

Basic Financial Statements, Supplementary Schedules (with Management's Discussion and Analysis) and Report of Independent Certified Public Accountants

Westchester County Health Care Corporation

December 31, 2022 and 2021

Contents		Page
	Report of Independent Certified Public Accountants	3
	Required Supplementary Information (Unaudited)	
	Management's discussion and analysis (Unaudited)	6
	Financial Statements	
	Statements of net position	15
	Statements of revenues, expenses, and changes in net position	16
	Statements of cash flows	17
	Notes to financial statements	19
	Required Supplementary Information (Unaudited)	
	Schedule of proportionate share of net pension liability and schedule of employer contributions	49
	Schedule of funding progress - other postemployment benefits (OPEB)	50
	Schedule of changes in total OPEB liability and related ratios	51



GRANT THORNTON LLP

Two Commerce Square 2001 Market Street, Suite 700 Philadelphia, PA 19103

D +1 215 561 4200

+1 215 561 1066

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
Westchester County Health Care Corporation

Opinion

We have audited the accompanying financial statements of the business-type activities of Westchester County Health Care Corporation (WCHCC) as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise WCHCC's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of WCHCC, and the discretely presented component unit of WCHCC as of December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of WCHCC (Bermuda), Limited, a wholly owned subsidiary of WMC-New York, Inc., a blended component unit of WCHCC, which statements reflect total assets constituting \$229,663,000 and total liabilities constituting \$88,228,000 as of December 31, 2021. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for WCHCC (Bermuda), Limited, is based solely on the report of the other auditors.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of WCHCC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Responsibilities of management for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with US GAAS, we:

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

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



Required supplementary information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 6 through 14, and the required supplementary information on pages 49 through 51, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a required part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with US GAAS. These limited procedures consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Philadelphia, Pennsylvania April 13, 2023

Scent Thornton LLP

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

December 31, 2022 and 2021

Overview

This annual report consists of four parts - management's discussion and analysis, the basic financial statements, required supplementary schedules and other information.

Management's Discussion and Analysis of the Westchester County Health Care Corporation's ("WCHCC") annual financial report presents WCHCC and its blended component units' financial performance during the years ended December 31, 2022, 2021 and 2020. The purpose is to provide an objective analysis of the financial activities of WCHCC based on currently known facts, decisions, and conditions. Please read it in conjunction with the basic financial statements, which follow this section.

The basic financial statements (Statements of Net Position, Statements of Revenues, Expenses, and Changes in Net Position, Statements of Cash Flows, and the Notes to Financial Statements) present on a comparative basis the financial position of WCHCC at December 31, 2022 and 2021 and the changes in its financial position and cash flows for the years then ended. The Statements of Revenues, Expenses, and Changes in Net Position reflect the years' activities on the accrual basis of accounting, where revenues and expenses are recorded when services are provided or obligations are incurred, not when cash is received or paid. The financial statements also report WCHCC's net position (the difference between assets and liabilities) and how that has changed. The Statements of Cash Flows provides relevant information about the years' cash receipts and cash payments and classifies them as operating, noncapital financing, capital and related financing and investing activities. The Notes to Financial Statements explain information in the financial statements and provide more detailed data.

On March 11, 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic. As a result of the COVID-19 pandemic, WCHCC experienced a decline in patient visits, admissions, and medical procedures performed. Elective medical procedures were suspended by state and local governments at varying time periods beginning in mid-March through late May 2020, contributing to a significant decline in net patient service revenue due to COVID-19 when compared to historic and forecasted results for that period. Additionally, in response to the pandemic, WCHCC incurred additional costs for testing, personal protective equipment, third-party contract services and other operating costs associated with ensuring employee and patient safety while operating during a pandemic. Since late May 2020, WCHCC has begun to see increases in its patient visits, admissions, and medical procedures, however, volumes have not returned to pre-pandemic levels. Management is actively monitoring operating revenues and expenses based on the continuing uncertainties of COVID-19.

Bon Secours Charity Health System, Inc. ("Charity"), Bon Secours Health System Inc. ("BSHI"), and the Sisters of Charity of Saint Elizabeth ("SOC") have an affiliation agreement with WCHCC and WMC Health Network - Rockland, Inc. ("WMC - Rockland," a subsidiary of WCHCC), in which WMC - Rockland is the majority member of Charity, holding 60% of the economic interest in Charity and appointing 60% of the Charity Board of Directors. Bon Secours Mercy Health, Inc. ("BSMH") is the successor entity to BHSI. BSMH holds a 40% economic interest in Charity and, together with SOC, appoints 40% of the Charity Board of Directors. Charity is a discretely presented component unit.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022, 2021 and 2020 (amounts in thousands)

Financial Analysis Summary of Assets, Liabilities, and Net Position December 31, 2022, 2021, and 2020

2022-2021 Percentage 2022 2021 2020 Change **Assets** Current assets \$ 698,323 \$ 811,871 \$ 859,175 (14.0)% 943,068 921,453 869,721 2.3 Capital assets, net Other assets 216,437 145,228 156,029 49.0 Total assets \$ \$ \$ 1,884,925 (1.1)%1,857,828 1,878,552 **Deferred outflows of resources** (11.8)% \$ 222,035 \$ 251,793 \$ 206,797 Liabilities \$ \$ \$ **Current liabilities** 624,468 670,443 633,306 (6.9)%Long-term portion of debt, net 765,319 773,201 773,069 (1.0)Other long-term liabilities 737,292 751,317 1,039,239 (1.9)Total liabilities 2,127,079 2,194,961 \$ 2,445,614 (3.1)% **Deferred inflows of resources** \$ 296,872 \$ 263,955 \$ 19,673 12.5% **Net position** Restricted \$ 22,445 \$ 20,863 \$ 16,509 7.6% Unrestricted (366,533)(349,434)(390,074)4.9 Total net position \$ \$ 4.7% (344,088)\$ (328,571)(373,565)

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022, 2021 and 2020 (amounts in thousands)

Financial Analysis Summary of Revenues, Expenses, and Changes in Net Position Years ended December 31, 2022, 2021 and 2020

		2022		2021		2020	2022-2021 Percentage Change
Operating revenues		2022		2021	-	2020	Change
Net patient service revenue	\$	1,927,883	\$	1,746,803	\$	1,406,603	10.4%
Other revenue	•	96,009	•	123,172	*	130,215	(22.1)
Total operating revenues		2,023,892		1,869,975		1,536,818	8.2
Operating expenses							
Salaries and benefits		1,176,168		1,093,917		1,015,481	7.5
Supplies and other expenses		694,989		615,509		588,979	12.9
Depreciation and amortization		93,232		91,702		88,655	1.7
Total operating expenses		1,964,389		1,801,128		1,693,115	9.1
Operating income (loss) before OPEB and pension		<u> </u>					
expenses		59,503		68,847		(156,297)	(13.6)
Salaries and benefits - OPEB expenses		21,175		19,912		16,349	6.3
Salaries and benefits - NYS pension expense		32,500		31,500		32,115	3.2
Operating income (loss) before NYS pension adjustment		5,828		17,435		(204,761)	(66.6)
NYS non-cash pension adjustments		(28,403)		(11,128)		47,308	155.2
Operating income (loss)		34,231		28,563		(252,069)	19.8
Nonoperating activities, net							
Investment income		3,329		14,894		7,281	(77.6)
Unrealized (losses) gains on marketable securities, net		(29,240)		714		12,766	(4,195.2)
Interest expense		(48,334)		(48,924)		(44,504)	(1.2)
Government stimulus grants		12,642		6,871		207,636	84.0
Loss on impairment of capital assets		(1,960)		-		-	_
Other nonoperating activities, net		471		479		(7,153)	(1.7)
Total nonoperating activities, net		(63,092)		(25,966)		176,026	143.0
(Loss) income before other additions and deductions		(28,861)		2,597		(76,043)	(1,211.3)
Other additions							
NYS Capital Restructuring Financing Program Grant Award		13,344		42,397		10,326	(68.5)
(Decrease) increase in net position		(15,517)		44,994		(65,717)	(134.5)
Net position							
Beginning of year		(328,571)		(373,565)		(307,848)	(12.0)
							4 = 0/
End of year	\$	(344,088)	\$	(328,571)	\$	(373,565)	4.7%
Calculation							
(Decrease) increase in net position	\$	(15,517)	\$	44,994	\$	(65,717)	(134.5)%
NYS non-cash pension adjustment		(28,403)		(11,128)		47,308	155.2 [´]
(Decrease) increase in net position excluding NYS non-cash pension adjustment	\$	(43,920)	\$	33,866	\$	(18,409)	(229.7)%
g o p o	Ψ	(=0,020)	Ψ	55,000	Ψ	(10,700)	(223.1)/0

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Management's Discussion and Analysis includes the activities of WCHCC and its subsidiary entities (excluding Charity).

Overall Financial Position and Operations

WCHCC reported (decrease)/increase in net position excluding NYS non-cash pension adjustments of (\$43.9) million, \$33.9 million, and (\$18.4) million for the years ended December 31, 2022, 2021, and 2020, respectively. WCHCC's net position increased \$15.5 million from December 31, 2021 to December 31, 2022 and decreased \$45.0 million from December 31, 2020 to December 31, 2021.

Significant financial indicators are as follows:

		2022		2021		2020
(Decrease) increase in net position excluding NYS non-cash pension adjustments (in millions)	\$	(43.9)	\$	33.9	\$	(18.4)
Current ratio	,	1.1	•	1.2	,	1.4
Quick ratio		1.1		1.2		1.3
Days cash on hand		50.9		100.9		131.9

Analysis of Financial Position

In this section, WCHCC's management provides its analysis of December 31, 2022 financial amounts compared to December 31, 2021 financial amounts and, where appropriate, December 31, 2021 financial amounts compared to December 31, 2020 financial amounts.

Assets and Liabilities

Cash and Cash Equivalents

Cash and cash equivalents decreased \$154.5 million at December 31, 2022 compared to December 31, 2021, primarily due to Medicare Advance repayment (\$57.5 million), increased capital spending from operations (\$78.8 million), repayment of deferred employer social security (\$12.2 million) and other statement of net position changes. Cash and cash equivalents decreased \$150.7 million at December 31, 2021 compared to December 31, 2020, primarily due to Medicare Advance repayment (\$64.1 million), increased capital spending from operations (\$43.6 million), purchase of investments (\$37.4 million) and other statement of net position changes.

Investments

Investments decreased \$63.6 million at December 31, 2022 compared to December 31, 2021 primarily due to unrealized losses on marketable securities and sale of investments and increased \$41.8 million at December 31, 2021 compared to December 31, 2020, primarily due to purchases of new investments and favorable market performance.

Patient Accounts Receivable, net

Patient accounts receivable reflected days revenue outstanding of 49.3, 47.9, and 49.0 at December 31, 2022, 2021 and 2020, respectively. Days revenue outstanding at December 31, 2022 compared to December 31, 2021, and at December 31, 2021 compared to December 31, 2020 were relatively consistent.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Other Current Assets

Other current assets increased \$74.6 million from December 31, 2021 to December 31, 2022 due to increases in third party receivables and other statement of net position changes and increased \$14.3 million from December 31, 2020 to December 31, 2021 due to increases in inventory, prepaid expenses and other statement of net position changes.

Assets Restricted as to Use

Assets restricted as to use decreased \$2.5 million from December 31, 2021 to December 31, 2022 primarily due to decreases in funds held for the single campus project and increased \$9.8 million from December 31, 2020 to December 31, 2021 primarily due to increases in restricted contributions, restricted investments and funds held for the single campus project.

Other Assets, net

Other assets increased \$70.1 million from December 31, 2021 to December 31, 2022 primarily due to the change in New York State Local Retirement System ("NYSLRS") from a pension liability to a pension asset and decreased \$673,000 from December 31, 2020 to December 31, 2021 primarily due to various balance sheet changes due to the increase in leases receivable.

Capital Assets, net

Capital assets increased \$21.6 million from December 31, 2021 to December 31, 2022 and increased \$51.7 million from December 31, 2020 to December 31, 2021 primarily due additions for the HealthAlliance single campus construction and various other capital projects and medical equipment purchases.

Right to Use Lease Assets

Right to use lease assets increased \$2.1 million from December 31, 2021 to December 31, 2022 due to additions exceeding depreciation expense, and decreased \$12.9 million from December 31, 2020 to December 31, 2021 due to depreciation expense.

Line of Credit

Line of credit decreased \$40.0 million from December 31, 2021 to December 31, 2022 due to payments on draws and increased \$10.0 million from December 31, 2020 to December 31, 2021, due to draws at the end of 2021.

Current Portion of Right to Use Lease Liabilities

Current portion of right to use lease liabilities increased \$1.3 million from December 31, 2021 to December 31, 2022 due to an increase in leases and decreased \$2.0 million from December 31, 2020 to December 31, 2021 due to a decrease in leases.

Accounts Payable and Accrued Expenses

Accounts payable and accrued expenses increased \$38.6 million from December 31, 2021 to December 31, 2022 and increased \$22.0 million from December 31, 2020 to December 31, 2021 due to the timing of payments.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Accrued Salaries and Related Withholdings

Accrued salaries and related withholdings increased \$860,000 from December 31, 2021 to December 31, 2022 and increased \$9.0 million from December 31, 2020 to December 31, 2021 due to an increase in salaries and the timing of payrolls.

Current Portion of Other Long-Term Liabilities

Other current liabilities decreased \$48.5 million from December 31, 2021 to December 31, 2022 primarily due to the repayment of Medicare advances offset by other current year activity, and other current liabilities decreased \$5.1 million from December 31, 2020 to December 31, 2021 primarily due to the repayment of Medicare advances offset by other current year activity.

