

2023 ANNUAL REPORT OF
ERIE COUNTY MEDICAL CENTER CORPORATION
(AS REQUIRED BY N.Y. PUBLIC AUTHORITIES LAW)



Respectfully Submitted by the Corporation
March 31, 2024

TABLE OF CONTENTS

Message from the Leadership of ECMC Corporation	Pages 3-6
Certification	Page 7
Mission Statement	Page 8
Accomplishments	Pages 9-11
Performance Goals – 2022	Pages 11-14
Capital Projects	Page 15
Real Property & Property Acquisitions	Page 15
Code of Conduct	Page 16
Internal Control Structure and Procedures	Page 16
Pending Litigation	Page 16
Corporation and Board Structure	Pages 17-27
Subsidiary Information	Pages 28-29

APPENDIX A

Financial Reports
Four-Year Financial Plan
Outstanding Bonds and Notes

APPENDIX B

Compensation Schedule

APPENDIX C

Corporation Expenditures in Excess of \$100,000

APPENDIX D

Enabling Legislation
Charter or By-Laws

MESSAGE FROM THE LEADERSHIP OF ECMC CORPORATION

2023 was a year for ECMC that marked growth in services, improvement in quality, success with accreditation, efforts to support our caring and inclusive culture, and operational improvements from the lingering effects of the COVID-19 pandemic.

In almost every measurable category, increases demonstrated a sustainable positive trend in patient volumes. Positive operations growth were reflected in our outpatient services (8.2%), Emergency Department visits (7.9%) and general surgeries (6.7%). And total acute average length of stay dropped by 12.1%, which is very beneficial to our patients and overall hospital operations. While these increases have not mitigated our financial challenges, they are helping us significantly as we, like all hospitals across New York, recover from the effects of responding to the COVID pandemic.

We often speak about ECMC's unique culture and the dedication and resilience of our caregivers. They are the cornerstone of our institution. Their accomplishments and nationally recognized clinical excellence supports and strengthens our recruitment efforts. ECMC has had tremendous success recruiting nurses in the past year, eliminating almost all agency nurses. Since the beginning of 2023, we brought on 768 new hires that includes 176 new RNs and 72 LPNs and 90 CNAs. We hear routinely that many of our new employees are attracted to ECMC based on their knowledge of our inclusive, diverse and talented workforce and supportive culture. Also, ECMC worked with our private and academic partners to recruit and onboard 118 new physicians during the year.

In 2023, our nurses ratified a five-year contract that runs to December 31, 2027. In addition to ensuring our ECMC nurses get competitively compensated for their complex nursing care, the new contract further acknowledged their steadfast determination over the past three years to provide hope and healing to the residents of Western New York during the most challenging periods of the COVID-19 pandemic. This contract also keeps ECMC registered nurses competitive in the market and will help support our successful recruitment and retention efforts. We also continue to recognize and support our nurses, and this year the ECMC Foundation Nursing Education and Professional Development Fund supported 43 nursing scholarships and 24 nursing certifications. From 2017 through 2023, over \$650,000 has been awarded from the Fund, resulting in 416 nursing scholarships and 264 nursing certifications.

In January 2023, ECMC earned full hospital accreditation – The Joint Commission's Gold Seal of Approval® Accreditation – by demonstrating continuous compliance with its performance standards. The Gold Seal is a symbol of quality that reflects a healthcare organization's commitment to providing safe and quality patient care. This accreditation surveys many clinical areas from behavioral health and ambulatory services to surgical services, inpatient care, and many others. It is a complete assessment of ECMC services and quality of care. ECMC underwent a rigorous, unannounced onsite survey in November 2022. During the review, a team of Joint Commission expert surveyors evaluated compliance with hospital standards related to several areas, including emergency management, environment of care, infection prevention and control, leadership, and medication management. Surveyors also conducted onsite observations and interviews. Throughout our nation's network of healthcare institutions, Joint Commission accreditation is universally regarded as the national standard of excellence.

The surveyors highlighted the inclusive, collaborative culture at ECMC and the kindness of our caregivers, while also stating on many occasions how we had very few findings for an organization as large and complex as ECMC. The survey team was extremely complimentary about the “passion” and “engagement” of everyone they encountered from clinical to non-clinical staff in the care of our patients.

Among our many clinical accomplishments, accreditations and national recognition in 2023, the Centers for Medicare and Medicaid Services (CMS), part of the U.S. Department of Health and Human Services (HHS), reaccredited ECMC’s Transplant program, housed in our Regional Center of Excellence for Transplantation and Kidney Care. Under the leadership of the Center’s Program Director Dr. Liise Kayler and her dedicated team of providers and support staff, the Center set a record this past year for the most transplants ever conducted at ECMC, performing a total of 151 kidney transplants, exceeding the previous annual record established last year (148).

ECMC Orthopedics was reported in Becker’s Hospital Review as only one of four orthopedic surgical services in New York State to be ranked as one of America’s 100 Best Hospitals for Orthopedic Surgery by Healthgrades, the nation’s leading marketplace connecting doctors and patients. This achievement reflected ECMC’s outstanding clinical outcomes for Orthopedic Surgery and put ECMC in the top 5% of hospitals nationwide for overall Orthopedic services. In addition, ECMC continues to provide new technology for all of its surgical programs and this year added Mako and DaVinci robotic surgery capabilities to provide state-of-the-art care for our patients.

In 2023, ECMC expanded and strengthened several off-campus outpatient facilities to provide greater healthcare services to the residents of our region, including: the ECMC Northtown Center for Specialty Care at 30 North Union Road in Amherst co-locates multiple specialty practices (e.g., Bariatric Surgery & Medical Weight Loss Management, Gastroenterology and Inflammatory Bowel Disease, Interventional Pain Management, & Plastic and Reconstructive Surgery) in a recently fully renovated facility. In March 2023, the ECMC Center for Dental Care opened at 800 Hertel in North Buffalo. This Center is the result of years of collaboration between Erie County Medical Center, the Health Resources and Services Administration, People Inc. and Evergreen Health.

For the fourth consecutive year, Terrace View Long-Term Care Facility was recognized on Newsweek’s Best Nursing Homes 2024 list. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing homes nationwide received this distinction. Of the 600 skilled nursing facilities statewide that operate, 42 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation.

The Commission on Accreditation of Rehabilitation Facilities (CARF) issued a three-year accreditation to ECMC’s Acute Inpatient Rehabilitation Programs. And ECMC’s Laboratory Services received another two-year accreditation for ECMC’s Transfusion Services following bi-annual on-site assessments by the Association for the Advancement of Blood and Biotherapies (AABB). The American College of Emergency Physicians implemented the Geriatric Emergency Department Accreditation (GEDA) program to recognize those emergency departments that provide excellent care for older adults.

BRAVE (Buffalo Rising Against Violence at ECMC) achieved designation/certification as Western New York’s only Trauma Recovery Center. Our program is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that distinction from the National Alliance of Trauma Recovery Centers; the other is located across the state in Brooklyn. The goal is to meet people where they are and ensure they have basic needs met (stable housing, food, healthcare), so they can

move from surviving the trauma to healing. Developed in 2001, the evidence-based Trauma Recovery Center (TRC) model is designed to provide emergency support, clinical care, and wraparound case management to help survivors in communities most impacted by violence stabilize in moments of crisis, heal from trauma, and address their needs in the wake of victimization.

Announced December 14, 2023 by Governor Kathy Hochul, ECMC's SNUG program was awarded a \$2.8M state grant. ECMC's SNUG program was one of 16 different community-based organizations and hospitals funded across NYS. Administered and supported by the state Division of Criminal Justice Services, the SNUG Street Outreach program employs outreach workers, social workers, case managers and hospital responders who work in neighborhoods experiencing elevated levels of gun violence.

Further highlighting our successful commitment to broad-based Diversity, Equity and Inclusion efforts throughout our institution, ECMC was recognized by the Lown Institute, a highly regarded Boston-based national think tank, for outstanding social responsibility, receiving an "A" grade on the 2023-24 Lown Institute Hospitals Index. ECMC achieved this honor through strong performance across metrics of health equity, patient outcomes, and value of care, out of more than 3,600 hospitals nationwide. ECMC ranked 8 out of 138 hospitals in New York State and 350 of 3,637 hospitals nationally on the Social Responsibility metric.

