operating revenue to the extent used in the period.

Net Patient Service Revenue and Patient Accounts Receivable

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per-diem payments. Net patient service revenue is reported when earned at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows:

<i>September 30,</i>	2022 (%)	2021 (%)
Medicare	34	30
Medicaid	9	10
Managed care	24	27
Commercial insurance	11	10
Self-pay and other	22	23
	100	100

The provision for uncollectible accounts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in federal and state governmental health care coverage, and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon these trends. The results of this review are then used to make any modification to the provision for uncollectible accounts to establish an appropriate allowance to reduce patient accounts receivable to estimated net realizable value. Patient accounts receivable are written off after collection efforts have been followed under the System's policies.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the System does not pursue collection of these amounts, charity care is not reported as net patient service revenue. The level of direct charity care provided during the years ended September 30, 2022 and 2021 consisted of foregone revenues of approximately \$374.9 million and \$370.0 million, respectively.

Capitation Revenue

The System, through its component unit, Best Care Assurance, LLC (d/b/a Vivida Health), administers the PSN contract with the Florida Agency for Health Care Administration (AHCA) under the Florida Statewide Medicaid Managed Care program. The System receives a Per Member Per Month (PMPM) capitation payment and certain additional supplemental payments in return for the obligation to pay for all covered medical services provided to its qualified members. The Agency for Health Care Administration (AHCS) makes capitation payments to the System each month and the System is obligated to pay for its members covered services incurred during that month. The System recognizes capitation revenue as the System satisfies the stand-ready obligation to fund members' medical care. The System records expense for paid claims on a monthly basis and estimates a liability for incurred but not reported claims on a monthly basis.

Other Revenue

Other revenue is comprised of amounts earned by the System primarily for the provision of on-site pharmacy and specialty pharmacy services, but also includes amounts earned for food and beverage, gift store, unrestricted gifts and donations, rental income, and other amounts not directly related to patient care. The System recognizes pharmacy service revenue at the time of service at estimated net realizable amounts from patients, third-party payors, and others for services rendered.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

Nonoperating Revenues and Expenses

The System's consolidated statements of revenues, expenses, and changes in fund net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the System's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues and expenses. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Income Taxes

The System is a special purpose unit of local government created by the Enabling Act. Certain of the System's controlled subsidiaries have been recognized by the Internal Revenue Service as tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (the Code). Income earned in furtherance of the System's tax-exempt or governmental purpose is exempt from federal and state income taxes. The Code provides for taxation of unrelated business income under certain circumstances. The System has no significant unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities.

Recently Issued Accounting Standards Not Yet Adopted

In March 2020, the GASB issued GASB Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements* (GASB No. 94). The primary objective of GASB No. 94 is to improve financial reporting and address certain issues related to public-private and public-public partnership arrangements (PPP) and to provide guidance for accounting and financial reporting for availability payment arrangements (APA). A PPP is an arrangement in which a government (the transferor) contracts with an operator (a governmental or nongovernmental entity) to provide public services by conveying control of the right to operate or use a nonfinancial asset, such as infrastructure or other capital asset (the underlying PPP asset), for a period of time in an exchange or exchange-like transaction. An APA is an arrangement in which a government compensates an operator for services that may include designing, constructing, financing, maintaining, or operating an underlying nonfinancial asset for a period of time in an exchange or exchange-like transaction. GASB No. 94 is effective for fiscal years beginning after June 15, 2022. The System is currently evaluating the impact GASB No. 94 will have on its consolidated financial statements.

In May 2020, the GASB issued GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB No. 96). GASB No. 96 provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITA) for government end-users. A SBITA is defined as a contract that conveys control of the right to use another party's information technology software, alone or in combination with tangible capital assets, as specified in the contract for a period of time in an exchange or exchange-like transaction. GASB No. 96 establishes that a SBITA results in a right-to-use subscription asset, an intangible asset, and a corresponding subscription liability, and requires additional disclosures regarding a SBITA. GASB No. 96 is effective for fiscal years beginning after June 15, 2022. The System is currently evaluating the impact GASB No. 96 will have on its consolidated financial statements.

In April 2022, the GASB issued GASB Statement No. 99, *Omnibus 2022* (GASB No. 99). GASB No. 99 addresses comparability in accounting and financial reporting for a number of practice issues, a

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

number of which were effective upon issuance and had no material impact on the System's consolidated financial statements. Practice issues related to the determination of a lease term and classification of leases as short-term in accordance with GASB 87 and clarification of provisions of GASB 96 relating to SITBAs, including classification as a short-term SITBA and recognition and measurement of a subscription liability, are effective for fiscal years beginning after June 15, 2023. GASB 99 also clarifies that a government extending an exchange or exchange-like financial guarantee should recognize a liability and expense/expenditure related to the guarantee when qualitative factors and historical data indicate that it is more likely than not a government will be required to make a payment related to the guarantee. GASB 99 excludes guarantees related to special assessment debt, financial guarantee contracts within the scope of GASB 53, or guarantees related to conduit debt obligations. The requirements related to financial guarantees and the classification and reporting of derivative instruments within the scope of GASB 53 are also effective for fiscal years beginning after June 15, 2023. The System is currently evaluating the impact GASB No. 99 will have on its consolidated financial statements.

In June 2022, the GASB issued GASB Statement 100, *Accounting Changes and Error Corrections* (GASB 100). GASB 100 prescribes the accounting and financial reporting for (1) each type of accounting change and (2) error corrections and requires that (a) changes in accounting principles and error corrections be reported retroactively by restating prior periods, (b) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (c) changes in accounting estimates be reported prospectively by recognizing the change in the current period. The requirements of GASB 100 for changes in accounting principles apply to the implementation of a new pronouncement in absence of specific transition provisions in the new pronouncement. GASB 100 also requires that the aggregate amount of adjustments to and restatements of beginning net position, fund balance, or fund net position, as applicable, be displayed by reporting unit in the financial statements. GASB 100 is effective for reporting periods beginning after June 15, 2023.

In June 2022, the GASB issued GASB Statement 101, *Compensated Absences* (GASB 101). GASB 101 aligns the recognition and measurement guidance for compensated absences under a unified model and amends certain previously required disclosures. GASB 101 requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. GASB 101 also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements. A liability for leave that has been used but not yet paid or settled should be measured at the amount of the cash payment or noncash settlement to be made. GASB 101 is effective for reporting periods beginning after December 15, 2023. The System is currently evaluating the impact GASB No. 99 will have on its consolidated financial statements.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

2. Third-Party Payors

The System has agreements with third-party payors that provide for payment at amounts different from its established rates. A summary of the basis of payment with major third-party payors is as follows:

Medicare

Inpatient acute care services, rehabilitative services, psychiatric services, skilled nursing services, hospital outpatient services, and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates based on the Ambulatory Payment Classification System (APC).

The System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare fiscal intermediary. The System's Medicare cost reports have been audited and final settlements determined by the Medicare intermediary for all years through September 30, 2016. Retroactive adjustments for cost report settlements are accrued on an estimated basis in the period when the related services are rendered and adjusted in future periods when final settlements are determined.

Medicaid

Medicaid reimburses the System for inpatient services on an interim basis under a prospective payment system using an All-Patient Refined Diagnosis Related Groups (APR DRG) methodology. The payments made under APR DRG are paid on a per-case basis based on the APR DRG assignment that reflects severity of illness and resources related to services rendered. Medicaid reimburses most outpatient services, except for laboratory and pathology services, on an interim basis under a prospective payment system using an Enhanced Ambulatory Patient Groups (EAPG) methodology. Patients in each EAPG have similar clinical characteristics and similar resource use and cost.

The System's Medicaid cost reports have been audited and final settlements determined by the Medicaid intermediary for all years through September 30, 2017. The System's classification of patients and the appropriateness of their admission are subject to review by the fiscal intermediaries administering the Medicare and Medicaid programs. An allowance is provided for estimated retroactive adjustments for unsettled years through 2021.

Other Payors

The System has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per-diem rates. Some of these arrangements provide for review of paid claims for compliance with the terms of the contract and result in retroactive settlement with third parties. Retroactive adjustments for other third-party claims are recorded in the period when final settlement is determined.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

3. Net Patient Service Revenue

Net patient service revenue, including subagency service revenue, consists of the following:

<i>Year ended September 30,</i>	2022	2021
Gross patient service revenue	\$ 11,747,817	\$ 10,765,853
Third-party payor and other contractual adjustments	(8,903,419)	(8,176,578)
Provision for uncollectible accounts	(305,931)	(293,242)
Net Patient Service Revenue	\$ 2,538,467	\$ 2,296,033

4. Assets Whose Use is Restricted

Assets whose use is restricted, which are required to meet current obligations of the System, are reported in current assets. The fair market value of assets whose use is restricted consists of the following:

<i>September 30,</i>	2022	2021
Restricted by donors for specific purposes	\$ 11,983	\$ 13,666
Held by trustee under bond indenture agreements	1,024	1,024
Held in trust for other uses	427	587
Held by Board of Directors for future use	411	479
Total Assets Whose Use is Restricted	13,845	15,756
Less: amounts required to meet current obligations	(1,435)	(1,499)
Assets Whose Use is Restricted, net of amounts required to meet current obligations	\$ 12,410	\$ 14,257

5. Investments and Assets Whose Use is Restricted

The System primarily invests its resources in domestic and international equity and fixed-income mutual funds and securities, alternative investment funds, and money market funds. The System's investment portfolios include investments available for current operations, as well as investments designated as assets whose use is restricted. The System's investment policy authorizes a strategic asset allocation that is designed to provide an optimal return over the System's investment horizon within the System's risk tolerance and cash requirements.

The System's mutual fund and fixed income securities investments are carried at fair value as determined through the use of quoted market prices (market approach). As the System's investments in alternative investment funds do not have readily determinable fair values, the System has established the fair value of these investments by using each investment's net asset value (NAV) per share.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The System categorizes its fair value measurements within the fair value hierarchy, which is summarized in three levels:

Level 1 - This level consists of observable inputs that reflect quoted prices for identical investments.

Level 2 - This level consists of other significant observable inputs, including quoted prices for similar investments, interest rates, or credit risk.

Level 3 - This level consists of unobservable inputs, including entity-specific inputs or inputs derived through extrapolation or interpolation that cannot be derived from market data.

The recurring fair value measurement of investments and assets whose use is restricted is as follows:

September 30, 2022

	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments by Fair Value Level				
Mutual Funds				
Domestic equity	\$ 285,439	\$ 285,439	\$ -	\$ -
International equity	363,767	363,767	-	-
Domestic fixed income	540,016	540,016	-	-
Total Mutual Funds	1,189,222	1,189,222	-	-
Fixed Income Securities				
U.S. Government and agency obligations	30,566	-	30,566	-
Corporate bonds	9,463	-	9,463	-
Municipal bonds	6,302	-	6,302	-
U.S. Treasury obligations	476	476	-	-
Asset backed securities	3,333	-	3,333	-
Non-agency commercial mortgage-backed securities	264	-	264	-
Total Fixed Income Securities	50,404	476	49,928	-
Total Investments by Fair Value Level	1,239,626	\$ 1,189,698	\$ 49,928	\$ -
Investments Measured at NAV				
SEI Core Property Fund, LP	114,687			
SEI Special Situations Fund, Ltd.	61,635			
Total Investments Measured at NAV	176,322			
Other				
Commercial paper and money market funds	1,398			
	\$ 1,417,346			

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

September 30, 2021

	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments by Fair Value Level				
Domestic equity mutual funds	\$ 320,990	\$ 320,990	\$ -	\$ -
International equity mutual funds	393,580	393,580	-	-
Domestic fixed-income mutual funds	614,567	614,567	-	-
Total Investments by Fair Value Level	1,329,137	\$ 1,329,137	\$ -	\$ -
Investments Measured at NAV				
SEI Core Property Fund, LP	92,203			
SEI Special Situations Fund, Ltd.	63,970			
Total Investments Measured at NAV	156,173			
Other				
Commercial paper and money market funds	1,515			
	\$ 1,486,825			

The System has an investment management agreement with SEI Investments Company (SEI) to manage approximately 99.87% of their investments. Less than 0.1% of investments are monitored and managed through the Foundation on a quarterly basis, with the remainder residing in money markets, which are monitored daily.

The System's mutual fund investments can be liquidated within the trade date plus one business day and the fixed income securities at the trade date plus two business days. SEI requires a 30-days' notice for termination and full liquidation of public market funds held in the portfolio. The SEI Core Property Fund, LP can liquidate 90% of holdings quarterly with a 95-days' pre-notification. The SEI Special Situations Fund, Ltd. can liquidate 90% of holdings semi-annually with a 95-days' pre-notification. SEI holds 10% of total redemptions until completion of the funds' audit for both hedge funds.

As of September 30, 2022 and 2021, these alternative investment funds made up approximately 12.4% and 10.5%, respectively, of total investments and assets whose use is restricted in the accompanying consolidated statements of net position.

The System has assessed the custodial credit risk, concentration of credit risk, credit risk, and interest rate risk of its investments and assets whose use is restricted below.

- **Custodial Credit Risk** - The custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the System will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. The System's deposits are exposed to custodial credit risk if they are not covered by depository insurance and the deposits are uncollateralized, collateralized with securities held by the pledging financial institution, or collateralized with securities held by

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

the pledging financial institution's trust department or agent but not held in the System's name.

At September 30, 2022 and 2021, the System's investments were not exposed to custodial credit risk since the full amount of investments were insured or registered, or securities held by the System or its agent are in the System's name.

- *Concentration of Credit Risk* - This is the risk of loss attributed to the magnitude of the System's investment in a single issuer. Disclosure is required for investments in any one issuer that represents 5% or more of total investments. Investments issued or explicitly guaranteed by the U.S. government and investments in mutual funds, alternative investment funds, and other pooled investments are excluded from this requirement. The System has no investments from any one issuer that exceeds 5%. The System's investment policy states that no corporate fixed-income issue shall represent more than 5% of any portfolio at the time of purchase, nor shall any single corporate position exceed 10%. Equity assets of any one issuer, when purchased, shall represent no more than 3% of the portfolio and shall not grow to exceed 10%.
- *Credit Risk* - This is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The System's investment policy provides guidelines for its fund managers and lists specific allowable investments. The policy provides for the utilization of varying styles of managers so that portfolio diversification is maximized, and total portfolio efficiency is enhanced.

As of September 30, 2022, 96.3% of the System's portfolio was invested in mutual funds. Due to the nature of mutual funds, credit risk rating is not consistent with the credit risk ratings of individual stocks that are measured by Moody's Investors Services and Standard & Poor's. These rating agencies do not provide credit risk rating of mutual funds.

- *Interest Rate Risk* - This is the risk that an investment's value will be adversely affected due to a change in the level of interest rates. The System's investment policy authorizes a strategic asset allocation that is designed to provide an optimal return over the System's investment horizon within the System's risk tolerance and cash requirements.

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Lee Memorial Health System

Notes to Consolidated Financial Statements

(in thousands)

The distribution of the System's investments and assets whose use is restricted by maturity is as follows:

September 30, 2022

	Investment Maturities						N/A
	Fair Value	Less than 1 Year	13 to 24 Months	25 to 60 Months	Greater than 60 Months		
Mutual Funds							
Domestic equity	\$ 285,439	\$ -	\$ -	\$ -	\$ -	\$ 285,439	
International equity	363,767	-	-	-	-	363,767	
Domestic fixed income	540,016	-	-	-	-	540,016	
Total Mutual Funds	1,189,222	-	-	-	-	1,189,222	
Fixed Income Securities							
US Government and Agency Obligations	30,566	1,408	1,531	4,840	22,787	-	
Corporate bonds	9,463	-	127	5,905	3,431	-	
Municipal bonds	6,302	-	993	3,576	1,733	-	
US Treasury obligations	476	-	-	-	-	476	
Asset backed securities	3,333	-	-	571	2,762	-	
Non-Agency CMBS	264	-	-	-	264	-	
Total Fixed Income Securities	50,404	1,408	2,651	14,892	30,977	476	
Investments Measured at NAV	176,322	-	-	-	-	176,322	
Other							
Commercial paper and money market funds	1,398	-	-	-	-	1,398	
	\$ 1,417,346	\$ 1,408	\$ 2,651	\$ 14,892	\$ 30,977	\$ 1,367,418	

September 30, 2021

September 30, 2024

	Investment Maturities						
	Fair Value	Less than 1 Year	13 to 24 Months	25 to 60 Months	Greater than 60 Months	N/A	
Mutual Funds							
Domestic equity	\$ 320,990	\$ -	\$ -	\$ -	\$ -	\$ 320,990	
Alternative	156,173	-	-	-	-	156,173	
International equity	393,580	-	-	-	-	393,580	
Domestic fixed income	614,567	-	-	-	-	614,567	
Total Mutual Funds	1,485,310	-	-	-	-	1,485,310	
Investments measured at NAV	156,173	-	-	-	-	156,173	
Commercial paper and money market funds	1,515	-	-	-	-	1,515	
	\$ 1,486,825	\$ -	\$ -	\$ -	\$ -	\$ 1,486,825	

During the years ended September 30, 2022 and 2021, the System recorded net realized gains of approximately \$4.3 million and \$26.0 million, respectively, from the sale of investments. The calculations of realized gains and losses are independent of the calculation of the net increase in the fair value of investments. Realized gains and losses on investments that have been held for more

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

than one fiscal year and sold in the current year may have unrealized gains and losses recognized in the prior year due to a change in the fair value of the investments.