Long-Term Debt

Long-term debt decreased \$6.1 million from December 31, 2021 to December 31, 2022, due to new financed purchases of \$19.4 million partially offset by principal payments and amortization of bond premiums and discounts of \$25.5 million.

Long-term debt increased \$3.3 million from December 31, 2020 to December 31, 2021, due to new financed purchases of \$25.8 million partially offset by principal payments and amortization of bond premiums and discounts of \$22.5 million.

Non-Current Right to Use Lease Liabilities, net

Non-current right to use lease liabilities increased \$4.4 million from December 31, 2021 to December 31, 2022 due to new leases and decreased \$7.6 million from December 31, 2020 to December 31, 2021 due to payments.

Other Long-Term Liabilities

Other long-term liabilities decreased \$18.5 million from December 31, 2021 to December 31, 2022, primarily due to a decrease of \$5.7 million in NYSLRS deferred pension liabilities and a decrease in post-retirement health liabilities of \$16.4 million, partially offset by an increase in self-insurance liabilities of \$7.8 million

Other long-term liabilities decreased \$280.4 million from December 31, 2020 to December 31, 2021, primarily due to a decrease of \$231.5 million in the NYS pension liability and a decrease of \$52.3 million due to Medicare advances under the CARES Act, partially offset by an increase in post-retirement health liabilities of \$20.9 million.

Deferred Outflows and Inflows of Resources

Deferred Outflows

Deferred outflows decreased approximately \$29.8 million from December 31, 2021 to December 31, 2022 primarily due to decreases in NYS deferred pension outflows of \$36.7 million and bond outflows of \$1.6 million partially offset by an increase in post-retirement outflows of \$8.5 million, and increased approximately \$45.0 million from December 31, 2020 to December 31, 2021 primarily due to increases in NYS deferred pension outflows of \$31.8 million and post-retirement outflows of \$14.7 million partially offset by a decrease in bond outflows of \$1.5 million.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Deferred Inflows

Deferred inflows increased \$32.9 million from December 31, 2021 to December 31, 2022 due to deferred NYS pension inflows of \$4.4 million and deferred post-retirement inflows of \$29.5 million, partially offset by a decrease of \$1.0 million for deferred lease outflows and increased \$244.3 million from December 31, 2020 to December 31, 2021 due to deferred NYS pension inflows of \$248.5 million, partially offset by decreases in deferred post-retirement inflows of \$2.5 million and by \$1.5 million for deferred lease outflows.

Revenues and Expenses

Net Patient Service Revenue

Net patient service revenue increased \$181.1 million from 2021 to 2022 and \$340.2 million from 2020 to 2021 due to an increase in outpatient visits, admissions, case mix and higher reimbursement rates.

Other Revenue

Other revenue decreased \$27.2 million from 2021 to 2022 and \$7.0 million from 2020 to 2021, primarily due to a decrease in grants and other revenue.

Salaries and Benefits, Including Post-Retirement and New York State Pension

Salaries and benefits increased \$67.2 million from 2021 to 2022 due to investment in new physicians and support staff, contractual salary increases and increased \$22.9 million from 2020 to 2021 due to investment in new physicians and support staff, insourcing of contracted staff, contractual salary increases and an increase in staffing for the COVID-19 vaccination program

Supplies and Other Expenses

Supplies and other expenses increased approximately \$79.5 million from 2021 to 2022 due to increased volume and inflation impacting the following areas:

- Increase in medical supplies of \$37.5 million
- Increase in contractual, consulting and professional fees of \$14.5 million
- Increase in outsourcing support for HealthAlliance of \$14.8 million
- Increase in utilities of \$3.9 million
- Increase in other expenses of \$8.8 million

Supplies and other expenses increased approximately \$26.5 million from 2020 to 2021 due to the return of volume impacting the following areas:

- Increase in medical supplies of \$20.5 million
- Increase in consulting and professional fees of \$4.7 million
- Increase in other expenses of \$1.3 million

Depreciation and Amortization Expense

Depreciation and amortization expense increased \$1.5 million from 2021 to 2022 and \$3.0 million from 2020 to 2021 due to capital asset additions in 2021 and 2020, respectively.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Nonoperating Activities, net

Nonoperating activities, net decreased \$37.1 million from 2021 to 2022, primarily due unrealized losses on investments and a decrease in investment income due to unfavorable market conditions, partially offset by an increase in government grants.

Nonoperating activities, net decreased \$202.0 million from 2020 to 2021, primarily due to significant onetime Government Stimulus grants in 2020 obtained from the CARES Act and a decrease in unrealized gains on investments, partially offset by an increase in investment income.

Net Position

As shown in the Statements of Net Position, WCHCC's net position has the following components:

Restricted

Increased \$1.6 million and \$4.3 million from December 31, 2021 to December 31, 2022, and December 31, 2020 to December 31, 2021, respectively, primarily due to an increase in restricted contributions.

Unrestricted

Unrestricted net deficit increased by \$17.1 million to (\$366.5) million at December 31, 2022 from (\$349.4) million, primarily due to the changes in net position for the year ended December 31, 2022.

Unrestricted net deficit decreased by \$40.7 million to (\$349.4) million at December 31, 2021 from (\$390.1) million, primarily due to the changes in net position for the year ended December 31, 2021.

Capital Assets, net

At December 31, 2022, WCHCC had capital assets, net of accumulated depreciation of \$943.1 million, compared to \$921.5 million at December 31, 2021 and \$869.7 million at December 31, 2020. Major categories of capital assets, net are set forth in the table below (amounts in thousands):

	 2022	-	2021	-	2020
Land and land improvements Buildings and building improvements Equipment Construction in progress	\$ 13,927 516,803 404,063 8,275	\$	12,354 436,373 393,983 78,743	\$	12,000 450,000 381,062 26,659
	\$ 943,068	\$	921,453	\$	869,721

Capital assets, net increased in 2022 by \$21.6 million, consisting of additions for the HealthAlliance single campus construction project and other capital projects and medical equipment purchases of \$96.8 million, offset by depreciation expense of \$75.2 million. Capital assets, net increased in 2021 by \$51.7 million, consisting of additions for the HealthAlliance single campus construction project and other capital projects and medical equipment purchases of \$129.4 million, offset by depreciation expense of \$77.7 million. More detailed information about WCHCC's capital assets is presented in Note 7 to the financial statements.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED

December 31, 2022 and 2021

Long-Term Debt

At December 31, 2022, WCHCC had \$791.3 million in total long-term debt outstanding, as follows with comparative amounts at December 31, 2021 and December 31, 2020 (amounts in thousands):

	 2021	 2020	 2019
2010 Series Bonds 2014 Series Bonds 2015 Series Bonds	\$ 71,535 23,421 20,138	\$ 71,570 24,000 20,892	\$ 71,605 24,551 21,614
2016 Series Bonds 2020 Series Bonds	273,306 300,000	275,991 300,000	278,555 300,000
Other, net Bond premium/discount Financed purchases	24,366 19,855 58,635	25,107 20,691 59,080	26,327 21,529 49,857
	\$ 791,256	\$ 797,331	\$ 794,038

Long-term debt decreased \$6.1 million from December 31, 2021 to December 31, 2022 due to principal payments and amortization of bond premiums and discounts of \$25.5 million partially offset by new financed purchases of \$19.4 million, and increased \$3.3 million from December 31, 2020 to December 31, 2021 due to new financed purchases of \$25.8 million partially offset by principal payments and amortization of bond premiums and discounts of \$22.5 million

More detailed information about WCHCC's long-term debt is presented in Note 8 to the financial statements.

Contacting WCHCC's Financial Management

This financial report provides a general overview of WCHCC's finances and operations. If you have questions about this report or need additional financial information, please contact Gary F. Brudnicki, Senior Executive Vice President, Westchester County Health Care Corporation, Executive Offices, Valhalla, New York 10595.

STATEMENTS OF NET POSITION

December 31, 2022 and 2021 (amounts in thousands)

		20	22			20	21	
		Bon Secours				Boı	n Secours	
		WCHCC		Charity	\	NCHCC		Charity
Assets								
Current assets:	•	00.440	•	44.050	•	000 500	•	00.540
Cash and cash equivalents	\$	82,113	\$	44,958	\$	236,582	\$	80,543
Investments		186,466		30,429		250,100		34,106
Total cash, cash equivalents and		000 570		75.007		400.000		444.040
investments		268,579		75,387		486,682		114,649
Patient accounts receivable, net		260,525		54,945		229,028		49,817
Assets restricted as to use, required for		00.040		000		00.540		4 570
current liabilities		20,942		200		22,513		4,578
Other current assets		148,277		25,023		73,648		25,338
Total current assets		698,323		155,555		811,871		194,382
Assets restricted as to use, net		25,182		4,048		26,142		4,773
Capital assets, net		943,068		203,439		921,453		145,885
Right to use lease assets		105,386		25,051		103,320		31,404
Other assets, net		85,869		1,969		15,766		2,157
Total assets		1,857,828		390,062		1,878,552		378,601
Deferred outflows of resources								
Pension, OPEB and bond related		222,035		141		251,793		149
1 choich, of EB and bond related		222,000		1-7-1		201,700		140
Liabilities								
Current liabilities:								
Line of credit		40,000		_		80,000		-
Current portion of long-term debt		25,937		1,793		24,130		1,616
Current portion of right to use lease liabilities		9,438		4,695		8,113		6,163
Accounts payable and accrued expenses		276,159		89,106		237,592		60,201
Accrued salaries and related withholdings		134,028		47,872		133,168		51,476
Current portion of other long-term liabilities		138,906		35,718		187,440		48,551
Total current liabilities		624,468		179,184		670,443		168,007
Long-term debt, net		765,319		126,735		773,201		125,529
Long-term right to use lease liabilities, net		107,596		22,269		103,161		26,413
Other long-term liabilities, net		629,696		104,484		648,156		67,209
Total liabilities		2,127,079		432,672		2,194,961		387,158
Deferred inflows of resources		000.070		4 000		000.055		4 004
Pension, OPEB and lease related	-	296,872		1,232		263,955		1,661
Commitments and contingencies								
Net position								
Restricted								
Expendable for capital acquisitions		1,616		1,487		1,239		1,765
Expendable for specific operating activities		13,833		3,308		11,654		3,692
Nonexpendable for endowment		6,996		664		7,970		664
Total restricted		22,445		5,459		20,863		6,121
Unrestricted		,0		5,400		20,000		J, 12 1
Net investment in capital assets		258,312		197,816		231,830		141,713
Unrestricted		(624,845)		(246,976)		(581,264)		(157,903)
Total unrestricted		(366,533)		(49,160)		(349,434)		(16,190)
Total net position	\$	(344,088)	\$	(43,701)	\$	(328,571)	\$	(10,069)
1		(- ',)	<u> </u>	\ -,/	_	/	_	, -,/

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

Years ended December 31, 2022 and 2021 (amounts in thousands)

		20	22			20:	21	
	,	wснсс	Вс	on Secours Charity		wснсс		n Secours Charity
Operating revenues Net patient service revenue (net of provision for bad debts of \$48,889 and \$34,356 in 2022 and								
\$22,946 and \$33,964 in 2021, respectively)	\$	1,927,883	\$	585,099	\$	1,746,803	\$	573,395
Other revenue		96,009		21,006		123,172		21,180
Total operating revenues		2,023,892		606,105		1,869,975		594,575
Operating expenses								
Salaries and benefits		1,176,168		354,638		1,093,917		350,456
Supplies and other expenses		694,989		253,440		615,509		249,753
Depreciation and amortization		93,232		29,739		91,702		32,640
Total operating expenses Operating income (loss) before OPEB and		1,964,389		637,817		1,801,128		632,849
pension expense		59,503		(31,712)		68,847		(38,274)
Salaries and benefits - OPEB expenses		21,175		-		19,912		-
Salaries and benefits - NYS pension expenses Operating income (loss) before NYS		32,500		<u> </u>		31,500		
pension adjustment		5,828		(31,712)		17,435		(38,274)
NYS non-cash pension adjustment		(28,403)		-		(11,128)		-
Operating income (loss)	-	34,231		(31,712)		28,563		(38,274)
Nonoperating activities								
Investment income		3,329		1,113		14,894		1,120
Unrealized (losses) gains on investments, net		(29,240)		(4,857)		714		504
Interest expense		(48,334)		(9,728)		(48,924)		(9,350)
Government stimulus grants		12,642		3,278		6,871		7,704
Loss on impairment of capital assets		(1,960)		-		-		-
Other nonoperating activities, net		471		1,537		479		791
Total nonoperating activities, net (Decrease) increase in net position before		(63,092)		(8,657)		(25,966)		769
other changes		(28,861)		(40,369)		2,597		(37,505)
Other changes in net position NYS Capital Restructuring Financing Program								
Grant Award		13,344		6,737		42,397		6,081
(Decrease) increase in net position		(15,517)		(33,632)	-	44,994		(31,424)
Net position								
Beginning of year		(328,571)		(10,069)		(373,565)		21,355
End of year	\$	(344,088)	\$	(43,701)	\$	(328,571)	\$	(10,069)

STATEMENTS OF CASH FLOWS

Years ended December 31, 2022 and 2021 (amounts in thousands)