And for the second time in three years, ECMC was honored by New York State for our continuing success in the procurement of goods and services from MWBEs, always exceeding the state's goals. We transformed our MWBE program under the leadership of our Executive Management leadership and VP of Materials Management by integrating it into our institution's procurement process. Our team received New York State's MWBE Champions Award in 2021 and again just a few months ago in Albany at the 2023 New York State MWBE Forum. Since 2020, ECMC has utilized over \$44 million in MWBE services on a variety of projects throughout our institution. In the state's fiscal year 2022-23, ECMC reached 47.05% utilization, well exceeding the NYS goal of 30%.

The dynamic culture of ECMC may be best reflected in the success of our Annual Giving Campaign. Because of our ECMC Family's generosity in 2023, we achieved the highest level of support from staff throughout our institution. By exceeding 50% participation in charitable giving, we realized the highest percentage ever (50.86%) for contributions to the Annual Giving Campaign. With \$472,390 in total support in 2023, the Foundation reinvests those proceeds back into the care our staff deliver through a variety of programs that support professional development for staff, equipment and technology to enhance our high-quality healthcare services and other initiatives to ensure they have all of the support and resources they need to provide lifesaving care to our patients.

As the one year anniversary of the May 14th tragedy approached in 2023, and to express our support and remembrance for the victims and survivors of the 5/14 racist attack at Tops on Jefferson Avenue, hundreds of our ECMC Family participated in a walk on Friday, May 12th on the ECMC health campus followed immediately by a brief memorial tree and plaque dedication at our Remembrance Garden. Mark Talley, son of victim Geraldine Talley and once a member of our Behavioral Health staff, and who since 5/14 has founded Agents for Advocacy, a not-for-profit organization dedicated to "... improving the lives of low-income communities by providing access to essential resources and services," joined us for this solemn ceremony. As we had done in 2022 days after this unspeakable act of hate and racism, our ECMC Family gathered in prayer and in solidarity against racism, bigotry, and hatred, showing our collective commitment to stand together and promote diversity, defend equity and ensure inclusivity. We have been and will continue to be committed to these principles, as we work to make ECMC and our community a place of belonging for all. This tragedy sadly reinforced that much work is left to be done,

but our commitment to these efforts and our fight against racism and discrimination has only been strengthened.

We continue to meet all of the challenges and opportunities we face with our partners at Kaleida Health and the University at Buffalo as we collaborate to strengthen our services to patients and support our mission as an academic hospital. These challenges of the past several years are well documented and widely acknowledged, but what the experiences throughout that time proved was how dedicated and resilient our ECMC caregivers are and how committed they are to fulfilling our institution's mission. As we navigated through circumstances that tested the most experienced among us, our caregivers' resolve and determination never wavered, helping ECMC to achieve success in 2023. As we continue to move forward and strengthen our capabilities to provide world-class healthcare services to the residents of Western New York, we will continue to build on the successes of 2023 to help ensure an even better future for our community and our institution.

Sincerely,

A handwritten signature in blue ink, appearing to read "Th J Quatroche Jr.", with a stylized, cursive script.

Thomas J. Quatroche Jr., PhD
President & Chief Executive Officer

A handwritten signature in black ink, appearing to read "J C Persico", with a stylized, cursive script.

Jennifer C. Persico, Esq.
Chair, Board of Directors

A handwritten signature in black ink, appearing to read "J Pugh", with a stylized, cursive script.

Jennifer Pugh, MD, MBA, FACEP
President, Medical Executive Committee

CERTIFICATION

The financial reports submitted in this Annual Report have been approved by the Board of Directors of the Erie County Medical Center Corporation and are hereby certified, as indicated by signatures below, by the Chief Executive Officer and Chief Financial Officer.

Specifically, the undersigned certify, based on knowledge and information provided to us that the financial reports and the information provided therein (1) are accurate, correct and do not contain any untrue statement of material fact; (2) do not omit any material fact which, if omitted, would cause the financial statements to be misleading in light of the circumstances under which such statements are made; and (3) fairly present, in all material respects, the financial condition and results of operations of the Erie County Medical Center Corporation as of, and for, the year ended December 31, 2023.

Respectfully submitted,



Thomas J. Quatroche, Ph.D.
President and Chief Executive Officer



Jonathan T. Swiatkowski, CPA
Chief Financial Officer

MISSION

To provide every patient the highest quality of care delivered with compassion.

VISION

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

CORE VALUES

ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

EXCELLENCE

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

DIVERSITY

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

FULFILLING POTENTIAL

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

DIGNITY

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

PRIVACY

We honor each person's right to privacy and confidentiality.

FAIRNESS and INTEGRITY

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

COMMUNITY

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

COLLABORATION

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

COMPASSION

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

STEWARDSHIP

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.



The difference between healthcare and true care™



Highlights ECMC – 2023

January

- The **Joint Commission** granted ECMC three-year Comprehensive Accreditation.

February

- The **New York State Division of Homeland Security and Emergency Services** (DHSES) has processed a payment in the amount of \$1,640,522.39 from FEMA. This payment is related to Disaster 4480 COVID-19 declared on Mar 20, 2020.
- Successful **reaccreditation by The Centers for Medicare and Medicaid Services (CMS), part of the Department of Health and Human Services (HHS) of Transplant program**, housed in ECMC's Regional Center of Excellence for Transplantation and Kidney Care.
- **NYSDOH survey of ECMC Laboratory** services successfully completed.

March

- Opened the new **ECMC Center for Dental Care** at the People Inc. Health Services Building on Hertel Avenue in North Buffalo. The new dental office was built with advanced equipment to support the complex dental health of special needs patients, from throughout Western New York. This practice will provide adult and pediatric dental care to the local community as well. The Division is the only large, accredited hospital-based dental residency program in Western New York.
- **Joint Commission survey** of ECMC Laboratory services successfully completed

April

- **NYSDOH survey of ECMC Radiology** successfully completed.

July

- **Commission on Accreditation of Rehabilitation Facilities (CARF) issued three-year accreditation to ECMC's Acute Inpatient Rehabilitation Programs** (through June 30, 2026) stating that this "achievement is an indication of [ECMC's] dedication to improving the quality of the lives of the persons served."
- ECMC's Laboratory Services received another two-year accreditation for ECMC's Transfusion Services following bi-annual on-site assessment by the **Association for the Advancement of Blood and Biotherapies (AABB)**.
- Erie County Medical Center has again been recognized by the Lown Institute for outstanding social responsibility, receiving an "A" grade on the **2023-24 Lown Institute Hospitals Index**. ECMC achieved this honor through strong performance across metrics of health equity, patient outcomes, and value of care, out of more than 3,600 hospitals nationwide. In 2021, ECMC was ranked among the top 100 hospitals in the United States for racial inclusivity by the Lown Institute; in 2022 ECMC was ranked in the top 50 hospitals in the country for racial inclusivity.

- ECMC launched a new summer internship opportunity for high school students in 10th, 11th and 12th grades called “**Healthcare Explorers.**” This immersive summer internship experience allows students to have hands-on learning opportunities across the ECMC health campus. Students explore such health system areas as: ambulatory services, critical care, emergency services, hospital public safety, inpatient pharmacy, IT security, laboratory medicine, medical/surgical nursing, radiology, surgical services, and transplantation services.

September

- Terrace View Long-Term Care Facility has been recognized on **Newsweek’s Best Nursing Homes 2024** list. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing homes nationwide received this distinction. Of the 600 skilled nursing facilities state-wide that operate, 42 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation. This is the fourth consecutive year Terrace View has received this recognition.
- Erie County Medical Center has been awarded the **Antimicrobial Stewardship Center of Excellence (CoE)** designation by the Infectious Diseases Society of America. The designation recognizes institutions that have created stewardship programs led by infectious disease-trained clinicians that advance science in antimicrobial resistance. The core criteria for the CoE program place emphasis on an institution’s ability to implement stewardship protocols by integrating best practices to slow the emergence of resistance, optimize the treatment of infections, reduce adverse events associated with antibiotic use and to address other challenging areas related to antimicrobial stewardship. A total of 179 programs nationwide have received the designation since the program’s launch.