The net change in the fair value of investments for the years ended September 30, 2022 and 2021 was approximately \$308.5 million decrease and \$112.9 million increase, respectively. These amounts take into account all changes in fair value (including purchases and sales) that occurred during the year.

The total unrealized (losses) gains on investments held at September 30, 2022 and 2021 were approximately \$(37.2) million and \$271.2 gain, respectively. Unrealized gains or losses on investments resulting from fair value fluctuations are recorded in the accompanying consolidated statements of revenues, expenses, and changes in fund net position in the period such fluctuations occur.

6. Capital Assets, Net

Capital asset additions, retirements, and balances were as follows:

	Restated* Balance, September 30, 2021	Additions and Transfers	Retirements and Transfers	Balance, September 30, 2022
Land	\$ 167,243	\$ 21,545	\$ (18,725)	\$ 170,063
Construction-in-progress	60,499	150,141	(126,529)	84,111
Total Capital Assets Not Depreciated	227,742	171,686	(145,254)	254,174
Buildings and improvements	1,167,438	13,814	(45,553)	1,135,699
Equipment	1,166,111	97,929	(94,305)	1,169,735
Right-of-use leased buildings	108,467	25,829	-	134,296
Right-of-use leased equipment	30,606	-	(1,289)	29,317
Total Capital Assets Being Depreciated	2,472,622	137,572	(141,147)	2,469,047
Less accumulated depreciation for:				
Buildings and improvements	(460,969)	(14,423)	43,293	(432,099)
Equipment	(796,498)	(86,806)	89,865	(793,439)
Right-of-use leased buildings	(26,197)	(6,624)	340	(32,481)
Right-of-use leased equipment	(4,348)	(4,520)	-	(8,868)
Total Accumulated Depreciation	(1,288,012)	(112,373)	133,498	(1,266,887)
Total Capital Assets Being Depreciated, Net	1,184,610	25,199	(7,649)	1,202,160
Total Capital Assets, Net	\$ 1,412,352	\$ 196,885	\$ (152,903)	\$ 1,456,334

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

	Balance, September 30, 2020	Additions and Transfers	Retirements and Transfers	Restated* Balance, September 30, 2021
Land	\$ 144,562	\$ 22,681	\$ -	\$ 167,243
Construction-in-progress	102,562	170,527	(212,590)	60,499
Total Capital Assets Not Depreciated	247,124	193,208	(212,590)	227,742
Buildings and improvements	1,034,819	133,523	(904)	1,167,438
Equipment	1,154,244	32,595	(20,728)	1,166,111
Right-of-use leased buildings	50,749	57,718	-	108,467
Right-of-use leased equipment	3,433	27,173	-	30,606
Total Capital Assets Being Depreciated	2,243,245	251,009	(21,632)	2,472,622
Less: accumulated depreciation for:				
Buildings and improvements	(416,320)	(45,527)	878	(460,969)
Equipment	(731,725)	(84,875)	20,102	(796,498)
Right-of-use leased buildings	(15,759)	(10,438)	-	(26,197)
Right-of-use leased equipment	(3,087)	(1,261)	-	(4,348)
Total Accumulated Depreciation	(1,166,891)	(142,101)	20,980	(1,288,012)
Total Capital Assets Being Depreciated, Net	1,076,354	108,908	(652)	1,184,610
Total Capital Assets, Net	\$ 1,323,478	\$ 302,116	\$ (213,242)	\$ 1,412,352

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Construction-in-progress (CIP) at September 30, 2022 consists primarily of expenditures for computer equipment, surgical equipment, and building renovations and improvements. The numerous projects underway at September 30, 2022 are funded through operations and by assets designated by the System's Board of Directors for the replacement of plant and equipment. The System did not capitalize interest for the years ended September 30, 2022 or 2021.

Depreciation expense was approximately \$129.3 million and \$134.7 million for the years ended September 30, 2022 and 2021, respectively.

7. Other Assets

Other assets consist of the following:

September 30,	2022	Restated* 2021
Deposits and other	\$ 5,826	\$ 11,924
Long-term lease receivable	9,265	10,734
Investments in joint ventures	41,634	23,037
Other Assets	\$ 56,725	\$ 45,695

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

On May 23, 2022, the System, through LHH, acquired a 49.0% membership interest in Encompass Health Rehabilitation Hospital of Cape Coral, LLC (Encompass Health) for cash consideration of \$16.3 million and accounts for such interest under the equity method. Encompass Health owns and operates a 40-bed rehabilitation facility in Cape Coral, Florida. The System's interest in Encompass Health's equity was approximately \$15.6 million at September 30, 2022 and is included in noncurrent assets. The System's reported its interest in Encompass Health's net loss as nonoperating loss of approximately \$0.7 million for the year ended September 30, 2022. Encompass Health's operating expenses exceeded revenue due to the start-up nature of its operations. Separate financial statements of Encompass Health are not publicly available.

The System entered into an Ancillary Services Agreement with Encompass Health, effective May 18, 2022, to provide laboratory, radiology, cardiovascular imaging, and emergency room services to Encompass Health patients. The agreement is for a one-year term and automatically renews for additional one-year terms unless otherwise terminated. Either party may terminate the agreement without cause with at least 60 days' prior written notice. Where permitted, the System directly bills the patient or insurer for services provided to Encompass Health patients. Where not permitted by law, government or a commercial third party to directly bill the patient, Encompass Health pays the System for the services provided at rates equal to the Medicare fee schedule.

The System has a 44.45% membership interest in a not-for-profit organization, LeeSar, Inc. (LeeSar) and accounts for such interest under the equity method. The System, along with the two other member health systems, developed LeeSar to meet the participating health systems' materials services and distribution needs. The System's interest in the equity of LeeSar was approximately \$26.1 million and \$23.0 million at September 30, 2022 and 2021, respectively, and is included in other noncurrent assets. The System's interest in LeeSar's excess of revenues over expenses was approximately \$1.7 million and \$3.6 million for the years ended September 30, 2022 and 2021, respectively. The change in LeeSar's reported excess of revenues over expenses from 2021 to 2022 was driven primarily by a decrease in other income of \$3.8 million, due primarily to a \$4.9 million forgiveness of a Paycheck Protection Program Loan in 2021. Separate financial statements of LeeSar are not publicly available.

LeeSar provides supplies, storage and distribution services, meal preparation services, and medical equipment sterilization services to the System. Total payments to LeeSar for such services were \$174.8 million and \$194.8 million for the years ended September 30, 2022 and 2021. At September 30, 2022 and 2021, respectively, amounts due to LeeSar of approximately 12.2 million and \$14.5 million are included in accounts payable and amounts due from LeeSar of approximately \$8.3 million and \$6.9 million are included in other current assets in the consolidated statements of net position.

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

8. Accrued Expenses

Accrued expenses consist of the following:

<i>September 30,</i>	2022	Restated* 2021
Employee compensation	\$ 58,637	\$ 61,524
Interest	13,579	12,622
Other	72,497	67,725
Accrued Expenses	\$ 144,713	\$ 141,871

** Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)*

9. Revenue Bonds

Revenue bonds consist of the following outstanding principal balances. Payment descriptions refer to principal payments only.

<i>September 30,</i>	2022	2021
Revenue Bonds		
Hospital Revenue Bonds, 2019 Series A (2019 Series A Bonds), payable in variable annual installments beginning April 2020 through April 2049. Net of unamortized premium of approximately \$48,143 and \$51,845 in 2022 and 2021, respectively	\$ 441,053	\$ 453,650
Hospital Revenue Bonds, 2019 Series B (2019 Series B Bonds), payable in variable annual installments beginning April 2038 through April 2049	50,315	50,315
Hospital Revenue Bonds, 2010 Series A (2010 Series A Bonds), payable in variable annual installments beginning April 2025 through April 2027	42,000	42,000
Total Revenue Bonds	533,368	545,965
Less: current installments	(4,710)	(8,895)
Revenue Bonds, excluding current installments	\$ 528,658	\$ 537,070

2019 Series A Bonds

In April 2019, the System issued Hospital Revenue Bonds, 2019 Series A, in the amount of \$421.4 million. The proceeds of the bonds were used to finance capital improvements to the health care facilities of the System, as well as refund certain revenue bonds and loans and notes payable. Costs of bond issuance were covered through proceeds of the bond. The 2019 Series A Bonds were issued in two interest rate modes: (1) 2019 Series A-1 as fixed rate and (2) 2019 Series A-2 as term rate. Both modes pay interest semi-annually on April 1 and October 1 each year with the term rate of 5.0%. The issuance of the 2019 Series A Bonds resulted in a premium of \$60.9 million to be amortized over the life of the bonds and bond issuance costs of \$3.0 million.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

2019 Series B Bonds

In April 2019, the System issued Hospital Revenue Bonds, 2019 Series B, in the amount of \$50.3 million. The proceeds of the 2019 Series B Bonds were used to finance capital improvements to the health care facilities of the System. Costs of bond issuance were covered through proceeds of the bonds. The 2019 Series B Bonds were issued as variable in the R-FLOATS mode with interest rates reset weekly and payable monthly. Weekly rates are determined by the remarketing agent based off current relevant market conditions and credit rating factors. If the remarketing agent fails to determine the weekly rate, an alternate rate based off the Securities Industry and Financial Markets Association (SIFMA) index is utilized. Principal is paid annually in April. No premiums or discounts were recognized in the issuance of this debt.

2010 Series A Bonds

In May 2010, the System issued Hospital Revenue Bonds, 2010 Series A (Build America Bonds - Direct Payment) in the amount of \$42.0 million. The proceeds of the 2010 Series A Bonds were used to finance a portion of the costs of acquisition, equipping, and construction of the System's healthcare facilities. The 2010 Series A Bonds were issued as fixed-rate bonds with interest payable semi-annually on April 1 and October 1 of each year at 7.281% with a 33.005% interest paid rebate from the Internal Revenue Service, which becomes an effective rate of 4.878%.

Master Trust Indenture

The System's outstanding revenue bonds are secured by the Master Trust Indenture (MTI) formed by the Obligated Group composed of entities within the System. The following information summarizes finance-related consequences. The MTI is available on the EMMA (Electronic Municipal Market Access) website for full disclosure.

Per the MTI, the following are considered financial events of default:

- Inability of the Obligated Group to make payment of principal, premium, or interest.
- Failure of any member of the combined group to comply with any covenant or agreement under the MTI for a period of 30 days within written notice of such failure.
- Failure of any member of the Obligated Group to make any required payment with respect to indebtedness, which indebtedness is in an aggregate principal amount greater than 1% of total revenues for the most recent fiscal year.
- Consent of petition seeking reorganization, arrangement adjustment, or composition under the U.S. Bankruptcy Code.

In the event of default, the Master Trustee may declare all obligations outstanding immediately due and payable in an amount equal to the total principal amount of all determined obligations, plus all interest accrued to the date of acceleration. The Master Trustee shall enforce its rights and the rights of the holders by enforcing payment of amounts due or becoming due under the obligations; suit upon all or any part of the obligations; or civil action to require any person holding moneys, documents, or other property pledged to secure payment of amounts due or becoming due on the obligations.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

10. Loans and Notes Payable

Loans and notes payable consist of the following outstanding principal balances. Payment descriptions refer to principal payments only.

<i>September 30,</i>	2022	2021
Loans and Notes Payable		
2022 TD Bank Loan, payable in variable annual installments beginning April 2023 through April 2052	\$ 75,000	\$ -
2022 JP Morgan Chase Loan, payable in variable annual installments beginning April 2023 through April 2052	75,000	-
2020 TD Bank Loan, payable in variable annual installments beginning April 2021 through June 2035	97,300	99,700
2020 JP Morgan Chase Loan, payable in fixed annual installments beginning April 2021 through April 2032	43,333	47,667
2016 BAPCC Loan, payable in variable monthly installments beginning July 2016 through June 2023	2,810	6,506
2015 BAPCC Loan, payable in variable monthly installments beginning October 2015 through September 2025	16,045	21,186
2015 Bank of America Loan, payable in variable annual installments beginning April 2016 through April 2024	30,390	40,010
Other direct borrowings	58,428	64,332
Total Loans and Notes Payable	398,306	279,401
Less: current installments	(42,591)	(32,469)
Loans and Notes Payable, excluding current installments	\$ 355,715	\$ 246,932

The System's loans and notes payable primarily require compliance with the MTI and, in some (but not all) cases, are secured by the MTI. In addition, the loan or lease agreements underlying the direct and other direct borrowings may contain additional and/or more restrictive covenants and additional events of default than are contained in the MTI and, in the case of the leases, different remedies upon default, as noted in the individual descriptions of the direct borrowings below.

2022 TD Bank Loan

In March 2022, the System's Board of Directors approved the issuance of the new direct bank loan in the amount of \$75 million to reimburse the System for prior capital expenditures. The 2022 TD Bank Loan closed April 12, 2022 and is secured by Obligation No. 34 issued under the MTI. Principal payments are paid annually in April and amortized over 30 years with a mandatory purchase date of April 12, 2037. Interest is payable quarterly accruing at a fixed rate of 2.42% per annum and is subject to adjustments. The loan agreement includes covenants and events of default that are more expansive than the MTI and provides that Obligation No. 34 is an accelerable instrument upon an event of default. Obligation No. 34 and the loan agreement is located on the EMMA website for full disclosure. Issuance costs were paid with internal funds.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

2022 JP Morgan Chase Loan

In March 2022, the System's Board of Directors approved the issuance of the new direct bank loan in the amount of \$75 million to reimburse the System for prior capital expenditures. The 2022 JP Morgan Chase Loan (DNT Asset Trust) closed April 12, 2022 and is secured by Obligation No. 35 under the MTI. Principal payments are paid annually in April and amortized over 30 years with a mandatory purchase date of April 12, 2037. Interest is payable semi-annually in October and April accruing at a fixed rate of 2.33% per annum and is subject to adjustments. The loan agreement includes covenants and events of default that are more expansive than the MTI and provides that Obligation No. 35 is an accelerable instrument upon an event of default. Obligation No. 35 and the loan agreement is located on the EMMA website for full disclosure. Issuance costs were paid with internal funds.

2020 TD Bank Loan

In March 2020, the System's Board of Directors approved the issuance of the new direct bank loan in the amount of \$102 million to reimburse the System for prior capital expenditures. The 2020 TD Bank Loan closed June 25, 2020 and is secured by Obligation No. 33 issued under the MTI. Principal payments are paid annually in April and amortized over 30 years with a mandatory purchase date of June 25, 2035. Interest is payable quarterly accruing at a fixed rate of 1.88% per annum and is subject to adjustments. The loan agreement includes covenants and events of default that are more expansive than the MTI and provides that Obligation No. 33 is an accelerable instrument upon an event of default. Obligation No. 33 and the loan agreement are located on the EMMA website for full disclosure. Issuance costs were paid with internal funds.

