

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

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau,  
New York)**

December 31, 2022

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors  
Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)

### Report on the financial statements

#### Opinions

We have audited the financial statements of the business-type activities of Nassau Health Care Corporation (the "Corporation"), a component unit of the County of Nassau, New York, as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the business-type activities of the Corporation as of December 31, 2022, and the changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### Basis for opinions

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

#### Substantial doubt about the Corporation's ability to continue as a going concern

The accompanying financial statements have been prepared assuming that the Corporation will continue as a going concern. As discussed in Note 1 to the financial statements, the Corporation has a working capital deficit and recurring operating losses, which raise substantial doubt about its ability to continue as a going concern. Management's plans regarding to this matter are also described in Note 1. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

### **Emphasis of matter**

As discussed in Note 2 to the financial statements, in 2022, the Corporation adopted Governmental Accounting Standards Board Statement No. 87, *Leases*. Our opinion is not modified with respect to this matter.

### **Responsibilities of management for the financial statements**

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

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

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

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

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

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

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

**Required supplementary information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 7 through 12, the Schedule of Changes in Net OPEB Liability and Related Ratios, the Schedule of Proportionate Share of Net Pension Liability – Last 10 Years and the Schedule of Employer Contributions – Last 10 years, on pages 42 through 43, 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.

**Supplementary information**

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Corporation's basic financial statements. The combining information included on the supplemental schedules on pages 45 through 47 are presented for purposes of additional analysis and is not a required part of the basic financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with US GAAS. In our opinion, the accompanying supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.



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

In accordance with *Government Auditing Standards*, we have also issued our report dated May 22, 2023 on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

*Grant Thornton LLP*

New York, New York  
May 22, 2023

## **MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)**

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)**

**December 31, 2022 and 2021  
(In thousands)**

***Introduction***

This Management's Discussion and Analysis ("MD&A") of Nassau Health Care Corporation (the "Corporation" or "NHCC") introduces the basic financial statements for the years ended December 31, 2022 and 2021. Management prepared this MD&A, which is intended to look at the Corporation's financial performance as a whole. It should be read in conjunction with the Corporation's financial statements, the notes and the required supplementary information.

***Basic Financial Statements***

This annual financial report consists of four parts: Management's Discussion and Analysis (this section), the basic financial statements, required supplementary information and supplementary information. The Corporation is supported by fees charged for the services it provides. Accordingly, the Corporation is considered an enterprise fund and utilizes the accrual basis of accounting. Enterprise fund statements offer short- and long-term financial information about the activities and operations of the Corporation. The Corporation operates in a manner similar to a private business.

The basic financial statements (Statement of Net Position, Statement of Revenue, Expenses, and Changes in Net Position, Statement of Cash Flows, and the Notes to the Financial Statements) present the financial position of NHCC at December 31, 2022, and the changes in its financial position for the year then ended. These financial statements report information about NHCC using accounting methods similar to those used by private-sector companies. The Statement of Net Position include all of NHCC's assets and liabilities. The Statement of Revenue, Expenses, and Changes in Net Position reflect the 2022 activities on the accrual basis of accounting, where revenue and expenses are recorded when services are provided or obligations are incurred, not when cash is received or paid. The financial statements also report NHCC's net position (the difference between assets and liabilities) and how that has changed. Net position is one way to measure financial health or condition. The Statement of Cash Flows provide relevant information about the year's cash receipts and cash payments and classify them as operating, noncapital financing, capital and related financing and investing activities. The notes to the financial statements explain information in the financial statements and provide more detailed data.

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED**

**December 31, 2022 and 2021  
(In thousands)**

***Condensed Financial Information***

**Statements of Net Position**

	2022	2021	2022-2021 Dollar Change	2022-2021 Percentage Change
<b>ASSETS</b>				
Current assets	\$ 232,969	\$ 271,081	\$ (38,112)	-14%
Capital assets, net	134,937	139,892	(4,955)	-4%
Other assets	<u>122,351</u>	<u>44,552</u>	<u>77,799</u>	175%
Total assets	<u>\$ 490,257</u>	<u>\$ 455,525</u>	<u>\$ 34,732</u>	8%
<b>Deferred outflows of resources</b>	<u>\$ 277,074</u>	<u>\$ 312,494</u>	<u>\$ (35,420)</u>	-11%
<b>LIABILITIES</b>				
Current liabilities	\$ 477,972	\$ 491,930	\$ (13,958)	-3%
Long-term portion of debt	118,552	138,788	(20,236)	-15%
Other long-term liabilities	<u>1,078,611</u>	<u>945,601</u>	<u>133,010</u>	14%
Total liabilities	<u>\$ 1,675,135</u>	<u>\$ 1,576,319</u>	<u>\$ 98,816</u>	6%
<b>Deferred inflows of resources</b>	<u>\$ 243,209</u>	<u>\$ 248,754</u>	<u>\$ (5,545)</u>	-2%
<b>Net position</b>				
Net investment in capital assets	\$ 80,626	\$ 85,319	\$ (4,693)	-6%
Restricted	1,513	1,448	65	4%
Unrestricted	<u>(1,233,152)</u>	<u>(1,143,821)</u>	<u>(89,331)</u>	8%
Total net position	<u>\$ (1,151,013)</u>	<u>\$ (1,057,054)</u>	<u>\$ (93,959)</u>	9%

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED**

**December 31, 2022 and 2021  
(In thousands)**

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

	2022	2021	2022-2021 Dollar Change	2022-2021 Percentage Change
<b>Operating revenues</b>				
Net patient service revenue	\$ 460,580	\$ 446,285	\$ 14,295	3%
Other revenue	85,175	77,327	7,848	10%
Total operating revenues	545,755	523,612	22,143	4%
<b>Operating expenses</b>				
Salaries	312,532	291,542	20,990	7%
Employee benefits	148,375	146,330	2,045	1%
Supplies and other expenses	172,472	168,309	4,163	2%
Depreciation	20,588	19,388	1,200	6%
	653,967	625,569	28,398	5%
Loss before OPEB expenses and NYS actuarial pension adjustment	(108,212)	(101,957)	(6,255)	6%
Employee benefits – OPEB expenses NYS Actuarial Pension Adjustment - GASB 68	(61,928)	(44,655)	(17,273)	39%
	5,992	10,966	(4,974)	-45%
Operating loss	(164,148)	(135,646)	(28,502)	21%
Nonoperating activities, net	70,189	(7,640)	77,829	1,019%
Capital contributions	-	3,355	(3,355)	-100%
Decrease in net position	(93,959)	(139,931)	45,972	-33%
<b>Net position</b>				
<b>Beginning of year</b>	(1,057,054)	(917,123)	(139,931)	15%
<b>End of year</b>	<b>\$ (1,151,013)</b>	<b>\$ (1,057,054)</b>	<b>\$ (93,959)</b>	<b>9%</b>

***The Coronavirus (COVID-19) Pandemic***

The outbreak of the COVID-19 virus has been declared a pandemic by the World Health Organization. The Governor of the State declared a state of emergency in the State on March 7, 2020 and the County Executive declared a state of emergency in the County on March 13, 2020, both of which ended during 2023. For the majority of 2022 and 2021, NHCC was responding to the COVID-19 pandemic and the demands it placed on the health care system in general.

The Federal Government passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act on March 27, 2020, to respond to the impact of the COVID-19 pandemic. NHCC recognized in other revenue, \$75,691 and \$8,865 of CARES Act funding related to expenses incurred due to the COVID-19 pandemic in 2022 and 2021, respectively.

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED**

**December 31, 2022 and 2021  
(In thousands)**

***Financial Analysis of the Corporation***

For the years ended December 31, 2022 and 2021, the NHCC generated losses before other postemployment benefits ("OPEB") and NYS actuarial pension adjustment of \$108,212 and \$101,957, respectively. Operating revenue increased by \$22,143 to \$545,755 in 2022, primarily due to revenue cycle improvements during the year and decreased by \$70,852 to \$523,612 in 2021, primarily due to CARES Act revenue decreasing due to the COVID-19 crisis impact lessening in 2021 from the initial impact of the crisis in 2020, and the ending of the Delivery System Reform Incentive Payment ("DSRIP") program. Operating expenses increased by \$28,398 to \$653,967 in 2022, primarily due to an increase in wage expense related to a 2% collective bargaining agreement increase and additional overtime costs incurred to fill vacant nursing positions due to the significant labor shortage, coupled with an increase in supplies and utility costs resulting from supply chain difficulties and fuel cost increases and decreased by \$1,439 to \$625,569 in 2021, primarily due to a decrease in COVID-19 related expense offset by an increase in payroll expense due to a 2% collective bargaining agreement increase.

***Going Concern***

NHCC has experienced recurring operating losses, a working capital deficit and has a total negative net position of \$1,151,013 and \$1,057,054 at December 31, 2022 and 2021, respectively, and is dependent on the continuation of federal, state and local subsidies, certain of which have or are scheduled to end or be reduced. These matters raise substantial doubt about NHCC's ability to continue as a going concern. Additionally, the COVID-19 health crisis has added further uncertainty regarding the operations of NHCC, as well as the health care system in general. NHCC is continuously striving to improve its operating results by continuing to progress with collecting on patient accounts, through cash flows provided by government subsidies for the funding of capital projects and by participating in certain other value-based payment programs. NHCC has also undertaken a number of initiatives, including the renegotiation of commercial managed care contracts, changes to medical management practices, improved supply chain, inventory management, rightsizing of personnel and further cost reductions. Nassau County Interim Finance Authority (NIFA) currently has oversight of the operations of NHCC and in that capacity, reviews certain operational aspects of the Corporation.