Cash paid to employees for salaries and benefits (1,249,212) (358,332) (1,158,581) (341, 248, 212) Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, 226, 226, 226, 226, 226, 226, 226,	у
Cash received from patients and third-party payors \$ 1,845,655 \$ 578,371 \$ 1,678,495 \$ 570, Other receipts Cash paid to employees for salaries and benefits (1,249,212) (358,332) (1,158,581) (341, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (583,985) (207,460) (42,685) 20, Cash fows from cash paid for supplies and other expenses and paid for supplies	
Other receipts 99,689 20,191 127,378 19, Cash paid to employees for salaries and benefits (1,249,212) (358,332) (1,158,581) (341, Cash paid to employees for salaries and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, Cash paid for supplies and other expenses (207,460) (604,607) (226, Cash paid for supplies and other expenses (207, Cash paid for supplies and other expenses (228, Cash paid for supplies and other expenses (207, Cash paid for supplies and other expenses (207, Cash paid for supplies and other expenses (207, Cash paid for supplies and paid for supp	
Cash paid to employees for salaries and benefits (1,249,212) (358,332) (1,158,581) (341, 226, 236, 336) Cash paid for supplies and other expenses (683,985) (207,460) (604,607) (226, 226, 226, 226, 226, 226, 226, 226,),011
Cash paid for supplies and other expenses Net cash provided by operating activities (683,985) (207,460) (604,607) (226, 226, 226) Cash flows from noncapital financing activities: Proceeds from contributions restricted for specific operating activities 7,560 - - 5,912 Repayment of line of credit - <td< td=""><td>9,064</td></td<>	9,064
Cash flows from noncapital financing activities: 12,147 32,770 42,685 20, Cash flows from noncapital financing activities: Proceeds from contributions restricted for specific operating activities 7,560 - 5,912 Repayment of line of credit - - - - (20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	1,493)
Cash flows from noncapital financing activities: Proceeds from contributions restricted for specific operating activities 7,560 - 5,912 Repayment of line of credit - - - - (20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	5,904)
Proceeds from contributions restricted for specific operating activities Repayment of line of credit Proceeds from Government stimulus grants 12,642 Repayments of Medicare advances (57,470) Repayments of Proceeds from nonoperating items Net cash receipts for nonoperating items Repayments of principal on long-term debt Repayments of capital and related financing activities: Purchase of capital and related financing activities: Purchase of capital assets Payments on right to use leased assets Proceeds (loss) from sale of assets Proceeds from line of credit Repayments of principal on long-term debt (54,222) Repayments on right to use leased assets (54,222) Repayments of principal on long-term debt (25,285) Repayments of principal on long-term debt (25,285) Repayments of principal on long-term debt (25,285) Repayments of principal on long-term debt (45,845) Repayments of Repayments of Program Grant Award activities Repayments of Proceeds (Repayments of Program Grant Award activities Repayments of Proceeds (Repayments of Program Grant Award activities	0,678
operating activities 7,560 - 5,912 Repayment of line of credit - - - - (20, -) Proceeds from Government stimulus grants 12,642 3,278 1,832 7, - Repayments of Medicare advances (57,470) (35,790) (56,268) (26, -) Net cash receipts for nonoperating items 1,415 1,470 6,871 - (142) - - (142) -	
Repayment of line of credit	
Proceeds from Government stimulus grants 12,642 3,278 1,832 7,8 Repayments of Medicare advances (57,470) (35,790) (56,268) (26,00) Net cash receipts for nonoperating items 1,415 1,470 6,871 6,871 Repayments of principal on long-term debt (223) - (142) (1,089) (9,00) Interest paid (1,379) (9,347) (1,089) (9,00) (9,00) (42,884) (46,00) Cash flows from capital and related financing activities: (37,455) (40,389) (42,884) (46,00) Purchase of capital assets (54,222) (34,427) (81,298) (38,00) Payments on right to use leased assets (9,870) (2,753) (10,503) (4,00) Proceeds (loss) from sale of assets 48 - (23) Proceeds from line of credit (15,000) - 80,000 Repayment of principal on long-term debt (25,285) (2,178) (22,385) (2,178) Interest paid (45,845) (381) <td< td=""><td>-</td></td<>	-
Repayments of Medicare advances (57,470) (35,790) (56,268) (26, Net cash receipts for nonoperating items 1,415 1,470 6,871 Repayments of principal on long-term debt (223) - (142) Interest paid (1,379) (9,347) (1,089) (9, 09, 09, 09, 09, 09, 09, 09, 09, 09, 0	0,000)
Net cash receipts for nonoperating items 1,415 1,470 6,871 Repayments of principal on long-term debt (223) - (142) (1,089) (9,347) (1,089) (9,347) (1,089) (9,347) (1,089) (9,347) (1,089) (1,08	7,704
Repayments of principal on long-term debt (223) - (142) Interest paid (1,379) (9,347) (1,089) (9, 347) Net cash used in noncapital financing activities (37,455) (40,389) (42,884) (46, 388) Furchase of capital and related financing activities: Purchase of capital assets (54,222) (34,427) (81,298) (38, 38, 38, 38, 38, 38, 38, 38, 38, 38,	5,110)
Interest paid	725
Net cash used in noncapital financing activities (37,455) (40,389) (42,884) (46, 46, 46, 46, 46, 46, 46, 46, 46, 46,	-
financing activities (37,455) (40,389) (42,884) (46,60) Cash flows from capital and related financing activities: Purchase of capital assets (54,222) (34,427) (81,298) (38,78) Payments on right to use leased assets (9,870) (2,753) (10,503) (4,78) Proceeds (loss) from sale of assets 48 - (23) Proceeds from line of credit 115,000 - 80,000 Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2,178) Interest paid (45,845) (381) (46,737) (46,737) (46,737) (47,845) NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,86	9,098)
Cash flows from capital and related financing activities: Purchase of capital assets (54,222) (34,427) (81,298) (38, 298) (38, 298) (38, 298) (38, 298) (48, 298) (48, 298) (49, 202) (27, 27, 203) (10, 503) (49, 202) (49, 202) (27, 203) (27, 203) (23) (23) (23) (23) (23, 203) <td></td>	
Purchase of capital assets (54,222) (34,427) (81,298) (38, Payments on right to use leased assets (9,870) (2,753) (10,503) (4, Proceeds (loss) from sale of assets 48 - (23) Proceeds from line of credit 115,000 - 80,000 Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2, Interest paid (45,845) (381) (46,737) (46,737) (70,000) (10,500)	5,779)
Payments on right to use leased assets (9,870) (2,753) (10,503) (4, 23) Proceeds (loss) from sale of assets 48 - (23) Proceeds from line of credit 115,000 - 80,000 Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2, 110) Interest paid (45,845) (381) (46,737) (47,732) (47,732) (47,732) (47,732) (47,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (4	
Payments on right to use leased assets (9,870) (2,753) (10,503) (4, 23) Proceeds (loss) from sale of assets 48 - (23) Proceeds from line of credit 115,000 - 80,000 Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2, 110) Interest paid (45,845) (381) (46,737) (47,732) (47,732) (47,732) (47,732) (47,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (48,732) (4	3,655)
Proceeds from line of credit 115,000 - 80,000 Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2,178) Interest paid (45,845) (381) (46,737) (8,772) NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,737	1,441)
Repayment of line of credit (155,000) - (70,000) Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2,178) Interest paid (45,845) (381) (46,737) (46,737) (70,000) NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,737	-
Repayments of principal on long-term debt (25,285) (2,178) (22,385) (2, 178) Interest paid (45,845) (381) (46,737) (46,737) (46,737) NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,	_
Interest paid (45,845) (381) (46,737) (NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,	_
Interest paid (45,845) (381) (46,737) (NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,	2,475)
NYS Capital Restructuring Financing Program Grant Award activities 13,344 6,737 42,397 6,	(252)
	,
Net cash used in capital and related	5,081
financing activities (161,830) (33,002) (108,549) (39,	9,742)
Cash flows from investing activities:	
Purchase of investments and assets restricted as to use (55,374) (11,376) (66,497) (25,	5,650)
Sale of investments and assets restricted as to use 84,714 15,299 9,673 18,	3,989
	1,120
	5,541)
Net decrease in cash and cash equivalents (154,469) (35,585) (150,678)	1,384)
Cash and cash equivalents	
·	1,927
	0,543

STATEMENTS OF CASH FLOWS - CONTINUED

Years ended December 31, 2022 and 2021 (amounts in thousands)

		20	22			20	21	
		мснсс		on Secours Charity		wснсс		n Secours Charity
Reconciliation of operating income (loss) to net cash								
provided by operating activities:								
Operating income (loss)	\$	34,231	\$	(31,712)	\$	28,563	\$	(38,274)
Adjustments to reconcile operating income (loss) to net cash provided by operating activities:								
Depreciation and amortization		93,232		29,739		91,702		32,640
Provision for bad debts, net		48,900		34,356		22,946		33,964
Deferred inflows and outflows, net		61,192		(421)		197,803		(140)
Changes in assets and liabilities:								
Patient accounts receivable		(80,397)		(39,484)		(63,139)		(34,841)
Other assets		(186,661)		503		(36,060)		(5,519)
Accounts payable and accrued expenses		33,480		28,905		(1,651)		15,043
Accrued salaries and related withholdings		860		(3,604)		9,027		8,942
Other liabilities		7,310		14,488		(206,506)		8,863
Net cash provided by operating activities	\$	12,147	\$	32,770	\$	42,685	\$	20,678
Supplemental disclosure of cash flow information								
Change in amounts accrued for purchase of capital assets	\$	21,280	\$	45,736	\$	(25,674)	\$	
Assets acquired under financed purchases	\$	19,432	\$	3,628	\$	25,821	\$	2,612
•	_				_			

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - ORGANIZATION

In 1997, the State of New York enacted legislation to authorize the creation of the Westchester County Health Care Corporation ("WCHCC") in response to the efforts of Westchester County (the "County") to provide a form of governance for Westchester Medical Center (the "Medical Center") with the flexibility to cope with the rapidly changing health care environment, to become more competitive, and to provide the County and area residents with quality health care in an efficient and effective manner.

The accompanying financial statements include the accounts of the following component units, entities for which WCHCC is considered to be financially accountable. All significant inter-entity accounts and activities have been eliminated in consolidation.

Medical Center:

- Westchester County Health Care Corporation (d/b/a Westchester Medical Center)
- The Westchester Medical Center Foundation, Inc. ("WMC Foundation")
- Mid-Hudson Valley Early Education Center ("Early Education Center")
- North Road LHCSA, Inc. ("LHCSA")
- WMC New York Inc. ("WMC New York")
- WCHCC (Bermuda), Limited ("WCHCC Bermuda")
- Mid-Hudson Valley Staffco, LLC ("Mid-Hudson Valley Staffco")
- Center for Regional Healthcare Innovation, LLC ("CRHI")
- Hudson Valley Property Holdings, LLC ("HVPH")
- Westchester Medical Center Advanced Physician Services, P.C. ("WMC Advanced Physician Services")
- NorthEast Provider Solutions, Inc. ("NorthEast Provider")
- WMC Health Network Ulster, Inc. ("WMC - Ulster")
- WMC Health Network Rockland, Inc. ("WMC - Rockland")
- Woods Road Medical PLLC ("Woods Road")

HealthAlliance:

- HealthAlliance, Inc. ("HealthAlliance")
- HealthAlliance Hospital: Broadway Campus ("Broadway")
- HealthAlliance Hospital: Mary's Ave Campus ("Mary's Ave")
- Kingston Regional Health Care Enterprises, Inc. ("Enterprises")
- Foxhall Ambulatory Surgery Center Foundation ("FASC Foundation")
- Margaretville Hospital ("Margaretville")
- Margaretville Nursing Home (the "Nursing Home")
- Mid-Hudson Physicians, P.C. ("Mid-Hudson Physicians")
- Margaretville Health Foundation ("MHF")
- HealthAlliance Physician Network IPA, LLC ("HAPN")
- Hudson River North Insurance Limited ("HRN") effective January 31, 2020, the operations of Kingston Insurance (Barbados) Limited were Relocated to the Cayman Islands
- HealthAlliance Foundation ("HAF")

The auditor's opinion on the stand-alone audited financial statements of HealthAlliance as of and for the years ended December 31, 2022 and 2021 includes an emphasis of matter paragraph relating to the uncertainty regarding HealthAlliance's ability to continue as a going concern due to HealthAlliance's working capital deficit and recurring operating losses. Total assets for HealthAlliance were approximately \$199.9 million and \$163.8 million as of December 31, 2022 and 2021, respectively, and operating revenues were approximately \$200.9 million and \$194.8 million for the years then ended, respectively. The ongoing financial viability of HealthAlliance is not guaranteed by WCHCC.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

WCHCC is party to an Affiliation Agreement with Bon Secours Mercy Health, Inc. ("BSMH"), as successor to Bon Secours Health System Inc. ("BSHI"), the Sisters of Charity of Saint Elizabeth ("SOC"), Bon Secours Charity Health System, Inc. ("Bon Secours Charity" or "Charity") and WMC - Rockland, in which WMC - Rockland is the majority member of Charity, holding 60% of the economic interest in Charity and appointing 60% of the Charity Board of Directors. BSMH holds a 40% economic interest in Charity and, together with SOC, appoints 40% of the Charity Board of Directors. WCHCC provides management services to Charity pursuant to a Department of Health-approved exclusive management agreement between WCHCC and Charity. Charity is shown as a discretely presented component unit in WCHCC's audited financial statements. More detailed information about Charity is presented in Note 17.