2020 JP Morgan Chase Loan

In January 2020, the System's Board of Directors approved the issuance of the new direct bank loan in the amount of \$52 million to reimburse the System for prior capital expenditures related to the expansion of Gulf Coast Medical Center. The 2020 JP Morgan Chase Loan (DNT Asset Trust) closed March 3, 2020 and is secured by Obligation No. 32 under the MTI. Principal payments are paid annually in April with the loan set to mature in April 2032. Interest is payable semi-annually in October and April accruing at a fixed rate of 1.68% per annum. The loan agreement includes covenants and events of default that are more expansive than the MTI and provides that Obligation No. 32 is an accelerable instrument upon an event of default. Obligation No. 32 and the loan agreement are located on the EMMA website for full disclosure. Issuance costs were paid with internal funds.

2016 BAPCC Loan

On April 28, 2016, the System's Board of Directors approved the issuance of new debt in the amount of \$25 million to reimburse the System for prior capital expenditures through a lease under a master lease agreement. The 2016 BAPCC Loan bears a fixed rate of 1.55% paid monthly and matures in June 2023. Issuance costs were paid with internal funds. If the System is unable to make payment within 30 days of written notice, it will be considered in default. The lessor may terminate the lease, demand payment of all amounts up to the original term and any contemplated renewal terms, and require the return of all equipment under the lease.

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

2015 BAPCC Loan

On August 27, 2015, the System's Board of Directors approved the issuance of new debt in the amount of \$50 million to reimburse the System for prior capital expenditures through a lease under a master lease agreement. The 2015 BAPCC Loan bears a fixed-interest rate of 1.97% paid monthly and matures in September 2025. Issuance costs were paid with internal funds. If the System is unable to make payment within 30 days of written notice, it will be considered in default. The lessor may terminate the lease, demand payment of all amounts up to the original term and any contemplated renewal terms, and require the return of all equipment under the lease.

2015 Bank of America Loan

On June 25, 2015, the System's Board of Directors approved the refunding and refinancing of certain revenue bonds with a direct bank loan of \$50.85 million. Principal payments of the 2015 Bank of America Loan are paid annually in April while the interest payments are paid semi-annually in October and April at a fixed rate of 2.79%. The 2015 Bank of America Loan is set to mature in April 2024. Issuance costs were paid with internal funds. Inability to make debt service payments for this loan or any general debt obligations, or the inability to meet specified debt covenants will be considered an event of default. If such events occur, at the discretion of the lender, the balance outstanding of this loan along with other obligations of the System to the lender, become immediately due and payable within 15 days of declaration and/or the rate of interest on the unpaid principal shall be increased at the lenders discretion, to the lesser of the prime rate plus 3% per annum, or the maximum rate permitted by law. Unpaid interest or fees, for the purpose of calculating interest, may become part of the principal balance and is compounded on a daily basis until the entire outstanding principal and interest balance is paid.

Other Direct Borrowings

In September 2005, the System entered into a ground lease with CB Medical South, LLC and a ground lease with CB Medical North, LLC (collectively, the Lessors), whereby CB Medical South, LLC and CB Medical North, LLC are leasing constructed medical office buildings to the System. Since the System had continuing involvement with the assets as discussed in lease guidance addressing sale-leaseback transactions involving real estate, the System was unable to remove the assets and related debt from its consolidated statements of net position after construction of the assets were completed.

On August 26, 2010, the System's Board of Directors approved the acquisition of the ownership interest in CB Medical North, LLC, which owns the land and building housing the Lee Memorial Regional Cancer Center at the Sanctuary and CB Medical South, LLC, which owns the land and building housing the Outpatient Center at the Sanctuary. The System acquired full ownership effective October 1, 2010. As part of the transaction, the System assumed the mortgages on the properties, which totaled approximately \$62.0 million plus approximately \$2.3 million in cash. The System was required to update the previous capital asset and long-term debt recordings to reflect the purchase transaction. The CB Medical South, LLC and CB Medical North, LLC values for capital assets and long-term debt reported as of September 30, 2010 reflected the lease guidance addressing sale-leaseback transactions. The CB Medical South, LLC and CB Medical North, LLC values for capital assets and long-term debt reported as of September 30, 2014 reflect the full ownership interest resulting from the October 1, 2010 acquisition transaction. At September 30, 2022 and 2021, the value included in capital assets, net of accumulated depreciation, amounted to approximately \$21.3 million and \$22.3 million, respectively, for the Sanctuary Regional Cancer

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Center, and the total outstanding debt amounted to approximately \$20.7 million and \$21.7 million, respectively. At September 30, 2022 and 2021, the value included in capital assets, net of accumulated depreciation, amounted to approximately \$23.7 million and \$24.9 million, respectively, for the Sanctuary Outpatient Center, and the total outstanding debt amounted to approximately \$28.1 million and \$29.3 million, respectively.

In April 2018, the System entered into a Purchase Money Mortgage with Lee Healthcare Resources, a Florida not-for-profit corporation, in the amount of \$10.3 million plus approximately \$1.9 million in cash for the Med Plaza One Building. Principal payments of \$2.1 million plus interest will be paid annually through April 2023. Interest on the principal sum of this note as of September 2021 was 0.89% per annum and is subject to annual adjustment based on the Applicable Federal Rate. The Med Plaza One Building is comprised of medical and administrative offices. If principal or interest payments are not made within 30 days of the due date, the System will be considered in default. In the event of default, interest on principal outstanding shall be computed at the rate of 10% per annum, but not in excess of the maximum rate permitted by Florida law. The holder may, at its option and without notice, require full payment of principal and accrued interest outstanding.

In November 2018, the System entered into a 20-year lease agreement with Plantation Medical Center SNU, LLC, a Florida Limited Liability Company. The System utilizes the 57,650 square-foot facility as the Skilled Nursing Unit at GCMC. The System has accounted for the debt obligation in its consolidated financial statements with a total value of \$22.0 million and the remaining balance of \$17.8 million as of September 30, 2022. There is a 2.5% annual increase to the rent obligation each November until the 11th year of the agreement, at which point the rent is adjusted to the Market Lease Rate as determined by an appraiser. The rate will continue to increase annually by 2.5% for the remainder of the lease. The System has the option to purchase the premises at year ten and every five years thereafter.

In February 2020, the System entered into a promissory note with Lee Healthcare Resources in the amount of \$12.2 million for the purchase of land and medical offices that the System had been previously leasing. The Pine Island/Bass Road Note is payable in equal payments of \$3.2 million each over four years beginning February 20, 2021, including interest accruing at a fixed rate of 1.75% per annum. The Pine Island/Bass Road Note is not secured by the MTI. If principal or interest payments are not made within 30 days of the due date, the System will be considered in default. In the event of default, interest on principal outstanding shall be computed at the rate of 10% per annum, but not in excess of the maximum rate permitted by Florida law. Upon an event of default, the holder may, at its option and without notice, require full payment of principal and accrued interest outstanding.

The MTI and direct borrowing loan and lease agreements require the System to maintain specified financial ratios, the most restrictive of which are a minimum debt service coverage ratio, long-term debt to capital ratio, and minimum cash and investment balances, and provide a pledge of revenues of the System on a parity basis. The System was in compliance with the financial covenants for the years ended September 30, 2022 and 2021. The nonobligated group members include the Lee County Trauma Services District; Lee Memorial Home Health, Inc.; Health Park Care Center; the Lee Health Foundation, Inc.; LCH; Best Care Assurance, LLC.; Best Care Collaborative, LLC; Best Care Partners, Inc.; Bonita Community Health Center Inc.; Lee Healthcare Holdings, LLC.; and Paramount Surgery Center LLC.

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11. Right-of-Use Lease Obligations

Right-of-use lease obligations are as follows:

<i>September 30,</i>	2022	Restated*
		2021
Right-of-use lease obligations	\$ 115,266	\$ 107,862
Less current installments	(13,613)	(14,836)
Right-of-Use Lease Obligations, less current installments	\$ 101,653	\$ 93,026

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

During the year ended September 30, 2022 interest expense of approximately \$5.3 million was incurred related to the lease obligations with interest rates ranging from 0.33% to 4.89%. During the year ended September 30, 2022, the System incurred and reported approximately \$2.1 million in short-term and variable lease-related expense as supplies and other services expense in the accompanying statements of revenues, expenses and changes in fund net position.

12. Long-Term Debt

Long-term debt is comprised of revenue bonds and related bond premium, loans and notes payable, and lease obligations. Long-term debt activity for the years ended September 30, 2022 and 2021 were as follows:

	Restated* Balance, September 30, 2021	Increases	Decreases	Balance, September 30, 2022	Due Within One Year
Revenue Bonds					
2019 Series A Bonds	\$ 453,650	\$ -	\$ (12,597)	\$ 441,053	\$ 4,710
2019 Series B Bonds	50,315	-	-	50,315	-
2010 Series A Bonds	42,000	-	-	42,000	-
Total Bonds	545,965	-	(12,597)	533,368	4,710
Loans and Notes Payable					
2022 TD Bank loan	-	75,000	-	75,000	1,700
2022 JP Morgan Chase Loan	-	75,000	-	75,000	1,700
2020 TD Bank Loan	99,700	-	(2,400)	97,300	2,400
2020 JP Morgan Chase Loan	47,667	-	(4,334)	43,333	4,333
2016 BAPCC Loan	6,506	-	(3,696)	2,810	2,810
2015 BAPCC Loan	21,186	-	(5,141)	16,045	5,243
2015 Bank of America Loan	40,010	-	(9,620)	30,390	15,425
Other direct borrowings	64,332	2,930	(8,834)	58,428	8,980
Total Loans and Notes Payable	279,401	152,930	(34,025)	398,306	42,591
Right-of-Use Lease Obligations	107,862	17,862	(10,458)	115,266	13,613
Total	\$ 933,228	\$ 170,792	\$ (57,080)	\$ 1,046,940	\$ 60,914

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	Balance, September 30, 2020	Increases	Decreases	Restated* Balance, September 30, 2021	Due Within One Year
Revenue Bonds					
2019 Series A Bonds	\$ 465,457	\$ -	\$ (11,807)	\$ 453,650	\$ 8,895
2019 Series B Bonds	50,315	-	-	50,315	-
2010 Series A Bonds	42,000	-	-	42,000	-
Total Bonds	557,772	-	(11,807)	545,965	8,895
Loans and Notes Payable					
2020 TD Bank Loan	102,000	-	(2,300)	99,700	2,400
2020 JP Morgan Chase Loan	52,000	-	(4,333)	47,667	4,333
2016 BAPCC Loan	10,146	-	(3,640)	6,506	3,696
2015 BAPCC Loan	26,227	-	(5,041)	21,186	5,141
2015 Bank of America Loan	49,540	-	(9,530)	40,010	9,620
Other direct borrowings	71,305	-	(6,973)	64,332	7,279
Total Loans and Notes Payable	311,218	-	(31,817)	279,401	32,469
Right-of-Use Lease Obligations	39,183	73,489	(4,810)	107,862	14,836
Total	\$ 908,173	\$ 73,489	\$ (48,434)	\$ 933,228	\$ 56,200

Maturities of long-term debt and corresponding interest over the next five years and in five-year increments thereafter are as follows at September 30, 2021:

Year ending September 30,

	Revenue Bonds		Loans and Notes Payable		Right-of-Use Lease Obligations	
	Principal	Interest	Principal	Interest	Principal	Interest
2023	\$ 4,710	\$ 21,888	\$ 41,667	\$ 10,424	\$ 13,613	\$ 5,713
2024	5,420	21,652	36,521	9,454	13,339	5,648
2025	21,860	21,381	19,044	8,470	10,864	5,424
2026	23,055	20,291	14,023	7,999	9,584	5,033
2027	24,180	19,161	14,590	7,561	7,315	3,506
2028-2032	115,075	78,111	81,936	30,214	18,393	14,031
2033-2037	153,980	47,449	47,080	18,583	15,459	14,331
2038-2042	45,550	20,764	44,520	13,680	10,090	5,714
2043-2047	62,945	10,598	50,490	8,524	6,697	2,300
2048-2052	28,450	1,203	47,512	2,812	4,841	1,382
2053-2056	-	-	-	-	5,070	395
	485,225	262,498	397,393	117,721	115,266	63,477
Unamortized premium	48,143	-	-	-	-	-
	\$ 533,368	\$ 262,498	\$ 397,393	\$ 117,721	\$ 115,266	\$ 63,477

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

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13. Retirement Plans

Tax Sheltered Annuity Plan

The System provides a single-employer tax deferred annuity program for all eligible employees who elect to participate in the program. The annuity program is administered by the System. The Lee Memorial Hospital Tax Sheltered Annuity Plan (the Annuity Plan) purchases annuity contracts for participating employees through salary reduction, thereby deferring taxability of these amounts. For employees with one year or more of eligible service, the System participates in the Annuity Plan by matching approximately 5% of the participating employees' salaries. The Board of Directors of the System has the sole discretion to amend the Annuity Plan and change the contribution amount. Contribution expense incurred by the System in connection with the Annuity Plan was \$25.0 million and \$20.0 million for the years ended September 30, 2022 and 2021, respectively.

Retiree Health Insurance Plan

The System sponsors the Retiree Health Insurance Plan (the RHI Plan), which is a post-employment benefit plan (OPEB).

Plan Description

As of September 30, 2022, the System's RHI Plan, which provides medical benefits to active employees, also provides medical benefits to eligible retired employees under a defined benefit post-employment healthcare plan.

The contribution requirements of the RHI Plan members and the System are established and may be amended by the System's Board of Directors. Current retiree RHI Plan members who are receiving benefits do not contribute to the RHI Plan as the System covered their health insurance based on current Medicare regulations, which made the RHI Plan the secondary payer with Medicare paying as the primary payer.

Effective January 1, 2009, employees who retire at age 65 or later with 20 years of continuous full-time service or equivalent part-time service will receive, if they elect retiree health coverage, a \$2,500 check each year for the rest of their life, which will be increased in subsequent years by 2%.

Benefits Provided

The RHI Plan provides for a \$2,500 per-retiree benefit to be paid on an annual basis. The RHI Plan also sets forth an increase of 2% per year after retirement. To be eligible for benefits, an employee must meet one of four eligibility requirements. The first is to retire after attaining age 65 with 20 years of continuous full-time (or equivalent) service and retire after January 1, 2009. The second is to be age 63 or older on May 1, 1993 and retire after attaining age 65 with 20 years full-time (or equivalent) service. The third is to become disabled with 20 years continuous full-time (or equivalent) service, before attaining age 65. Last, an employee would need to have 30 or more years of full-time (or equivalent) service on September 30, 2009. Part-time services count as ½ of full-time service. Temporary or PRN service is not eligible.

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Notes to Consolidated Financial Statements (in thousands)

Contributions

The System's funding policy is to fund on a pay-as-you-go basis so there are no contributions.

Employees Covered by Benefit Terms

As of April 1, 2020, the census date for the OPEB liability, the following employees were covered by the benefit terms:

Participant data, as of April 1, 2020:

Retirees	463
Fully eligible	966
Other	2,070
	<hr/>
	3,499

Net OPEB Liability

The System's OPEB service cost and total OPEB liability were measured as of July 1, 2022, the measurement date, based on participant data as of the census date.

The total OPEB liability in the September 30, 2022 actuarial valuation was projected from the measurement date using standard methodology, adjusting for benefit payments, expected growth in benefit obligations, changes in key assumptions and plan provisions, and any significant changes in plan demographics that occurred during the year. Assumptions and methods used in the estimate are as follows:

Current health care cost trend rate	6.25%
Investment rate of return	0.0%, due to unfunded nature of the RHI Plan
Salary increases	3.0%

Healthy mortality rates were based on the following demographic assumptions: a base table of Pri-2012, a base mortality table year 2012, table type - no collar, table weighting - headcount, blending of separate rates for annuitants and non-annuitants (based on Employees table), blending of retirees, and contingent annuitants of combined non-disabled annuitant mortality. The mortality improvement scale (male table for males and female table for females) was MP-2021.

The disability mortality rates (non-sunset employees only) were based on the following demographic assumptions: a base table of Pri-2012, base mortality table year 2012, table type - no collar, table weighting - headcount, and a base scale of MP-2021.

The actuarial cost method used is Entry Age Normal (EAN).