***Operating Activities***

**Net Patient Service Revenue**

Total net patient service revenue was \$460,580 and \$446,285 for the years ended December 31, 2022 and 2021, respectively, an increase of \$14,295. This increase was due to improvements to revenue cycle processes and enhancements to information technology systems. Intergovernmental transfers ("IGT") revenue in 2022 was \$39,300, which was \$5,381 less than the IGT revenue in 2021 of \$44,681, primarily due to an Upper Limit Payment reimbursement in 2021.

**Other Revenue**

Other revenue of \$85,175 and \$77,327 in 2022 and 2021, respectively, represents an increase of \$7,872. This increase resulted primarily due to funding received from the Value Based Payment Quality Improvement Program.

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) - CONTINUED**

**December 31, 2022 and 2021  
(In thousands)**

**Expenses**

Total operating expenses before OPEB and NYS actuarial pension adjustment were \$653,967 and \$625,569 for the years ended December 31, 2022 and 2021, respectively. Expenses increased from 2021 to 2022 by \$28,398. A description of the component categories follows.

Salaries in 2022 of \$312,532 increased \$20,990 from the 2021 salary expense of \$291,542. The increase was the result of a 2% collective bargaining agreement increase and additional overtime costs incurred to fill vacant nursing positions due to the significant labor shortage.

Employee benefit costs, before OPEB and NYS actuarial pension adjustment expenses were \$148,375 and \$146,300 in 2022 and 2021, respectively. The increases were due to increases in benefit costs provided.

Supplies and other expenses were \$172,472 and \$168,309 in 2022 and 2021, respectively, an increase of \$4,163. The increase was due to rising inflation, supply chain difficulties, and climbing fuel costs.

**Pension and OPEB**

The Corporation recorded an unfunded other postemployment benefit expense of \$61,928 and \$44,655 in 2022 and 2021, respectively. The costs for these plans are actuarially calculated based on plan benefits that current and retired employees have accrued as a result of their respective years of employment service. In 2022, the Corporation also recorded a NYS actuarial pension gain—GASB No. 68 of \$5,992 compared to a NYS actuarial pension gain—GASB No. 68 of \$10,966 in 2021.

**Capital Assets**

During the years ended 2022 and 2021, the Corporation purchased \$14,919 and \$11,261 in capital assets, respectively, and incurred \$19,874 and \$19,388 in depreciation expense.

**Right to Use Lease Assets, net**

Right to use lease assets increased \$1,455 from December 31, 2021 to December 31, 2022 due to the implementation on January 1, 2022 of Governmental Accounting Standards Board Statement No. 87, *Leases*, ("GASB 87").

**Debt**

During the years ended 2022 and 2021, the Corporation made principal and interest payments of \$20,585 and \$23,157, respectively.

**Lease Liabilities, net**

Lease liabilities increased \$1,494 from December 31, 2021 to December 31, 2022 due to the implementation on January 1, 2022 of Governmental Accounting Standards Board Statement No. 87, *Leases*, ("GASB 87").

**Contacting the Corporation's Financial Management**

If there are any questions about this report or if additional financial information is needed, contact the Office of Public Affairs, Nassau Health Care Corporation, 2201 Hempstead Turnpike, East Meadow, New York 11554.

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**STATEMENT OF NET POSITION**

**December 31, 2022**  
**(In thousands)**

**ASSETS**

**Current assets**

Cash and cash equivalents	\$ 83,221
Patient accounts receivable, net	23,573
Inventories	10,815
Prepaid expenses	4,135
Lease receivable	1,683
Other receivables	38,107
Due from third-party payors	3,331
Assets restricted as to use, required for current liabilities	45,633
Due from Nassau County, net	<u>22,471</u>
 Total current assets	232,969
Assets restricted as to use, net	6,375
Capital assets, net	134,937
Right to use lease assets, net	1,455
Lease receivable, net of current portion	11,245
Estimated pension asset	60,534
Other assets	<u>42,742</u>
 Total assets	\$ 490,257

**Deferred outflows of resources**

Deferred charge on refunding	\$ 19,412
Pension and OPEB related	<u>257,662</u>
 Total deferred outflows of resources	\$ 277,074

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

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**STATEMENT OF NET POSITION - CONTINUED**

**December 31, 2022**  
**(In thousands)**

**LIABILITIES**

**Current liabilities**

Current portion of long-term debt	\$ 18,726
Accounts payable and accrued expenses	347,430
Accrued salaries and related withholdings	25,044
Current portion of postemployment health insurance liability	23,368
Current portion of vacation and sick leave	8,924
Current portion of estimated self-insurance liability	12,834
Current portion of estimated liability to third-party payors, net	3,824
Current portion of lease liability	709
Other current liabilities	34,750
Accrued interest payable	<u>2,363</u>
 Total current liabilities	477,972
 Long-term debt, net	118,552
Estimated liability to third-party payors, net	37,545
Estimated postemployment health insurance liability, net	858,434
Estimated self-insurance liability, net	60,951
Accrued vacation and sick leave, net	80,313
Lease liability	785
Other liabilities	<u>40,583</u>
 Total liabilities	\$ 1,675,135

**Deferred inflows of resources**

Pension and OPEB related	\$ 230,914
Lease related	<u>12,295</u>
 Total deferred inflows of resources	\$ 243,209

**Commitments and contingencies**

**Net position**

Net investment in capital assets	\$ 80,626
Restricted	1,513
Unrestricted	<u>(1,233,152)</u>
 Total net position	\$ (1,151,013)

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

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

## **STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET POSITION**

**Year ended December 31, 2022**  
**(In thousands)**

<b>Operating revenue</b>	
Net patient service revenue (net of the provision for bad debts of \$36,988)	\$ 460,580
Other revenue	<u>85,175</u>
 Total operating revenue	 545,755
 <b>Operating expenses</b>	
Salaries	312,532
Employee benefits - pension	33,539
Employee benefits - health and other	114,836
Supplies and other expenses	172,472
Depreciation and amortization	<u>20,588</u>
 Total operating expenses, net	 <u>653,967</u>
 Loss before OPEB expenses and NYS actuarial pension adjustment	(108,212)
 Employee benefits - OPEB expenses	(61,928)
NYS actuarial pension adjustment - GASB 68	<u>5,992</u>
 Operating loss	 (164,148)
 <b>Nonoperating activities</b>	
Interest income	2,212
Interest expense	(7,714)
Government stimulus grants	<u>75,691</u>
 Total nonoperating activities, net	 70,189
 <b>DECREASE IN NET POSITION</b>	(93,959)
 Beginning of year	 <u>(1,057,054)</u>
 End of year	\$ (1,151,013)

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

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**STATEMENT OF CASH FLOWS**

**Year ended December 31, 2022  
(In thousands)**

**Cash flows from operating activities:**

Cash received from patients, third-party payors and other related payments	\$ 425,538
Cash received from other operating revenue	22,200
Cash paid to employees	(349,412)
Cash paid to suppliers	<u>(105,962)</u>
Net cash used in operating activities	(7,636)

**Cash flows from noncapital and related financing activities:**

Cash paid for interest	(4,396)
Payment of debt	(16,189)
Payment of other liabilities	<u>(1)</u>
Net cash used in noncapital and related financing activities	(20,586)

**Cash flows from capital and related financing activities:**

Purchases of capital assets	(14,919)
Cash paid for financed purchases	(1,999)
Payments on right to use leased assets	(2,674)
Cash paid for interest	<u>(2,239)</u>
Net cash used in capital and related financing activities	(21,831)

**Cash flows from investing activities:**

Cash received from interest	<u>2,212</u>
Net cash from investing activities	<u>2,212</u>

**NET DECREASE IN CASH AND CASH EQUIVALENTS**

(47,841)

Cash and cash equivalents, beginning of year	122,393
Assets limited as to use, beginning of year	<u>60,677</u>
<b>Cash and restricted cash, beginning of year</b>	<b><u>183,070</u></b>

Cash and cash equivalents, end of year	83,221
Assets limited as to use, end of year	<u>52,008</u>
<b>Cash and restricted cash, end of year</b>	<b><u>\$ 135,229</u></b>

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

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**STATEMENT OF CASH FLOWS - CONTINUED**

**Year ended December 31, 2022**  
**(In thousands)**

**Reconciliation of operating loss to net cash used in operating activities:**

Operating loss	\$ (164,148)
Depreciation and amortization	20,588
<b>Changes in operating assets and liabilities:</b>	
Patient accounts receivable	6,192
Prepaid expenses and inventories	9,252
Other receivables and assets	(27,009)
Due from Nassau County, net	(2,153)
Accounts payable and accrued expenses	58,649
Accrued salaries, withholding, pensions, vacation, sick pay and other	(54,506)
Due to/from third-party payors, net	(5,081)
Estimated self-insurance liability	(1,391)
Postemployment health insurance liability	103,290
Deferred inflows, outflows and other, net	<u>48,681</u>
Net cash used in operating activities	<u>\$ (7,636)</u>

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

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2022  
(In thousands)**

**NOTE 1 - ORGANIZATION**

The Nassau Health Care Corporation (d/b/a NuHealth) ("NHCC" or the "Corporation") is a public benefit corporation created pursuant to Public Authorities Law 340l, et. seq. ("PAL") by New York State ("State") in 1996 for the purposes of acquiring the health facilities owned by Nassau County, New York ("County"), operating these facilities more efficiently than the County could, and competing with other health care providers in a rapidly changing health care marketplace. These facilities were formally acquired by NHCC from the County on September 29, 1999.