October

- ECMC earned platinum recognition for its efforts to increase organ and tissue donor registrations across the country, through **the DoNation Campaign**. DoNation is a national initiative sponsored by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), to educate our community about the crucial need for organ and tissue donation and to encourage people to sign up as organ and tissue donors. Since 2011, this campaign has encouraged more than 60,000 donor registrations nationwide. Between October 2022 and September 2023, ECMC has actively participated in this campaign to earn this federal recognition.
- ECMC announced it has again achieved numerous five-star ratings for specialty care, according to new research released by **Healthgrades**, the leading resource consumers use to find a hospital or doctor. ECMC was honored with a Five-Star rating in Total Knee Replacement for 3 years in a row (2022-2024), a Five-Star rating for Hip Fracture Treatment for 14 years in a row (2011-2024) and a Five-Star Distinction in Total Hip Replacement (2023-24).

November

- **The American College of Emergency Physicians**, implemented the Geriatric Emergency Department Accreditation (GEDA) program to recognize those emergency departments that provide excellent care for older adults. Communicating with our institution, representatives of GEDA stated, “...we are excited to announce that Erie County Medical Center’s Emergency Department has achieved the bronze standard – Level 3 GEDA accreditation.

- BRAVE (Buffalo Rising Against Violence at ECMC) achieved designation/certification as Western New York's only Trauma Recovery Center. Our program is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that distinction from the **National Alliance of Trauma Recovery Centers**; the other is located across the state in Brooklyn. It's a successful model that treats victims of violence holistically and proactively through comprehensive case management and assertive outreach. The goal is to meet people where they are and ensure they have basic needs met (stable housing, food, healthcare), so they can move from surviving the trauma to healing. Developed in 2001, the evidence-based Trauma Recovery Center (TRC) model is designed to provide emergency support, clinical care, and wraparound case management to help survivors in communities most impacted by violence stabilize in moments of crisis, heal from trauma, and address their needs in the wake of victimization.

December

- Announced December 14, 2023 by Governor Kathy Hochul, ECMC's **SNUG program** was awarded a \$2.8M state grant. ECMC's SNUG program was one of 16 different community-based organizations and hospitals funded across NYS. Administered and supported by the state Division of Criminal Justice Services, the SNUG Street Outreach program employs outreach workers, social workers, case managers and hospital responders who work in neighborhoods experiencing elevated

2023 PERFORMANCE GOALS/OUTCOMES

ECMC Strategic Plan Priorities and Goals

1. **Exceptional Quality and Experience** – Raise the standard of clinical care to improve quality, patient safety, and patient experience in the acute care and ambulatory environments.
2. **Cultural Identity** – Preserve ECMC’s strong cultural identity while further instilling a sense of urgency and genuine stewardship to achieve our organizational objectives.
3. **Campus Transformation** – Address our deferred maintenance issues, expand capacity, and integrate the development of Kensington Heights and the surrounding community.
4. **Performance Improvement** – Generate the margin necessary to meet our budgetary goals by lowering ECMC’s overall cost position, enhancing revenue cycle performance, and targeted growth.
5. **Population Health Capabilities** – Take greater responsibility for managing the overall health of our patient populations through a shift from fee-for-service to risk-based arrangements.
6. **Community Needs** – Through partnerships and targeted investments, be a leading corporate citizen by addressing socioeconomic challenges that impact our communities.
7. **Great Lakes Health Collaboration** – Further increase interconnectivity between ECMC, Kaleida and our partners through clinical and operational collaborations.
8. **Strengthen Relationship with Academic Partners** – Partner with the University at Buffalo and other local professional training programs to enhance our impact across the tripartite academic mission.

Progress Against Strategic Plan Priorities and Goals

1. Exceptional Quality and Experience

- Joint Commission granted ECMC three-year Comprehensive Accreditation.
- Medical Intensive Care, Trauma Intensive Care and Burn Units maintained American Association of Critical Care Nurses silver-level Beacon Award for Excellence.
- Maintained ANCC Pathway to Excellence designation.
- Launched Maxillofacial Prosthetics Fellowship, a CODA-accredited 12-month postgraduate certificate program devoted to maxillofacial prosthetics and dental oncology.
- ECMC selected as a study site for a new Phase 2 clinical trial to administer a novel gene therapy with the potential to help with dry mouth symptoms after radiation therapy for head and neck cancer.
- Presented ECMC’s “Primary Care’s Hypertension Remote Patient Monitoring Program,” highlighting the 47% increase in controlling enrolled participants blood pressure at the America’s Essential Hospitals Annual Conference, VITAL 2023.
- Named Top 5 percent in nation for Orthopedic Services by Healthgrades.

2. Cultural Identity

- Continued focus on Diversity, Equity & Inclusion across the organization.
- ECMC earned LGBTQ+ Healthcare Equality High Performer under the Human Rights Campaign Foundation.
- ECMC's Office of Diversity, Equity and Inclusion oversees six Employee Resource Groups, which facilitate a cultural awareness initiative to promote inclusion and belonging across our organization.

3. Campus Transformation

- Completion of OR lighting modernization program.
- Kensington Heights and Grider Street development initiatives.

4. Performance Improvement

- Continued expansion of Accelerating Excellence programs and projects.
- Oral Oncology & Maxillofacial Prosthetics acquired Artec Space Spider 3D Scanner and SprintRay Pro 95 S Printer, which is leading to more comfortable visits for patients, greater speed and accuracy in our laboratory work, and greater patient satisfaction.
- Daily bed huddles 7 days per week.
- Growth in both DaVinci and Mako robotic surgery systems.
- ECMC Center for Cardiovascular Care in collaboration with the ECMC Radiology Department added a new diagnostic service of Coronary CTA's.
- Expanded Intensive Outpatient Program and Help Center operations.
- Developed new patient tracking system called TeleProcedure.
- Added 768 new hires that includes 176 new RNs and 72 LPNs and 90 CNAs.
- Recruited 118 new physicians to the ECMC Medical Staff, including new surgeons in surgeons in Ortho, Neuro, GI, Urology.

5. Population Health Capabilities

- Conducted multiple lung cancer and head and neck cancer screening clinics in vulnerable communities throughout the city.
- Opened ECMC Northtown Center for Specialty Care that co-locates multiple specialty practices (e.g., Bariatric Surgery & Medical Weight Loss Management, Gastroenterology and Inflammatory Bowel Disease, Interventional Pain Management, & Plastic and Reconstructive Surgery).
- Opened ECMC Center for Dental Care at 800 Hertel in North Buffalo that meets the needs of our patients with intellectual and developmental disabilities.
- Accelerated the growth and infrastructure development for Great Lakes Integrated Network

6. Community Needs

- Exceeded MWBE goal for 2023, reaching 47.05% utilization.
- Received NYS MWBE Champions Award for second time in three years.
- Recognized by the Lown Institute, for outstanding social responsibility, receiving an "A" grade on the 2023-24.

- Maintained partnership with the Buffalo City Mission focused on its Recuperative Care Unit.
- Received over \$2.8 million dollars in state funding for ECMC's SNUG program, which, along with ECMC's BRAVE program, provides services to victims of all forms of violence and for those who have been impacted trauma.

7. Great Lakes Health Collaboration

- Continued growth of Great Lakes Cancer Care.
- Continued partnership and investment in Great Lakes Integrated Network
- Further expansion of collaborative value-analysis program.

8. Strengthen Relationship with Academic Partners

- Strengthened Neurological surgery with UB Neurosurgery. Dr. Hanna Algattas performing skull-based neurosurgery for tumors, which is only procedure of this kind currently in WNY.
- In 2023, 1,490 Nursing students rotated through ECMC as part of their clinicals.

CAPITAL PROJECTS IN PROCESS IN 2023

Mechanical, Electrical, Plumbing and Elevator Improvements	Began November 2018
Data Center Renovations	Began August 2019
Information Technology Disaster Recovery	Began November 2021

REAL PROPERTY ACQUISITIONS

Address of Location Purchased	Name of Seller	Purchase Price
465 Grider Street Buffalo NY 14215	Corinda Larkins Mayberry & Willie J. Mayberry	\$285,000.00

CODE OF ETHICS

See Appendix D. Article XI; Sections 1-8

INTERNAL CONTROL STRUCTURE AND PROCEDURES

Assessment of Effectiveness of Internal Controls

New York State Public Authority Reporting System (PARIS)

Erie County Medical Center Corporation

At and For the Year Ended December 31, 2023

The evaluation of the system of internal control is an ongoing process conducted throughout the year by myself in the capacity as the Chief Financial Officer of Erie County Medical Center Corporation. In this ongoing process there is engagement and oversight by the Audit Committee of the Board of Directors with support, advice and assistance provided by the Chief Executive Officer, the Chief Operating Officer, the General Counsel and a robust internal audit function.