The discount rate used to measure the total OPEB liability was 1.84%. The individual EAN Cost Method is used in completing the actuarial valuation. Under this method, the normal cost is the level percentage of pay contribution that would have been required from age on the valuation date coincident with or next following the date the employee is hired in order to fund the employed participant's OPEB benefits if the current plan provisions regarding accrual of benefits had always been in effect. The total OPEB liability is the excess of the present value of future benefits over the

Lee Memorial Health System

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present value of future service costs for employed participants. The service cost and total OPEB liability for the RHI Plan are the sums of the individually computed service costs and OPEB liabilities for all plan participants.

The discount rate for an unfunded OPEB plan is based on a 20-year high-quality municipal bond rate as of the last business day preceding or coincident with the measurement date. The discount rate used in the valuation was determined using the 20-year yields on the Fidelity AA Municipal General Obligation Fund (rounded to two decimal places).

Changes in the net OPEB liability are summarized in the following table:

Net OPEB Liability, September 30, 2021	\$	68,835
Changes for the year:		
Service cost		1,445
Interest cost		1,354
Changes in benefit terms		-
Differences between expected and actual experience		(402)
Changes of assumptions		1,753
Benefit payments		(1,746)
Net Change		2,404
Net OPEB Liability, September 30, 2022	\$	71,239

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

The following table presents, as of September 30, 2022, the System's net OPEB liability calculated using the discount rate of 1.84%, as well as the net OPEB liability using a discount rate that is 1% lower (1.0%) or 1% higher (3.0%):

	1% Decrease (1.0%)	Current Discount Rate (1.84%)	1% Increase (3.0%)
Net OPEB Liability	\$ 62,497	\$ 71,239	\$ 81,764

Sensitivity of the Net OPEB Liability to Changes in the Healthcare Cost Trend Rate

The following presents, as of September 30, 2022, the System's net OPEB liability calculated using the healthcare cost trend rate of 6.25%, as well as the net OPEB liability using a rate that is 1% lower (5.0%) or 1% higher (7.0%):

	1% Decrease (5.0%)	Current Healthcare Cost Trend Rate (6.25%)	1% Increase (7.0%)
Net OPEB Liability	\$ 70,209	\$ 71,239	\$ 72,863

The System is currently funding the OPEB obligation as benefits are paid; therefore, no assets have been segregated and/or restricted to provide the postemployment benefits.

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Significant actuarial assumptions used as of the measurement date are as follows:

Discount rate on 20-year general obligation municipal bonds	1.84% as of the last business day preceding the measurement date
Rates of increase in compensation	3.0% based on the System's budgetary salary increase for the fiscal year 2023 budget year

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

The System recognized OPEB expense of approximately \$5.8 million and \$5.1 million for the years ended September 30, 2022 and 2021, respectively. At September 30, 2022, the System reported deferred outflows and deferred inflows of resources related to OPEB from the following sources:

September 30, 2022

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 1,547	\$ 362
Changes of assumptions	4,903	-
Total	\$ 6,450	\$ 362

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense, as follows:

Year ending September 30,

2023	\$ 1,842
2024	1,512
2025	1,512
2026	1,067
2027	155
Thereafter	-

Payable to the OPEB Plan

As of September 30, 2022, there are no payables to the RHI Plan.

Defined Benefit Pension Plan

Plan Description

Effective July 1, 1996, the System became the sponsor of the frozen retirement plan of the CCMC Plan). The CCMC Plan was frozen on September 30, 1995 by the management in place at that time. The CCMC Plan is a noncontributory, single-employer defined benefit plan, administered by a committee appointed by the System. Under the provisions of the CCMC Plan, the System has the authority to make amendments. There have been no new members of the CCMC Plan since the date the CCMC Plan was frozen. The CCMC Plan provides life-only annuity benefits to plan members and

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beneficiaries. An actuarial report is prepared each year effective June 30 and is available from the System. The funding policy of the System is to contribute an amount at least equal to the annual required contribution prescribed by GASB and determined by the actuary. For the years ended September 30, 2022 and 2021, the Annual Required Contribution (ARC) was \$1.2 million each year.

Benefits Provided

The CCMC Plan provides for retirement and death benefits. Retirement benefits are determined based upon varying formulas dependent on years of service. All employees of the employer were eligible to participate in the CCMC Plan as of the first day of the month coincident with or next following the date on which they completed one year of vesting service. All other employees became participants as of the first day of the month coincident with or next following the completion of one year of service during which they accumulated at least 1,000 hours of service. No new participants entered after September 30, 1995, unless they had previously been participants before September 30, 1995.

The accrued benefit is calculated using the formula for the normal retirement benefit, based upon the average monthly compensation and years of benefit service as of the date of the calculation. The accrued benefit is payable at the normal retirement date in the normal form of payment. Accrued benefits were frozen as of September 30, 1995. The normal retirement benefit is calculated by taking 2% of the average monthly compensation multiplied by years of benefit service up to a maximum of 20 years. Benefit terms also provide for annual cost-of-living adjustments to retired participants based upon the Secretary of the Treasury for cost-of-living increases.

Employees Covered by Benefit Terms

At July 1, 2022, the measurement date for the pension liability, the following employees were covered by the benefit terms:

Participant data, July 1, 2022:

Active	60
Terminated vested	412
Retired	455
	927

Contributions

The CCMC Plan Sponsor's funding policy is to make contributions to meet the minimum funding requirements of the Code Sections 412(a) and 430 as determined by an independent actuary. Additionally, the Plan Sponsor may contribute an amount above the required contribution. For the years ended September 30, 2022 and 2021, the Plan Sponsor's contributions of approximately \$2.1 million and \$1.6 million, respectively, meet the minimum funding requirements.

Net Pension Liability

The System's net pension liability was measured as of July 1, 2022, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of September 30, 2022. The net pension liability of \$7.1 million and \$2.7 million is included in pension

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and post-employment benefit plan liabilities in the accompanying statements of net position at September 30, 2022 and 2021, respectively.

The total pension liability in the September 30, 2022 actuarial valuation was determined using the following actuarial assumptions, applied to all periods in the measurement:

Inflation	2.4%
Investment rate of return*	5.7%
Salary increases	N/A

* Net of pension plan investment expense, including inflation

Effective September 30, 2022, the assumption for mortality amounts weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021.

The long-term expected rate of return on pension plan investments was determined using a building block method in which best-estimate ranges of expected real rates of return (expected returns, net of plan investment expenses, 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 future real rates of return by the target asset allocation percentage and adding expected inflation.

The best estimates of geometric real rates of return for each major asset class included in the pension plan's target asset allocation as of September 30, 2022 are summarized as follows:

Asset Class	Target Allocation (%)	Real Rate of Return (%)
Domestic equity	37.1	4.3
International equity	17.0	5.3
Corporate fixed income	24.0	0.4
Government fixed income	20.2	0.3
Cash	1.7	(0.2)
Total	100	

The discount rate used to measure the total pension liability was 5.70% and 5.75% for the years ending September 30, 2022 and 2021, respectively. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made in amounts equal to the actuarially determined contributions. Based on that assumption, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. For the year ended September 30, 2022, the annual money-weighted rate of return on pension plan investments, net of pension plan investment expense, was 5.70%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

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Changes in the net pension liability are summarized as follows:

	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
Beginning Balance, September 30, 2021	\$ 32,804	\$ 30,110	\$ 2,694
Changes for the year:			
Interest	1,830	-	1,830
Differences between expected and actual experience	(289)	-	(289)
Changes of assumptions	230	-	230
Net investment income	-	(4,262)	4,262
Benefit payments	(1,976)	(1,976)	-
Contributions from the System	-	1,786	(1,786)
Administrative expense	-	(137)	137
Net Change	(205)	(4,589)	4,384
Ending Balance, September 30, 2022	\$ 32,599	\$ 25,819	\$ 7,078
Plan Fiduciary Net Position, as a percentage of the total pension liability		78%	

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

The following presents, as of September 30, 2022, the System's net pension liability calculated using the discount rate of 5.75%, as well as the net pension liability using a discount rate that is 1% lower (4.75%) or 1% higher (6.75%):

	1% Decrease (4.70%)	Current Discount Rate (5.70%)	1% Increase (6.70%)
Net Pension Liability	\$ 10,028	\$ 7,078	\$ 4,535

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Defined Benefit Pension

The System recognized a \$0.8 million increase of total pension liability as pension benefit expense for the year ended September 30, 2022. The System recognized a \$1.3 million net reduction of total pension liability as a reduction of pension benefit expense for the year ended September 30, 2021.

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The System reported deferred outflows of resources and deferred inflows of resources related to defined benefit pension from the following sources as of September 30, 2022:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences Between Expected and Actual Experience	\$ 2,555	\$ -

Amounts reported as deferred outflows of resources and deferred inflows of resources related to defined benefit pension will be recognized in pension expense, as follows:

Year ending September 30,

2023	\$ 608
2024	-
2025	590
2026	442
2027	1,200

Payable to the Defined Benefit Pension Plan

As of September 30, 2022 and 2021, there are no payables to the CCMC Plan.

14. Commitments and Contingencies

Risk Management

The System 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. A combination of commercial insurance and self-administered, self-funded programs provide coverage for claims arising from such matters. Settled claims have not exceeded the commercial coverage in the current or preceding year.

Professional Liability Insurance

The System is subject to various medical malpractice claims arising in the normal course of its business activities. The System is self-insured for professional liability claims and is relying on a limitation of its liability established by the Waiver of Sovereign Immunity Act of the State of Florida (the Act). The Act limits the amount of damages the System would be required to pay up to \$100,000 per claimant or \$200,000 per incident. Effective October 1, 2011, the sovereign immunity limits in Florida have been increased to \$200,000 per claimant or \$300,000 per incident. In 1986, the Florida Supreme Court affirmed the constitutionality of the Act and its applicability to public hospitals. Various suits and claims arising in the ordinary course of business are pending against the System. Management is of the opinion that future potential uninsured losses from incidents occurring prior to September 30, 2022, if any, will not be materially different from the amounts recorded in the accompanying consolidated financial statements.

The System has been named as a defendant in a number of malpractice lawsuits. In the event that a claim exceeds its sovereign immunity level, the System may incur charges in excess of its established reserves that could have an adverse impact on the System's change in net position and

Lee Memorial Health System

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net cash flows in the period in which it is recorded or paid. The Act provides that with regard to judgments exceeding those limits, that the plaintiff may seek enactment of a legislative claim bill by the Florida Legislature, seeking recovery of an amount in excess of those limits. A claims bill must be presented and sponsored by a Senator or Representative of the state of Florida, passed through committee, and signed by the Governor of Florida according to Florida Statute 768.28. Without waiving its entitlement to the rights and benefits of the Florida Waiver of Sovereign Immunity Act, the System has insurance protection not to exceed \$25 million, subject to a \$5 million per-claim self-insured retention. This excess insurance is written on a claims-made basis, effective August 1, 2012, with a retroactive date of May 1, 2010. In accordance with Florida law, the purchase of this insurance does not operate as a waiver of the limits on damages as described above. Management does not record a liability for estimated malpractice claims in excess of the liability established pursuant to the Act until claim is approved for settlement through the claims bill process.

Cape Memorial Hospital, Inc.'s and Lee Memorial Home Health, Inc.'s professional malpractice liability insurance is covered under the System's established program under the Act, effective for claims occurring on or after October 1, 2001 and January 1, 2005, respectively. The System's Board of Directors opted to cover its nursing home for professional liability using its established program under the Act, effective for claims occurring on and after October 1, 2000.

Professional liability losses that are subject to the deductible provisions have been estimated and accrued in the accompanying consolidated financial statements. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such losses. Management of the System has established a liability that provides for estimated malpractice claims identified under the System's risk management program based on several factors, including the nature of each claim, past experience, advice from legal counsel, and actuarial studies, which reflect liabilities discounted at 4% for the years ended September 30, 2022 and 2021. Management believes the established reserves are adequately stated as of September 30, 2022 and 2021.

The estimated claims incurred, payments on claims, and the balance of the reserve for professional liability claims, excluding the amounts payable pursuant to the claims bill process described above, were as follows:

<i>Year ended September 30,</i>		2022		2021
Amount of Claims Liabilities , beginning of year	\$	17,173	\$	15,971
Incurred claims		3,878		6,943
Payments on claims attributable to events of both the current fiscal year and prior fiscal years		(2,651)		(5,741)
Amount of Claims Liabilities , end of year	\$	18,400	\$	17,173

Malpractice liabilities are classified as current or noncurrent according to the timing of expected future payments and reported as other accrued expenses and other noncurrent liabilities in the accompanying consolidated statements of net position. Malpractice liabilities estimated to be due within one year were \$4.8 million as of both September 30, 2022 and 2021.

Health Insurance

The System is self-insured for group health insurance. Group health expense, net of employee contributions, under this program amounted to approximately \$70.4 million and \$100.0 million for

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

the years ended September 30, 2022 and 2021, respectively. Group health insurance claims payable, including an estimate for incurred but not reported claims, is reported as other accrued expenses in the accompanying consolidated statements of net position. Although actual future results may differ from estimates of incurred but not reported claims, management believes the estimated accrual is adequately stated as of September 30, 2022 and 2021.

The estimated claims incurred, payments on claims, and the balance of reserves for group health insurance claims were as follows:

<i>Year ended September 30,</i>	2022	2021
Amount of Claims Liabilities , beginning of year	\$ 18,712	\$ 16,711
Incurred claims	122,653	125,577
Payments on claims attributable to events of both the current fiscal year and prior fiscal years	(121,153)	(123,576)
Amount of Claims Liabilities , end of year	\$ 20,212	\$ 18,712

Workers' Compensation Insurance

The System is self-insured for workers' compensation insurance. Management of the System has established a liability for these types of claims based on actuarial evaluations in 2022 and 2021. The reserve for workers' compensation claims included in the consolidated financial statements was discounted at a rate of 4% for the years ended September 30, 2022 and 2021. The estimated claims incurred, payments on claims, and the balance of the reserve for workers' compensation claims were as follows:

<i>Year ended September 30,</i>	2022	2021
Amount of Claims Liabilities , beginning of year	\$ 13,205	\$ 12,511
Incurred claims	6,718	7,112
Payments on claims attributable to events of both the current fiscal year and prior fiscal years	(6,123)	(6,418)
Amount of Claims Liabilities , end of year	\$ 13,800	\$ 13,205

Workers' compensation liabilities are classified as current or noncurrent according to the timing of expected future payments and reported as other accrued expenses and other noncurrent liabilities in the accompanying consolidated statements of net position. Workers' compensation liabilities estimated to be due within one year were \$3.9 million as of both September 30, 2022 and 2021.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

Accrued Employee Paid Time Off (PTO)

The activity related to accrued employee PTO liabilities were as follows:

<i>Year ended September 30,</i>		2020		2021
Amount of PTO Liabilities, beginning of year	\$	45,744	\$	45,940
Earned PTO		80,120		70,531
PTO used, forfeit, or paid		(74,850)		(70,727)
Amount of PTO Liabilities, end of year	\$	51,014	\$	45,744

Employee PTO liabilities are classified as current or noncurrent according to the timing of expected utilization based on historical experience and are reported as accrued employee compensation expense and other noncurrent liabilities in the accompanying consolidated statements of net position. Employee PTO liabilities estimated to be due within one year were \$20.7 million and \$17.3 million as of September 30, 2022 and 2021, respectively.

Other Industry Risks

The health care industry is subject to numerous complex laws and regulations imposed by federal, state, and local governments. Compliance with these laws and regulations can be subject to government review and interpretation by both the System with respect to implementation, as well as the government with respect to retrospective review. 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, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Such investigations and allegations often take multiple years to resolve. Violations of these laws and regulations could result in significant fines and penalties, including repayments for patient services previously reimbursed.

From time-to-time, the System receives requests for certain information from governmental agencies, and with the assistance of legal counsel, submits the required information. Management believes that the System is in compliance with current laws and regulations. To the extent that issues with noncompliance are identified, the System's management takes the appropriate steps to correct such matters. Management of the System believes that the exposure from any such matters would not have a material effect on the consolidated financial statements of the System.

The Health Insurance Portability and Accountability Act (HIPAA) was enacted on August 21, 1996, to assure health insurance portability, reduce healthcare fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Effective August 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) was introduced imposing notification requirements in the event of certain security breaches relating to protected health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in these laws and accompanying regulations.