NHCC has a governing board consisting of 15 voting directors and three non-voting directors. Eight of the voting directors are appointed by the Governor of the State of New York on the recommendation of various State and County elected officials. Seven of the voting directors, and two of the non-voting directors, are appointed directly by the County Executive or the County Legislature. The Chief Executive Officer of NHCC is the final non-voting director.

NHCC was formed as the public benefit corporation. Nassau University Medical Center ("NUMC") is a 530-bed hospital located in East Meadow, New York. In addition to its tertiary care medical center, NUMC includes the following operating divisions: A. Holly Patterson Extended Care Facility ("AHP"), a 589-bed nursing home located in Uniondale, New York; a Faculty Practice Plan ("FPP"), and co-operates with Long Island FQHC, Inc. ("LIFQHC") six treatment centers and three school-based clinics.

Except for LIFQHC (discussed below), the following active corporate entities are either owned or controlled wholly or in part by NHCC by virtue of NHCC being the sole corporate member pursuant to the New York State Not-for-Profit Corporation Law ("N-PCL"), through membership interests, or otherwise having the ability to approve the Board and/or shareholders of the entity or having an interdependent relationship.

- *Nassau Health Care Foundation, Inc.* ("NHCF"): NHCF was incorporated on June 24, 1964 as a type B membership corporation under the N-PCL. The purpose of NHCF is to support, maintain and otherwise benefit and be responsive to the needs and objectives of the hospital, skilled nursing facility and related facilities operated by NHCC. NHCF also receives support from NHCC Medical Faculty Practice Plan revenue and maintains discretionary funds that can be used by the Chairman of each NHCC department for educational and mission-related purposes.
- *Long Island Medical Foundation, Inc. (d/b/a NuHealth Foundation)* ("LIMF"): LIMF was incorporated on May 3, 2002, and is a Section 501(c)(3) support organization. LIMF was specifically established to be the fundraising arm of NHCC. It was established as a membership corporation and NHCC is its sole member. LIMF currently has one employee.
- *NHCC, Ltd.*: NHCC, Ltd. is a corporation organized under the Companies Law of Cayman Islands on September 24, 1999. NHCC is the sole shareholder. NHCC, Ltd. was established as an off-shore captive insurance company (the "Captive") for NHCC, for its medical malpractice and general liability coverage, and is licensed under the Insurance Law (1999 Revision) of Cayman Islands as of April 1, 2000 (see Note 10).
- *Newco ALP, Inc.* ("NewCo"): NewCo was formed as a Section 501(c)(3) on May 22, 2009, for the purpose of becoming the licensed operator of a 150-bed Medicaid Assisted Living Program ("ALP") and a related Licensed Home Services Agency ("LCHSA"). The ALP was formed to be a primary component of a State mandated rightsizing of AHP. The New York State Department of Health ("NYSDOH") has approved NewCo's application for a license to operate an ALP at an expanded 200- bed size, and approved a LCHSA for this purpose in a building, which previously served as the

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Hempstead General Hospital, situated at 820 Front Street, Hempstead (Nassau County), New York 11550 (the "Site"). NewCo has had no operating activities since its formation.

The financial reporting entity, which results from blending NHCC and the above entities, is collectively referred to as the "Corporation."

The Corporation is considered to be a component unit of the County and is included as a discretely presented component unit in the financial statements of the County. The County provides the Corporation Article VI service payments, payments for certain health services, IGT and various other payments throughout each year. Additionally, the County is the direct-pay guarantor of the Corporation's Series 2009 Bonds, and was the guarantor to its swap counterparties until these agreements were terminated on July 1, 2021. It is not possible to predict the effect, if any, the County's current or future operations will have on the financial statements of the Corporation, taken as a whole.

***Going Concern***

NHCC has experienced recurring operating losses, negative cash flows from operations, a working capital deficit and has a total negative net position of \$1,151,013 at December 31, 2022 and is dependent on the continuation of federal, state and local subsidies, certain of which have or are scheduled to end or be reduced. These matters raise substantial doubt about NHCC's ability to continue as a going concern. NHCC is continuously striving to improve its operating results by continuing to progress with collecting patient accounts, through cash flows provided by government subsidies for the funding of capital projects and by participating in certain Value-Based Payment ("VBP") and Quality Incentive Payment ("QIP") Programs. NHCC has also undertaken a number of initiatives, including the renegotiation of commercial managed care contracts, changes to medical management practices, improved supply chain, inventory management, rightsizing of personnel and further cost reductions. Nassau County Interim Finance Authority ("NIFA") currently has oversight of the operations of Nassau Health Care Corporation and in that capacity reviews certain operational aspects of the Corporation.

***COVID-19***

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus ("COVID-19") pandemic. As a result, economic uncertainties have arisen which are likely to negatively impact activities of the Corporation. Other financial implications could occur though such potential impact is unknown at this time. No adjustments or provisions were made in these financial statements related to COVID-19, other than actual lost revenue and expense related to COVID-19 and the recognition of Coronavirus Aid, Relief, and Economic Security ("CARES") Act revenue related thereto.

The Corporation received approximately \$125,402 in funding under the CARES Act in 2020 and 2021. The Corporation recognized \$40,853 in 2020 and \$8,858 in 2021 as revenue. The remaining amount was deferred until such time that any required State or Federal audits were completed. The deferred amount has been subjected to audit as per the Corporation's reporting to Health Resources and Services Administration and included in the Single Audit reporting in 2021, which was completed in 2022. Additionally, these funds were subject to further audit review as part of a legislative required audit of the Corporation's operations and compliance with Federal guidelines governing Federal programs. As these audits resulted in no exceptions or issues related to completeness of allowable expenses, in 2022, the Corporation recognized the remaining deferred amount of \$75,691 of CARES Act funding related to expenses incurred due to the COVID-19 pandemic, which is reflected as government stimulus grants on the accompanying statement of revenue, expenses and changes in net position.

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The CARES Act also provided for an expansion of the Medicare Accelerated and Advance Payment Program ("Medicare Advances") for patient services. Under the program, the Corporation received approximately \$26,130, of which approximately \$15,584 was repaid in 2021 and the balance of approximately \$10,546 was repaid in 2022.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The Corporation is considered a special-purpose government entity engaged only in business-type activities. The Corporation'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 the GASB.

For purposes of presentation, 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 accompanying basic financial statements include the Corporation's operating divisions (NUMC, AHP, and FPP) and its blended component units (NHCF, LIMF, NHCC, Ltd., and NewCo). All intercompany transactions and balances have been eliminated in combination.

***Net Position***

The net position of the Corporation is composed of three components: net investment in capital assets consists of capital assets, net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted net position consists of non-capital resources that must be used for a particular purpose, as specified by contributors external to the Corporation, such as contributions with donor-imposed stipulations that either expire by the passage of time or actions pursuant to those stipulations. Lastly, unrestricted net position consists of remaining resources that are available to meet any of the Corporation's ongoing obligations that do not meet the definition of previous net position components.

***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. The Corporation's significant estimates include the allowance for estimated uncollectible patient accounts receivable, estimated third-party contractual allowances, estimated third-party payor receivables and payables, self-insurance liabilities, workers' compensation liabilities, imputed interest on leases, and pension and postemployment health insurance liabilities. Actual results may differ from those estimates.

During 2022, prior year revenue of \$5,886 was recognized and is included in net patient service revenue due to changes in estimates relating to certain Medicare and Medicaid reimbursement matters.

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***Cash and Cash Equivalents***

The Corporation considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. NHCC's cash and cash equivalents policies are governed by state statutes. Cash and cash equivalents consist primarily of cash and money market funds. All cash and cash equivalents are insured through Federal Deposit Insurance Corporation insurance or collateralized by U.S. Government securities held by NHCC's third-party trustee or the pledging financial institution's trust department in the name of the NHCC, to the full extent of the deposits.

Cash and cash equivalents in the statements of cash flows consist of cash and cash equivalents and assets limited as to use (see Note 3) on the statement of net position.

***Net Patient Service Revenue and Patient Accounts Receivable, net***

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

Patient accounts receivable result from the health care services provided by the Corporation and physicians of the clinical practices. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators.

**Medicare Reimbursement**

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data.

**Non-Medicare Reimbursement**

In New York State, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates. If negotiated rates are not established, payers are billed at the hospitals' established charges. The New York State payment methodology for payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services is based on a statewide prospective payment system, with retroactive adjustments. Outpatient services also are paid based on a statewide prospective system. Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services ("CMS"), which may routinely request information about such methodologies prior to approval.

Revenue related to specific rate components that have not been approved by CMS is not recognized until the Corporation is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payers will continue to be made in future years as those years are final settled.

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The Corporation has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payers for adjustments to current and prior years' payment rates, based on industry-wide and Corporation-specific data. Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2019. Other years remain open for audit and settlement as are numerous issues related to the New York State Medicaid program for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained. The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs. Management is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying financial statements and believes that the Corporation is in compliance with all applicable laws and regulations.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the federal and state governments, cannot presently be determined. Future changes in Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Corporation.