WCHCC, HealthAlliance and Charity and their controlled organizations (collectively, referred to as the "WCHCC Network") comprise an integrated health care delivery network. The facilities are located in Westchester, Rockland, Orange, Putnam, Dutchess, Ulster, Sullivan and Delaware counties in New York State. WCHCC Network provides patient care, teaching, research and community health services.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

WCHCC is considered a special-purpose government entity engaged only in business-type activities. WCHCC's financial statements are prepared on the accrual basis of accounting using the economic resources measurement focus and are based on accounting principles applicable to governmental units as established by the Governmental Accounting Standards Board ("GASB") and the provisions of the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Entities,* to the extent that they do not conflict with GASB.

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenues and operating expenses. All other activities are reported as nonoperating activities.

The notes to the financial statements present financial information for WCHCC and its blended component units and do not include Charity, except for Note 17.

Use of Estimates

The preparation of 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 financial statements and the reported amounts of revenue and expenses during the reporting period. WCHCC's significant estimates include the allowance for estimated uncollectible patient accounts receivable, estimated third-party contractual allowances, estimated third-party payor receivables and payables, the estimated useful lives of depreciable assets, pension liabilities, self-insurance liabilities, workers' compensation liabilities and post-retirement health insurance liabilities. Actual results may differ from those estimates.

Revisions to previously recorded estimates of net patient accounts receivable, third-party payor liabilities, and insurance reserves and settlements for the year ended December 31, 2022 and net patient accounts receivable, third-party payor liabilities, accrued salaries, inventory reserves and insurance reserves and settlements for the year ended December 31, 2021 resulted in a favorable increase to operating income of approximately \$118.4 million and \$93.7 million, respectively.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Patient Accounts Receivable and Net Patient Service Revenue

Accounts receivable from patients and third-party payors at December 31, 2022 and 2021 was comprised of Medicare, 30% and 29%, Medicaid, 28% and 25%, and commercial insurance, health maintenance organizations and others, 43% and 46%, respectively. Patient accounts receivable are recorded net of allowances for estimated uncollectible accounts of approximately \$91.0 million and \$84.0 million at December 31, 2022 and 2021, respectively. Most of WCHCC's net patient service revenues are derived from third-party payment programs, including Medicare and Medicaid.

Patient accounts receivable are recorded at the reimbursable or contracted amounts and do not bear interest. The allowance for uncollectible accounts is WCHCC's estimate of the amount of probable credit losses in WCHCC's patient accounts receivable. WCHCC determines the allowance based on historical write-off experience. WCHCC evaluates its allowance for uncollectible accounts periodically. Past due balances are evaluated individually for collectability. Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote.

Net patient service revenues are recognized in the period services are performed. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive revenue adjustments due to audits, reviews and investigations. Third-party contractual adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

WCHCC has payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to WCHCC under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

There are various proposals at the federal and state levels that could, among other things, reduce payment rates and increase managed care penetration, including Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined. The Medical Center's cost reports have been audited and finalized by its Medicare fiscal intermediary through December 31, 2016, with the exception of December 31, 2004, and HealthAlliance's three cost reports through December 31, 2019 for Broadway, and Mary's Ave and December 31, 2020 for Margaretville.

Assets Restricted as to Use

Assets restricted as to use include certain assets of the WMC Foundation, the proceeds of indebtedness held by the trustees under debt agreements, assets restricted for the purchase of capital assets and assets restricted by donors and amounts designated by the Board of Directors.

Donor-restricted assets represent contributions to provide health care services and for capital acquisitions. Resources restricted by donors for plant replacement and expansion are added to the net position - net investment in capital assets balance to the extent expended within the period. Resources restricted by donors or grantors for specific operating activities are reported as other revenue to the extent used within the period they were received. WCHCC generally utilizes donor-restricted resources for expenses incurred before utilizing available unrestricted assets.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Grants and Contributions

From time to time, WCHCC receives grants from the local, state and federal government as well as contributions from individuals, foundations and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific-operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific-operating purpose are reported as other revenue. At December 31, 2022 and 2021, net contributions and grants receivable of approximately \$5.6 million and \$4.0 million, respectively, are included in other assets in the accompanying Statements of Net Position.

WCHCC received grant funding during the years ended December 31, 2022 and 2021 through legislation established by the Coronavirus Aid, Relief and Economic Security ("CARES") Act. This funding is presented as nonoperating activities in accordance with technical guidance established by GASB. See Note 3 for additional information.

Cash and Cash Equivalents

WCHCC's cash and cash equivalents policies are governed by state statutes. Funds must be deposited in Federal Deposit Insurance Corporation ("FDIC") insured commercial banks or trust companies located within the state. Certain funds deposited with banking institutions exceed FDIC limits; however, WCHCC has a collateralization agreement with its depository institutions which management believes reduces the risks related to these balances to a minimal level. WCHCC's cash balances are collateralized under a third-party custodian agreement.

At December 31, 2022 and 2021, cash and cash equivalents consist of cash and all highly-liquid instruments with maturities of three months or less at the date of purchase. Approximately 93% and 95% of cash and cash equivalents reside with a major established financial institution at December 31, 2022 and 2021, respectively.

Investments

WCHCC's investments consist primarily of equities and fixed income holdings, which are stated at fair value in the Statements of Net Position.

Inventories

Inventories, included in other current assets, are primarily prepaid supplies that are carried at the lower of cost, principally on a first-in, first-out ("FIFO") basis, or market.

Capital Assets

In connection with the establishment of the public benefit corporation in 1997, WCHCC recorded buildings, fixed equipment, and land received from the County at book value. Capital assets acquired subsequent to the establishment of the public benefit corporation are recorded at cost. Assets with a purchase price of \$1,000 or more that have an economic life greater than one year are capitalized, and assets with a purchase price of less than \$1,000 are expensed.

Gifts of long-lived assets such as land, buildings and equipment are recorded at fair value at the date of the contribution and are excluded from operating income.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Depreciation is recorded using the straight-line method over the estimated useful life of each class of depreciable assets.

	Estimated Us	seful Lives
	Medical Center	HealthAlliance
Land improvements	10 years	2 to 30 years
Buildings and building improvements	5 to 60 years	3 to 60 years
Equipment	10 to 20 years	3 to 25 years

Equipment obtained through financed purchases are amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the leased equipment. Such amortization is included in depreciation and amortization expense in the financial statements.

Deferred Outflows/Inflows of Resources

In addition to assets, the Statements of Net Position include a separate section for deferred outflows of resources. This separate financial statement element represents a consumption of net position that applies to future periods and will not be recognized as an outflow of resources until then. In addition to the liabilities, the Statements of Net Position include deferred inflows of resources which represent an acquisition of a net position that applies to future periods and will not be recognized as an inflow of resources until that time.

Net Position

Unrestricted net position has no external restrictions as to use or purpose and is distinguished from net position restricted externally for specific purposes. Restricted net positions relate primarily to federal and state grants for research and community programs and restricted contributions and endowments received from donors. Net investment in capital assets consists of capital assets, net of accumulated depreciation, and trustee held assets for capital projects, reduced by the outstanding balances of debt attributable to those assets.

Concentrations of Credit Risk

WCHCC grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. WCHCC generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of patients' benefits under their health insurance policies.

Charity Care

WCHCC provides care to patients who meet certain criteria under its charity care policy without charge and Medicaid amounts less than established rates ("Charity Care"). Because WCHCC does not pursue collection of amounts determined to qualify as Charity Care, such amounts are not reported as revenue.

WCHCC maintains records identifying and monitoring the level of Charity Care it provides. WCHCC estimates the cost of Charity Care for the years ended December 31, 2022 and 2021, at approximately \$191.1 million and \$193.1 million, respectively.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Leases

WCHCC determines if an arrangement is a lease at inception of the contract. Right to Use ("RTU") assets represent WHCCC's right to use the underlying assets for the lease term and lease liabilities represent WCHCC's obligation to make lease payments arising from the leases. RTU assets and lease liabilities are recognized at the lease commencement date at the present value of lease payments attributable to rent over the lease term. WCHCC uses an estimated incremental borrowing rate, which is derived from a rate that approximates actual financed purchase arrangements for equipment with similar characteristics. WCHCC does not record leases deemed to be short term, with an initial term of 12 months or less, in its Statements of Net Position.

WCHCC's real estate leases may include one or more options to renew, with renewals that typically can extend the lease term from five to ten years. The exercise of lease renewal options is at WCHCC's sole discretion. In general, WCHCC does not consider renewal options to be reasonably likely to be exercised, therefore, renewal options are generally not recognized as part of RTU assets and lease liabilities. The useful life of right to use leased assets and leasehold improvements is the shorter of the useful life or the lease term, including reasonably certain extensions. The majority of the medical equipment leases have terms of three years with no renewal options or bargain purchase options, so these assets are amortized over their lease term.

Certain of WCHCC's lease arrangements for real estate include payments based on actual common area maintenance expenses. These variable lease payments are recognized as other operating expenses in the Statements of Revenues, Expenses, and Changes in Net Position, and are not included in the RTU asset or liability balances. WCHCC's lease agreements do not contain any material residual value guarantees, restrictions or covenants.

Taxation

The Medical Center is a public benefit corporation of the State of New York and is exempt from federal income taxes under Section 115 of the Internal Revenue Code (the "Code"). Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

WCHCC's component units are exempt from income tax under Section 501(c)(3) of the Code, except for WCHCC's for-profit blended component units, WMC Advanced Physician Services, NorthEast Provider, Mid-Hudson Physicians, MPSS, HAPN and Enterprises. Income taxes of WCHCC's for-profit blended component unit are not material to the financial statements.

Compensated Absences

WCHCC employees earn paid time off at varying rates depending on years of service, union affiliation and affiliated entity. Eligible paid time off accumulates and certain days are payable upon separation or retirement. The estimated amount of paid time off and related taxes payable as separation payments or upon retirement is recorded as part of accrued salaries and related benefits withholdings in the accompanying Statements of Net Position.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment if circumstances suggest that there is a significant, unexpected decline in the service utility of a long-lived asset. The service utility of a long-lived asset is the usable capacity, that at acquisition, a long-lived asset was expected to be used to provide service. An assessment of recoverability is performed prior to any write-down of assets and an impairment charge is recorded on those assets for which the estimated fair value is below its carrying amount. WCHCC recorded impairment charges to long-lived assets of approximately \$2.0 million related to the HealthAlliance single campus construction project during the year ended December 31, 2022. The impairment of assets is recorded as part of other nonoperating activities in the accompanying Statements of Revenues and Expenses and Changes in Net Position.

Fair Value of Financial Instruments

Fair value of financial instruments disclosure authoritative guidance defines fair value of a financial instrument as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. WCHCC's assets restricted as to use consist primarily of cash and cash equivalents, equities United States Treasury Obligations and United States Government Agency Securities, which are stated at fair value in the Statements of Net Position. The carrying amounts reported in the Statements of Net Position for patient accounts receivable, accounts payable and accrued expenses, and estimated payables and receivables due to and from third-party payors approximate their fair value. The carrying amounts of WCHCC's bonds and notes payable approximates fair value based upon their interest rates.

NOTE 3 - COVID-19 PANDEMIC

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic. As a result of the COVID-19 pandemic, WCHCC experienced a decline in patient visits, admissions, and medical procedures performed. Elective medical procedures were suspended by state and local governments at varying time periods beginning in mid-March 2020 through late May 2020, contributing to a significant decline in net patient service revenue due to COVID-19 when compared to historic and forecasted results for that period. Additionally, in response to the pandemic, WCHCC incurred additional costs for testing, personal protective equipment, third-party contract services and other operating costs associated with ensuring employee and patient safety while operating during a pandemic.

WCHCC received grant payments, which are considered nonexchange transactions, from the federal government distributed under the Coronavirus Aid, Recovery and Economic Security ("CARES") Act. For the years ended December 31, 2022 and 2021, WCHCC received \$6.9 million which is included in nonoperating activities in the Statements of Revenues, Expenses and Changes in Net Position. The CARES Act payments are subject to audit and compliance with federal regulations. WCHCC believes it has met the conditions to retain these funds.

The CARES Act also provided for an expansion of the Medicare Accelerated and Advance Payment Program ("Medicare Advances") for patient services. Under the program, WCHCC received approximately \$119.1 million. Prior to the beginning of the recoupment period, WCHCC continued to bill for services provided to Medicare patients and was paid by Medicare, as usual. The recoupment period began in April 2021 as amounts billed to Medicare for services provided are being offset against the advance payments received until the advance is fully recouped by the Medicare program. During the years ended December 31, 2022 and 2021, Medicare recouped approximately \$57.2 million and \$56.3 million, respectively. Effective November 1, 2022, WCHCC entered into a repayment pan with National Government Services to repay the remaining balance at 4% interest. As of December 31, 2022, WCHCC owes \$5.6 million which is recorded in other short-term liabilities in the Statements of Net Position and anticipated to be repaid in 2023.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Additionally, the Internal Revenue Service ("IRS") allowed WCHCC to defer remittance of employer Social Security tax of \$24.8 million through the year ended December 31, 2020, \$12.4 million of which was recorded in accrued salaries and related withholdings at December 31, 2022 and 2021 in the Statements of Net Position. At December 31, 2021, the remainder was recorded in other long-term liabilities in the Statements of Net Position. 50% of the deferred employer Social Security tax was paid on January 3, 2022 and the remaining balance was paid on January 3, 2023.

WCHCC also received grant funds from the Federal Emergency Management Agency ("FEMA") related to additional unreimbursed COVID-19 expenses incurred by WCHCC during the pandemic. For the year ended December 31, 2022, WCHCC received approximately \$5.7 million from FEMA which is included in nonoperating activities in the Statements of Revenues, Expenses and Changes in Net Position.