Litigation

The System is involved in litigation and regulatory examinations arising in the normal course of business. After consultation with legal counsel, management believes that these matters will be

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

resolved without material adverse effect on the System's future consolidated financial position, results of operations, or cash flows.

15. Component Unit Information

Cape Coral Hospital is the System's only major blended component unit. Paramount Surgery Center, LLC is the System's only discrete component unit.

September 30, 2022

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Assets				
Current and other assets	\$ 1,991,652	\$ 51,909	\$ 5,311	\$ 2,048,872
Capital assets	1,362,169	93,922	243	1,456,334
Total Assets	\$ 3,353,821	\$ 145,831	\$ 5,554	\$ 3,505,206
Total Deferred Outflows of Resources	\$ 104,214	\$ 7,233	\$ -	\$ 111,447
Liabilities				
Current liabilities	258,863	47,224	1,204	307,291
Long-term liabilities	1,082,975	43,700	2,575	1,129,250
Total Liabilities	\$ 1,341,838	\$ 90,924	\$ 3,779	\$ 1,436,541
Total Deferred Inflows of Resources	\$ 19,872	\$ (6,081)	\$ -	\$ 13,791
Net Position				
Restricted	65,840	-	870	66,710
Net investment in capital assets	356,454	52,697	243	409,394
Unrestricted	1,099,056	590,499	662	1,690,217
Total Net Position	\$ 1,521,350	\$ 643,196	\$ 1,775	\$ 2,166,321

Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

*Restated**
September 30, 2021

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Assets				
Current and other assets	\$ 1,553,359	\$ 585,134	\$ 2,787	\$ 2,141,280
Capital assets	1,329,723	82,411	218	1,412,352
Total Assets	\$ 2,883,082	\$ 667,560	\$ 3,005	\$ 3,553,632
Total Deferred Outflows of Resources	\$ 106,794	\$ 6,946	\$ -	\$ 113,740
Liabilities				
Current liabilities	400,675	67,032	613	468,320
Long-term liabilities	948,308	59,128	-	1,007,436
Total Liabilities	\$ 1,348,983	\$ 126,160	\$ 613	\$ 1,475,756
Total Deferred Inflows of Resources	\$ 18,496	\$ 47	\$ -	\$ 18,543
Net Position				
Restricted	57,380	-	1,172	58,552
Net investment in capital assets	447,833	30,920	218	478,971
Unrestricted	1,117,169	517,379	1,002	1,635,550
Total Net Position	\$ 1,622,382	\$ 548,299	\$ 2,392	\$ 2,173,073

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

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Lee Memorial Health System
Notes to Consolidated Financial Statements
(in thousands)

The condensed statements of revenues, expenses, and changes in fund net position are as follows:

Year ended September 30, 2022

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Operating revenues	\$ 2,397,111	\$ 385,871	\$ 16,842	\$ 2,799,824
Operating expenses	2,312,688	288,753	10,278	2,611,719
Operating Income	84,423	97,118	6,564	188,105
Nonoperating expense	(208,768)	(2,221)	(81)	(211,070)
Federal and state appropriations	15,005	-	-	15,005
Contributions and grants	4,687	-	-	4,687
Total Nonoperating Loss	(189,076)	(2,221)	(81)	(191,378)
(Deficit) Excess of Revenues and Income Over Expenses	(104,653)	94,897	6,483	(3,273)
Other changes in Net Position:				
Distributions to minority interest in joint venture	3,621	-	(7,100)	(3,479)
(Decrease) Increase in Net Position	\$ (101,032)	\$ 94,897	\$ (617)	\$ (6,752)

Year ended September 30, 2021

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Operating revenues	\$ 2,113,590	\$ 343,048	\$ 14,654	\$ 2,471,292
Operating expenses	1,979,335	264,460	8,526	2,252,321
Operating Income	134,255	78,588	6,128	218,971
Nonoperating revenues (expense)	151,106	(2,400)	(5,430)	143,276
Federal and state appropriations	20,146	-	-	20,146
Contributions and grants	4,113	-	-	4,113
Total Nonoperating Income (Loss)	175,365	(2,400)	(5,430)	167,535
Increase in Net Position	\$ 309,620	\$ 76,188	\$ 698	\$ 386,506

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The condensed statements of cash flows are as follows:

Year ended September 30, 2022

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Net cash provided by (used in):				
Operating activities	\$ 97,365	\$ 65,824	\$ 6,362	\$ 169,551
Noncapital financing activities	64,285	(43,518)	(32)	20,735
Capital and related financing activities	(95,434)	(22,315)	-	(117,749)
Investment activities	(128,226)	9	(5,730)	(133,947)
Net Change in Cash and Cash Equivalents*	(62,010)	-	600	(61,410)
Cash and Cash Equivalents*, beginning of year	207,528	-	425	207,953
Cash and Cash Equivalents*, end of year	\$ 145,518	\$ -	\$ 1,025	\$ 146,543

Year ended September 30, 2021

	System and Other Blended Components	Cape Coral Hospital	Paramount Surgery Center, LLC	Total
Net cash provided by (used in):				
Operating activities	\$ 158,843	\$ 100,048	\$ 5,934	\$ 264,825
Noncapital financing activities	80,770	(75,450)	(988)	4,332
Capital and related financing activities	(199,300)	(24,617)	79	(223,838)
Investment activities	(95,347)	19	(4,600)	(99,928)
Net Change in Cash and Cash Equivalents*	(55,034)	-	425	(54,609)
Cash and Cash Equivalents*, beginning of year	262,562	-	-	262,562
Cash and Cash Equivalents*, end of year	\$ 207,528	\$ -	\$ 425	\$ 207,953

* Unrestricted and restricted cash and cash equivalents

16. COVID-19 Pandemic

In response to the novel coronavirus (COVID-19) global pandemic and its effects on the U.S. economy and the health care delivery system, Congress passed various stimulus bills that have provided certain financial benefits to the System. Principal among these was the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), enacted on March 27, 2020. Under the CARES Act, the System received approximately \$88.2 million, of which the System recognized \$7.0 million and \$20.0 million as nonoperating revenue within federal and state appropriations in the consolidated statements of revenues, expenses, and changes in fund net position for the years ended September 30, 2022 and 2021, respectively.

The System received a \$7.9 million Federal Emergency Management Assistance (FEMA) grant program during the year ended September 30, 2022, also reported as nonoperating revenue within federal and state appropriations in the consolidated statements of revenues, expenses, and changes in fund net position, to help to offset \$17.0 million in COVID-19 supplied and equipment costs incurred through December 31, 2020 but not included in the System's CARES Act reported expenses.

Lee Memorial Health System

Notes to Consolidated Financial Statements (in thousands)

The System also received approximately \$176.8 million as part of the expanded Accelerated and Advance Payment Program under the CARES Act. The Continuing Appropriations Act, 2021 and Other Extensions waived interest charges for accelerated payments repaid within 30 months of receipt. As of September 30, 2022 and 2021, respectively, \$1.8 million and \$127.4 million remained unpaid, classified as Medicare advance payments within current liabilities in the consolidated statements of net position.

17. Subsequent Events

The System has assessed the impact of subsequent events through _____, 2023, the date the audited consolidated financial statements were issued, and has concluded that the following items require disclosure in the consolidated basic financial statements:

On September 28, 2022, Hurricane Ian made landfall on Florida's western coast in Lee County, causing widespread damage, flooding, power outages, and water and communication services interruption, and severely disrupted normal economic activity in the region. In addition to the toll the storm put on the System's staff, health system, and the community, Hurricane Ian caused the System to suffer a significant interruption in normal operations. Increases in labor and supply expenses as the System operated in disaster response mode, coupled with declining revenue due to closures of various facilities and cancellation of procedures, both during in the immediate aftermath of the storm, resulted in a loss from operations of \$33.2 million in the month ended October 31, 2022, a \$39.2 million deficit from expected operating income of \$6.1 million. While volumes have started to normalize and all facilities reopened, the need for the System to be nimble and proactively look for ways to improve efficiencies and lower costs is apparent, as the storm will likely have lasting effects on patient volumes as the area rebuilds.

Additionally, certain of the System's facilities and their contents were damaged by Hurricane Ian and some of the reopened facilities require replacement of equipment and furnishings. The System is currently assessing the extent of the necessary repairs and replacements.

Effective November 1, 2022, Best Care Assurance, LLC d/b/a Vivida Health ("Vivida Health"), a wholly owned component unit of the System, entered into a purchase agreement with Simply Healthcare Plans ("Simply"), a subsidiary of Elevance Health, Inc. Vivida Health is a provider-sponsored health plan administering Medicaid benefits to approximately 30,000 members in Region 8 in southwest Florida under a contract with the Florida Agency for Health Care Administration ("AHCA"). Simply purchased Vivida Health's assets, primarily the AHCA contract and related membership, for cash consideration of \$26 million, of which \$24.9 million was recognized as a gain on sale of Vivida Health. Beginning November 1, 2022, all former Vivida Health Medicaid members will be serviced by Simply. Vivida Health will continue to pay claims incurred prior to the sale as the System winds down its operations. The System will continue as a contracted network provider to Simply's health plan.

Required Supplementary Information

Lee Memorial Health System

Schedule of Changes in the Net Pension Liability and Related Ratios - CCMC Plan (Unaudited) (in thousands)

	2022	2021	2020	2019	2018	2017	2016	2015*
Total Pension Liability								
Service cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interest	1,830	1,790	1,922	1,999	2,072	2,018	1,992	1,955
Changes of benefit terms	-	-	-	-	-	-	-	-
Differences between expected and actual experience	(289)	61	314	240	(108)	292	415	45
Changes of assumptions	230	(1,218)	2,560	2,306	617	130	(402)	-
Benefit payments	(1,976)	(1,946)	(1,870)	(1,810)	(1,747)	(1,718)	(1,586)	(1,458)
Net Change in Total Pension Liability	(205)	(1,313)	2,926	2,735	834	722	419	542
Total Pension Liability, beginning of year	32,804	34,117	31,191	28,456	27,622	26,900	26,481	25,939
Total Pension Liability, end of year	32,599	32,804	34,117	31,191	28,456	27,622	26,900	26,481
Plan Fiduciary Net Position								
Employer contributions	1,786	1,595	1,073	502	687	774	903	977
Net investment income	(4,262)	5,149	850	1,686	1,720	2,561	260	463
Benefit payments	(1,976)	(1,946)	(1,870)	(1,810)	(1,747)	(1,718)	(1,586)	(1,458)
Administrative expense	(137)	(127)	(114)	(108)	(140)	(108)	(105)	(108)
Net Change in Plan Fiduciary Net Position	(4,589)	4,671	(61)	270	520	1,509	(528)	(126)
Plan Fiduciary Net Position, beginning of year	30,110	25,439	25,500	25,230	24,710	23,201	23,729	23,855
Plan Fiduciary Net Position, end of year	25,521	30,110	25,439	25,500	25,230	24,710	23,201	23,729
Net Pension Liability, end of year	\$ 7,078	\$ 2,694	\$ 8,678	\$ 5,691	\$ 3,226	\$ 2,912	\$ 3,699	\$ 2,752
Plan Fiduciary Net Position, as a percentage of total pension liability (%)	78.29	91.79	74.57	81.76	88.66	89.46	86.25	89.61

* 2015 opening balances and 2014 ending balances established for purpose of GASB No. 68 year-one disclosure requirements effective 10/1/2014.

See accompanying notes to Required Supplementary Information - CCMC Plan.

Lee Memorial Health System
Schedule of Employer Contributions - CCMC Plan
(Unaudited)
(in thousands)

	2022	2021	2020	2019	2018	2017	2016	2015
Actuarially determined contribution	\$ 1,198	\$ 1,724	\$ 1,208	\$ 669	\$ 658	\$ 774	\$ 903	\$ 949
Contributions in relation to the actuarially determined contribution	1,786	1,595	1,073	502	687	774	903	977
Contribution Deficiency (Excess)	\$ (588)	\$ 129	\$ 135	\$ 167	\$ (29)	\$ -	\$ -	\$ (28)

See accompanying notes to Required Supplementary Information - CCMC Plan.

Lee Memorial Health System
Schedule of Investment Returns - CCMC Plan
(Unaudited)

	2022 (%)	2021 (%)	2020 (%)	2019 (%)	2018 (%)	2017 (%)	2016 (%)	2015 (%)
Annual Money-Weighted Rate of Return,*								
net of investment expense	(14.1)	20.5	3.4	6.9	7.1	11.3	1.1	2.0

* Reported returns for GASB No. 67 disclosure requirements effective October 1, 2014 or fiscal year 2015.

See accompanying notes to Required Supplementary Information - CCMC Plan.

Lee Memorial Health System

Notes to Required Supplementary Information - CCMC Plan

1. The accompanying schedules are intended to display information for ten years. 2015 opening balances were established for purposes of year-one disclosure requirements effective October 1, 2014. Additional years will be displayed as they become available.
2. Covered payroll information is not provided as the CCMC Plan is frozen and contributions are not determined by current payroll as benefit accruals ceased September 30, 1995.
3. The information presented was determined as part of the actuarial valuation as of September 30, 2022. Additional information as of the latest actuarial valuation presented is as follows:

Actuarial cost method	Entry Age Normal Cost Method
Asset valuation method	5-year smoothing
Investment rate of return	5.4% net of pension plan investment expense, including inflation
Discount rate	5.7%
Inflation	2.4%
Salary increase	Not applicable due to plan freeze
Internal Revenue Service Limit increases	2.5%
Retirement age	65

4. Changes with respect to actuarial assumptions in the current and prior years are as follows:
 - a. From 2021 to 2022, the discount rate changed from 5.75% to 5.70% and the mortality improvement projection scale was updated from Scale MP-2020 to Scale MP-2021.
 - b. From 2020 to 2021, the discount rate changed from 5.40% to 5.75% and the mortality improvement projection scale was updated from Scale MP-2019 to Scale MP-2020.
 - c. From 2019 to 2020, the discount rate changed from 6.35% to 5.40%. Mortality assumptions were updated from RP-2006 fully generational projected using Scale MP-2018 to weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2019.
 - d. From 2018 to 2019, the discount rate changed from 7.25% to 6.35%. The mortality projection scale was updated from MP-2017 to MP-2018.
 - e. From 2017 to 2018, the discount rate was changed from 7.50% to 7.25%.
 - f. From 2016 to 2017, the expected return on assets and discount rate changed from 7.75% to 7.5%. The mortality projection scale was updated from MP-2015 to MP-2017.

Lee Memorial Health System

Schedule of Changes in Total Other Post-Employment Benefits (OPEB) Liability (Unaudited) (in thousands)

<i>Year ended September 30,</i>	2022	2021	2020	2019	2018
Total OPEB Liability					
Service cost	\$ 1,445	\$ 777	\$ 640	\$ 673	\$ 683
Interest	1,354	1,674	1,994	1,870	1,728
Changes of benefit terms	-	(15)	-	-	-
Differences between expected and actual experience	(402)	2,395	(450)	2,114	-
Changes of assumptions	1,753	3,078	6,947	(2,552)	-
Benefit payments	(1,746)	(1,792)	(1,376)	(1,207)	(1,104)
Net Change in Total OPEB Liability	2,404	6,117	7,755	898	1,307
Total OPEB Liability, beginning of year	68,835	62,718	54,963	54,065	52,758
Total OPEB Liability, end of year	71,239	68,835	62,718	54,963	54,065
Plan Fiduciary Net Position					
Employer contributions	-	-	-	-	-
Net investment income	-	-	-	-	-
Benefit payments	-	-	-	-	-
Administrative expense	-	-	-	-	-
Net Change in Plan Fiduciary Net Position	-	-	-	-	-
Plan Fiduciary Net Position, beginning of year	-	-	-	-	-
Plan Fiduciary Net Position, end of year	-	-	-	-	-
Net OPEB Liability, end of year	\$ 71,239	\$ 68,835	\$ 62,718	\$ 54,963	\$ 54,065
Plan Fiduciary Net Position, as a percentage of total OPEB liability	-	-	-	-	-
Covered Employee Payroll	\$ 243,673	\$ 243,673	\$ 255,827	\$ 255,827	\$ 268,355
Net OPEB Liability, as a percentage of covered employee payroll (%)	29.2	28.2	23.9	21.5	20.1

See accompanying notes to Required Supplementary Information - OPEB.