Additionally, certain payers' payment rates for various years have been appealed by the Corporation. If the appeals are successful, additional income applicable to those years might be realized. No amounts have been recorded in regards to these appeals.

***Charity Care***

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Corporation maintains records to identify and monitor the level of charity care it provides. The amount of charges foregone for the Corporation's services and supplies furnished under its charity care policy aggregated \$30,905 for the year ended December 31, 2022. The cost of charity care was estimated using a ratio of cost-to-gross charges, which totaled \$10,731 for the year ended December 31, 2022.

***Intergovernmental Transfers ("IGT")***

The IGT program is a federal and locally sponsored funding mechanism to assist certain public benefit hospitals in fulfilling their mission of providing health care services to Medicaid and uninsured populations.

The disproportionate share calculation ("DSH") is funded through IGT. The amount is based on a formula that calculates losses on Medicaid and the uninsured from the Corporation's cost report each year, referred to as the disproportionate share calculation. The federal government funds a portion of the IGT amount with the remainder funded locally. The IGT amount recognized in net patient service revenue in 2022 was approximately \$39,300. Under the Affordable Care Act (the "Act"), DSH was to be decreased significantly over time for all DSH-qualified hospitals in the country. However, since the passage of the Act in 2010, Congress has consistently delayed the DSH reductions. The reductions are now scheduled to begin in 2024, unless further delayed by Congress at that time. It is uncertain whether Congress will enact another delay.

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***Concentration of Credit Risk***

The Corporation generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, HMOs and commercial insurance policies).

The significant concentrations of accounts receivable for services to patients at December 31, 2022 are as follow:

Medicare	13%
Medicaid	19%
Commercial HMO	26%
Medicare HMO	15%
Medicaid HMO	18%
Self-pay and other	9%
	<hr/>
	100%

The components of net patient service revenue consisted of the following for the year ended December 31, 2022:

Services provided to patients (net of contractual allowances of approximately \$1,044,289)	\$ 458,268
Intergovernmental transfer	39,300
Provision for bad debts	<hr/> (36,988)
	<hr/> <u>\$ 460,580</u>

The Corporation is paid by third-party payors for patient services rendered generally at negotiated or otherwise predetermined amounts established by the applicable coverage program. For the year ended December 31, 2022, revenue from Medicaid and Medicare programs accounted for approximately 65% of net revenue for services provided to patients.

***Assets Restricted as to Use***

Assets restricted as to use consist of cash and money market funds. These may include amounts held by the NHCF and the Captive, restricted for capital and internally designated for capital, payment of professional and other insurance liabilities, pension liabilities, debt service and amounts held by the Faculty Practice Plan. The Board of Directors may authorize the use of internally designated amounts for other purposes. Amounts required to meet current liabilities are reported as current assets.

***Inventories***

Inventories, which are prepaid supplies, are carried at the lower of cost or market. Cost is determined by the first-in, first-out valuation method.

***Capital Assets***

Capital assets are stated at cost, less accumulated depreciation. It is the Corporation's policy to capitalize assets in excess of \$1,000 that have useful lives of more than one year. Depreciation is computed using

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the straight-line method based upon the estimated useful lives of the assets ranging from three to 40 years using the American Hospital Association's Guide - Estimated Useful Life of Depreciable Hospital Assets. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is recorded.

***Deferred Outflows and Inflows of Resources***

Deferred outflows of resources represent the consumption of net position that applies to a future period(s) and, as such, will not be recognized as an outflow of resources (expense) until then. Deferred inflows of resources 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. The Corporation's items that qualify for reporting in this category include the amounts recorded in connection with GASB Statement No. 68, *Accounting and Financial Reporting for Pensions-An Amendment of GASB Statement No. 27*, and the amounts recorded in connection with GASB Statement No. 75, *Financial Reporting for Postemployment Benefits other than Pensions* ("GASB 75"). The deferred charge on refunding results from the difference in the carrying value of refunded debt and its reacquisition price. This amount is deferred and amortized over the shorter of the life of the refunded or refunding debt.

***Leases***

In June 2017, GASB issued Statement No. 87, *Leases* ("GASB 87"). GASB 87 increases the usefulness of organization's financial statements by requiring reporting of certain lease related assets, liabilities and deferred inflows of resources on the Statement of Net Position that previously were not reported on that statement. It also enhances the comparability of financial statements among organizations by requiring lessees and lessors to report leases under a single model. GASB 87 is intended to enhance the decision-making usefulness of the information provided to financial statement users by requiring notes to financial statements to include the timing, significance, and purpose of an organization's leasing arrangements.

On January 1, 2022, the Corporation prospectively adopted GASB 87 as it was deemed impractical to restate prior periods. Due to the prospective adoption, financial information was not updated and the disclosures required under the standard are not provided for dates and periods before January 1, 2022.

The impact on the Statement of Net Position upon adoption is as follows:

- The Corporation recognized intangible right to use assets and lease liabilities of approximately \$2,169 based on the present value of the remaining minimum rental payments for existing leases where the Corporation is the lessee; and
- Recognized lease receivables and deferred inflows of resources of approximately \$13,245 based on the present value of the remaining minimum rental payments for existing leases where the Corporation is the lessor.
- There was no cumulative effect adjustment to the January 1, 2022 net position as a result of the adoption of GASB 87.

In conjunction with the adoption of GASB 87, the Corporation determines if an arrangement is a lease at inception of the contract. RTU assets represent the Corporation's right to use the underlying assets for the lease term and lease liabilities represent the Corporation's obligation to make lease payments arising from the leases. RTU assets and lease liabilities are recognized at commencement date based on the present value of lease payments attributable to rent over the lease term. The Corporation uses an estimated incremental borrowing rate, which is derived from a rate that approximates actual financed purchase

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arrangements for equipment with similar characteristics. The Corporation does not record leases deemed to be short-term, with an initial term of 12 months or less, in its Statements of Net Position.

***Accrued Vacation and Sick Pay***

The Corporation's employees are permitted to accumulate unused vacation time, sick pay and compensation time, up to certain maximum amounts as established by employment contracts. The Corporation accrues the expenses related to vested vacation, sick pay and compensation time based on pay rates in effect at year end.

***Professional and Other Insurance Liabilities***

Professional and other insurance liabilities, including loss adjustment expenses, represent management's best estimate using case basis evaluations and actuarial analysis. The estimate is based on the ultimate settlement cost of all unpaid losses and loss adjustment expenses incurred through December 31 of each policy year. The incurred but not reported reserves are estimated with the assistance of an independent actuary.

The ultimate settlement costs of all unpaid losses and loss adjustment expenses are necessarily subject to the impact of future changes in loss severity and other factors. Management believes the liability for losses and loss adjustment expenses is adequate and recognizes the variability inherent in the data used in determining the liabilities. However, there is an absence of a significant amount of experience as to whether the actual incurred losses and loss adjustment expenses will conform to the assumptions inherent in the determination of the liability. Accordingly, the ultimate settlement of losses and the related loss adjustment expenses may vary significantly from the estimated amounts included in the accompanying financial statements, and the differences could be material. The estimates are periodically reviewed and, as adjustments to these liabilities become necessary, they are reflected in current operations.

***Equity Interest in Joint Venture***

The Corporation has an ongoing 6% equity interest in HealthFirst, LLC ("LLC"), a not-for-profit managed care organization sponsored by New York State hospitals. At December 31, 2022, the Corporation's equity interest in the LLC is \$27,148 and is recorded in other assets in the statement of net position. In 2022, the Corporation received distributions of \$3,384 and recorded an increase in its equity interest in the LLC of approximately \$2,756, which is included in other revenue in the statement of revenue, expenses and changes in net position for the year ended December 31, 2022. The LLC is a non-governmental organization and its separate financial statements are not publicly available.

In addition, \$14,767 is included in other assets at December 31, 2022, which is related to retained payments due from the LLC.

***Income Taxes***

NHCC 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.

NHCC's component units are exempt from income tax under Section 501(c)(3) of the Code, except for the Captive. The Captive has not elected to be treated as a U.S. taxpayer. There is presently no taxation imposed on income or premiums by the Government of the Cayman Islands. If any form of taxation were to be enacted, the Captive has been granted an exemption through April 26, 2041.

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***Adopted Accounting Pronouncements***

In January 2020, the GASB issued GASB Statement No. 92, *Omnibus 2020* (“GASB No. 92”). GASB No. 92 includes guidance addressing various accounting and financial reporting issues identified during the implementation and application of certain GASB pronouncements. The Corporation adopted GASB No. 92 in its financial statements and related footnote disclosures in 2022. The adoption did not have a significant impact on the Corporation’s financial statements.

In March 2020, the GASB issued GASB Statement No. 93, *Replacement of Interbank Offered Rates* (“GASB No. 93”). GASB No. 93 assists state and local governments in the transition away from existing interbank offered rates (IBORs) to other reference rates. GASB No. 93 also addresses those and other accounting and financial reporting implications of the replacement of an IBOR. The removal of IBOR as an appropriate benchmark interest rate is effective for reporting periods ending after December 31, 2022. All other requirements of GASB No. 93 are effective for reporting periods beginning after June 15, 2021, with earlier application encouraged. The Corporation adopted GASB No. 93 in its financial statements and related footnote disclosures in 2022. The adoption did not have a material effect on the Corporation’s financial statements.