The conclusions of the ongoing assessment were that no control deficiencies, significant deficiencies or material weaknesses, collectively as defined in generally accepted auditing standards, in internal controls were identified, however, performance improvement opportunities to enhance internal control were identified and implemented.

Based on my ongoing assessment, the work of the internal audit function and the work of the independent audit firm for ECMC there is an effective system of internal control to safeguard assets and to assure that transactions are properly authorized.

Respectfully submitted,



Jonathan T. Swiatkowski, CPA
Chief Financial Officer

PENDING LITIGATION

The corporation is involved in several matters related to medical malpractice, workers' compensation, and business disputes as discussed in Note 15 in the enclosed audited financial statements beginning on page 49. There are no other material matters pending litigation at this time.

CORPORATION AND BOARD STRUCTURE

ECMC Corporation's Board of Directors is comprised of 15 voting Directors, drawn from institutions and occupations across Western New York. Of these directors, eight are appointed by the Governor of New York – via the recommendations of the County Executive (3), County Legislature (3), the Temporary President of the NYS Senate (1) and the Speaker of the NYS Assembly (1) – and seven are appointed by the County Executive with the advice and consent of the Erie County legislature. In addition, the Board has four non-voting members: (1) appointed by Erie County Executive; (1) appointed by Erie County Legislature Majority; (1) appointed by Erie County Legislature Minority; (1) ECMCC President and CEO via Public Authorities Law.

ECMC CORPORATION BOARD OF DIRECTORS

OFFICERS

Jennifer C. Persico, Esq.
Chair

Eugenio Russi
Vice Chair

Sharon L. Hanson
Secretary

Darby Fishkin, CPA
Treasurer

Thomas J. Quatroche Jr., PhD
President & CEO

BOARD MEMBERS

Ronald P. Bennett, Esq.

Reverend Mark E. Blue

Ronald A. Chapin

Jonathan A. Dandes

Michael H. Hoffert

Christian Johnson

James L. Lawicki, II

Christopher J. O'Brien, Esq.

The Honorable John O'Donnell, J.S.C.

Reverend Kinzer M. Pointer

Michael A. Seaman

Philip Stegemann, MD

Benjamin Swanekamp

BOARD OF DIRECTORS REGULAR AND ANNUAL MEETINGS

Tuesday, January 24, 2023 (Annual and Regular Meeting)

Present: Reverend Mark Blue, Ronald A Chapin (virtual), Darby Fishkin, Sharon Hanson, Michael Hoffert (virtual), James Lawicki, Christopher O'Brien, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Ronald Bennett, Jonathan Dandes, Christian Johnson

Also

Present: Samuel Cloud, MD, Anthony J. Colucci, III (virtual), Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski, James Turner,

Tuesday, February 28, 2023

Present: Ronald Bennett*, Reverend Mark Blue, Ronald A Chapin*, Jonathan Dandes*, Darby Fishkin*, Sharon Hanson, Michael Hoffert*, Christian Johnson*, James Lawicki*, Christopher O'Brien, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche*, Michael Seaman

Excused: Eugenio Russi, Benjamin Swanekamp

Also

Present: Samuel Cloud, MD, Anthony J. Colucci, III*, Peter Cutler*, Andrew Davis, Cassandra Davis*, Joseph Giglia, Vanessa Hinderliter, Susan Gonzalez*, Pamela Lee*, Charlene Ludlow, Jennifer Pugh, MD, James Turner*

*virtual

Tuesday, March 28, 2023

Present: Ronald Bennett*, Reverend Mark Blue*, Ronald A Chapin*, Jonathan Dandes, Sharon Hanson, Michael Hoffert*, James Lawicki*, Christopher O'Brien*, Jennifer Persico, Reverend Kinzer Pointer*, Thomas J. Quatroche, Eugenio Russi*, Michael Seaman*, Benjamin Swanekamp

Excused: Darby Fishkin, Christian Johnson, Hon. John O'Donnell

Also

Present: Samuel Cloud, MD, Anthony J. Colucci, III*, Peter Cutler*, Andrew Davis, Cassandra Davis*, Joseph Giglia, Susan Gonzalez*, Vanessa Hinderliter*, Donna Jones*, Pamela Lee*, Charlene Ludlow, Jennifer Pugh, MD, James Turner*

*virtual

Tuesday, April 25, 2023

Present: Ronald Bennett*, Reverend Mark Blue, Ronald A Chapin*, Jonathan Dandes, Darby Fishkin*, Michael Hoffert*, Christian Johnson*, James Lawicki*, Hon. John

Tuesday, April 25, 2023 (cont.)

O'Donnell*, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Sharon Hanson, Christopher O'Brien*

Also

Present: Samuel Cloud, MD, Anthony J. Colucci, III*, Peter Cutler, Andrew Davis, Cassandra Davis*, Joseph Giglia, Susan Gonzalez*, Vanessa Hinderliter*, Donna Jones*, Pamela Lee*, Charlene Ludlow, Jennifer Pugh, MD, James Turner*

Tuesday, May 23, 2023

*virtual

Present: Ronald Bennett*, Reverend Mark Blue*, Ronald A Chapin*, Jonathan Dandes, Darby Fishkin*, Sharon Hanson, Michael Hoffert*, Christian Johnson*, James Lawicki*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp

Excused: Jennifer Persico

Also

Present: Samuel Cloud, MD, Anthony J. Colucci, III*, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Vanessa Hinderliter*, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, James Turner

*virtual

Tuesday, June 27, 2023

Present: Reverend Mark Blue, Darby Fishkin, Sharon Hanson, Michael Hoffert*, Christian Johnson*, James Lawicki*, Christopher O'Brien*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Ronald Bennett, Ronald A Chapin, Jonathan Dandes, Dr. Philip Stegemann,

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Vanessa Hinderliter*, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, James Turner

*virtual

Tuesday, July 25, 2023

Present: Reverend Mark Blue*, Ronald A Chapin*, Darby Fishkin*, Sharon Hanson, Michael Hoffert*, James Lawicki*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche, Dr. Philip Stegemann, Benjamin Swanekamp

Tuesday, July 25, 2023 (cont.)

Excused: Ronald Bennett, Jonathan Dandes, Christian Johnson, Christopher O'Brien, Eugenio Russi, Michael Seaman

Also

Present: Samuel Cloud, MD, Antony J. Colucci, III*, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Donna Jones, Pamela Lee*, Charlene Ludlow, Jennifer Pugh, MD, James Turner *virtual

Tuesday, September 26, 2023

Present: Ronald Bennett*, Reverend Mark Blue*, Ronald A Chapin*, Jonathan Dandes, Sharon Hanson, Michael Hoffert*, Christian Johnson*, James Lawicki*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp

Excused: Darby Fishkin, Christopher O'Brien

Also

Present: Donna Brown, Samuel Cloud, MD, Antony J. Colucci, III*, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski, James Turner *virtual

Tuesday, October 24, 2023

Present: Ronald Bennett, Reverend Mark Blue, Jonathan Dandes, Sharon Hanson, Michael Hoffert*, Christian Johnson*, James Lawicki, Christopher O'Brien, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi*, Michael Seaman

Excused: Ronald Chapin, Darby Fishkin, Christian Johnson, Hon. John O'Donnell, Jennifer Persico, Dr. Philip Stegemann, Benjamin Swanekamp

Also

Present: Donna Brown, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski*, James Turner *virtual

Tuesday, November 28, 2023

Present: Ronald Bennett*, Ronald Chapin*, Jonathan Dandes, James Lawicki*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer*, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp

Tuesday, November 28, 2023 (cont.)