Lee Memorial Health System

Schedule of Total Other Post-Employment Benefits (OPEB) Contributions (Unaudited) (in thousands)

<i>Year ended September 30,</i>	2022	2021	2020	2019	2018
Actuarially determined contribution	\$ -	\$ -	\$ -	\$ -	\$ -
Contributions in relation to the actuarially determined contribution		-	-	-	-
Contribution Deficiency (Excess)	\$ -	\$ -	\$ -	\$ -	\$ -
Covered-Employee Payroll	\$ 243,673	\$ 243,673	\$ 255,827	\$ 255,827	\$ 268,355
Contributions, as a percentage of covered-employee payroll (%)	-	-	-	-	-

See accompanying notes to Required Supplementary Information - OPEB.

Lee Memorial Health System

Notes to Required Supplementary Information Other Post-Employment Benefits (OPEB)

1. The accompanying schedules are intended to display information for ten years. Disclosure requirements were effective October 1, 2018. Additional years will be displayed as they become available.
2. The System funds the Other Post-Employment Benefits (OPEB) obligation on a pay-as-you-go basis so no assets have been segregated and/or restricted to provide the postemployment benefits.
3. Methods and assumptions used for the most recent year include:

Valuation date:	Actuarially determined contribution rates are calculated as of December 31, 2021, December 31, 2020, December 31, 2019, and December 31, 2018 for fiscal years 2022, 2021, 2020, and 2019, respectively.
Actuarial cost method	Entry Age
Amortization method	Average remaining service life of all participants
Asset valuation method	None, no plan assets
Rate of compensation increase	3.0%
Healthcare cost trend rates	6.25% (2022), 6.00% (2021), 6.25% (2020), and 6.5% (2019 and 2018) initial, decreasing 0.5% per year to an ultimate rate of 5.0%
Salary increases	3.0%, average, including inflation
Investment rate of return	0.0%, no plan assets
Retirement age	<i>Sunset Employees</i> - Employees who had 30 or more years of full-time (or equivalent) service as of September 30, 2009. These employees are entitled to retiree health plan coverage starting when they retire on or after age 55 or the \$2,500 subsidy on or after retiring at age 65. <i>Non-Sunset Employees</i> - Employees hired prior to July 1, 2008 who had not attained 30 or more years of full-time (or equivalent) service as of September 30, 2009. These employees are only entitled to receive the \$2,500 subsidy benefit when they retire on or after age 65.
Mortality	<i>2022: Healthy Mortality Rates</i> - MP-2021 Mortality Improvement Scale for males and females. Base table: Pri-2012, no collar, healthy, table weighting: headcount, blending of annuitants and non-annuitants (based on employee table), separate rates for annuitants and non-annuitants (based on Employees table), blending of retirees, and contingent annuitants: Combined non disabled annuitant mortality. <i>2022: Disabled Mortality Rates</i> - MP-2021 Mortality Improvement Scale for males and females. Base table: Pri-2012; Base mortality table year: 2012; Table type: no collar; Healthy or Disabled: Disabled; Table weighting: headcount. <i>2021: Healthy Mortality Rates</i> - MP-2020 Mortality Improvement Scale for males and females. Base table: Pri-2012, no collar, healthy, table weighting: headcount, blending of annuitants and non-annuitants (based on employee table), separate rates for annuitants and non-annuitants (based on Employees table), blending of retirees, and contingent annuitants: Combined non disabled annuitant mortality. <i>2021: Disabled Mortality Rates</i> - MP-2020 Mortality Improvement Scale for males and females. Base table: Pri-2012; Base mortality table year: 2012; Table type: no collar; Healthy or Disabled: Disabled; Table weighting: headcount. <i>2020: Healthy Mortality Rates</i> - MP-2019 Mortality Improvement Scale for males and females. Base table: Pri-2012, no collar, healthy, table weighting: headcount, blending of annuitants and non-annuitants (based on employee table), separate rates for annuitants and non-annuitants (based on Employees table), blending of retirees and contingent annuitants: Combined non-disabled annuitant mortality.

Lee Memorial Health System

Notes to Required Supplementary Information Other Post-Employment Benefits (OPEB)

Mortality (continued)	<p><i>2020: Disabled Mortality Rates</i> - MP-2019 Mortality Improvement Scale for males and females. Base table: Pri-2012; Base mortality table year: 2012; Table type: no collar; Healthy or Disabled: Disabled; Table weighting: headcount.</p> <p><i>2018 and 2019: Healthy Mortality Rates</i> - RP-2014 Employee and Annuitant Mortality Tables for males and females with Scale MP-2014 backed out to 2006 and then projected forward to 2006 using generational projection Scale MP-2018 for males and females.</p> <p><i>2018 and 2019: Disabled Mortality Rates</i> - RP-2014 Disabled Mortality Tables for males and females with Scale MP-2014 backed out to 2006 and then projected forward to 2006 using generational Scale MP-2017 for males and females.</p>
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4. Changes with respect to actuarial methods and assumptions used in the current and prior years are as follows:
- From 2021 to 2022, the discount rate decreased from 2.00% to 1.84%. Assumed per-capita costs decreased for post-65 retirees and increased for pre-65 retirees based on the most recent claims experience and to reflect changes in distribution of enrollment by plan options. The trend rate for retiree contributions was set at 0% based on Lee Health's intentions to not increase the retiree's portion of the cost in future years. The generational mortality projection scale was updated from MP-2019 to MP-20 to better reflect assumed future mortality improvements. The retirement and termination assumptions were updated to reflect the results of an experience study and the unusually high experience during the 12-month period following the valuation date.
 - From 2020 to 2021, the discount rate decreased from 2.75% to 2.00%. Assumed per-capita costs decreased for post-65 retirees and increased for pre-65 retirees based on the most recent claims experience and to reflect changes in distribution of enrollment by plan options. The trend rate for retiree contributions was set at 0% based on Lee Health's intentions to not increase the retiree's portion of the cost in future years. The generational mortality projection scale was updated from MP-2019 to MP-20 to better reflect assumed future mortality improvements. The retirement and termination assumptions were updated to reflect the results of an experience study and the unusually high experience during the 12-month period following the valuation date.
 - From 2019 to 2020, the discount rate decreased from 3.71% to 2.75%. Assumed per-capita claims costs were decreased for post-65 retirees based on most recent claims experience and to reflect changes in distribution of enrollment by plan options. The health and disabled base table mortality assumptions were updated from RP-2014 to Pri-2012 to better reflect assumed future mortality. The generational mortality projection scale was updated from MP-2018 to MP-2019 to better reflect assumed future mortality improvements.
 - From 2018 to 2019, the discount rate increased from 3.31% to 3.71%. Assumptions related to the decrement timing were updated to reflect changes in the System's valuation software. Assumed per-capita claims costs were decreased for post-65 and increased for pre-65 retirees based on most recent claims experience and to reflect changes in distribution of enrollment by plan options. Retiree contributions were updated to reflect the actual 2018 retiree contributions. The trend assumption was updated to better reflect anticipated market conditions. The healthy and disabled mortality projection scale assumptions were updated to better reflect adjustments to assumed future mortality improvements.
 - From 2017 to 2018, the discount rate was updated from 4.00% to 3.31%. A salary assumption was added since the prior valuation, which is needed for the Entry Age Normal actuarial cost method.

Other Supplementary Information

Lee Memorial Health System
Consolidating Schedule of Net Position
(in thousands)

September 30, 2022

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Population Health	Total	Paramount Surgery Center, LLC	Eliminations	Total
Assets													
Current Assets													
Cash and cash equivalents	\$ 69,663	\$ -	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ 2,245	\$ 29,075	\$ 1,025	\$ -	\$ -	\$ 102,009
Restricted cash and cash equivalents	2,000	-	-	-	-	-	-	40,018	2,516	-	-	-	44,534
Investments	1,403,501	-	-	-	-	-	-	-	-	-	-	-	1,403,501
Assets whose use is restricted	411	-	1,024	-	-	-	-	-	-	-	-	-	1,435
Patient accounts receivable, net	167,531	46,310	99,243	559	2,362	1,658	1,684	-	-	-	-	-	319,347
Inventories	24,431	4,533	14,371	-	613	4	843	-	-	-	-	-	44,795
Other current assets	45,126	1,066	1,712	9	108	-	146	14,053	605	1,291	-	-	64,116
Total Current Assets	1,712,663	51,909	116,350	569	3,083	1,662	2,673	56,316	32,196	2,316	-	-	1,979,737
Noncurrent Assets													
Assets whose use is restricted	319	-	-	-	-	5	-	12,086	-	-	-	-	12,410
Capital assets, net	863,905	93,922	472,368	1,584	2,292	4,140	13,658	47	4,175	243	-	-	1,456,334
Due from subsidiaries	52,003,295	2,057,218	3,465,523	71,180	130,980	153,286	132,820	58,202	293,292	342	(58,366,138)	-	-
Other assets	52,065	-	-	-	4	-	-	2,908	-	2,653	(905)	-	56,725
Total Assets	\$ 54,632,247	\$ 2,203,049	\$ 4,054,241	\$ 73,333	\$ 136,359	\$ 159,093	\$ 149,151	\$ 129,559	\$ 329,663	\$ 5,554	\$ (58,367,043)	\$ -	\$ 3,505,206
Deferred Outflows of Resources													
Deferred loss on debt refunding	\$ -	\$ 373	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 373
Deferred outflows on pension and post-employment benefit plan	6,345	1,022	1,272	13	70	79	157	10	37	-	-	-	9,005
Excess consideration provided for acquisition	16,701	5,838	78,743	-	787	-	-	-	-	-	-	-	102,069
Total Deferred Outflows of Resources	\$ 23,046	\$ 7,233	\$ 80,015	\$ 13	\$ 857	\$ 79	\$ 157	\$ 10	\$ 37	\$ -	\$ -	\$ -	\$ 111,447
Liabilities													
Current Liabilities													
Accounts payable	\$ 74,007	\$ 2,725	\$ 8,961	\$ 89	\$ 502	\$ 254	\$ 1,322	\$ -	\$ 2,103	\$ 274	\$ -	\$ -	\$ 90,237
Accrued expenses	94,486	11,273	26,170	156	622	833	147	94	10,002	930	-	-	144,713
Medicare advance payments	(3,183)	1,748	3,321	-	-	-	-	-	-	-	-	-	1,886
Current installments of long-term debt	34,121	16,308	9,828	-	107	33	517	-	-	-	-	-	60,914
Estimated third-party payor settlements	(5,259)	15,170	(560)	-	-	(27)	217	-	-	-	-	-	9,541
Total Current Liabilities	194,172	47,224	47,720	245	1,231	1,093	2,203	94	12,105	1,204	-	-	307,291
Noncurrent Liabilities													
Long-term debt, excluding current installments	468,400	24,917	488,246	-	1,895	140	2,428	-	-	-	-	-	986,026
Due to subsidiaries	52,610,598	1,482,243	3,284,461	72,857	185,110	194,300	172,498	64,311	299,419	341	(58,366,138)	-	-
Pension and post-employment benefit plan liabilities	41,860	14,466	19,965	226	971	674	9	144	2	-	-	-	78,317
Other liabilities	50,260	4,317	5,571	102	360	480	71	1,512	-	2,234	-	-	64,907
Total Liabilities	\$ 53,365,290	\$ 1,573,167	\$ 3,845,963	\$ 73,430	\$ 189,567	\$ 196,687	\$ 177,209	\$ 66,061	\$ 311,526	\$ 3,779	\$ (58,366,138)	\$ -	\$ 1,436,541
Deferred Inflows of Resources													
Deferred gain on debt refunding	\$ (1,430)	\$ 22	\$ 4,225	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,817
Deferred inflows on pension and post-employment benefit plan	10,288	(6,103)	(5,850)	(84)	(191)	205	1,736	(36)	397	-	-	-	362
Deferred inflows on leases	10,612	-	-	-	-	-	-	-	-	-	-	-	10,612
Total Deferred Inflows of Resources	\$ 19,470	\$ (6,081)	\$ (1,625)	\$ (84)	\$ (191)	\$ 205	\$ 1,736	\$ (36)	\$ 397	\$ -	\$ -	\$ -	\$ 13,791
Net Position													
Restricted for:													
Nonexpendable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,500	\$ -	\$ 870	\$ -	\$ -	\$ 14,370
Expendable	-	-	-	-	-	-	-	52,340	-	-	-	-	52,340
Net investment in capital assets	361,384	52,697	(25,706)	1,584	290	3,967	10,713	47	4,175	243	-	-	409,394
Unrestricted	909,149	590,499	315,624	(1,584)	(52,450)	(41,687)	(40,350)	(2,343)	13,602	662	(905)	-	1,690,217
Total Net Position	\$ 1,270,533	\$ 643,196	\$ 289,918	\$ -	\$ (52,160)	\$ (37,720)	\$ (29,637)	\$ 63,544	\$ 17,777	\$ 1,775	\$ (905)	\$ -	\$ 2,166,321

See accompanying note to consolidating schedules.

Lee Memorial Health System
Consolidating Schedule of Net Position
(in thousands)

Restated*
September 30, 2021

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Total Population Health	Paramount Surgery Center, LLC	Eliminations	Total
Assets												
Current Assets												
Cash and cash equivalents	\$ 129,604	\$ -	\$ -	\$ 2	\$ -	\$ -	\$ -	\$ 2,288	\$ 37,970	\$ 425	\$ -	\$ 170,289
Restricted cash and cash equivalents	2,000	-	-	-	-	-	-	33,148	2,516	-	-	37,664
Investments	1,471,069	-	-	-	-	-	-	-	-	-	-	1,471,069
Assets whose use is restricted	475	-	1,024	-	-	-	-	-	-	-	-	1,499
Patient accounts receivable, net	180,958	44,238	75,381	418	1,944	1,623	1,702	-	-	2,035	-	308,299
Inventories	23,593	4,458	12,294	-	360	13	589	-	-	-	-	41,307
Other current assets	39,312	853	1,438	-	-	-	-	3,815	5,465	318	-	51,201
Total Current Assets	1,847,011	49,549	90,137	420	2,304	1,636	2,291	39,251	45,951	2,778	-	2,081,328
Noncurrent Assets												
Assets whose use is restricted	432	-	-	-	-	12	-	13,809	4	-	-	14,257
Capital assets, net	847,684	82,411	460,192	1,236	2,703	4,348	9,201	52	4,307	218	-	1,412,352
Due from subsidiaries	-	535,600	-	-	(43,927)	-	-	-	-	-	(491,673)	-
Other assets	33,895	-	-	-	4	-	-	11,787	-	9	-	45,695
Total Assets	\$ 2,729,022	\$ 667,560	\$ 550,329	\$ 1,656	\$ (38,916)	\$ 5,996	\$ 11,492	\$ 64,899	\$ 50,262	\$ 3,005	\$ (491,673)	\$ 3,553,632
Deferred Outflows of Resources												
Deferred loss on debt refunding	\$ -	\$ 622	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 622
Deferred outflows on pension and post-employment benefit plan	8,496	-	-	-	-	-	-	-	-	-	-	8,496
Excess consideration provided for acquisition	18,220	6,324	80,078	-	-	-	-	-	-	-	-	104,622
Total Deferred Outflows of Resources	\$ 26,716	\$ 6,946	\$ 80,078	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 113,740
Liabilities												
Current Liabilities												
Accounts payable	\$ 72,637	\$ 2,092	\$ 2,780	\$ 434	\$ 42	\$ 245	\$ 225	\$ -	\$ 6,201	\$ 161	\$ -	\$ 84,817
Accrued expenses	93,577	10,868	24,444	201	636	831	147	93	10,622	452	-	141,871
Medicare advance payments	68,505	21,806	37,080	-	-	-	-	-	-	-	-	127,391
Current installments of long-term debt	34,348	10,742	10,392	-	156	40	522	-	-	-	-	56,200
Estimated third-party payor settlements	20,060	21,524	15,709	-	-	(34)	-	-	782	-	-	58,041
Total Current Liabilities	289,127	67,032	90,405	635	834	1,082	894	93	17,605	613	-	468,320
Noncurrent Liabilities												
Long-term debt, excluding current installments	333,564	40,763	497,812	-	2,002	254	2,633	-	-	-	-	877,028
Due to subsidiaries	631,261	-	(233,744)	701	-	33,633	33,262	4,614	21,946	-	(491,673)	-
Pension and post-employment benefit plan liabilities	35,503	14,128	19,893	225	967	669	-	144	-	-	-	71,529
Other liabilities	46,099	4,237	5,250	95	437	482	73	2,206	-	-	-	58,879
Total Liabilities	\$ 1,335,554	\$ 126,160	\$ 379,616	\$ 1,656	\$ 4,240	\$ 36,120	\$ 36,862	\$ 7,057	\$ 39,551	\$ 613	\$ (491,673)	\$ 1,475,756
Deferred Inflows of Resources												
Deferred gain on debt refunding	\$ (1,566)	\$ 47	\$ 4,566	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,047
Deferred inflows on pension and post-employment benefit plan	2,869	-	-	-	-	-	-	-	-	-	-	2,869
Deferred inflows on leases	12,236	-	-	-	-	-	-	-	-	-	-	12,236
Deferred inflows on split-interest agreements	-	-	-	-	-	-	-	391	-	-	-	391
Total Deferred Inflows of Resources	\$ 13,539	\$ 47	\$ 4,566	\$ -	\$ -	\$ -	\$ -	\$ 391	\$ -	\$ -	\$ -	\$ 18,543
Net Position												
Restricted for:												
Nonexpendable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,960	\$ -	\$ 1,172	\$ -	\$ 9,132
Expendable	-	-	-	-	-	-	-	49,420	-	-	-	49,420
Net investment in capital assets	479,452	30,920	(47,978)	1,236	592	4,066	6,106	52	4,307	218	-	478,971
Unrestricted	927,193	517,379	294,203	(1,236)	(43,748)	(34,190)	(31,476)	19	6,404	1,002	-	1,635,550
Total Net Position	\$ 1,406,645	\$ 548,299	\$ 246,225	\$ -	\$ (43,156)	\$ (30,124)	\$ (25,370)	\$ 57,451	\$ 10,711	\$ 2,392	\$ -	\$ 2,173,073

See accompanying note to consolidating schedules.