**NOTE 3 - ASSETS RESTRICTED AS TO USE**

Assets restricted as to use at December 31, 2022 consisted of the following:

Cash and cash equivalents	\$ 47,386
Certificates of deposit	2,958
U.S. treasury bills	<u>1,664</u>
Total	<u>\$ 52,008</u>

Investment income on cash and cash equivalents and restricted cash and cash equivalents consist of interest income of \$1,555 for the year ended December 31, 2022 and is included in nonoperating activities.

NHCC 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.

Cash and cash equivalents are categorized as Level 1 and are reflected at carrying value, which approximates fair value. U.S. treasury bills are categorized as Level 2, and are reflected at fair value based on prices on inactive markets. The Corporation holds non-negotiable certificates of deposit, which are carried at amortized cost.

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At December 31, 2022, NHCC's assets restricted as to use measured at fair value were categorized between Levels 1 and 2 as follows:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Cash and cash equivalents	\$ 47,386	\$ -	\$ 47,386
U.S. treasury bills	- <hr/>	1,664 <hr/>	1,664 <hr/>
	<hr/> <u>\$ 47,386</u>	<hr/> <u>\$ 1,664</u>	
Certificates of deposit*			2,958
			<hr/> <u>\$ 52,008</u>

\* Non-negotiable certificates of deposit that are not required to be leveled.

**NOTE 4 - CAPITAL ASSETS**

Capital asset activity for the year ended December 31, 2022 is as follows:

	Beginning Balance	Additions	Transfers/ Disposals	Ending Balance
Capital assets, not being depreciated				
Land	\$ 12,498	\$ -	\$ -	\$ 12,498
Construction in process	7,025	2,264	-	9,289
Capital assets, being depreciated				
Building and improvements	247,518	1,456	-	248,974
Fixed equipment	122,096	1,198	-	123,294
Land improvements	17,130	-	-	17,130
Moveable equipment	248,587	10,001	(133)	258,455
Total capital assets	<hr/> 654,854	<hr/> 14,919	<hr/> (133)	<hr/> 669,640
Less: accumulated depreciation for				
Building and improvements	(180,569)	(6,944)	-	(187,513)
Fixed equipment	(109,646)	(1,042)	-	(110,688)
Land improvements	(14,509)	(234)	-	(14,743)
Moveable equipment	(210,238)	(11,654)	133	(221,759)
Total accumulated depreciation	<hr/> (514,962)	<hr/> (19,874)	<hr/> 133	<hr/> (534,703)
Carrying value of all capital assets, net	<hr/> \$ 139,892	<hr/> \$ (4,955)	<hr/> \$ -	<hr/> \$ 134,937

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**NOTE 5 - LONG-TERM DEBT**

Long-term debt at December 31, 2022 consisted of the following:

Series 2009 Tax Exempt Bonds bearing fixed rate interest at 5% per annum. Interest is payable semi-annually on August 1 and February 1 of each year through Bond maturity on August 1, 2029. Bond principal is payable annually on August 1 of each year through Bond maturity on August 1, 2029.

Bond Premium, net of amortization of \$4,625	\$ 115,125
Other	20,298
	<hr/>
Total long-term debt	1,855
	<hr/>
Less: Current portion	137,278
	<hr/>
Long-term portion	(18,726)
	<hr/>
	\$ 118,552

***Series 2009 Tax Exempt Bonds - Remarketed on July 1, 2021***

The aforementioned fixed rate interest Series 2009 Bonds were re-issued on July 1, 2021 pursuant to a remarketing of the prior Series 2009A (Federally taxable), Series 2009 B, C and D (non-taxable) variable rate demand bonds ("VRDB") which had been in place since April 2009. The July 1, 2021 remarketing of the bonds resulted in the newly designated Series 2009 non-taxable fixed rate instruments and eliminated the requirements for swap agreements and letters of credit that had been in place in conjunction with the variable rate demand bond ("VRDB") structure of the prior bonds.

Prior to the July 1, 2021 remarketing of the bonds, total principal outstanding was \$156,390. Pursuant to the remarketing of the bonds, bonds proceeds totaled \$150,080. Additionally, the bonds were priced with a premium resulting in additional proceeds of \$24,923. The premium was used to: terminate the SWAPs under the prior VRDB structure at a cost of \$17,675; downsize the outstanding principal balance by \$6,310; and pay the underwriters discount and costs of issuance totaling \$938.

The primary purpose of the remarketing of the bonds was to eliminate market risks associated with the VRDB's, as well as the requirements of letters of credit and swap agreements that were in place in conjunction with the VRDB structure. No significant economic gain or loss nor change in cash flow resulted from the remarketing.

The bonds are secured by payments made to NHCC by the County under a guaranty issued by the County pursuant to an ordinance adopted by the County dated March 1, 2009.

The County guarantees to the Trustee and the owners of Series 2009 Bonds the full and prompt payment of the principal and interest of the Series 2009 Bonds for the entire term of these bond series. The County has not been called upon to make any payments under the guaranty. The guaranty cannot be amended without the consent of the trustee (on behalf of the holders of the Bonds).

In connection with the issuance of the April 2009 Bonds, the Corporation incurred a loss of approximately \$31,500. The loss on refunding (the difference between the reacquisition price and the net carrying amount of the old debt) is classified as a deferred outflow of resources. Amortization of the deferred loss was \$1,375 for the year ended December 31, 2022 and accumulated amortization as of December 31, 2022 was \$12,088.

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Pursuant to the Stabilization Agreement and, subsequently, the Successor Agreement, the County deposits subsidies, payable to the Corporation, in an escrow account reserved for payment of the Series 2009 Bonds.

Principal payments on the Series 2009 Bonds are due annually on August 1. Interest payments are due semi-annually, payable on February 1 and August 1. Payments applicable to long-term debt for years subsequent to December 31, 2022 are as follows:

	Principal	Interest
2023	\$ 15,125	\$ 5,756
2024	15,545	5,000
2025	15,980	4,223
2026	16,420	3,424
2027	16,890	2,603
2028	17,340	1,758
2029	<u>17,825</u>	<u>891</u>
	<u>\$ 115,125</u>	<u>\$ 23,655</u>

**NOTE 6 - TRANSACTIONS WITH THE COUNTY OF NASSAU**

In September 2004, the Corporation and the County executed a stabilization agreement (the "Stabilization Agreement"), amending the original acquisition agreement (the "Acquisition Agreement"). The Stabilization Agreement intended to resolve disputed charges, clarify language in existing agreements and identify the principles to govern more comprehensive successor arrangements.

The following amounts are included in the accompanying statements of revenue, expenses and changes in net position, and represent transactions that occurred between the County and the Corporation during the year ended December 31, 2022:

Revenue earned from the County	
Patient care	\$ 840
Space charges	1,737
Non-patient care	30,333
Health insurance for retiree charges	<u>12,721</u>
	45,631
County pass-through transactions	
Amounts paid on behalf of the County	1,082
State aid and other amounts collected by the County	<u>1,174</u>
Total transactions with the County	<u>\$ 47,887</u>

Non-patient care charges include nursing salaries and fringe benefits to provide medical assessment and case management services for Nassau County residents receiving benefits through the Department of Social Services. For 2022, it also includes approximately \$19,126 in charges for administrative and operating costs to manage on-site medical services for inmates at the Nassau County Correctional Center,

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
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pursuant to a contract between NHCC and Nassau County effective August 1, 2021. Payments from the County for patient care are recorded as net patient service revenue in the accompanying financial statements. Payments from the County for space charges, health insurance for retirees and non-patient care are recorded as other operating revenue.

Amounts paid on behalf of the County represent payments made by the Corporation for pension, vacation, sick and termination benefits. Under the terms of the Acquisition Agreement, these benefits, including the health insurance for retiree charges, are to be allocated between the County and the Corporation based on the employees' years of service pre- and post-Acquisition Agreement.

**NOTE 7 - RETIREMENT PLANS**

***Benefit Plans***

The New York State Comptroller's Office administers the New York State and Local Employers' Retirement System ("ERS") for which NHCC 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 New York State 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/pension/CAFR.htm](http://www.osc.state.ny.us/pension/CAFR.htm).

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. The plan provides 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 contribution rate for the fiscal year ended March 31, 2022 ranged from 8.2% to 17.5% of payroll according to tiers. 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. For those joining after January 1, 2010, benefits generally vest after 10 years of credited service. This 10 year vesting was changed in 2022 to five year vesting for tiers 5 and 6. 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, 1976 and before January 1, 2010, and have less than 10 years of service or membership, are required to contribute 3% 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% and 6%, dependent upon their salary, for their entire working career. Employee contributions are deducted from their salaries and remitted on a current basis to ERS.

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

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

Net pension liabilities (assets), pension expense, deferred outflows of resources, and deferred inflows of resources amounts recorded to reflect the provisions of GASB No. 68 are reflective of ERS' published financial statements and actuarial valuations as of March 31, 2022 ("Measurement Date").

NHCC's respective net pension liability (asset), deferred outflows of resources, deferred inflows of resources and net pension expense related to ERS as of and for the year ended December 31, 2022 are as follows:

Proportionate share of the net pension liability (asset)	
Amount	\$ (60,534)
Percentage	0.7405125%
Prior-year percentage	0.7287366%
Deferred outflows of resources	\$ 114,274
Deferred inflows of resources	\$ 206,493
Net pension expense	\$ 6,312

NHCC's proportionate share of ERS' net pension asset is calculated 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.