Excused: Rev. Mark Blue, Sharon Hanson, Michael Hoffert, Christian Johnson, Christopher O'Brien

Also

Present: Donna Brown, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez, Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski *virtual

**ERIE COUNTY MEDICAL CENTER
BOARD OF DIRECTORS
STANDING COMMITTEE APPOINTMENTS
2023**

STANDING COMMITTEE	# OF MEMBERS	BOARD MEMBERSHIP	STAFF
EXECUTIVE <i>Call of Chair</i>	5	<u>Jennifer Persico - Chair</u> Jonathan Dandes Darby Fishkin Sharon L. Hanson Eugenio Russi	A.J. Colucci Andrew L. Davis Jonathan Swiatkowski Samuel D Cloud, MD Thomas Quatroche Joseph Giglia Jeffra Wilson (Asst.) x4823
QUALITY IMPROVEMENT/ PATIENT SAFETY <i>Meets Monthly</i>	5	<u>MICHAEL HOFFERT - Chair</u> Kinzer Pointer Judge John O'Donnell Benjamin Swanekamp Christian Johnson	Andrew Davis Thomas Quatroche Donna Jones Samuel D. Cloud, MD Charlene Ludlow Pam Lee James Turner Jackie Wilson (Asst.) x5888
FINANCE <i>Meets Monthly</i>	4	<u>MICHAEL A. SEAMAN - Chair</u> Ronald A. Chapin Darby Fishkin Benjamin Swanekamp	A.J. Colucci, III Andrew Davis Jonathan Swiatkowski Thomas Quatroche Lynn Sacha (Asst.) x6331
AUDIT & COMPLIANCE <i>Call of Chair</i>	4	<u>DARBY FISHKIN - Chair</u> James Lawicki Christopher O'Brien Reverend Kinzer Pointer Joseph Giglia, ex-officio	A.J. Colucci, III Andrew Davis Jonathan Swiatkowski Thomas Quatroche Lynn Sacha (Asst.) x6331
EXECUTIVE COMPENSATION <i>Call of Chair</i>	3	<u>JONATHAN DANDES - Chair</u> Sharon Hanson Christopher O'Brien	A.J. Colucci, III Thomas Quatroche Joseph Giglia

**ERIE COUNTY MEDICAL CENTER
BOARD OF DIRECTORS
STANDING COMMITTEE APPOINTMENTS
2023**

STANDING COMMITTEE	# OF MEMBERS	BOARD MEMBERSHIP	STAFF
GOVERNANCE <i>Call of Chair</i>	3	<u>SHARON HANSON - Chair</u> Ronald Chapin Jennifer Persico Thomas Quatroche, Jr., ex officio Joseph Giglia, ex officio	A.J. Colucci, III Lori Hoffman (Asst.) x5684
HUMAN RESOURCES <i>Call of Chair</i>	3	<u>MICHAEL SEAMAN - Chair</u> Michael Hoffert Kinzer Pointer	Michele Kroupa(Asst.) x 5273
INVESTMENT <i>Call of Chair</i>	3	<u>EUGENIO RUSSI - Chair</u> Sharon L. Hanson Judge John O'Donnell	Jonathan Swiatkowski Thomas Quatroche Lynn Sacha (Asst.) x6331
BUILDINGS & GROUNDS <i>Ad-Hoc Committee Call of Chair</i>	3	<u>RONALD BENNETT - Chair</u> Michael Hoffert Mark Blue James Lawicki	Andrew Davis Thomas Quatroche James Turner Michelle Kroupa(Asst.)x5273
WBE/MBE SUBCOMMITTEE <i>Call of Chair</i>	3	<u>REVEREND MARK BLUE - Chair</u> Ronald A. Chapin Christian Johnson	Diane Artieri Sarina Rohloff Joseph Giglia Thomas Quatroche Patty Chase (Asst.) x7595
POST-ACUTE QI <i>Call of Chair</i>	3	<u>RONALD CHAPIN - Chair</u> Michael Seaman Christophher O'Brien	Andrew Davis Stephen Woodruff Monica Hunjan (Asst.) x7279
CONTRACTS COMMITTEE	3	<u>CHRISTOPHER O'BRIEN - Chair</u> Ronald Bennett Jennifer Persico	Lori Hoffman (Asst.) x6584

Erie County Medical Center Corporation
Confidential Evaluation of Board Performance

Criteria	Agree	Somewhat Agree	Somewhat Disagree	Disagree
Board members have a shared understanding of the mission and purpose of ECMCC.				
The policies, practices and decisions of the Board are always consistent with this mission.				
Board members comprehend their role and fiduciary responsibilities and hold themselves and each other to these principles.				
The Board has adopted policies, by-laws, and practices for the effective governance, management and operations of ECMCC and reviews these annually.				
The Board sets clear and measurable performance goals for ECMCC that contribute to accomplishing its mission.				
The decisions made by Board members are arrived at through independent judgment and deliberation, free of political influence or self-interest.				
Individual Board members communicate effectively with executive staff so as to be well informed on the status of all important issues.				
Board members are knowledgeable about ECMCC's programs, financial statements, reporting requirements, and other transactions.				
The Board meets to review and approve all documents and reports prior to public release and is confident that the information being presented is accurate and complete.				
The Board knows the statutory obligations of ECMCC and if ECMCC is in compliance with state law.				
Board and committee meetings facilitate open, deliberate and thorough discussion, and the active participation of members.				
Board members have sufficient opportunity to research, discuss, question and prepare before decisions are made and votes taken.				
Individual Board members feel empowered to delay votes, defer agenda items, or table actions if they feel additional information or discussion is required.				
The Board exercises appropriate oversight of the CEO and other executive staff, including setting performance expectations and reviewing performance annually.				
The Board has identified the areas of most risk to ECMCC and works with management to implement risk mitigation strategies before problems occur.				
Board members demonstrate leadership and vision and work respectfully with each other.				

Date Completed: _____

ECMC CORPORATION EXECUTIVE ADMINISTRATION

Thomas J. Quatroche Jr., PhD
President and Chief Executive Officer

Andrew L. Davis, MBA
Chief Operating Officer

Samuel D. Cloud, MD
Chief Medical Officer

Jonathan T. Swiatkowski, CPA
Chief Financial Officer

Charlene Ludlow, MHA, RN, CIC
Senior Vice President of Nursing

James Turner, RN, BSN
Senior Vice President of Operations

Cassandra Davis
Senior Vice President, Ambulatory Services and Population Health

Pamela Lee, MBA, MS, RN
Senior Vice President of Operations

Joseph T. Giglia, II, Esq.
General Counsel

Anthony J. Colucci, III, Esq.
Executive Vice President

Donna M. Brown
Associate Hospital Administrator

Peter K. Cutler
Vice President of Communications and External Affairs

Donna Jones, MHA, MSN, RN, FACHE, CPHQ
Chief Quality Officer

Susan M. Gonzalez
Executive Director, ECMC Foundation

ECMC CORPORATION MEDICAL-DENTAL STAFF OFFICERS

Jennifer Pugh, MD, MBA, FACEP
President

Michael Cummings, MD
Immediate Past President

Michael A. Manka Jr., MD
President-Elect

Ashvin Tadakamalla, MD
Treasurer

James Lukan, MD, FACS
Secretary

PRIMARY CORPORATION

Erie County Medical Center Corporation

ECMC Corporation was established as a New York State Public Benefit Corporation and since 2004 has included an advanced academic medical center with 573 inpatient beds, on- and off-campus health centers, more than 30 outpatient specialty care services and Terrace View, a 390-bed long-term care facility. ECMC is Western New York's only Level 1 Adult Trauma Center, as well as a regional center for burn care, behavioral health services, transplantation, medical oncology and head & neck cancer care, rehabilitation and a major teaching facility for the University at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the university and/or members of a private practice plan. More Western New York residents are choosing ECMC for exceptional patient care and patient experiences – the difference between healthcare and true care™.

ECMC Corporation Employees: 3,919

ACTIVE SUBSIDIARY INFORMATION

PPC Strategic Services, LLC

ECMC Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships, and to provide management services to them, as needed. The accounts of PPC Strategic Services LLC are consolidated into the accounts of the Corporation as of, and for the years ended, December 31, 2023 and 2022, respectively.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

PPC Strategic Services LLC (formerly named ECMCC Strategic Services, LLC) owns Greater Buffalo Niagara SC Venture, LLC, a presently inactive entity. The ownership interest is accounted for utilizing the equity method of accounting.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

Grider Community Gardens, LLC

This entity is wholly owned and controlled by the Corporation. The Corporation's net investment as of December 31, 2023 and 2022 is approximately \$1 million and \$748 thousand, respectively, and is reflected in other non-current assets of the parent company's financial statements.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

Grider Support Services, LLC

This entity was formed to act as a Management Services Organization (“MSO”) for physician services for ECMC Hospital. The entity acts as a pass-through entity, and has no substantial assets or liabilities, or significant operating results. Its activity is consolidated into ECMC Corporation operations.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: 29

1827 Fillmore, LLC

This entity was formed in order to purchase real estate adjacent to the current health campus for the purpose of future development. Its activities to date consist of remediating and improving land adjacent to the ECMC campus and is consolidated into ECMC Corporation.