* Balances as of September 30, 2021 were adjusted for the adoption of GASB 87 (see Note 1)

Lee Memorial Health System

Consolidating Schedule of Revenues, Expenses, and Changes in Fund Net Position
(in thousands)

Year ended September 30, 2022

	Lee Memorial Hospital	Physicians	Others	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Total Population Health	Paramount Surgery Center, LLC	Eliminations	Total
Operating Revenues															
Net patient service revenue	\$ 1,271,931	\$ 166,905	\$ 8	\$ 1,438,844	\$ 382,138	\$ 651,864	\$ 2,562	\$ 16,698	\$ 10,880	\$ 35,481	\$ -	\$ -	\$ -	\$ -	\$ 2,538,467
Capitation revenue	-	-	-	-	-	-	-	-	-	-	-	79,994	-	-	79,994
Other revenue	105,505	2,457	15,594	123,556	3,733	4,478	626	34	-	20,498	4,825	10,077	16,842	(3,306)	181,363
Total Operating Revenues	1,377,436	169,362	15,602	1,562,400	385,871	656,342	3,188	16,732	10,880	55,979	4,825	90,071	16,842	(3,306)	2,799,824
Operating Expenses															
Salaries, wages, and benefits	675,601	243,757	4,884	924,242	168,133	343,613	6,181	15,767	14,228	42,003	2,826	8,034	-	-	1,525,027
Supplies and other services	362,773	20,551	3,185	386,509	72,588	158,277	214	8,065	2,077	11,261	567	61,741	10,278	-	711,577
Purchased services	126,260	18,558	839	145,657	36,067	58,933	(1,611)	1,176	1,536	4,655	526	12,718	-	-	259,657
Depreciation and amortization	58,828	8,020	918	67,766	11,965	31,954	179	638	605	1,770	42	539	-	-	115,458
Total Operating Expenses	1,223,462	290,886	9,826	1,524,174	288,753	592,777	4,963	25,646	18,446	59,689	3,961	83,032	10,278	-	2,611,719
Operating Income (Loss)	153,974	(121,524)	5,776	38,226	97,118	63,565	(1,775)	(8,914)	(7,566)	(3,710)	864	7,039	6,564	(3,306)	188,105
Nonoperating Items															
Interest expense	(9,118)	(2,117)	(503)	(11,738)	(2,062)	(17,742)	(10)	(92)	(41)	(577)	(8)	(2)	-	-	(32,272)
Investment income, including realized and unrealized gains on investments	157	-	(200,952)	(200,795)	10	239	-	-	-	-	138	28	-	-	(200,380)
Contributions and grants	(1)	-	(2)	(3)	-	-	-	-	-	-	4,690	-	-	-	4,687
Investment activity on restricted nonexpendable investments	-	-	-	-	-	-	-	-	-	-	(1,635)	-	-	-	(1,635)
Loss on sale of capital assets	(1,830)	(3)	13,289	11,456	(168)	(584)	-	2	-	-	-	-	-	-	10,706
Transfer to Population Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Federal and state appropriations	-	-	15,005	15,005	-	-	-	-	-	-	-	-	-	-	15,005
Other	3,778	1	6,738	10,517	(1)	(1,785)	1,785	-	11	20	2,044	1	(81)	-	12,511
Total Nonoperating Income (Loss)	(7,014)	(2,119)	(166,425)	(175,558)	(2,221)	(19,872)	1,775	(90)	(30)	(557)	5,229	27	(81)	-	(191,378)
Excess of Revenues and Income over Expenses	146,960	(123,643)	(160,649)	(137,332)	94,897	43,693	-	(9,004)	(7,596)	(4,267)	6,093	7,066	6,483	(3,306)	(3,273)
Other changes in net position															
Other	-	-	1,220	1,220	-	-	-	-	-	-	-	-	-	(1,220)	-
Distributions to minority interests	-	-	-	-	-	-	-	-	-	-	-	-	(7,100)	3,621	(3,479)
Increase (Decrease) in Net Position	\$ 146,960	\$ (123,643)	\$ (159,429)	(136,112)	94,897	43,693	-	(9,004)	(7,596)	(4,267)	6,093	7,066	(617)	(905)	(6,752)
Net Position, beginning of year				1,406,645	548,299	246,225	-	(43,156)	(30,124)	(25,370)	57,451	10,711	2,392	-	2,173,073
Net Position, end of year				\$ 1,270,533	\$ 643,196	\$ 289,918	\$ -	\$ (52,160)	\$ (37,720)	\$ (29,637)	\$ 63,544	\$ 17,777	\$ 1,775	\$ (905)	\$ 2,166,321

See accompanying note to consolidating schedules.

Lee Memorial Health System

Consolidating Schedule of Revenues, Expenses, and Changes in Fund Net Position (in thousands)

Year ended September 30, 2021

	Lee Memorial Hospital	Physicians	Others	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Total Population Health	Paramount Surgery Center, LLC	Total
Operating Revenues														
Net patient service revenue	\$ 1,183,536	\$ 169,430	\$ 14	\$ 1,352,980	\$ 339,986	\$ 546,329	\$ 2,025	\$ 20,551	\$ 9,847	\$ 24,315	\$ -	\$ -	\$ -	\$ 2,296,033
Capitation revenue	-	-	-	-	-	-	-	-	-	-	-	54,498	-	54,498
Other revenue	76,847	2,928	10,023	89,798	3,062	3,138	762	27	-	394	2,098	6,828	14,654	120,761
Total Operating Revenues	1,260,383	172,358	10,037	1,442,778	343,048	549,467	2,787	20,578	9,847	24,709	2,098	61,326	14,654	2,471,292
Operating Expenses														
Salaries, wages, and benefits	559,649	220,540	3,126	783,315	139,234	240,839	5,925	14,031	11,670	26,028	2,521	6,649	-	1,230,212
Supplies and other services	339,287	19,467	2,251	361,005	75,392	148,568	147	9,018	1,962	5,825	552	46,696	8,526	657,691
Purchased services	116,879	15,750	212	132,841	35,246	45,149	(2,610)	1,006	1,192	1,122	415	11,681	-	226,042
Depreciation and amortization	74,888	6,846	504	82,238	14,588	38,344	36	487	616	1,424	36	607	-	138,376
Total Operating Expenses	1,090,703	262,603	6,093	1,359,399	264,460	472,900	3,498	24,542	15,440	34,399	3,524	65,633	8,526	2,252,321
Operating Income (Loss)	169,680	(90,245)	3,944	83,379	78,588	76,567	(711)	(3,964)	(5,593)	(9,690)	(1,426)	(4,307)	6,128	218,971
Nonoperating Items														
Interest expense	(7,884)	(1,334)	-	(9,218)	(2,356)	(17,742)	-	3	2	(228)	-	(8)	-	(29,547)
Investment income, including realized and unrealized gains on investments	170,643	-	119	170,762	19	322	-	-	-	-	175	(296)	-	170,982
Contributions and grants	-	-	-	-	-	-	-	-	-	-	4,113	-	-	4,113
Investment activity on restricted nonexpendable investments	-	-	-	-	-	-	-	-	-	-	2,063	-	-	2,063
Loss on sale of capital assets	(350)	(32)	(13)	(395)	(63)	(43)	-	-	(6)	(6)	-	-	-	(513)
Transfer to Population Health	(2,000)	-	-	(2,000)	-	-	-	-	-	-	-	2,000	-	-
Federal and state appropriations	-	-	20,146	20,146	-	-	-	-	-	-	-	-	-	20,146
Other	(8,942)	-	(772)	(9,714)	-	(5)	711	-	16,477	341	(2,089)	-	(5,430)	291
Total Nonoperating Income (Loss)	151,467	(1,366)	19,480	169,581	(2,400)	(17,468)	711	3	16,473	107	4,262	1,696	(5,430)	167,535
Increase (Decrease) in Net Position	\$ 321,147	\$ (91,611)	\$ 23,424	252,960	76,188	59,099	-	(3,961)	10,880	(9,583)	2,836	(2,611)	698	386,506
Net Position, beginning of year				1,153,685	472,111	187,126	-	(39,195)	(41,004)	(15,787)	54,615	13,322	1,694	1,786,567
Net Position, end of year				\$ 1,406,645	\$ 548,299	\$ 246,225	\$ -	\$ (43,156)	\$ (30,124)	\$ (25,370)	\$ 57,451	\$ 10,711	\$ 2,392	\$ 2,173,073

Lee Memorial Health System

Note to Consolidating Schedules

The accompanying consolidating information presents the financial position and results of operations of each of the significant component operating units and affiliates of the System as of September 30, 2022 and 2021 and for the years then ended, in conformity with accounting principles generally accepted in the United States of America, including applicable statements of the GASB, on the accrual basis of accounting. The accompanying consolidating information presents adjustments necessary to eliminate significant intercompany accounts and transactions. The accompanying consolidating information is presented for purposes of additional analysis of the basic consolidated financial statements rather than to present the financial position and results of operations of the individual companies and is not a required part of the basic consolidated financial statements.

Internal Control and Compliance Matters

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Directors
Lee Memorial Health System
Ft. Myers, Florida

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, the consolidated financial statements of Lee Memorial Health System and its subsidiaries and the pension trust fund (the System), which comprise the consolidated statement of net position as of September 30, 2022, and the related consolidated statements of revenues, expenses, and changes in fund net position and of cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated _____, 2023. The financial statements of Lee Memorial Health System Foundation were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with Lee Memorial Health System Foundation.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated 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.

Certified Public Accountants
_____, 2023

Recommendation for Acceptance of Report

Committee Discussion

ADJOURNMENT



DATE OF THE
NEXT

JOINT AUDIT AND FINANCE COMMITTEE MEETING
JANUARY 2024

SPECIFIC DATE AND TIME TO BE DETERMINED

Gulf Coast Medical Center
Medical Office Building
13685 Doctors Way
Ft. Myers, FL 33912



Audit Committee Meeting

Thursday, January 19, 2023

11:00 a.m.



All lines will be automatically muted by the host.

Please press *6 to mute/unmute



PUBLIC INPUT

All public input will take place at the *Board of Directors Meetings, (not Committee Meetings)*.

At that time input is limited to three minutes and a “Request to Address the Board of Directors” card should be completed and submitted to the Board Staff prior to meeting.

Non-Committee members are present to observe only and not to participate.

Please contact the Board Office with any questions. (239) 343-1500

Welcome and Introductions

UNAPPROVED AUDIT COMMITTEE MEETING MINUTES

Friday, December 9, 2022

Teleconference Call

MEMBERS PRESENT:

Nancy McGovern, Committee Chair
Diane Champion, Committee Member
Dr. Stephen Brown, Committee Member
Rusty Whitley, Community Member
Bill Foster, Community Member

MEMBERS ABSENT:

None

ALSO PRESENT:

Jeff Pigott, Vice President Compliance & Internal Audit, Administrative Sponsor
George Knott, Esq., Board Counsel
Blake Schofield, Senior Associate Attorney
Mike Adams, Controller Acute Care
Chris Simoneau, Chief Foundation and Development Officer
Jennifer Hamway, Engagement Partner, BDO USA LLP

The Audit Committee was called to order at 9:00 a.m. Nancy McGovern, Audit Committee Chair.

AUDIT COMMITTEE MEETING MINUTES

The Minutes from the September 21, 2022 Audit Committee meeting were presented. A motion was made by Dr. Brown to approve the minutes as presented, seconded by Diane Champion and carried without opposition.

INTERIM UPDATE COMMUNICATIONS – BDO USA, LLP FY 2022 AUDIT

Ms. Jennifer Hamway, Engagement Partner BDO, presented an update on the current FY2022 External Audit progress. Ms. Hamway provided a timeline of events undertaken to date, impacts of Hurricane Ian, as well as next steps in the audit plan. Ultimately, the final deliverable dates were determined by the Committee to be on track. The Committee asked good questions to ensure that the audit plan is appropriate and the final report will be provided in a timely manner.

OTHER ITEMS

None at this time.

NEXT REGULAR MEETING

The next meeting will be a joint meeting of the Audit and Finance Committees on January 19, 2023 at 9:00 a.m. Following that meeting at 11:00 a.m., the Audit Committee will meet.

Both meetings will be held by Teleconference Dial-In OR Gulf Coast Medical Center, Medical Office Building, Boardroom, 13685 Doctors Way, Fort Myers, FL 33912

ADJOURNMENT

The Audit Committee Meeting was adjourned at 9:32 a.m. by Nancy McGovern, Committee Chair.

Minutes were recorded by Susan Kennedy

Signed by:

Date:

Compliance and Internal Audit Update

Jeff Pigott, CIA, CFE, CHC, CHPC, MBA

Vice President Compliance and Internal Audit

Compliance & Internal Audit Department

Board of
Directors

Chief Executive
Officer
Dr. Antonucci

VP Compliance & Internal Audit
Jeff Pigott

Assistant to VP Compliance
& Internal Audit
Susan Kennedy

System Director
Compliance Audit
& Investigation
Audra Ellis

System Director
Information
Security Officer
Brian Zegers

System Director
Internal Audit
Jason Meltzer

Pharmacy & 340B
Program
Compliance Officer
Joe Bitner

System Director
Compliance Program
Effectiveness/Privacy Officer
Lisa Whitacre

Compliance Officer
Vivida Health
Susan Bezy

Manager
Compliance
Sonia Karth

Compliance
Auditor
Tammy Booth

Security
Administrator
Daniel Schultz, Jr.