The components of pension related deferred outflows of resources and deferred inflows of resources at the Measurement Date are as follows:

Deferred outflows of resources	
Differences between expected and actual experience	\$ 4,584
Changes in proportion and differences between employer contributions and proportionate share of contributions	8,666
Change in assumptions	<u>101,024</u>
Total	<u>\$ 114,274</u>
Deferred inflows of resources	
Difference between expected and actual experience	\$ 5,946
Net difference between projected and actual investment earnings on pension plan investments	198,222
Change in assumptions	1,705
Changes in proportion and difference between employer contributions and proportionate share of contributions	<u>620</u>
Total	<u>\$ 206,493</u>

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be reflected as pension expense or reduction of pension expense, in the statements of revenue, expenses, and changes in net position as follows:

2023	\$ (12,358)
2024	(20,008)
2025	(49,761)
2026	<u>(10,092)</u>
Net of deferred outflows and inflows - amortized	<u>\$ (92,219)</u>

***Actuarial Assumptions***

NHCC's net pension liability (asset) at the Measurement Date was determined by using an actuarial valuation as of April 1, 2021, with update procedures used to roll forward the total pension liability to March 31, 2022. The 2022 actuarial valuation used the following actuarial assumptions:

Actuarial cost method	Entry Age Normal
Inflation rate	2.7%
Salary increases	4.4% indexed by service
Investment rate of return, including inflation	5.9% compounded annually, net of investment expenses
Cost of living adjustments	1.4% annually
Decremnts	Developed from the April 1, 2015 - March 31, 2020 system
Mortality improvement	Society of Actuaries Scale MP-2020

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**Long-Term Expected Rate of Return**

The long-term expected rate of return on pension plan investments was determined in accordance with Actuarial Standard of Practice (“ASOP”) No. 27, *Selection of Economic Assumptions for Measuring Pension Obligations*. ASOP No. 27 provides guidance on the selection of an appropriate assumed investment rate of return. Consideration was given to expected future real rates of return (expected returns, net of pension plan investment expense and inflation) for equities and fixed income as well as historical investment data and plan performance. Best estimates of arithmetic real rates of return for each major asset class including target asset allocation at the Measurement Date are summarized below:

Asset Class	Target Allocation	ERS Long-Term Expected Real Rate of Return
Domestic equity	32%	3.30%
International equity	15%	5.85%
Private equity	10%	6.50%
Real estate	9%	5.00%
Opportunistic/Absolute return strategies portfolio	3%	4.10%
Credit	4%	3.78%
Real assets	3%	5.80%
Fixed income	23%	0.00%
Cash	1%	(1.00%)
	100%	

The 2022 real rate of return is net of the long-term inflation assumption of 2.50%.

**Discount Rate**

The discount rate used to calculate the total pension liability was 5.9% at December 31, 2022. 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. Based upon the 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**

NHCC's proportionate share of the net pension liability calculated using the respective discount rate, as well as what NHCC'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 are as follows:

	Rate	Amount
1% decrease	4.9%	\$ 155,813
Current discount rate	5.9%	(60,534)
1% increase	6.9%	241,498

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**Deferred Pension Contributions**

NYSRSSL Chapter 57 of the Laws of 2010 authorized the New York State and local employers to amortize over 10 years at 2.85% (2018), 2.33% (2017), 3.21% (2016), 3.15% (2015) and 3.67% (2014) interest, the portion of their annual bill that exceeded 14.9%, 15.1%, 14.5%, 13.5% and 12.5% of payroll for its 2018, 2017, 2016, 2015 and 2014 pension bills, respectively. There was no deferral of pension contributions subsequent to 2018. Total amount due at December 31, 2022 related to these deferred pension contributions is approximately \$19,929, of which \$4,591 is included in current liabilities and \$15,338 included as part of other long-term liabilities.

**NOTE 8 - HEALTH INSURANCE PLAN**

Employees of the Corporation are provided health care benefits in accordance with New York State Health Insurance Rules and Regulations administered by the New York State Department of Civil Service (the "NYSHIP plan"). The Corporation's union contract and ordinances require the Corporation to provide all eligible enrollees with either the NYSHIP plan or other equivalent health insurance. The plan offers comprehensive benefits through an indemnity insurance plan with managed care features, consisting of hospital, medical, health, substance abuse and prescription drug programs. For the year ended December 31, 2022, expenses related to health insurance benefits for active and retired employees totaled approximately \$84,789.

**NOTE 9 - POSTEMPLOYMENT RETIREMENT HEALTH CARE BENEFIT PLAN**

Substantially all employees are eligible for health insurance benefits upon retirement from the Corporation, subject to years of service requirements. Eligible retirees of the Corporation are provided health care benefits in accordance with the NYSHIP plan. The New York State Department of Civil Service administers the plan and has the authority to establish and amend the benefit provisions offered. The NYSHIP plan, considered an agent multiple-employer defined benefit plan, is not a separate entity or trust and does not issue stand-alone financial statements. The Corporation recognizes other post-employment benefits ("OPEB") other than pension expenses on an accrual basis.

There are no postemployment employee contributions required for the NYSHIP plan. The Corporation contributes a proportionate amount of the health insurance premiums for all employees who retire. The Corporation's responsibility is based on the proportion of time the individual was employed by the Corporation compared to the time employed by the County. The Corporation funds such expenditures as incurred. Subsequent to the dates of the actuarial valuation (December 31, 2021), the Corporation paid approximately \$20,095 during 2022 relative to these benefits, which have been reflected as employee benefits in the accompanying statements of revenue, expenses and changes in net position at December 31, 2022.

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

Retired employees	2,134
Active employees	<u>2,351</u>
	<u>4,485</u>

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

***Total OPEB Liability***

The Corporation's total OPEB liability at the measurement date was determined by using an actuarial valuation as of December 31, 2021 using the following actuarial assumptions:

Inflation rate	2.40% per year
Salary increases	3.50% per year
Discount rate	2.06% per year
Health care cost trend rates	Pre-Medicare: 3.5% to 14.4%; Medicare: 3.5% to 13.9%
Rate of Mortality	MP-2019 Factor

There were no significant changes in actuarial assumptions or other inputs, as of the December 31, 2021 measurement date described above, which affected the measurement of the total OPEB liability since the prior measurement date as of December 31, 2020 other than the change in liability valuation method from Projected Unit Credit to Entry Age Normal to reflect GASB 75 requirements.

The following table shows the components of the Corporation's annual OPEB cost for the year ended December 31, 2022, the amount actually contributed to the plan, and changes in the net OPEB obligation.

Balance, at December 31, 2021	\$ 778,512
<b>Changes for the year</b>	
Service cost	37,462
Interest cost	17,111
Differences between expected/actual	(379)
Changes in assumptions	66,879
Benefit payments	<u>(17,783)</u>
Net change	<u>103,290</u>
Balance, at December 31, 2022	<u>\$ 881,802</u>

***Discount Rate***

The discount rate used to calculate the total post retirement liability was 2.06% for the year ended December 31, 2022. The discount rate was based upon the 20-year bond buyer rate as published by the Bond Buyer 20-Bond GO Index.

***Discount Rate Sensitivity***

The Corporation's total OPEB liability calculated using the current discount rate, as well as what the 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 follows:

	Rate	Amount
1% decrease	1.06%	\$ 1,028,273
Current discount rate	2.06%	881,802
1% increase	3.06%	763,757

**Nassau Health Care Corporation  
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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

***Health Care Cost Trend Rate Sensitivity***

The Corporation's total OPEB liability calculated using the current discount rate, as well as what the OPEB liability would be if it were calculated using a health care cost trend rate that is 1% lower or 1% higher than the current rate as of December 31, 2022 are as follows:

	<u>Amount</u>
1% decrease	\$ 749,739
Healthcare cost trend rate	881,802
1% increase	1,050,039

***OPEB Expense and Deferred Inflows of Resources***

For the year ended December 31, 2022, the Corporation recognized OPEB expense of \$61,928. The components of postretirement-related deferred outflows of resources and deferred inflows of resources at the measurement dates are as follows:

Deferred outflows of resources	
Differences between expected and actual experience	\$ 35,670
Changes in assumptions	<u>107,718</u>
	<u>\$ 143,388</u>
Deferred inflows of resources	
Differences between expected and actual experience	\$ 1,180
Changes in assumptions	<u>23,241</u>
	<u>\$ 24,421</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB's will be recognized as an increase in OPEB expense as follows:

<u>Year Ending</u>	<u>Amount</u>
2023	\$ 25,522
2024	23,696
2025	35,906
2026	22,529
2027	<u>11,314</u>
	<u>\$ 118,967</u>

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**NOTE 10 - PROFESSIONAL AND OTHER INSURANCE LIABILITIES**

For the policy years ended September 29, 2007 to 2022, the Captive issued hospital professional and employee benefits policies on a claims-made basis and commercial general liability policies on an occurrence basis. The Captive's liability on the hospital professional and employee benefits policies is \$7,000 per person (\$10,000 for policy years prior to 2008 and for 2021 and \$12,500 in 2022) with no aggregate limit and \$1,000 per claim up to an aggregate of \$1,000, respectively. An excess buffer limit of \$3,000 per person/\$3,000 in the aggregate was introduced above the \$7,000 per person primary limit on the hospital professional policy for the September 29, 2012 renewal and amended to \$5,000 per person/\$5,000 in the aggregate as of January 1, 2021 and \$7,500 per person/\$7,500 in the aggregate as of January 1, 2022. During 2015, the Captive entered into a commutable agreement with the Corporation, initiating a \$1,000 deductible limit on all open claims as of December 31, 2015. The liability on commercial general policies is \$1,000 per occurrence, except for fire damages, where the limit is \$50 for any one fire, and medical payment, where the limit is \$5 for any one person, up to an aggregate of \$3,000.