NOTE 4 - NET PATIENT SERVICE REVENUE

Hospital Reimbursement

WCHCC has agreements with third-party payors that provide for payments to WCHCC at amounts different from its established rates. Estimated third-party payor liabilities and Medicare advances at December 31, 2022 and 2021 were approximately \$88.6 million and \$141.6 million, respectively, and were included in other liabilities (Note 14). A summary of the payment arrangements follows:

Hospital Reimbursement - Medicare

Under the Medicare program, WCHCC receives reimbursement under a prospective payment system ("PPS") for inpatient and outpatient services. Under inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patient's assigned diagnosis-related group ("DRG"). When the estimated cost of treatment for certain patients is higher than the average, providers typically will receive additional outlier payments. Under outpatient PPS, services are paid based on service groups called ambulatory payment classifications ("APCs").

Hospital Reimbursement - Medicaid and Other Third-Party Payors

Medicaid, workers' compensation and no-fault payors pay rates that are promulgated by the New York State Department of Health ("Department of Health"). Fixed payment amounts per inpatient discharge are established based on the patient's assigned case mix intensity similar to a Medicare DRG. WCHCC is eligible to receive certain Disproportionate Share ("DSH") payments in recognition of the costs associated with the provision of care to uninsured patients. Funding for these payments is provided by local and federal sources.

All other third-party payors, principally Blue Cross, other private insurance companies, Health Maintenance Organizations ("HMOs"), Preferred Provider Organizations ("PPOs"), and other managed care plans, negotiate payment rates directly with WCHCC. Such arrangements vary from DRG-based payment systems, per diems, case rates, and percentage of billed charges. If such rates are not negotiated, then the payors are billed at WCHCC's established charges.

NYS regulations provide for the distribution of funds from an indigent care pool which is intended to partially offset the cost of services provided to the uninsured. The funds are distributed to the hospitals based on each hospital's level of bad debts and charity care in relation to all other hospitals. During the years ended December 31, 2022 and 2021, WCHCC received net distributions of approximately \$29.5 million and \$39.0 million, respectively, from the indigent care pool, which are included in net patient service revenue in the accompanying Statements of Revenues, Expenses, and Changes in Net Position.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Both federal and New York state regulations provide for certain adjustments to current and prior years' payment rates and indigent care pool distributions based on industry-wide and hospital-specific data. WCHCC has established estimates based on information presently available of the amounts due to or from Medicare, Medicaid, workers' compensation, and no-fault payors and amounts due from the indigent care pool for such adjustments.

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

WCHCC receives payments related to Medicaid services, including DSH, and other Medicare related reimbursements. Due to the fact that certain of these revenues may be subject to adjustment as a result of examination by government agencies, management has determined that not all of these receipts are realizable as of December 31, 2022 and 2021 and, therefore, have only been recognized as revenue when uncertainties over these amounts are mitigated.

Revenue from the Medicare and Medicaid (including DSH) programs accounted for approximately 26% and 25% (8% DSH), and 27% and 24% (8% DSH), respectively, of WCHCC's net patient service revenue for the years ended December 31, 2022 and 2021. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by material amounts in the near term. WCHCC believes that it is in compliance, in all material respects, with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation. Noncompliance with such laws and regulations could result in repayments of amounts improperly reimbursed, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs.

Nursing Home Reimbursement

The Nursing Home has agreements with third-party payors, which provide for reimbursement to the Nursing Home at amounts different from its established charges for its skilled nursing unit. A summary of the basis of reimbursement with significant payors is as follows:

Medicaid

Net patient service revenue under the Medicaid program is based on a modified pricing system using the resource utilization group's patient classification system. Under this methodology, the Nursing Home is reimbursed at a predetermined rate depending on the intensity of the services rendered to residents regardless of the cost of delivering those services. Medicaid's predetermined rate is computed using cost report data from the facility's designated base year and elements from annual cost report filings. Management believes that its final Medicaid rates for the years ended December 31, 2022 and 2021 will not be significantly different from those recorded in the accompanying financial statements.

Medicare

Reimbursement for resident services under Part A of the Medicare program is based on the skilled nursing facility PPS. Under a PPS, the Nursing Home is paid a single per-diem rate depending on the intensity of the services rendered to residents regardless of the cost of delivering those services that covers all routine, ancillary, and capital-related costs. The per diem payment is adjusted for each Medicare beneficiary based on his or her care needs as measured by the minimum data set assessment form. The Nursing Home also receives reimbursement for certain ancillary services provided to its residents through Part B of the Medicare program.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Other Matters

A health care entity's revenues may be subject to adjustment as a result of examination by government agencies or contractors. The audit process and the resolution of significant related matters often are not finalized until several years after the services were rendered. Reasonable estimates of such adjustments are made to third-party revenue recognition in order to not recognize revenue that may not ultimately be realized. The delay between rendering services and reaching final settlement, as well as the complexities and ambiguities of billing and reimbursement regulations, makes it difficult to estimate net realizable third-party revenues. Actual results may differ significantly from those estimates.

Management recognizes revenues relating to third-party settlements and patient service revenues when the realization of such amounts are reasonably assured. Management makes a reasonable estimate of amounts that ultimately will be realized, considering, among other things, adjustments associated with regulatory reviews, audits, billing reviews, investigations or other proceedings.

The operation of WCHCC's patient care services business is subject to federal and state laws prohibiting fraud by healthcare providers, including laws containing criminal provisions, which prohibit filing false claims or making false statements in order to receive payment or obtain certification under Medicare and Medicaid programs, or failing to refund overpayments or improper payments. Violation of these criminal provisions is a felony punishable by imprisonment and/or fines. WCHCC should also be subject to fines and treble damage claims if WCHCC knowingly filed a false claim or knowingly used false statements to obtain payment. State and federal governments are devoting increased attention and resources to anti-fraud initiatives against healthcare providers. The Health Insurance Portability and Accountability Act of 1996 and the Balanced Budget Act of 1997 expanded the penalties for healthcare fraud, including broader provisions for the exclusion of providers from the Medicare and Medicaid programs. WCHCC has policies and procedures that it believes are sufficient to ensure that it operates in substantial compliance with these anti-fraud and abuse requirements.

Various suits and claims arising in the normal course of operations are pending. While the outcome of these suits and claims cannot be determined at this time, management believes that such suits and claims are either specifically covered by insurance or the final disposition of such claims will not have a material effect on WCHCC's financial position, results of operations or liquidity.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 5 - DEPOSITS AND INVESTMENTS

Deposits and investments consist of the following at December 31, 2022 and 2021 (amounts in thousands):

	2022		2021
Description			
Bank deposits \$	90,100	\$	247,006
Money market accounts	7,797		12,107
Equity mutual funds	8,107		10,565
Equities	49,572		75,339
Other	7,621		9,162
Fixed income:			
U.S. Treasury securities	81,991		92,414
Corporate bonds	66,803		87,227
<u>\$</u>	311,991	\$	533,820
Description on Statement of Net Position			
Cash and cash equivalents \$	82,113	\$	236,582
Investments	186,466		250,100
Assets restricted as to use, required for current liabilities	19,257		21,897
Assets restricted as to use, net	24,155	_	25,241
<u>\$</u>	311,911	\$	533,820
Investment maturities of fixed income securities			
One year or less \$	28,423	\$	38,402
After one through five years	86,640		92,976
After five through ten years	33,731		48,263
<u>\$</u>	148,794	\$	179,641

Estimated fair values have been determined by WCHCC using appropriate valuation methodologies by third parties, quoted market prices, and information available to management.

WCHCC categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. At December 31, 2022 and 2021, all of WCHCC's financial instruments measured at fair value were categorized as Level 1.

Custodial credit risk - investments - is the risk that, in the event of the failure of a counterparty, WCHCC will not be able to recover the value of the investments that are in that counterparty's possession. WCHCC's investment securities are exposed to custodial credit risk if the securities are uninsured and unregistered and held by the counterparty, or by its trust department or agent, but not in WCHCC's name. At December 31, 2022 and 2021, all investments are either insured or held by WCHCC or its agent in WCHCC's name and, therefore, are not exposed to custodial credit risk. Accordingly, WCHCC's investment policy properly addresses custodial credit risk for investments.

Concentration of credit risk - is the risk of loss attributed to the magnitude of WCHCC's investment in a single issuer. WCHCC's investments are diversified and are not currently exposed to this risk.

Interest rate risk - is the risk that changes in interest rates will adversely affect the fair market value of an investment. WCHCC invests in fixed-rate debt and U.S. Treasury securities with primarily one to seven year maturities.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Credit risk - is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. WCHCC's investment policy allows for up to 10% of investments in Baa/BBB Bonds.

NOTE 6 - ASSETS RESTRICTED AS TO USE

Assets restricted as to use consist of the following at December 31, 2022 and 2021 (amounts in thousands):

	2022	2021
Time and purpose restricted	 	
The Westchester Medical Center Foundation, Inc.	\$ 22,079	\$ 20,410
Other purposes	10,966	14,929
• •	 33,045	 35,339
Under debt agreements	 	
Debt service reserve funds	10,943	10,873
Other	2,496	2,443
	13,439	13,316
	46,484	48,655
Less portion required for current liabilities	(21,302)	(22,513)
·	\$ 25,182	\$ 26,142

WCHCC's assets restricted as to use are reported at fair value, as described in Note 2. At December 31, 2022 and 2021, the composition of assets restricted as to use consisted of the following (amounts in thousands):

	 2022		
Bank deposits Money market accounts Equity mutual funds Equities Other	\$ 12,469 4,295 4,372 2,878 3,504	\$	15,660 7,576 5,592 3,309 2,581
Fixed income: U.S. Treasury securities Other	\$ 16,276 2,690 46,484	\$	11,148 2,789 48,655

WCHCC's assets restricted as to use reported under debt agreements represent insured or registered funds or securities held by WCHCC or its agent in WCHCC's name.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 7 - CAPITAL ASSETS

Capital asset activity for the years ended December 31, 2022 and 2021 was as follows (amounts in thousands):

	2022							
		Beginning Balance		ditions and ransfers		etirements I Transfers		Ending Balance
Capital assets, not being depreciated: Land Construction in process	\$	2,911 78,743	\$	48,081	\$	- (118,549)	\$	2,911 8,275
Capital assets, being depreciated: Building and improvements Equipment		947,942 1,174,372 22,485		17,214 37,001 2,288		87,716 22,931		1,052,872 1,234,304 24,772
Land improvements Total capital assets		2,226,453		104,584		(7,903)		2,323,134
Less accumulated depreciation and amortization for:								
Building and improvements Equipment Land improvements Total accumulated		(511,569) (780,389) (13,042)		(26,471) (52,509) (715)		1,971 2,657 1		(538,069) (830,241) (13,756)
depreciation and amortization		(1,305,000)		(79,695)		4,629		(1,380,066)
Carrying value of all capital assets, net	\$	921,453	\$	24,889	\$	(3,274)	\$	943,068
				20	21			
		Beginning Balance		ditions and ransfers		etirements d Transfers		Ending Balance
Capital assets, not being depreciated: Land Construction in process Capital assets, being depreciated:	\$	3,039 26,659	\$	- 55,054	\$	(128) (2,970)	\$	2,911 78,743
Building and improvements Equipment Land improvements		936,262 1,110,943 21,370		12,936 66,005 1,115		(1,256) (2,576)		947,942 1,174,372 22,485
Total capital assets		2,098,273		135,110		(6,930)		2,226,453
Less accumulated depreciation and amortization for:								
Building and improvements Equipment Land improvements		(486,262) (729,881) (12,409)		(26,010) (51,098) (633)		703 590 -		(511,569) (780,389) (13,042)
Total accumulated depreciation and amortization		(1,228,552)		(77,741)		1,293		(1,305,000)
Carrying value of all capital assets, net	\$	869,721	\$	57,369	\$	(5,637)	\$	921,453

At December 31, 2022, WCHCC was committed to non-cancelable construction contracts related to capital projects of approximately \$9.7 million. The net book value of capital assets held under financed purchase obligations, included in equipment, was approximately \$69.5 million and \$66.4 million at December 31, 2022 and 2021, respectively.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 8 - LONG-TERM DEBT

Long-term debt activity as of December 31, 2022 and 2021 was as follows (amounts in thousands):

	Dec	cember 31, 2021	A	dditions	Re	eductions	Dec	cember 31, 2022	ounts Due thin One Year
2010 Series Bonds ^(a) 2014 Series Bonds ^(b) 2015 Series Bonds ^(c) 2016 Series Bonds ^(d)	\$	71,570 24,000 20,892 275,991	\$	- - - -	\$	(35) (579) (754) (2,685)	\$	71,535 23,421 20,138 273,306	\$ 35 608 785 2,815
2020 Series Bonds (e) Other ^(f) Bond premium		300,000 25,107 20,691				(741) (836)		300,000 24,366 19,855	1,055 836
Financed purchases ^(g)	\$	59,080 797,331	\$	19,432 19,432	\$	(19,877) (25,507)	\$	58,635 791,256	\$ 19,803 25,937
	Dec	cember 31, 2020	A	dditions	Re	eductions	Dec	cember 31, 2021	 ounts Due thin One Year
2010 Series Bonds (a) 2014 Series Bonds (b) 2015 Series Bonds (c) 2016 Series Bonds (d) 2020 Series Bonds (e) Other (f) Bond premium Financed purchases (9)	\$	71,605 24,551 21,614 278,555 300,000 26,327 21,529 49,857	\$	- - - - - 25,821	\$	(35) (551) (722) (2,564) - (1,220) (838) (16,598)	\$	71,570 24,000 20,892 275,991 300,000 25,107 20,691 59,080	\$ 35 579 754 2,685 - 742 836 18,499
		70,007	\$	25,821	\$	(22,528)	\$	797,331	 10,400

⁽a) At December 31, 2022, the outstanding WCHCC Revenue Bonds, Series 2010, Senior Lien consists of \$37.4 million Series 2010A (Federally Taxable - Direct Payment - Build America Bonds) bonds with an interest rate of 8.57% and maturing on November 1, 2040; \$2.7 million Series 2010B (Tax-Exempt) bonds with interest rates varying from 4.00% to 6.13% and maturing through November 1, 2030 and November 1, 2037; \$31.5 million Series 2010C-1 (Federally Taxable - Direct Payment - Build America Bonds) bonds with an interest rate of 8.57% maturing on November 1, 2040. Subsidy payments of approximately \$2.0 million were received through the Build America Bonds program related to these bonds for the years ended December 31, 2022 and 2021.