Net position as of December 31, 2023 and 2022 is \$144 and \$491 thousand, respectively.

The sole member of this entity is Erie County Medical Center Corporation.

Employees: None

Erie County Medical Center Corporation

(A Component Unit of the County of Erie)

Financial Report
December 31, 2023

Contents

Independent auditor's report	1-3
Management's discussion and analysis	4-13
Basic financial statements	
Statements of net position	14
Statements of revenues, expenses and changes in net position	15
Statements of cash flows	16-17
Statements of net position—discretely presented component units	18
Statements of revenues, expenses and changes in net position—discretely presented component units	19
Notes to the financial statements	20-54
Required supplementary information	
Schedule of corporation's contributions NYSLRS pension plan	55
Schedule of corporation's proportionate share of net pension liability NYSLRS pension plan	56
Schedule of corporation's changes in total OPEB liability and related ratios	57

Independent Auditor's Report

Board of Directors
Erie County Medical Center Corporation

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation (the Corporation), a component unit of the County of Erie, as of and for the year ended December 31, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation, as of December 31, 2023 and 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Emphasis of Matter

As discussed in Note 8 to the financial statements, the Corporation restated the December 31, 2022 financial statements. The restatement was required to be made for the implementation of the Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements*. 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 management's discussion and analysis on pages 4 to 13 as well as the required supplementary information for certain pension and other postemployment benefits (OPEB) related data on pages 55 to 57 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the GASB who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

RSM VS LLP

Cleveland, Ohio
March 26, 2024

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Management's Discussion and Analysis

Erie County Medical Center Corporation (the Corporation or ECMCC) is a state public benefit corporation dedicated to provide every patient the highest quality of care delivered with compassion. The Corporation fully embraces its position as a safety net provider for the eight-county region of Western New York State (encompassing over 1.5 million residents), supporting persons in need who lack the ability to pay.

To assist the reader in understanding the operations of the Corporation, this annual report has been organized into three parts that should be read together:

- Management's discussion and analysis
- Financial statements and notes to the financial statements and
- Supplemental schedules

The purpose of the discussion and analysis is to provide the reader with objective data to evaluate the financial position and the activities of the Corporation for the year ended December 31, 2023. This narrative and the financial statements and footnotes are the responsibility of the Corporation's management.

The financial statements (the statements of net position, the statements of revenues, expenses and changes in net position and the statements of cash flows) present financial information in a form similar to that used by other government hospitals and have been prepared in accordance with accounting principles generally accepted in the United States of America.

In 2023, the Corporation implemented GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*. This standard extends the right-of-use accounting concepts introduced in GASB Statement No. 87 to subscription-based information technology arrangements (SBITAs). Under GASB 96, governments are required to identify arrangements that qualify as SBITAs and recognize a right-to-use subscription asset, initially measured as the sum of the initial subscription liability amount, payments made to the vendor before commencement of the subscription term, and capitalizable implementation costs. The subscription asset is then amortized over the subscription term. The accompanying financial statements and management discussion and analysis information for the year ended December 31, 2022 have been restated to reflect the new accounting standard.

The accompanying financial statements of the Corporation include financial data of the Corporation's discretely presented component units: (i) ECMC Foundation, Inc., and (ii) The Grider Initiative, Inc. however, Management's Discussion and Analysis focuses on the Corporation.

Introduction

During 2023, the Corporation persevered through its fourth consecutive year of significant financial challenges, while continuing to provide high quality, compassionate care to the tens of thousands of Western New Yorkers who depend on ECMCC, serving as the region's community hospital, helping patients from the most influential to the most vulnerable. ECMCC's dedicated caregivers, support staff, executive leadership, as well as an involved and supportive Board of Directors, continue to advance the mission of the Corporation and its service to the greater Western New York area. The Corporation continues to be a provider of choice in our community as a result of its continual focus on high quality healthcare services, the patient experience and physician engagement.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Operations Analysis

The Corporation began a period of operational recovery through growth during 2023, providing a higher volume of services within inpatient and outpatient services to Western New York residents and as well as many others beyond this region. Patient volume encounters (not expressed in thousands) are as follows:

	2019	2020	2021	2022	2023	% Growth 2022-2023
Inpatients	19,996	19,110	18,903	17,412	17,643	1.3%
Surgeries	15,606	12,481	13,803	12,478	13,321	6.8%
Emergency	69,391	65,261	68,384	59,064	63,715	7.9%
Outpatients	306,891	299,297	280,611	274,402	297,168	8.3%
Dialysis	27,549	27,973	26,116	24,961	25,159	0.8%
Transplants	127	134	146	148	151	2.0%

The healthcare industry nationally and within this market continued to face challenges during 2023 and the Corporation was not immune to these headwinds. However, the Corporation worked hard to begin to address them and recover. In 2023, ECMCC inpatient volumes ended the year higher than prior year by 1.3% in terms of patient discharges and by 6.3% for inpatient surgeries while length of stay improved by 12.1%. Outpatient surgeries were 7.1% ahead of prior year with emergency department visits exceeding 2022 by 7.9%, leading to a growth in total outpatient visits from the prior year of 8.3%. As the Regional Center of Excellence for Transplantation and Kidney Care, continued growth in this program has been experienced over the last two years, providing life saving procedures to the residents of Western New York and beyond. 2023 saw the most transplants (kidney and pancreas) ECMCC has performed in its history, with 151 transplant surgeries, an increase of 2.0% and 18.9% over 2022 and 2019 (pre-COVID levels), respectively.

The global outbreak of COVID-19, a new strain of coronavirus that can result in severe respiratory disease, was declared a pandemic by the World Health Organization in March of 2020. After three unprecedented years of managing COVID-19, the Department of Health and Human Services (HHS) declared an end to the public emergency on May 11, 2023, thus ending the pandemic. With a lot of time, energy, and unyielding teamwork during the pandemic, the Corporation was able to effectively manage through the pandemic by implementing operational improvements, successfully recruiting staff, and entering into partnerships to provide funding assistance in addition to the COVID Relief funding. ECMCC management took on all additional measures during the pandemic to protect the health of the community and promote the continuity of its mission and will continue to monitor the course of COVID-19 beyond the pandemic.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Operations Analysis (Continued)

In response to the impact on the healthcare environment from COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan (ARP) Act (Acts) were enacted by Congress during 2020 and 2021, respectively. These Acts included, among other things, support for healthcare providers and patients in the form of grants, payments for uninsured patients, and changes to Medicare and Medicaid payments. The Corporation to date has received \$72.4 million of Provider Relief Fund distributions provided under the CARES and ARP Acts. During 2020, the Corporation also received \$39.1 million and \$10 million in loans under the Medicare Accelerated and Advance Payment Program and the Paycheck Protection Program (PPP), respectively. During 2021, the PPP loan forgiveness application was approved by the U.S. Small Business Administration and, as such, the \$10 million loan was forgiven in full. As of December 31, 2022, the Medicare Accelerated and Advance Payments had been fully recouped.

The CARES Act also includes financial relief through the Federal Emergency Management Agency's (FEMA) Disaster Relief Fund. As of December 31, 2023, the Corporation has been awarded and received \$6.6 million from FEMA to reimburse eligible incremental expenses as a result of COVID-19. The Corporation will continue to submit for grant reimbursement for remaining eligible COVID-19 expenses under this program.