At December 31, 2022, the Captive was in compliance with its minimum capital requirement.

In April 2016, the respective boards of NHCC and NHCC, Ltd., the Captive, agreed to make certain changes to the Insurance Program as follows: NHCC would have, retain and be responsible for the first \$1,000 of losses for all hospital professional liability claims made from 1999 to the present, and would have, retain and be responsible for the first \$1,000 of losses for all hospital professional liability claims on a going forward basis. NHCC, Ltd., would be responsible for reimbursing NHCC under the terms and conditions of hospital's professional liability excess coverage attaching at \$1,000 for all open claims from 1999 and forward.

The Captive's activity in the loss reserves and loss adjustment expenses is summarized as follows:

Balance, at beginning of year	\$ 17,276
Incurred related to	
Current year	709
Paid related to	
Prior years	-
Balance, at end of year	<u>\$ 17,985</u>

Losses and loss adjustment expenses for incurred claims for prior years reflect changes in estimates of the ultimate settlement of such losses.

Insurance reserves and the related insurance losses and loss adjustment expenses, recorded through the Captive, are recorded on an undiscounted basis at December 31, 2022.

In addition to the insurance coverage purchased from the Captive, the Corporation purchases umbrella and other coverage from commercial insurers. For the year ended December 31, 2022, this insurance expense totaled \$1,033.

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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**NOTE 11 - COMMITMENTS AND CONTINGENCIES**

***Collective Bargaining Agreement***

Substantially all of the Corporation's employees are union employees who are covered under the terms of the collective bargaining agreement with the Civil Service Employees Association. A contract was ratified in November 2019, effective January 1, 2019, and expires on December 31, 2022. As of the date of reporting, negotiation of a contract extension and new collective bargaining agreement is in process.

***Litigation and Claims***

The Corporation is involved in litigation and claims which are not considered unusual to the Corporation's business. It is the opinion of management that such claims will not have a material adverse effect on the accompanying financial statements.

**NOTE 12 - OTHER OPERATING REVENUE**

Other non-patient related County billings	\$ 40,841
Grant Funding	23,395
Health Center - LIFQHC staffing reimbursement	6,858
Medical staff housing	1,171
Equity investment in LLC	6,140
Pharmacy 340B	1,971
Cafeteria	631
Parking	527
Clerkship fees	2,540
Other miscellaneous revenue	1,101
	<hr/>
	\$ 85,175

**NOTE 13 - LONG-TERM LIABILITIES**

A schedule of changes in the Corporation's long-term liabilities for 2022 follows:

	Balance December 31, 2021	Additions	Deductions	Balance December 31, 2022	Amounts Due Within One Year
Long-term debt	\$ 155,508	\$ 1,999	\$ (20,229)	\$ 137,278	\$ 18,726
Self-insurance liability	75,176	-	(1,391)	73,785	12,834
Accrued vacation and sick leave	84,085	32,448	(27,296)	89,237	8,924
Third-party liabilities	47,556	-	(6,187)	41,369	3,824
Postemployment health insurance	778,512	103,290	-	881,802	23,368
Accrued pension benefits	726	-	(726)	-	-
Lease liability	-	2,169	(675)	1,494	709
Other	19,929	25,245	-	45,174	4,591
 Total noncurrent liabilities	 <hr/> \$ 1,161,492	 <hr/> \$ 165,151	 <hr/> \$ (56,504)	 <hr/> \$ 1,270,139	 <hr/> \$ 72,976

**Nassau Health Care Corporation  
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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**NOTE 14 - LEASES**

**Right to Use Lease Receivables**

The Corporation leases to independent third parties. The rental income under these lease agreements was approximately \$950 in 2022. As of December 31, 2022, the Corporation has lease receivables of approximately \$12,928 and deferred inflows of resources of approximately \$12,295 associated with these leases.

**Right to Use Lease Liabilities**

The Corporation has entered into certain lease agreements that are collateralized by the underlying assets and bear interest at rates of approximately 5%. The interest expense under these leases was approximately \$93 in 2022.

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:

	<b>Principal</b>	<b>Interest</b>	<b>Total</b>
2023	\$ 709	\$ 59	\$ 768
2024	413	27	440
2025	275	12	287
2026	97	1	98
	<hr/> <u>\$ 1,494</u>	<hr/> <u>\$ 99</u>	<hr/> <u>\$ 1,593</u>

**Nassau Health Care Corporation  
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**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2022  
(In thousands)**

**Right to Use Leased Assets**

Right to use leased asset activity for the year ended December 31, 2022 was as follows:

	<b>Beginning Balance upon adoption of GASB 87</b>	<b>Additions and Transfers</b>	<b>Retirements and Transfers</b>	<b>Ending Balance</b>
<b>Right to use leased assets:</b>				
Leased equipment	\$ 2,169	\$ -	\$ -	\$ 2,169
Total capital assets	2,169	-	-	2,169
<b>Less - accumulated amortization for:</b>				
Leased equipment	-	714	-	714
Total accumulated amortization	-	714	-	714
Carrying value of right to use leased assets, net	\$ 2,169	\$ (714)	\$ -	\$ 1,455

**REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED)**

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

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

**Year ended December 31, 2022**  
**(In thousands)**

The schedule that follows is required supplementary information and is presented as of and for the Corporation's fiscal year ended December 31, 2022, using a measurement date of December 31, 2021:

As of and for the Year Ended December 31, 2022

Total OPEB liability	
Service cost	\$ 37,462
Interest	17,111
Changes of assumptions	66,879
Differences between expected and actual experience	<u>(379)</u>
	121,073
Benefit payments	<u>(17,783)</u>
Net change in total OPEB liability	103,290
Total OPEB liability, beginning	<u>778,512</u>
Total OPEB liability, ending	<u>\$ 881,802</u>
Plan net position as a percentage of OPEB liability	0.00%
Covered employee payroll	\$ 179,411,581
Net OPEB liability as a percentage of covered employee payroll	491.50%

Changes in benefit terms: There were no significant legislative changes in benefits for December 31, 2022.

The "Schedule of Changes in Net OPEB Liability and Related Ratios" presented above is to illustrate the required 10-year trend of information. However, until the Corporation can compile a full 10-year trend of information, the Corporation is presenting the information for which information was available.

**Nassau Health Care Corporation  
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**SCHEDULE OF PROPORTIONATE SHARE OF THE NET PENSION LIABILITY - LAST 10 YEARS\***  
**(UNAUDITED)**

**December 31, 2022**  
**(In thousands)**

Reporting Fiscal Year (Measurement Date, March 31,)	Corporation's Proportion of the Net Pension Liability (Asset)		Corporation's Covered Employee Payroll	Corporation's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Employee Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
	%	\$			
2015 (2015)	0.775%	\$ 26,166	\$ 197,147	13.27%	97.90%
2016 (2016)	0.720%	115,578	209,773	55.10%	90.70%
2017 (2017)	0.730%	68,606	217,123	31.60%	94.70%
2018 (2018)	0.721%	23,266	220,450	10.55%	98.24%
2019 (2019)	0.711%	50,342	221,503	22.73%	96.27%
2020 (2020)	0.690%	182,739	229,683	79.56%	86.39%
2021 (2021)	0.729%	726	240,106	0.30%	99.95%
2022 (2022)	0.741%	(60,534)	245,531	24.65%	103.65%

***Schedule of Employer Contributions - Last 10 Years\* (Unaudited)***

Reporting Fiscal Year	Contractually Required Contribution	Contributions in Relation to the Contractually Required Contribution		Contribution Deficiency (Excess)	Corporation's Covered Employee Payroll	Contributions as a Percentage of Employee Covered Payroll
		Contractually Required Contribution	Contribution Deficiency (Excess)			
2015	\$ 37,630	\$ 30,980	\$ 6,740	\$ 197,147	15.67%	
2016	37,232	33,979	3,253	209,773	16.20%	
2017	37,785	34,897	2,888	217,123	16.07%	
2018	37,550	36,711	839	220,450	16.65%	
2019	37,318	37,318	-	221,503	16.85%	
2020	37,691	37,691	-	229,683	16.41%	
2021	42,377	42,377	-	240,106	17.65%	
2022	37,813	37,813	-	245,531	15.40%	

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

**SUPPLEMENTARY INFORMATION**

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**COMBINING SCHEDULE OF NET POSITION**

December 31, 2022  
 (In thousands)