WCHCC has granted a collateral interest in its gross receipts, as well as pledged all funds and accounts established with respect to the various Series 2010 Bonds, including a debt service reserve fund of approximately \$10.9 million as of December 31, 2022 and 2021 (see Note 6).

Interest expense relating to the various Series 2010 Bonds was approximately \$6.0 million in 2022 and 2021.

(b) At December 31, 2022, the balance of WCHCC Revenue Bonds, Series 2014A, Senior Lien with an interest rate of 5.0% and maturing November 1, 2044 was outstanding.

Interest expense relating to the Series 2014 Bonds was approximately \$1.2 million in 2022 and 2021, respectively.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

- (c) At December 31, 2022, the balance of a private placement bond offering relating to Dutchess County Local Development Corporation Revenue Bonds, Series 2015, consists of \$16.2 million Series 2015A (Tax-Exempt) with an interest rate of 3.75%, maturing August 1, 2030, and \$3.9 million Series 2015B (Taxable) with an interest rate of 5.95% maturing August 1, 2030.
 - Interest expense relating to the Series 2015 Bonds was approximately \$870,000 and \$901,000 in 2022 and 2021, respectively.
- (d) At December 31, 2022, \$273.3 million of Westchester County Local Development Corporation Revenue Bonds, Series 2016 (Westchester Medical Center Obligated Group Project) (Series 2016 Bonds), Tax Exempt bonds with interest rates varying from 3.0% to 5.0% and maturing annually November 1, through 2034, November 1, 2037 and November 1, 2046 are outstanding.
 - Interest expense relating to the Series 2016 Bonds was approximately \$12.3 million and \$12.5 million in 2022 and 2021, respectively.
- (e) At December 31, 2022, \$300.0 million of Westchester County Local Development Corporation Revenue Bonds, Series 2020 (Taxable) (Westchester Medical Center Obligated Group Project) ("Series 2020 Bonds") with an interest rate of 3.85% and maturing November 1, 2050 were outstanding.
 - Interest expense relating to the Series 2020 Bonds was approximately \$13.0 million in 2022 and 2021.
- (f) On November 6, 2019, WCHCC purchased a building for \$2.0 million from the Board of Education of the Spackenkill Union Free School District (the "District"). At closing, \$1.5 million was financed through a non-interest bearing note payable provided by the District, due in four equal annual installments of \$375,000 through 2023.

HealthAlliance has the following debt obligations, which are included in Other:

DASNY Loans

HealthAlliance has various reimbursement and loan agreements, as amended, with the Dormitory Authority of the State of New York ("DASNY") that were consolidated into one repayment agreement In December 2021. The total outstanding aggregated principal amount is \$21.2 million and \$21.4 million at December 31, 2022 and 2021, respectively, with interest accruing at a fixed interest rate of 2.0%. Monthly payments of principal and interest began in 2022 for \$50,000, increasing to \$75,000, in 2023, \$100,000 in 2024 and \$200,000 for years 2025 and 2026. The remaining outstanding balance of approximately \$15.2 million is due on December 31, 2026. All DASNY loans are collateralized by a lien on certain properties owned by HealthAlliance.

(g) WCHCC has entered into certain equipment financed purchase agreements that are collateralized by the underlying assets and bear interest at rates between 1.63% and 6.28%. The interest expense under these financed purchase agreements was approximately \$2.2 million and \$2.6 million in 2022 and 2021, respectively.

Long-Term Debt Service Coverage Ratio

Under Section 6.13(a) of the Series 2000 Bonds Master Trust Indenture ("MTI") between WCHCC and Deutsche Bank as the Master Trustee, the Obligated Group, which is defined as the operating unit of Westchester County Health Care Corporation (the "Medical Center"), must maintain a Long-Term Debt Service Coverage Ratio, tested on a semi-annual basis in accordance with the provisions of the MTI, of at least 1.25 for all Bond series. During the years ended December 31, 2022 and 2021, WCHCC met the required Long-Term Debt Service Coverage Ratio.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Future Principal and Interest Payments

The following is a schedule by year of future contractual principal and interest (based on interest rates at December 31, 2022) payments on the bonds and other long-term debt at December 31, 2022 (amounts in thousands):

	<u>Pr</u>		Interest		 Total	
2023	\$	5,297	\$	33,127	\$ 38,424	
2024		5,449		32,903	38,352	
2025		6,897		32,650	39,547	
2026		22,875		32,965	55,840	
2027		5,306		31,823	37,129	
2028-2032		43,404		153,202	196,606	
2033-2037		76,428		143,251	219,679	
2038-2042		127,407		111,056	238,463	
2048-2047		119,703		73,018	192,721	
2043-2050		300,000		34,614	334,614	
	\$	712,766	\$	678,609	\$ 1,391,375	

Included in deferred outflows of resources as of December 31, 2022 and 2021 are \$34.9 million and \$36.4 million deferred outflows related to the early redemption of certain bond issuances.

Financed Purchases

The future minimum payments under the financed purchases agreements, together with the present value of the minimum financed purchases payments at December 31, 2022 are as follows (amounts in thousands):

2023 2024 2025 2026 2027	\$ 21,826 17,822 12,093 8,020 3,114
Less: amount representing interest	62,875 4,240
Present value of net minimum financed purchased payments Less: current portion	 58,635 19,803
·	\$ 38,832

NOTE 9 - LINES OF CREDIT

At December 31, 2022, WCHCC has a \$140.0 million working capital revolving line of credit from a financial institution. The amount drawn on the line of credit was \$40.0 million at December 31, 2022 bearing interest of 5.68%. At December 31, 2021, WCHCC had two \$70.0 million working capital revolving lines of credit from a financial institution. The available lines of credit were \$140.0 million as of December 31, 2021. The amount drawn on the lines of credit was \$80.0 million at December 31, 2021 and was repaid on January 12, 2022. The lines of credit bore interest rates of 1.35% and 1.85% at December 31, 2021.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 10 - LEASES

Lease Receivables

WCHCC leases real estate to independent third parties. The rental income under these lease agreements was approximately \$3.8 million and \$2.3 million in 2022 and 2021, respectively. WCHCC had lease receivables of approximately \$7.8 million and \$8.7 million as of December 31, 2022 and 2021, respectively, which are included as a component of other assets, and deferred inflows of resources of approximately \$7.3 million and \$8.2 million associated with these leases as of December 31, 2022 and 2021, respectively.

Right to Use Leased Assets

Right to use leased asset activity whereby WCHCC is the lessee in a lease agreement, for the years ended December 31, 2022 and 2021 was as follows (amounts in thousands):

				20	22			
		Beginning Balance	A	Additions	Re	tirements		Ending Balance
Right to use leased assets: Leased buildings Leased equipment Total right to use lease assets Less accumulated amortization for:	\$	117,202 14,846 132,048	\$	13,596 5,951 19,547	\$	(2,646) (1,298) (3,944)	\$	128,152 19,499 147,651
Leased buildings Leased equipment		(18,609) (10,119)		(11,180) (6,301)		2,646 1,298		(27,143) (15,122)
Total accumulated amortization		(28,728)		(17,481)		3,944		(42,265)
Right to use leased assets, net	\$	103,320	\$	2,066	\$		\$	105,386
		2021						En din n
	t	Beginning Balance	A	Additions	Re	tirements		Ending Balance
Right to use leased assets: Leased buildings Leased equipment Total right to use lease assets Less accumulated amortization for:	\$	116,267 14,682 130,949	\$	1,931 1,946 3,877	\$	(995) (1,782) (2,777)	\$	117,203 14,846 132,049
Leased buildings Leased equipment		(9,362) (5,405)		(10,242) (6,497)		995 1,782		(18,609) (10,120)
Total accumulated amortization		(14,767)		(16,739)		2,777		(28,729)
Right to use leased assets, net	\$	116,182	\$	(12,862)	\$		\$	103,320

Right to Use Lease liabilities

WCHCC has entered into certain lease agreements that are collateralized by the underlying assets and bear interest ranging from 1.67% to 5.45%. The interest expense under these leases was approximately \$6.1 million and \$6.3 million in 2022 and 2021, respectively.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

The following is a schedule by year of future contractual principal and interest (based on interest rates at December 31, 2022) payments on lease liabilities at December 31, 2022 (amounts in thousands):

	F	Principal	 nterest	Total		
2023	\$	9,438	\$ 6,094		15,532	
2024		4,881	5,730		10,611	
2025		4,497	5,467		9,964	
2026		4,466	5,230		9,696	
2027		4,804	4,976		9,780	
2028-2032		25,070	20,869		45,939	
2033-2037		29,932	13,600		43,532	
2038-2041		33,946	 3,861		37,807	
	\$	117,034	\$ 65,827	\$	182,861	

NOTE 11 - RETIREMENT PLANS

Defined Benefit Plans

The New York State Comptroller's Office administers the New York State and Local Employers' Retirement System ("ERS") for which WCHCC is a participating employer. The net position of ERS is held in the New York State Common Retirement Fund (the "Fund"), which was established to hold all assets and record changes in fiduciary net position allocated to ERS.

The Comptroller of the State of New York serves as the trustee of the Fund and is the administrative head of ERS. ERS benefits are established under the provisions of the New York State Retirement and Social Security Law ("RSSL"). Once a public employer elects to participate in ERS, the election is irrevocable. The New York State Constitution provides that pension membership is a contractual relationship and plan benefits cannot be diminished or impaired. Benefits can be changed for future members only by enactment of a state statute.

ERS is a cost-sharing, multiple employer defined benefit pension plan. ERS is included in the NYS financial statements as a pension trust fund. The Public Employees' Group Life Insurance Plan ("GLIP") provides death benefits in the form of life insurance. Amounts related to GLIP have been apportioned to ERS. Separately issued financial statements for ERS can be accessed on the State Comptroller's website at www.osc.state.ny.us/retirement/resources/financial-statements-and-supplementary-information.

ERS offers a wide range of programs and benefits. ERS benefits vary based on the date of membership, years of credited service and final average salary, vesting of retirement benefits, death and disability benefits, and optional methods of benefit payments. Both plans provide a permanent annual cost-of-living increase to both current and future retired members meeting certain eligibility requirements. Participating employers are required under law to contribute to ERS on an actuarially determined rate, which is determined annually by the State Comptroller and the average contribution rates for the NYS fiscal years ended March 31, 2022 and 2021 were approximately 16.2% and 14.6%, respectively, of payroll. ERS provides retirement benefits as well as death and disability benefits. For those members joining prior to January 1, 2010, benefits generally vest after five years of credited service. Subsequent to March 31, 2022, legislation was passed that reduced the number of years of service credit from ten years to five years. Therefore, all members are vested when they reach five years of service credit. For those joining after January 1, 2010, benefits generally vest after 10 years of credited service. The RSSL provides that all participants in ERS are jointly and severally liable for any actuarial unfunded amounts. Such amounts are collected through annual billings to all participating employers. Employees who joined ERS after July 27,

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

1976 and before January 1, 2010, and have less than ten years of service or membership are required to contribute 3.0% of their salary. Those joining on or after January 1, 2010 and before April 1, 2012 are required to contribute 3.5% of their annual salary for their entire working career. Those joining on or after April 1, 2012 are required to contribute between 3.0% and 6.0%, dependent upon their salary, for their entire working career. Employee contributions are deducted from their salaries and remitted on a current basis to ERS. The NYS non-cash pension adjustment of approximately \$(28.4) million and \$(11.1) million for the years ended December 31, 2022 and 2021, respectively, in the Statements of Revenues, Expenses, and Changes in Net Position represents the difference between the actuarial expense and the required calculated funding.

Net Pension (Assets)/Liabilities, Pension Expense, Deferred Outflows of Resources, and Deferred Inflows of Resources Related to Pensions

Net pension (assets)/liabilities, pension expense, deferred outflows of resources, and deferred inflows of resources amounts recorded reflect ERS' published financial statements and actuarial valuations as of March 31, 2022 and 2021 (the "Measurement Dates").