Internal Auditor
Joe Jones

Compliance
Auditor Pharmacy
And 340B Program
Monika Bartsch

Compliance
Specialist
Heather Kole

SIU Manager
Coding Education
Specialist
Matthew Baxter

Compliance
Analyst
Gene Loretz

Compliance
Auditor
Mariana Rose

Internal Auditor
TBD

Compliance
Analyst Pharmacy
And 340B Program
Maricor Hostetter

Compliance
Specialist
Melissa Jaquez

Vivida Appeals and
Grievance Nurse
Linda Lanzetta

Compliance
Analyst
Jennifer Vasquez

Compliance
Analyst Pharmacy
And 340B Program
Brooke Perna

Policy & Procedure
Specialist
Donna Shapiro

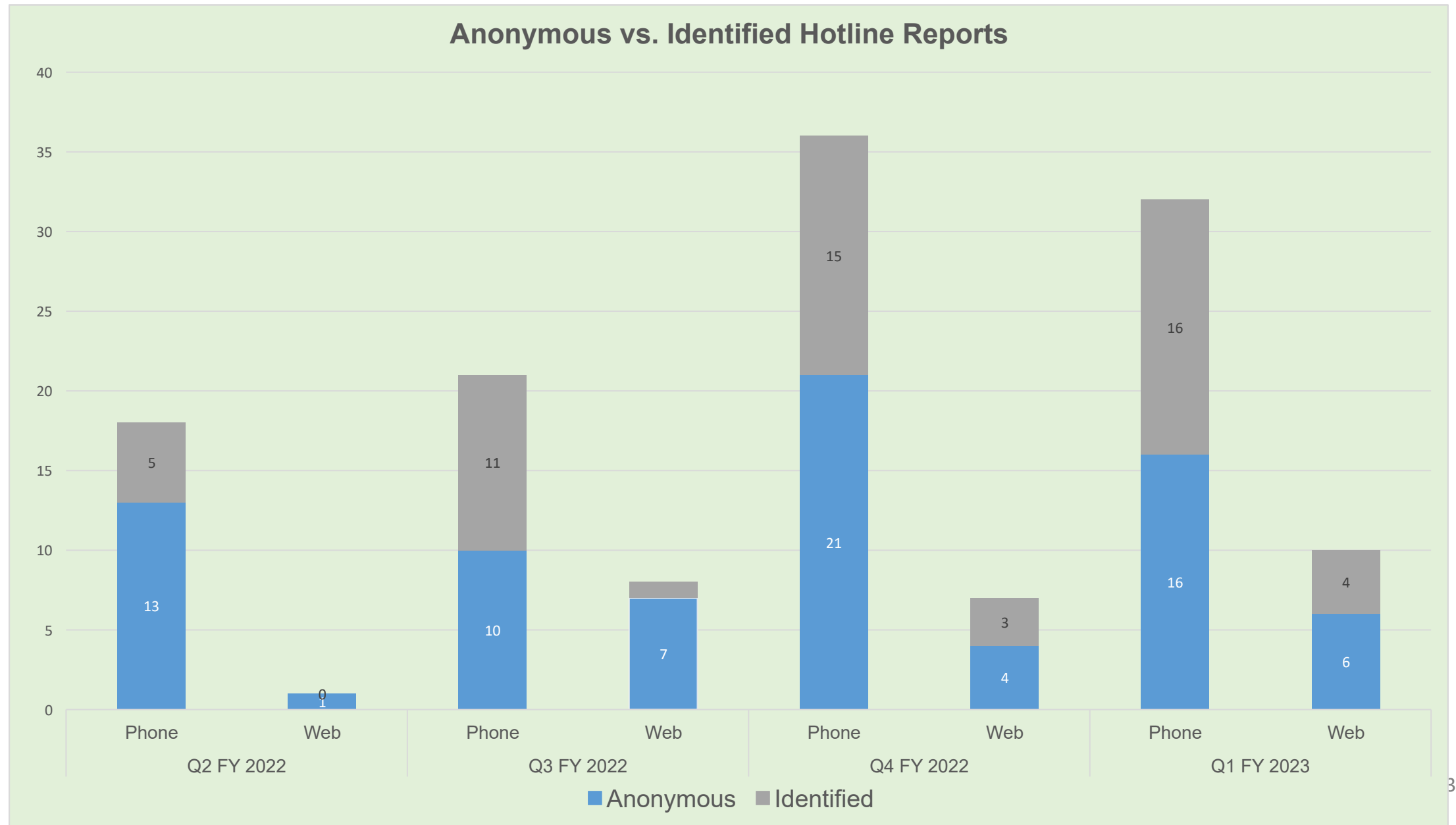
Drug Diversion
Specialist
Holly Borkowski

Drug Diversion
Specialist
Brian Sorbello

Support of Compliance Function

- Committees that support our function include:
 - *Physician Compensation Compliance Sub-Committee*
 - *Administrative Policy & Procedure Sub-Committee*
 - *340B Operations Sub-Committee*
 - *340B Compliance Sub-Committee*
 - *HIPAA Steering Committee*
 - *SNF Compliance Committee*
 - *Population Health Board of Managers Compliance Committee*
 - *Diversion Operations Oversight Committee*
 - *Diversion Screening Task Force*
 - *Diversion Intervention Response Team*
 - ***Compliance Billing Committee (CBC)***
 - ***Internal Audit Review Committee***

Compliance Hotline



Routine functions Compliance performs include:

- Excluded Provider Monitoring
- Maintenance of Policy and Procedures for the health system
- Compliance Effectiveness
- Cybersecurity and Monitoring
- 340B Drug Program Compliance and Auditing
- HIPAA and Privacy Monitoring

OIG Work Plan Additions

January - December 2022

OIG added 77 new audits to their national audit work plan

63 audits: Review of federal/state agencies or data reporting

- FDA, NIH, HHS, CMS, State health departments

1 audit: Provider related but do not pertain to Lee Health

3 audits: On current Lee Health Compliance audit plan or assessed

1 audit : Referred to Internal Audit

<https://oig.hhs.gov/reports-and-publications/workplan/updates.asp>

OIG Work Plan Additions

9 of 77 OIG Audits added to Lee Health Compliance audit plan during 2022

Hospital's compliance with provider relief fund balance billing requirement for out of network patients

Accuracy of falls reporting in Home Health OASIS assessments

Medicare Part B add-on payments for COVID-19 tests

Follow-up review of inpatient claims under the post-acute care transfer policy

Medicare payments for intermittent urinary catheters (DMEPOS)

Potentially preventable hospitalizations of Medicare-eligible SNF residents

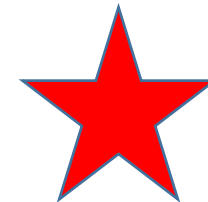
Review of Medicare payments for Trauma claims

Medicare Part B Opioid use disorder treatment services—bundled payments and telehealth services

NIH recipient institutions' reporting of monetary donations that support research



Process Improvement



Lee Health rated among most price-transparent organizations

Becker's Health IT October 21, 2022

"Health systems with the best, worst price transparency scores per Turquoise Health"

Review of hospital/health system compliance with federal price transparency requirement

5,000 hospitals/health systems reviewed

Rated on 1-5 scale based on seven different subcategories

Lee Health among 104 health systems of 5,000 that scored a 5



Internal Audit Plan Fiscal Year 2023

Audit

Accounts Payable Duplicate Payments – FY 2022, QTR 4

Accounts Payable Duplicate Payments – FY 2023, QTR 1

Accounts Payable Duplicate Payments – FY 2023, QTR 2

Accounts Payable Duplicate Payments – FY 2023, QTR 3

Non-monetary Compensation and Incidental Medical Staff Benefits (Twice a Year)

Physician Compensation Workbooks (3 Specialties a Year)

Timekeeping for Physicians in Administrative Positions

Purchasing Cards

GASB 87 - Leases

Executive Compensation

Lyft Program (Transportation Assistance)

Duplicate Reimbursements

Hiring Incentives (Relocation, Sign-On)

Construction Audits – GCMC (Completion), Colonial (Design Costs), Surfside Expansion, CCH ICU Expansion

Amazon Business Account

Accounts Payable

Value Based Health Policy Review

Audit Follow-up (November 2022)

Audit Follow-up (May 2023)

Observation of Inventory

Potential External Audit Assistance

Audit Follow-up Summary

Number of Audits with Open Items	11
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Total Findings in the Audits	29
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Number of Open Findings	17
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Age of Open Findings:

Over 1 Year	8
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6 months to 1 Year	1
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Less than 6 months	8
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Privacy Update

Lisa Whitacre, RHIA, CHC, CHPC
Privacy Officer

Privacy Education 2022 Summary of Activity

- March email blast – Don't let curiosity get you in trouble
- May – Facility safety coach meetings
- Various LPG office / acute care department trainings
- Impromptu one on one educational moments
- Privacy rounds with discussions – 150 departments/locations
- Quarterly Privacy reports to leadership

Identified Trends

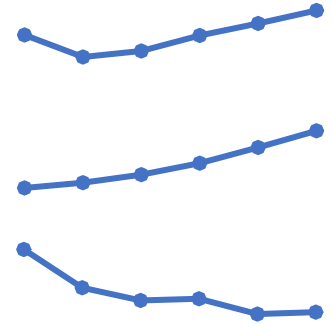
- Giving information to the incorrect patient
- Snooping into family / household members medical records
- Snooping into co-workers medical records
- Scanning information into the correct patient

Cybersecurity Update

Brian Zegers
System Director, Information Security Officer

Cybersecurity Metrics (2022 Q4)

Firewall Deny Attempts:	300M	(207M in Q4 2021)
Incident Response Security offenses researched:	3,308	(1,395 in Q4 2021)
Emails threats attempted:	15,709	(27,198 in Q4 2021)



Top Initiatives

- Completed and finalized 2022 HIPAA Risk Assessment
- Hurricane Ian recovery
- Employee Education & Awareness
 - *Cybersecurity Awareness Month*
 - *Completed enterprise phishing exercise*
 - *Deployed PhishAlarm button*
- Placed order and started onboarding FY22 approved cybersecurity projects
 - *Data Loss Prevention/Insider Threat Management, Cloud App Security Broker, Email Fraud Defense*

Email Metrics (2022 Q4)

Total Emails processed (Inbound):

19.3M

Percentage of Emails prevented as Spam/Malware:

75%

Percentage of Emails blocked by reputation (Inbound):

58% of overall

Emails reported to Phishing mailbox




2,122

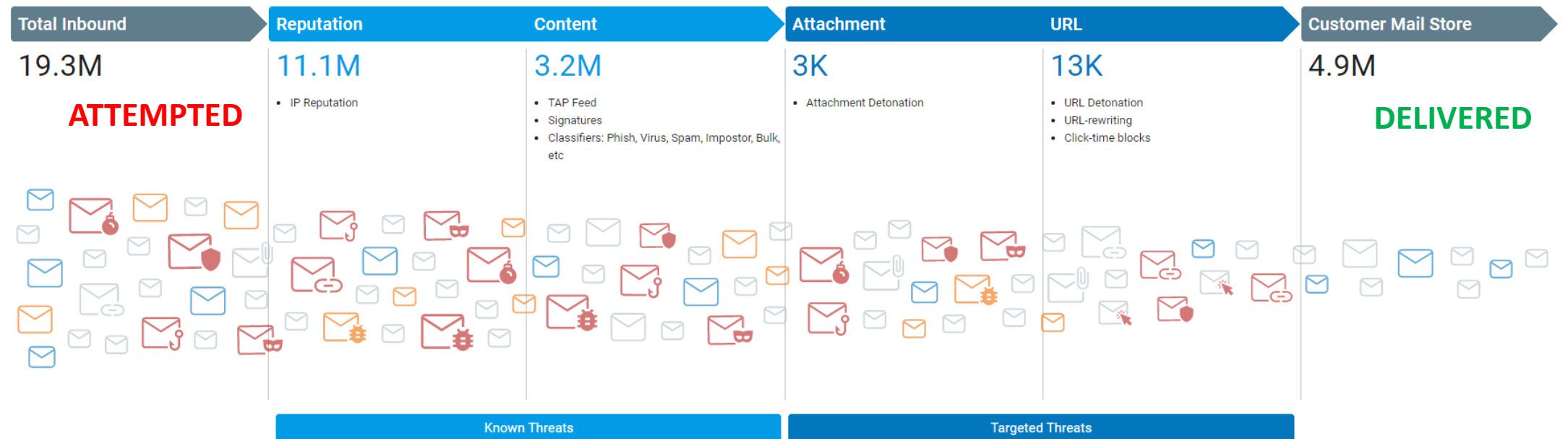
User Clicks on malicious email links:

33 Total

11 (blocked) 22 (not blocked)

Inbound Email Protection Breakdown

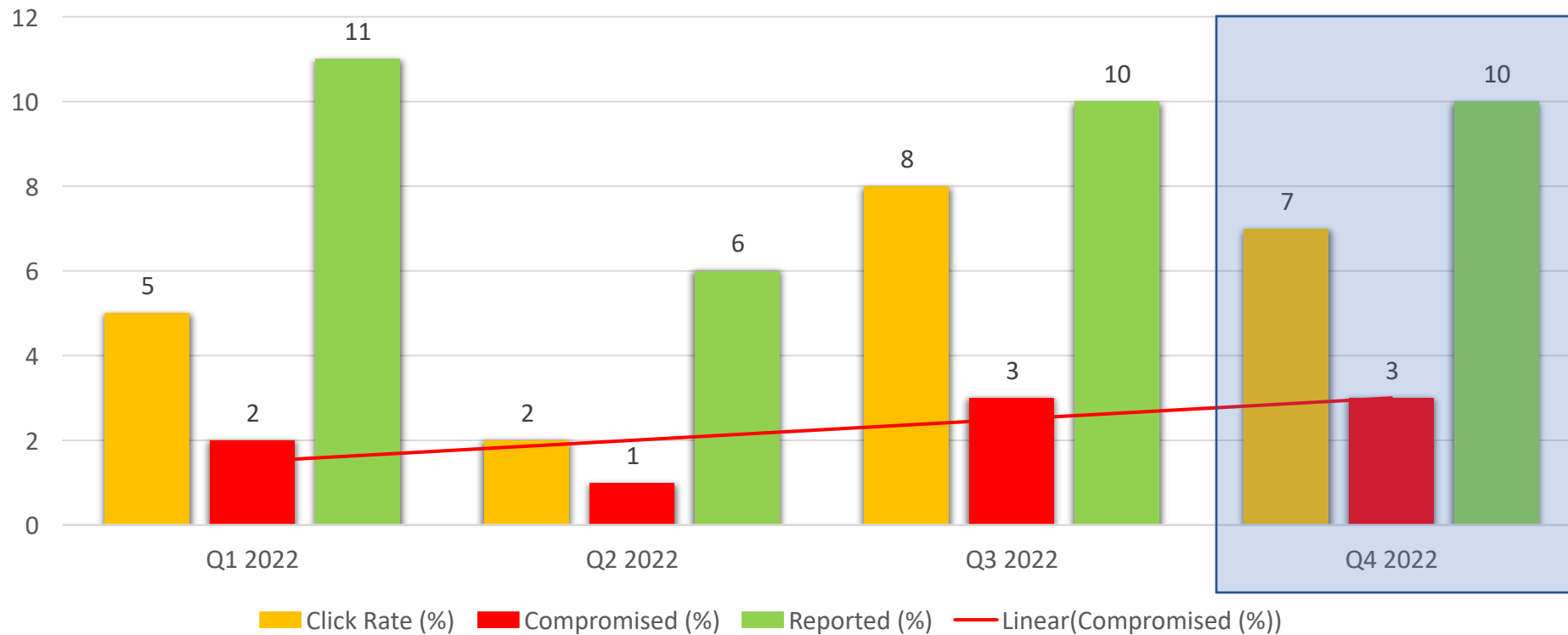
Last Quarter (2022/10/01 - 2022/12/31)   



Phishing Simulation Results – 2022



- Statistics for click rate and compromised have trended upward for the past two phishing simulations



*Click Rate – staff that clicked the phishing link in simulation email

*Compromised – staff that entered data into phishing website

*Reported – staff that reported as suspicious email to phishing@leehealth.org

CAUTION - Email Threats to Board Members

- Board Members are in the top 40 for most targeted Lee Health email addresses
- Our email security platform has successfully detected and blocked these threats, but there needs to be awareness of the risk



A large, stylized leaf graphic in a lighter shade of blue, positioned on the left side of the slide. It features a central vertical stem with several rounded, pointed leaves branching out to the left and right.

Thank You

Report of BDO FY 2022 Audit Communication Survey Results

Mike Adams, Controller, Financial Services



ADJOURNMENT

DATE OF THE NEXT
AUDIT COMMITTEE MEETING
THURSDAY, MAY 11, 2023 AT 9:00 A.M.

Gulf Coast Medical Center
Medical Office Building
13685 Doctors Way
Ft. Myers, FL 33912