	Blended Component Units						Total	
	Operational Divisions			NHCC, Ltd.	Nassau Healthcare Foundation	Long Island Medical Foundation		
	NUMC	AHP	FPP					
<b>ASSETS</b>								
<b>Current assets</b>								
Cash and cash equivalents	\$ 77,757	\$ 14,384	\$ -	\$ -	\$ -	\$ -	\$ (8,920)	\$ 83,221
Patient accounts receivable, net	13,417	6,359	3,797	-	-	-	-	23,573
Inventories	10,268	547	-	-	-	-	-	10,815
Prepaid expenses	3,691	444	-	-	-	-	-	4,135
Lease receivable	1,683	-	-	-	-	-	-	1,683
Other receivables	35,260	2,847	-	-	-	-	-	38,107
Due from third-party payors	3,331	-	-	-	-	-	-	3,331
Assets restricted as to use, required for current liabilities	6,630	1,646	631	36,726	-	-	-	45,633
Due from Nassau County	22,471	-	-	-	-	-	-	22,471
Due from other funds, net	3,624	(8,707)	4,783	-	-	-	300	-
Total current assets	178,132	17,520	9,211	36,726	-	-	(8,620)	232,969
Assets whose use is limited, net of current portion	-	-	-	-	4,862	1,513	-	6,375
Capital assets, net	118,282	16,648	-	-	7	-	-	134,937
Right to use lease assets, net	1,336	119	-	-	-	-	-	1,455
Lease receivable, net of current portion	11,245	-	-	-	-	-	-	11,245
Estimated pension asset	49,820	10,714	-	-	-	-	-	60,534
Other assets	42,657	-	-	-	85	-	-	42,742
Total assets	<u>\$ 401,472</u>	<u>\$ 45,001</u>	<u>\$ 9,211</u>	<u>\$ 36,726</u>	<u>\$ 4,954</u>	<u>\$ 1,513</u>	<u>\$ (8,620)</u>	<u>\$ 490,257</u>
<b>Deferred outflows of resources</b>								
Deferred charge on refunding	\$ 16,155	\$ 3,257	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,412
Pension and OPEB related	213,284	44,378	-	-	-	-	-	257,662
Total deferred outflows of resources	<u>\$ 229,439</u>	<u>\$ 47,635</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 277,074</u>

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**COMBINING SCHEDULE OF NET POSITION - CONTINUED**

December 31, 2022  
 (In thousands)

	Blended Component Units								
	Operational Divisions			NHCC, Ltd.	Nassau Healthcare Foundation	Long Island Medical Foundation	Eliminations	Total	
	NUMC	AHP	FPP						
<b>LIABILITIES</b>									
<b>Current liabilities</b>									
Current portion of long-term debt	\$ 14,902	\$ 3,824	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,726
Accounts payable and accrued expenses	284,829	62,448	103	50	-	-	-	-	347,430
Accrued salaries and related withholdings	19,513	3,556	1,975	-	-	-	-	-	25,044
Current portion of postemployment health insurance liability	19,395	3,973	-	-	-	-	-	-	23,368
Current portion of vacation and sick leave	7,003	1,921	-	-	-	-	-	-	8,924
Current portion of estimated self-insurance liability	12,834	-	-	-	-	-	-	-	12,834
Current portion of estimated liability to third-party payors	3,824	-	-	-	-	-	-	-	3,824
Current portion of lease liability	605	104	-	-	-	-	-	-	709
Other current liabilities	44,913	(10,163)	-	-	-	-	-	-	34,750
Interest payable	1,894	504	-	(35)	-	-	-	-	2,363
Total current liabilities	409,712	66,167	2,078	15	-	-	-	-	477,972
Long-term debt, net	93,941	24,611	-	-	-	-	-	-	118,552
Estimated liability to third-party payors, net	30,594	6,451	500	-	-	-	-	-	37,545
Estimated postemployment health insurance liability, net	712,501	145,933	-	-	-	-	-	-	858,434
Estimated self-insurance liability, net	42,966	-	-	17,985	-	-	-	-	60,951
Accrued vacation and sick leave, net	63,028	17,285	-	-	-	-	-	-	80,313
Lease liability	766	19	-	-	-	-	-	-	785
Other liabilities	34,782	5,801	-	-	-	-	-	-	40,583
Total liabilities	\$ 1,388,290	\$ 266,267	\$ 2,578	\$ 18,000	\$ -	\$ -	\$ -	\$ -	\$ 1,675,135
<b>Deferred inflows of resources</b>									
Pension and OPEB related	\$ 190,626	\$ 40,288	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230,914
Lease related	12,295	-	-	-	-	-	-	-	12,295
Total deferred inflows of resources	\$ 202,921	\$ 40,288	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 243,209
<b>Net position</b>									
Net investment in capital assets	\$ 70,305	\$ 10,321	\$ -	\$ 8,920	\$ -	\$ -	\$ (8,920)	\$ -	\$ 80,626
Restricted	-	-	-	-	-	-	1,513	-	1,513
Unrestricted	(1,030,605)	(224,240)	6,633	9,806	4,954	-	300	-	(1,233,152)
Total net position	\$ (960,300)	\$ (213,919)	\$ 6,633	\$ 18,726	\$ 4,954	\$ 1,513	\$ (8,620)	\$ -	\$ (1,151,013)

**Nassau Health Care Corporation**  
**(A Component Unit of the County of Nassau, New York)**

**COMBINING SCHEDULE OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**

**Year ended December 31, 2022**  
**(In thousands)**

	Blended Component Units								
	Operational Divisions			Nassau Healthcare Foundation		Long Island Medical Foundation		Eliminations	Total
	NUMC	AHP	FPP	NHCC, Ltd.	Nassau Healthcare Foundation	Long Island Medical Foundation			
<b>Operating revenue</b>									
Net patient service revenue	\$ 391,800	\$ 54,561	\$ 29,441	\$ -	\$ -	\$ -	\$ (15,222)	\$ 460,580	
Other revenue	82,142	528	-	5,357	2,086	419	(5,357)	85,175	
Total operating revenue	473,942	55,089	29,441	5,357	2,086	419	(20,579)	545,755	
<b>Operating expenses</b>									
Salaries	250,532	48,811	12,865	-	227	97	-	312,532	
Employee benefits - pension	28,998	4,535	-	-	6	-	-	33,539	
Employee benefits - other	96,439	17,816	541	-	32	8	-	114,836	
Supplies and other expenses	161,891	12,086	16,034	850	1,935	255	(20,579)	172,472	
Depreciation and amortization	19,716	870	-	-	2	-	-	20,588	
	557,576	84,118	29,440	850	2,202	360	(20,579)	653,967	
Income (loss) before OPEB expense and NYS actuarial pension adjustment - GASB 68	(83,634)	(29,029)	1	4,507	(116)	59	-	(108,212)	
Employee benefits - OPEB	(51,400)	(10,528)	-	-	-	-	-	(61,928)	
NYS actuarial pension adjustment - GASB 68	4,944	1,048	-	-	-	-	-	5,992	
Operating (loss) income	(130,090)	(38,509)	1	4,507	(116)	59	-	(164,148)	
<b>Nonoperating activities</b>									
Interest income	1,705	131	-	350	20	6	-	2,212	
Interest expense	(5,012)	(2,702)	-	-	-	-	-	(7,714)	
Government stimulus grants	60,949	14,742	-	-	-	-	-	75,691	
Total nonoperating activities, net	57,642	12,171	-	350	20	6	-	70,189	
<b>CHANGE IN NET POSITION</b>									
(72,448)	(26,338)	1	4,857	(96)	65	-	(93,959)		
Net position, beginning of year	(887,852)	(187,581)	6,632	13,869	5,050	1,448	(8,620)	(1,057,054)	
Net position, end of year	\$ (960,300)	\$ (213,919)	\$ 6,633	\$ 18,726	\$ 4,954	\$ 1,513	\$ (8,620)	\$ (1,151,013)	

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS  
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS REQUIRED BY GOVERNMENT  
AUDITING STANDARDS**

Board of Directors  
Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities of Nassau Health Care Corporation (the "Corporation"), a component unit of the County of Nassau, New York, as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated May 22, 2023.

**Report on internal control over financial reporting**

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify a deficiency in internal control, described in the accompanying schedule of findings and responses as item 2022-001, that we consider to be a significant deficiency in the Corporation's internal control.

**Report on compliance and other matters**

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

**Corporation's response to findings**

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

**Purpose of this report**

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



New York, New York  
May 22, 2023

**Nassau Health Care Corporation  
(A Component Unit of the County of Nassau, New York)**

**SCHEDULE OF FINDINGS AND RESPONSES**

**Year ended December 31, 2022**

**Finding 2022-001 - Administrative access to general ledger system**

Condition

Certain non-IT users maintain administrative access to the Lawson application.

Context

The Lawson application is the Corporation's general ledger accounting system.

Criteria

A basic element of internal control is the adequacy of segregation of duties. Accordingly, individuals that have responsibilities for administering critical applications and systems should be separate from those individuals responsible for recording or approving financial transactions as well as individuals outside of the IT department.

Cause

Administrative access to the Lawson application was granted to four non-IT users.

Effect

The potential exists for changes to the Lawson application that are not tested or authorized by the IT department.

Recommendation

We recommend segregating responsibilities for administering critical applications or systems to individuals not functionally responsible for financial transactions as well as those outside of the IT department. While each department should be responsible for determining which application access rights each employee should be granted, responsibility for administering privileges should reside with IT staff and not with the functional areas.

Views of Responsible Official and Planned Corrective Action

The non-IT users maintain elevated access due to the system upgrade currently taking place. Access is necessary to test and perform necessary functions regarding the upgrade. After the upgrade is complete administrator access will be removed from these users.