WCHCC's respective net pension (asset)/liability, deferred outflows of resources, deferred inflows of resources and net pension expense related to ERS as of and for the years ended December 31, 2022 and 2021, are as follows (amounts in thousands):

	2022		2021	
Proportionate share of the net pension (asset)/liability		_		
Amount	\$	(75,098)	\$	868
Percentage		0.92%		0.87%
Deferred outflows of resources		135,099		171,834
Deferred inflows of resources		258,753		254,398
Net pension expense				
Salaries and benefits - NYS pension expenses		32,500		31,500
NYS non-cash pension adjustment		(28,403)		(11,128)
Total net pension expense	\$	4,097	\$	20,372

WCHCC's proportionate share of ERS' 2022 and 2021 net pension liability is consistent with the manner in which contributions to ERS are determined. ERS computed each employer's projected long-term contribution effort to ERS as compared to the total projected long-term contribution of all employers to ERS.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

The components of pension related deferred outflows of resources and deferred inflows of resources at the Measurement Dates are as follows (amounts in thousands):

	2022			2021	
Deferred outflows of resources			_		
Differences between expected and actual experience	\$	5,687	\$	10,605	
Changes of assumptions		125,331		159,671	
Net difference between projected and actual investment					
earnings on pension plan investments		-		-	
Changes in proportion and differences between employer		4.004		1 550	
contributions and proportionate share of contributions		4,081	_	1,558	
	\$	135,099	\$	171,834	
Deferred inflows of resources					
Differences between expected and actual experience	\$	7.377	\$		
Changes of assumptions	Ψ	2,115	Ψ	3.011	
Net difference between projected and actual investment		2,110		3,011	
earnings on pension plan investments		245,915		249,456	
Changes in proportion and differences between employer		210,010		210,100	
contributions and proportionate share of contributions		3,346		1,931	
• •	\$	258,753	\$	254,398	

At December 31, 2022 amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be reflected in salaries and benefits, in the Statements of Revenues, Expenses, and Changes in Net Position as follows (amounts in thousands) for the years ending December 31:

2023	\$ (19,062)
2024	(27,672)
2025	(63,905)
2026	 (13,015)
	\$ (123,654)

Actuarial Assumptions

WCHCC's net pension liabilities at the Measurement Dates were determined by using an actuarial valuation as of April 1, 2021 and 2020, with update procedures used to roll forward the total pension liability to March 31, 2022 and 2021, respectively. The actuarial valuations used the following actuarial assumptions:

Inflation rate	2.7%
Salary increases	4.4%
Investment rate of return, including inflation	5.9% net of investment expenses, including inflation
Cost of living adjustments	1.4%
Decrements	Actuarial assumptions based on the results of an experience study for the period April 1, 2015-March 31, 2020 (2021)
Mortality improvement	Society of Actuaries Scale MP-2020

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Long-Term Expected Rate of Return

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 future real rates of return (expected return, net of 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 by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class including target asset allocation at the Measurement Dates are summarized below:

	2	2022	2021		
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return	
Domestic equity	32%	3.30%	32%	4.05%	
International equity	15	5.85	15	6.30	
Private equity	10	6.50	10	6.75	
Real estate	9	5.00	9	4.95	
Opportunistic portfolio	3	4.10	3	4.50	
Credit	4	3.78	4	3.63	
Real assets	3	5.80	3	5.95	
Fixed income	23	0.00	23	0.00	
Cash	1	(1.00)	1	0.50	
	100%	- · · /	100%	<u> </u>	

Discount Rate

The discount rate used to calculate the total pension liability at March 31, 2022 and 2021 was 5.9%. The projection of cash flows used to determine the discount rate assumes that contributions from plan members will be made at the current contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based upon those assumptions, ERS' fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. 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.

Discount Rate Sensitivity

WCHCC's proportionate share of the net pension liability calculated using the respective discount rate, as well as what WCHCC's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1% lower or 1% higher than the current rate as of December 31, 2022 and 2021 are as follows (amounts in thousands):

		2022			2021			
	Rate	Amount		Rate Amount		Rate		Amount
1% decrease	4.90%	\$	193,302	4.90%	\$	241,034		
Current discount rate	5.90		(75,098)	5.90		868		
1% increase	6.90		(299,602)	6.90		(220,621)		

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Deferred Pension Contributions

NYSRSSL Chapter 57 of the Laws of 2010 authorized the NYS and local employers to amortize over ten years, at 3.21% (2016), 3.15% (2015), 3.67% (2014) and 3.00% (2013) interest, the portion of their annual bill, that exceeded 14.5%, 13.5%, 12.5% and 11.5% of payroll for its 2016, 2015, 2014 and 2013 pension bills, respectively. Total amounts due at December 31, 2022 and 2021 related to these deferred pension contributions are approximately \$9.5 million and \$15.3 million, respectively, and are included as part of other long-term liabilities (Note 14) in the accompanying Statements of Net Position.

Defined Contribution Pension Plan

WCHCC provides the WMCHealth Network Affiliated Employers 401(k) Plan (the "WMCHealth Network 401(k) Plan") for employees of WMC Advanced Physician Services, NorthEast Provider, WMC New York, and employees of MidHudson Valley Staffco LLC. WMCHealth Network 401(k) Plan is a defined contribution plan open to eligible participants. Employees are eligible to contribute to the WMCHealth Network 401(k) Plan upon hire and vest immediately. Eligible employees will receive employer contributions of 4% of gross salary matching contribution up to the Code limit. As of December 31, 2022 and 2021, there were approximately 5,253 and 4,767 participants, respectively, in the WMCHealth Network 401(k) Plan. For the years ended December 31, 2022 and 2021, the WMCHealth Network 401(k) Plan had total payroll expense of approximately \$478.0 million and \$442.0 million of which approximately \$443.8 million and \$410.3 million, respectively, was covered by the WMCHealth Network 401(k) Plan. Total employer contributions to the WMCHealth Network 401(k) Plan for December 31, 2022 and 2021 were approximately \$13.4 million and \$12.3 million, respectively.

HealthAlliance also sponsors various defined contribution retirement plans for eligible participants. Total employer contributions for HealthAlliance were approximately \$1.2 million and \$1.3 million for the years ended December 31, 2022 and 2021, respectively.

NOTE 12 - OTHER POSTEMPLOYMENT BENEFITS

WCHCC provides Other Postemployment Benefits ("OPEB") that provides basic medical and hospitalization plan coverage to eligible retirees through a single employer defined benefit plan. The plan does not issue its own stand-alone financial statements. Eligible retirees may only be covered under the indemnity plan of WCHCC. To qualify, employees and retirees hired before January 1, 2007 must (i) have at least five years of paid service with WCHCC (service prior to January 1, 1998 with the County counts towards the five-year requirement) and (ii) be eligible to receive a retirement allowance from a retirement system administered by the State of New York or one of its civil divisions. Employees hired on or after January 1, 2007 require 20 years of service to qualify for a post-retirement health benefit. Individual coverage is provided to certain retirees at no cost. Subsequent to December 31, 2014, certain retirees are required to contribute to the cost of this coverage. Retirees may elect family coverage at a cost of 20% of the difference between the premium equivalent cost of family and individual coverage. Approximately 78% of the participants have elected individual coverage as of December 31, 2022 and 2021.

The following employees were covered by the benefit terms at the measurement date as of January 1, 2022 and 2021:

	2022	2021
Retired employees	2,060	1,913
Active employees	4,145	4,433
• •	6,205	6,346

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future, including assumptions about future employment, mortality, and the healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contribution of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information following the Notes to the Financial Statements, presents multiyear trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits. WCHCC's actuarial evaluations were performed on January 1, 2022 and 2021 and reported actuarial accrued liabilities of \$350.9 million and \$367.2 million, respectively, which are funded on a current basis.

Projection of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

Total OPEB Liability

WCHCC's total OPEB liabilities at the measurement date were determined by using an actuarial valuation as of January 1, 2022 and 2021. The actuarial valuations used the following actuarial assumptions:

Inflation rate	3.0% annually

Salary increases 3.0% annually

Discount rate 2.63% per annum (2022); 2.69% per annum (2021)

Healthcare cost trend rates Pre-Medicare: 6.91% grading down to 3.39% over

16 years (2022); 7.00% grading down to 3.42%

over 16 years (2021)

Medicare: (9.00%) for year 1 then 6.50% grading down to 4.00% over 15 years (2022); (3.19%) for year 1 then 5.82% grading down to 3.81% over 15

years (2021)

Mortality improvement All groups: SOA RPH-2014 Adjusted to 2006 Total

Dataset Headcount weighted Mortality

(adjusted 1.15) with MP 2020 improvement scale

adjusted

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

The following table shows the components of WCHCC's annual OPEB cost for the years ended December 31, 2022 and 2021, the amount actually contributed to the plan, and changes in WCHCC's net OPEB obligation (amounts in thousands).

	2022		2021	
Beginning balance	\$	367,217	\$	346,363
Changes for the year:				
Service cost		6,453		5,518
Interest cost		9,833		11,405
Changes of benefits		2,406		(3,126)
Differences between expected and actual experience		19,981		6,426
Changes in assumptions		(38,591)		15,419
		82		35,642
Benefit payments		(16,366)		(14,788)
Net changes		(16,284)		20,854
Ending balance	\$	350,933	\$	367,217

Discount Rate

The discount rate used to calculate the total post-retirement liability was 2.63% and 2.69% for the years ended December 31, 2022 and 2021, respectively. The discount rate at December 31, 2022 and 2021 was based upon the top segment of the 20-year high-quality municipal bond index at the measurement date.

Discount Rate Sensitivity

WCHCC's total OPEB liability calculated using the respective discount rate, as well as what WCHCC's OPEB liability would be if it were calculated using a discount rate that is 1% lower or 1% higher than the current rate as of December 31, 2022 and 2021 are as follows (amounts in thousands):

	2	2022			2021			
	Rate	Amount		Rate	Amount			
1% decrease	1.63%	\$	401,399	1.69%	\$	418,832		
Current discount rate	2.63		350,933	2.69		367,217		
1% increase	3.63		309,751	3.69		324,761		

Healthcare Cost Trend Rate Sensitivity

WCHCC's total OPEB liability calculated using the respective discount rate, as well as what WCHCC's OPEB liability would be if it were calculated using a healthcare cost trend rate that is 1% lower or 1% higher than the current rate as of December 31, 2021 and 2020 are as follows (amounts in thousands):

	2022			2021				
	Rate	Amount		Rate Amount Ra		Rate		Amount
1% decrease Healthcare cost trend rate 1% increase	(1.00)% 0.00 1.00	\$	309,094 350,933 403,367	(1.00)% 0.00 1.00	\$	323,522 367,217 421,517		

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

OPEB Expense and Deferred Inflows of Resources

For the years ended December 31, 2022 and 2021, WCHCC recognized OPEB expense, including related changes in deferred inflows and outflows, of approximately \$21.2 million and \$19.9 million, respectively. The components of post-retirement related deferred outflows of resources and deferred inflows of resources at the measurement dates are as follows (amounts in thousands):

	2022		2021	
Deferred outflows of resources Differences between expected and actual experience	\$	21.507	\$	7,639
Changes in assumptions	•	14,073	*	19,567
Contributions subsequent to measurement date		16,451		16,366
·	\$	52,031	\$	43,572
Deferred inflows of resources Differences between expected and actual experience	\$	-	\$	58
Changes in assumptions		30,873		1,348
	\$	30,873	\$	1,406

At December 31, 2022, amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEBs will be reflected in salaries and benefits expense in the Statements of Revenues, Expenses, and Changes in Net Position as follows (amounts in thousands) for the years ending December 31:

2023	\$ 3,889
2024	3,893
2025	647
2026	(3,722)
	\$ 4,707

HealthAlliance also sponsors frozen unfunded OPEB plans for certain employees. The liability for these plans was approximately \$1.4 million and \$1.6 million as of December 31, 2022 and 2021, respectively.

NOTE 13 - SELF-INSURANCE LIABILITY

The following is the activity of the self-insurance liability, which is presented as a component of other long-term liabilities on the Statements of Net Position for the years ended December 31, 2022 and 2021 (amounts in thousands):

	December 31, 2021		•			Reductions	December 31, 2022			Amounts Due Within One Year	
Workers' compensation self-insurance (a)	\$	23.472	\$	4,933	\$	(5,218)	\$	23,187	\$	3,300	
Malpractice self-	Ψ	_0,	Ψ	.,000	*	(5,= : 5)	*	_0,.0.	*	0,000	
insurance (b)		85,810		18,087		(8,897)		94,000		10,034	
Health insurance (c)		15,513		126,221		(126,276)		15,458		15,458	
Other self-insurance (d)		6,053		2,032		(2,045)		6,040		4,558	
	\$	130,848	\$	150,273	\$	(142,436)	\$	138,685	\$	33,350	

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

	December 31, 2020		•		Reductions		December 31, 2021		Amounts Due Within One Year	
Workers' compensation self-insurance (a)	\$	24,111	\$	6,460	\$	(7,099)	\$	23,472	\$	4,400
Malpractice self- insurance (b)		84,291		13,682		(12,163)		85,810		13,034
Health insurance ^(c)		13,279		113,769		(111,535)		15,513		15,513
Other self-insurance (d)		6,940		1,878		(2,765)		6,053		4,520
	\$	128,621	\$	135,789	\$	(133,562)	\$	130,848	\$	37,467

⁽a) The Medical Center is self-insured for workers' compensation and has excess insurance coverage that attaches at \$750,000 per occurrence with \$1.0 million in annual aggregate coverage. As part of the Medical Center's workers' compensation self-insurance plan, the Medical Center obtains a semi-annual actuarial valuation to determine its self-insurance liabilities, including amounts for claims incurred but not reported. Such valuation is based on the Medical Center's specific and industry-wide data.

The following represents information as it relates to the Medical Center's workers' compensation self-insurance plan as of December 31, 2022 and 2020 (amounts in thousands):

	 2022	 2021
Gross self-insurance liability Present value of self-insurance liability	\$ 20,456 19,524	\$ 20,196 19,463
Discount factor	3.5%	3.5%

As part of Mid-Hudson Valley Staffco's workers' compensation self-insurance plan, Mid-Hudson Valley Staffco obtains a semi-annual actuarial valuation to determine its self-insurance liabilities, including amounts for claims incurred but not reported. Such valuation is based on Mid-Hudson Valley Staffco's specific and industry-wide data.