During 2022 and 2023, the industry and more specifically, the Western New York health care market experienced a cost inflation crisis. This crisis was driven nationally and locally by the lingering effects of staffing challenges across all healthcare industry stakeholders including suppliers, manufacturers, post-acute settings as well as providers. As costs continued to escalate to operate the business and care for the patients within the community, in order to maintain mission critical services, ECMCC has worked closely with the New York State Department of Health's various grant and operating assistance programs to bridge cash flow funding gaps. Simultaneously, ECMCC has implemented several operational improvement actions in an effort to mitigate as much of the cost escalation as possible. Although significant improvements have been made operationally, the New York State Department of Health has provided supplemental funding to the Corporation as well as many hospitals and nursing homes across New York State. As a result, the Corporation received \$51,998 for the year ended December 31, 2022. This benefit has been recorded as non-operating revenue within the statements of revenue, expenses and changes in net position. An additional \$27,000 was received in December 2022 for the year ended December 31, 2023, and was recorded as unearned revenue in the statements of net position as of December 31, 2022 and recorded as non-operating revenue within the statements of revenue, expenses and changes in net position for the year ended December 31, 2023. Two additional awards totaling \$76,368 were received and recognized as non-operating revenue during the year ended December 31, 2023.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Operations Analysis (Continued)

The continued volume and visit trends reflect the trust that the Western New York community has placed in ECMCC. Notable achievements in 2023 include:

- ECMCC earned its full hospital accreditation – The Joint Commission's Gold Seal of Approval Accreditation – by demonstrating continuous compliance with performance standards.
- Successful reaccreditation by The Centers for Medicare and Medicaid Services (CMS), part of the Department of Health and Human Services (HHS) of Transplant program, housed in ECMCC's Regional Center of Excellence for Transplantation and Kidney Care.
- Commission on Accreditation of Rehabilitation Facilities (CARF) issued three-year accreditation to ECMCC's Acute Inpatient Rehabilitation Programs (through June 30, 2026) stating that this "achievement is an indication of ECMCC's dedication to improving the quality of the lives of the persons served."
- ECMCC's Laboratory Services received the two-year accreditation for ECMCC's Transfusion Services following bi-annual on-site assessment by the Association for the Advancement of Blood and Biotherapies (AABB)
- Terrace View Long-Term Care Facility was named to *Newsweek's* 2024 Best Nursing Homes List for performance on key measures on health inspections, quality measures and staffing. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing homes nationwide received this distinction. Of the 600 skilled nursing facilities state-wide that operate, 42 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation. This is the fourth consecutive year Terrace View has received this recognition.
- ECMCC has been recognized by the Lown Institute for outstanding social responsibility, receiving an "A" grade on the 2023-24 Lown Institute Hospitals Index. ECMCC achieved this honor through strong performance across metrics of health equity, patient outcomes, and value of care, out of more than 3,600 hospitals nationwide. In 2021, ECMCC was ranked among the top 100 hospitals in the United States for racial inclusivity by the Lown Institute; in 2022 ECMCC was ranked in the top 50 hospitals in the country for racial inclusivity.
- ECMCC was recognized by the Buffalo Purchasing Initiative for superseding its goal in 2023 for spending with businesses owned by people of color.
- ECMCC's hip replacement surgery service ranked in the nation's top 7% by US News & World Report. ECMCC earned the highly respected publication's High Performing ranking, placing it among 437 hospitals out of 6,000 evaluated for the service.
- ECMCC earned platinum recognition for its efforts to increase organ and tissue donor registrations across the country, through the DoNation Campaign. DoNation is a national initiative sponsored by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), to educate our community about the crucial need for organ and tissue donation and to encourage people to sign up as organ and tissue donors. Between October 2022 and September 2023, ECMCC has actively participated in this campaign to earn this federal recognition.
- The American College of Emergency Physicians, implemented the Geriatric Emergency Department Accreditation (GEDA) program to recognize those emergency departments that provide excellent care for older adults. ECMCC's Emergency Department has achieved the bronze standard – Level 3 GEDA accreditation. ECMCC named among one of America's 100 Best Hospitals for Orthopedic Surgery. This achievement reflects ECMCC's outstanding clinical outcomes for Orthopedic Surgery and puts ECMCC in the top 5% of hospitals nationwide for overall Orthopedic services.
- ECMCC was awarded the 2023 Orthopedic Surgery Excellence Award™, a Five-Star rating in Total Knee Replacement for two years in a row (2022-2023), a Five-Star rating for Hip Fracture Treatment for 13 years in a row (2011-2023) and a 2023 Five-Star Distinction in Total Hip Replacement.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Operations Analysis (Continued)

Financial Metric Analysis

The Corporation's total net position decreased in 2023 primarily due to the significant non-cash expenses related to the actuarial liability adjustments related to the New York State Pension Plan benefits and the unfavorable results from operations which were offset by grant funding assistance provided by New York State, recorded as non-operating revenue. Additional drivers of performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2022 (most recent publicly available audited data) averages of other comparable New York State (NYS) Public Benefit Corporation (PBC) hospitals are presented in the following table. The financial statements used for the calculation of the following ratios, where appropriate, have been reclassified to conform to the presentation used in the development of the benchmarks, consistent with generally accepted accounting principles (U.S. GAAP) for entities not subject to the Governmental Accounting Standards Board (GASB) standards.

	ECMCC			PBC Average
	2023	2022	2021	2022
Operating margin	-14.2%	-10.8%	-3.6%	-16.1%
Operating cash flow margin	-6.0%	4.6%	4.0%	-10.0%
Debt service coverage	2.7	1.5	1.1	-0.5
Unrestricted days cash on hand	14.1	29.2	48.7	48.9
Days cash on hand	90.5	118.7	140.2	65.1
Days in accounts receivable	66.0	53.9	49.5	34.1
Average age of plant	15.4	13.0	12.5	20.4

The operational performance ratios for 2023 generally represent unfavorable changes from the Corporation's 2022 performance ratios and favorable comparisons to the NYS Healthcare Public Benefit Corporations' ratios. Driving these unfavorable shifts during 2023 in large part is the large swing in the amortization component of the pension expense, shifting from a reduction in expense in 2022 of \$32.5 million to an increase in expense of \$39.8 million in 2023. Although these changes have no cash flows associated with them, the changes to the liabilities associated with them are included within the operating margin. The operating margin before the impact of the amortization components of the pension benefit and postemployment benefit is 11.6% and 20.3% for 2023 and 2022, respectively. This change before those actuarial impacts reflects a favorable movement in operating margin which is representative of the operational improvements and growth experienced during 2023. Additionally, grants received from the New York State Department of Health (NYSDOH) and FEMA have been recognized as non-operating revenue and are excluded from the operating ratio calculations as required under GASB accounting standards. Unrestricted days cash on hand decreased 15.1 days (51.7%) due to overall operating losses and the delay in the receipt of annual Disproportionate Share Hospital (DSH) Revenue to the first quarter of 2024. Days in accounts receivable increased by 12.1 days (22.5%) due to a delay in collections and an increase in unbilled accounts as a result of staffing shortages during the year. Average age of plant increased by 2.4 years (16.5%) as a result of reduced capital investment in an effort to manage ongoing operations and cash flow needs to maintain the services provided to the community while incurring operating losses.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)

Summary Financial Statements with Analysis

Management is providing the following summary financial statements and variance analysis for certain financial statement lines where it believes the readers understanding of the financial statements is enhanced.

Statements of Net Position

Net position is categorized as follows:

Net investment in capital assets: Consists of capital assets, net of accumulated depreciation and reduced by outstanding debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets.

Restricted: Result when constraints placed on the use of the net position are either externally imposed by creditors, grantors, contributors, or imposed by law through constitutional provisions or enabling legislation.

Unrestricted: Represents the resources derived primarily from services rendered to patients and other operating revenues and not meeting the previously listed criteria. These resources are used for transactions related to the general healthcare and academic operations of the Corporation and may be used at the discretion of the Board of Directors to meet current expenses for any purpose.