The following represents information as it relates to Mid-Hudson Valley Staffco's workers' compensation self-insurance plan as of December 31, 2022 and 2020 (amounts in thousands):

	 2022	 2021
Gross self-insurance liability Present value of self-insurance liability	\$ 4,061 3.663	\$ 4,445 4.009
Discount factor	3.5%	3.5%

All other Medical Center entities have workers' compensation coverage provided by a commercial insurance carrier under a claims-made basis and with no excess insurance coverage purchased.

HealthAlliance is insured under a retrospective premium policy through a commercial carrier.

(b) WCHCC Bermuda, a WCHCC captive insurance company, provides the Medical Center with professional liability insurance ("HPL") and general liability insurance ("GL"), and insures employed physicians' professional liability ("PPL"). Employed physicians not insured by WCHCC Bermuda maintain malpractice insurance coverage through commercial insurance carriers.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

Outstanding projected liabilities are comprised of estimates of the ultimate case value (indemnity and expenses) established by an independent case adjuster, plus a provision for losses incurred, but not reported, based on the recommendations of an independent actuary using historical and industry data. WCHCC Bermuda's actuarial liabilities have been discounted at 3.5% at December 31, 2022 and 2021.

WCHCC Bermuda is required by its license to maintain capital and surplus greater than a minimum statutory amount determined as the greater of a percentage of outstanding losses or a given fraction of net written premiums. At December 31, 2022 and 2021, WCHCC Bermuda was required to maintain a minimum statutory capital and surplus (net position) of approximately \$9.1 million and \$8.4 million, respectively. As of December 31, 2022 and 2021, actual statutory capital and surplus (net position), which is included as part of net position - unrestricted on the Statements of Net Position, was approximately \$119.2 million and \$141.4 million, respectively.

HPL coverage is provided on an occurrence basis with a self-insured retention ("SIR") of \$12.0 million in 2022 and 2021, for each and every claim with no aggregate limit. Excess commercial liability insurance policies attach above the SIR.

HealthAlliance purchases primary medical malpractice insurance coverage through a commercial carrier. Operations of HealthAlliance's captive insurance company, HRN, are not deemed significant. Excess commercial insurance policies attach above the captive SIR. Claims in excess of insurance coverage have not been asserted against HealthAlliance.

- (c) WCHCC is self-insured for health insurance for all its employees. Claims which have been incurred, and incurred but not reported represent a liability to WCHCC at December 31, 2022 and 2021 and, as such, liabilities have been included in the accompanying Statements of Net Position.
- (d) Professional and general liability claims have been asserted against WCHCC by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. The outcome of these actions cannot be predicted with certainty by management or by legal counsel to WCHCC or by the respective insurance companies handling such matters. There are known incidents that may result in the assertion of additional claims, and other claims may arise. It is the opinion of management, in consultation with WCHCC's legal counsel, that the final disposition of such claims will not have a material adverse effect on WCHCC's financial position, results of operations, or liquidity.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 14 - OTHER LONG-TERM LIABILITIES

The following is the composition and activity of WCHCC's other long-term liabilities for the years ended December 31, 2022 and 2021 (amounts in thousands):

	D	ecember 31, 2021	/	Additions	_ R	eductions	De	cember 31, 2022		ounts Due lithin One Year
Self-insurance liabilities (Note 13)	\$	130,848	\$	150,273	\$	(142,436)	\$	138,685	\$	33,350
Third-party liabilities, net (Note 4) Medicare advances		78,827		15,510		(11,338)		82,999		30,204
(Note 3) Post-retirement health		62,809		-		(57,242)		5,567		5,567
insurance (Note 12) Net pension liability		368,770		39957		(56,379)		352,348		-
(Note 11) Other liabilities		868 178,214		- 126,533		(868) (123,533)		- 179,474		- 65,542
Deferred pension contributions (Note 11)		15,260		-		(5,731)		9,529		4,243
Total other long-term liabilities	\$	835,596	\$	332,533	\$	(399,527)	\$	768,602	\$	138,906
		December 31, 2020		Additions	Reductions		December 31, 2021		Amounts Due Within One Year	
Self-insurance liabilities (Note 13)	\$	128,621	\$	135,789	\$	(133,562)	\$	130,848	\$	37,467
Third-party liabilities, net (Note 4) Medicare advances		112,777		18,764		(52,714)		78,827		28,619
(Note 3) Post-retirement health		119,077		-		(56,268)		62,809		55,173
insurance (Note 12) Net pension liability		348,024		35,727		(14,981)		368,770		-
(Note 11) Other liabilities		232,341 159,398		- 96,586		(231,473) (77,770)		868 178,214		- 60,450
Deferred pension contributions (Note 11)		20,805				(5,545)		15,260		5,731
Total other long-term liabilities	\$	1,121,043	\$	286,866	\$	(572,313)	\$	835,596	\$	187,440

NOTE 15 - AFFILIATION AGREEMENT

WCHCC has an affiliation agreement with New York Medical College (the "College"), under the terms of which WCHCC pays the College for certain physician teaching and administrative services. For the years ended December 31, 2022 and 2021, the College was paid approximately \$10.7 million and \$10.6 million, respectively, which is included in supplies and other expenses in the accompanying Statements of Revenues, Expenses, and Changes in Net Position. The affiliation agreement terminates in 2029, and automatically renews for an additional twelve-year term.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2022 and 2021

NOTE 16 - WESTCHESTER COUNTY RELATIONSHIP

In 1997, the State of New York adopted legislation that created WCHCC as a New York public benefit corporation effective January 1, 1998. At that time, the facilities and operations of WCHCC were transferred from the County to WCHCC pursuant to a long-term lease agreement. Subsequently, an Amended and Restated Lease Agreement (the "Lease") was consummated. The Lease is a 60-year (term ends 2058) real property lease for land and facilities with an option for extension.

During 2022 and 2021, WCHCC purchased services from the County of approximately \$12.5 million and \$9.7 million, respectively, which are included in supplies and other expenses in the accompanying Statements of Revenues, Expenses, and Changes in Net Position.

NOTE 17 - BON SECOURS CHARITY

Charity is a discretely presented component unit of WCHCC. Charity's financial statements are prepared on the accrual basis of accounting using the economic resources measurement focus and are based on accounting principles applicable to governmental units as established by GASB and the provisions of the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Entities,* to the extent that they do not conflict with GASB.

At December 31, 2022 and 2021, Charity had bonds outstanding of approximately \$122.3 million related to the Bon Secours Charity Health System, Inc. Taxable Bonds, Series 2015, consisting of approximately \$38.6 million bonds with an interest rate of 5.25% and maturing on November 1, 2025 and approximately \$83.7 million bonds with an interest rate of 6.25% and maturing on November 1, 2035. WCHCC guarantees the scheduled payments of principal and interest on the Charity Series 2015 Bonds.

Charity has a \$40.0 million line of credit agreement with a financial institution that has an expiration date of October 21, 2023. At December 31, 2022 and 2021, no amounts were outstanding.

During the years ended December 31, 2022 and 2021, Charity incurred approximately \$19.0 million and \$19.5 million of expenses to WCHCC, respectively, for services provided under a management service agreement and for other contracted services. Charity had amounts due from WCHCC of approximately \$873,000 and \$352,000 at December 31, 2022 and 2021, respectively.



REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED) SCHEDULE OF PROPORTIONATE SHARE OF NET PENSION LIABILITY AND SCHEDULE OF EMPLOYER CONTRIBUTIONS

December 31, 2022 and 2021 (amounts in thousands)

WCHCC's

Schedule of Proportionate Share of the Net Pension Liability*

Reporting Fiscal Year (Measurement Date,	WCHCC's Prop Pension (A				WCHCC's Covered Employee	Proportionate Share of the Net Pension (Asset) Liability as a Percentage of its Covered Employee	Plan Fiduciary Net Position as a Percentage of the Total Pension (Asset)	
March 31,)	<u></u> %		\$		Payroll	Payroll	Liability	
2022 (2022) 2021 (2021) 2020 (2020)	0.919% 0.872% 0.877%	\$ \$ \$	(75,098) 868 232.341	\$ \$ \$	289,833 285,357 273,189	01.93% 00.30% 85.05%	103.65% 99.95% 86.39%	
2019 (2019) 2018 (2018) 2017 (2017) 2016 (2016)	0.890% 0.922% 0.860% 0.880%	\$ \$ \$ \$	63,348 29,752 80,974 141,496	\$ \$ \$	285,948 285,990 292,341 259,948	22.15% 10.40% 27.70% 54.43%	96.27% 98.24% 94.70% 90.70%	

Schedule of Employer Contributions*

Reporting Fiscal Year	F	ntractually Required Intribution	in I Co F	ntributions Relation to the ntractually Required entribution	Def	ribution iciency (cess)	WCHCC's Covered Employee Payroll	Contributions as a Percentage of Employee Covered Payroll	
2022	\$	38,974	\$	38,974	\$	-	\$ 289,833	13.45%	
2021	\$	35,144	\$	35,144	\$	-	\$ 285,357	12.31%	
2020	\$	35,242	\$	35,242	\$	-	\$ 273,189	12.90%	
2019	\$	35,730	\$	35,730	\$	-	\$ 285,948	12.50%	
2018	\$	36,422	\$	36,422	\$	-	\$ 285,990	12.74%	
2017	\$	34,183	\$	34,183	\$	-	\$ 292,341	11.69%	
2016	\$	39,349	\$	39,349	\$	-	\$ 259,948	15.14%	

^{*} These schedules are intended to show information for 10 years. Additional years will be displayed as they become available.

REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED) SCHEDULE OF FUNDING PROGRESS - OTHER POSTEMPLOYMENT BENEFITS (OPEB)

December 31, 2022 and 2021 (amounts in thousands)

Schedule of Funding Progress - Other Postemployment Benefits

Actuarial Valuation Date	Val As	uarial ue of sets a)	, (A	Actuarial Accrual Liability (AAL) Initial Entry Age (b)		Accrual Liability Unfunded AAL) Initial (AAL) Entry Age (UAAL)		Funded Ratio (a/b)	Covered Payroll (c)	(UAAL) as a Percentage of Covered Payroll ((b-a)/c)
01/01/22	\$	-	\$	350,933	\$	350,933	0.0%	\$ 240,287	146.05%	
01/01/21	\$	-	\$	367,217	\$	367,217	0.0%	\$ 225,388	162.93%	
01/01/20	\$	-	\$	346,363	\$	346,363	0.0%	\$ 229,236	151.09%	
01/01/19	\$	-	\$	331,751	\$	331,751	0.0%	\$ 227,408	145.88%	
01/01/18	\$	-	\$	333,675	\$	333,675	0.0%	\$ 219,100	152.59%	
01/01/17	\$	-	\$	331,855	\$	331,855	0.0%	\$ 210,755	157.46%	
01/01/16	\$	-	\$	328,464	\$	328,464	0.0%	\$ 199,357	164.76%	
01/01/15	\$	-	\$	300,216	\$	300,216	0.0%	\$ 188,736	159.07%	
01/01/14	\$	-	\$	297,146	\$	297,146	0.0%	\$ 179,466	165.57%	
01/01/13	\$	-	\$	276,824	\$	276,824	0.0%	\$ 174,737	158.42%	

The above represents the valuation of the plan as of January 1.

REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED) SCHEDULE OF CHANGES IN TOTAL OPEB LIABILITY AND RELATED RATIOS

December 31, 2022 and 2021 (amounts in thousands)

	2022	2021	2020	2019	2018	2017	2016
Total OPEB Liability							
Service cost	\$ 6,453	\$ 5,518	\$ 5,280	\$ 5,099	\$ 4,952	\$ 4,940	\$ 4,705
Interest	9,833	11,405	13,496	11,415	12,447	11,647	11,598
Change of benefit terms Differences between expected and actual	2,406	(3,126)	(4,482)	1,242	-	-	-
experience	19,981	6,426	4,162	(235)	(4,734)	-	-
Changes in assumptions	(38,591)	15,419	12,052	(5,392)	4,372	1,250	(2,615)
	82	35,642	30,508	12,129	17,037	17,837	13,688
Benefit payments	(16,366)	(14,788)	(15,896)	(14,053)	(15,217)	(14,446)	(12,480)
Net change in total OPEB liability	(16,284)	20,854	14,612	(1,924)	1,820	3,391	1,208
Total OPEB liability - beginning	367,217	346,363	331,751	333,675	331,855	328,464	327,256
Total OPEB liability - ending	\$ 350,933	\$ 367,217	\$ 346,363	\$ 331,751	\$ 333,675	\$ 331,855	\$ 328,464
Covered payroll	\$ 240,287	\$ 225,388	\$ 229,236	\$ 227,408	\$ 219,100	\$ 210,755	\$ 199,375
Total OPEB liability as a percentage of covered- employee payroll	146.05%	162.93%	151.09%	145.88%	152.59%	157.46%	164.76%

Notes to Schedules

Changes to benefit terms: No changes to the terms of the benefits provided.

Changes of assumptions: The following are the discount rates for each period presented above:

2022	2.63%
2021	2.69%
2020	3.31%
2019	4.10%
2018	3.44%
2017	3.78%
2016	3.57%

These schedules are intended to show information for 10 years. Additional years will be displayed as they become available.