Condensed Statements of Net Position are as follows:

	2023	(Restated) 2022	2023-2022	
			\$ Change	% Change
Assets				
Current assets, excluding assets whose use is limited	\$ 189,816	\$ 210,427	\$ (20,611)	(9.8)
Assets whose use is limited	170,621	157,516	13,105	8.3
Capital assets, net	313,039	359,386	(46,347)	(12.9)
Net pension asset	-	77,538	(77,538)	100.0
Other assets	8,906	7,780	1,126	14.5
Total assets	682,382	812,647	(130,265)	(16.0)
Deferred outflows of resources	159,464	178,411	(18,947)	(10.6)
Total assets and deferred outflows of resources	\$ 841,846	\$ 991,058	\$ (149,212)	(15.1)
Liabilities				
Current liabilities	\$ 302,347	\$ 303,848	\$ (1,501)	(0.5)
Noncurrent liabilities	730,926	560,724	170,202	30.4
Total liabilities	1,033,273	864,572	168,701	19.5
Deferred inflows of resources	84,740	396,441	(311,701)	(78.6)
Net Position				
Net investment in capital assets	58,654	85,013	(26,359)	(31.0)
Restricted	95,555	80,719	14,836	18.4
Unrestricted	(430,376)	(435,687)	5,311	1.2
Total net position	(276,167)	(269,955)	(6,212)	(2.3)
Total liabilities, deferred inflows of resources and net position	\$ 841,846	\$ 991,058	\$ (149,212)	(15.1)

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Statements of Net Position (Continued)

Overall, total assets and deferred outflows of resources decreased \$149,212 from 2022 to 2023. The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, decreased by \$20,611 due to the following:

- Cash, cash equivalents and investments decreased by \$20,029 due to losses from operations and the timing of the annual DSH and Upper Payment Limit (UPL) cash receipts offset by earnings on investments.
- Patient accounts receivable, net, increased by \$18,820 as a result of current year decreases in collections due to an increase in unbilled accounts as a result of staffing shortages and increased patient volumes.
- Other receivables decreased by \$21,822 which is due to a \$21,856 decrease in Medicaid DSH and UPL program receivables, a decrease of \$286 in due from third party payors and a \$320 increase in other receivables.

The following variances in non-current assets are noteworthy:

- Assets whose use is limited, including current portion, increased by a net of \$13,105, which is due to a required deposit of collateral of \$11,015 related to a new line of credit agreement, unrealized gains on investments of \$3,786 and an increase in reserve account funding for actuarial liabilities and other limited use assets of \$2,311, offset by a decrease in assets designated for long-term investment of \$4,007.
- Capital assets, net, decreased by \$46,347 due to the shortfall in capital asset investments during 2023 as compared to the ongoing depreciation expense on all capital assets, which is a continued result of reduced cash flow availability driven by operating losses. Investments in capital assets are summarized in a following section.
- Net pension asset decreased \$77,538 and was eliminated due to changes in actuarial assumptions, which increased the liability thus creating a net pension liability, which is further discussed in the section below.

Overall, total liabilities and deferred inflows decreased \$143,000 and net position decreased \$6,212 from 2022.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits decreased by \$17,339 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$1,908 largely as a result of increases in amounts due to Erie County and third-party payors.
- Unearned revenue decreased by \$22,517 due to a decrease of \$27,000 related to the New York State grant received in late December 2022 for the calendar year 2023, thus recognized during 2023. Other unearned revenue increased \$4,483.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2023.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)

Statements of Net Position (Continued)

- The long-term portion of self-insured obligations increased by \$3,238 due to changes in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims greater than payments made on those claims. The current portion of these self-insured obligations decreased by \$148.
- Net pension liability, including current portion, was established at \$198,936 due to changes in actuarial assumptions used to value the plan as of December 31, 2023. As noted above, at December 31, 2022, the Corporation had recorded a net pension asset of \$77,538.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$22,516 primarily as a result of the unfavorable impact of a change in actuarial assumptions related to unfavorable healthcare trend rates and a decrease in the discount rate used to measure the obligation.
- Net position decreased by \$6,212 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

Statements of Revenues, Expenses and Changes in Net Position

Condensed Statements of Revenues, Expenses and Changes in Net Position are as follows:

		(Restated)	2023-2022	
	2023	2022	\$ Change	% Change
Net patient service revenue	\$ 603,720	\$ 566,389	\$ 37,331	6.6
Disproportionate share (DSH) revenue	107,105	68,295	38,810	56.8
Other operating revenue	46,639	26,095	20,544	78.7
Total operating revenues	757,464	660,779	96,685	14.6
Operating expenses:				
Payroll and employee benefits	440,770	410,664	30,106	7.3
Professional fees	110,577	109,113	1,464	1.3
Purchased services	81,712	78,037	3,675	4.7
Supplies	132,197	117,877	14,320	12.1
Other operating expenses	30,529	29,185	1,344	4.6
Depreciation and amortization	49,812	49,872	(60)	(0.1)
Total operating expenses	845,597	794,748	50,849	6.4
Operating loss before pension and other post employment benefits amortization components	(88,133)	(133,969)	45,836	34.2
Pension (expense) benefit, amortization component	(39,752)	32,537	(72,289)	(222.2)
Other post employment benefits, amortization component	20,424	29,861	(9,437)	(31.6)
Operating loss	(107,461)	(71,571)	(35,890)	(50.1)
Non-operating revenues (expenses):				
Investment gain (loss)	6,283	(13,966)	20,249	(145.0)
Grant revenue	107,230	63,151	44,079	69.8
Interest expense	(12,264)	(12,028)	(236)	(2.0)
Total change in net position	(6,212)	(34,414)	28,202	81.9
Net position—beginning of year	(269,955)	(235,541)	(34,414)	(14.6)
Net position—end of year	\$ (276,167)	\$ (269,955)	\$ (6,212)	(2.3)

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Statements of Revenues, Expenses and Changes in Net Position (Continued)

Overall, total operating revenues increased by \$96,685 or 14.6% in 2023 with changes attributable to the following:

- Net patient service revenue increased \$37,331, or 6.6%, in 2023 as a result of a combination of overall increased patient volumes, an increase in contracted reimbursement rates, improvements in bad debt write-offs and improvements in ECMCC's ability to discharge patients into the community.
- DSH revenue increased by \$38,810, or 56.8%, in 2023 as a result of an increase in the nursing home upper payment limit of \$5,885 due to a significant increase in the pool size in the State Plan Amendment and a \$32,925 increase in federal DSH due to an increase in uncompensated care net of anticipated formula changes in the Medicaid DSH cap calculation enacted through legislation but not yet implemented which will exclude costs from services provided to Medicaid-eligible beneficiaries who are dually eligible for Medicare or any other coverage.
- Other operating revenue increased \$20,544, or 78.7% due to an increase in specialty pharmacy operations of \$20,777.

Total operating expenses including pension expense/benefit and other post-employment benefit expenses increased \$132,575 or 18.1% in 2023. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$30,106 or 7.3% as a result of increases in salaries due to new collective bargaining agreements' market rate adjustments and additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue increased by 0.5%, from 72.5% in 2022 to 73.0% in 2023.
- Pension expense increased by \$65,834 as a result of changes in actuarial assumptions used to value the plan including investment returns, discount rates and other demographic assumptions.
- Supplies expense increased by \$14,320 or 12.1% as a result of increased surgical volume, increased volume within the specialty pharmacy operations and pharmaceutical cost increases related to drug shortages.
- OPEB benefit decreased \$11,976 or 38.2% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payment made to current employees.

Capital Assets, Net

At December 31, 2023, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$313,039 compared to \$359,386 at December 31, 2022, representing a decrease of \$46,347 or 12.9%.

During 2023, the Corporation invested \$15,047 in various capital assets (\$6,030), leases (\$4,668) and SBITAs (\$4,349). Noteworthy investments in capital assets include continued investment into the building exterior improvements of \$455 and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include printers and copiers (\$2,552) and other various leased medical and non-medical equipment. Noteworthy additions to SBITAs includes MRI software (\$1,755) and other medical and non-medical software. GASB Statement No. 87, *Leases*, establishes the foundational principle that leases are financing of the right-to-use an underlying asset for a period of time. The Corporation recorded lease assets, net of accumulated depreciation, in the amount of \$26,371 and \$30,054 in 2023 and 2022, respectively. GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, extends the right-of-use accounting concepts introduced in GASB Statement No. 87, *Leases*, to SBITAs. The Corporation recorded SBITA assets in the amount of \$25,761 in 2023 and \$31,216 in 2022.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Management's Discussion and Analysis
December 31, 2023
(Dollars in Thousands)**

Forward-Looking Factors

Management has prepared the following forward-looking factors to assist the reader in understanding the financial, economic and market factors impacting the Corporation:

Collective Bargaining Agreements

The Corporation operates under three collective bargaining agreements that cover substantially all employees. Corporation employees of the Civil Service Employee Association (CSEA) are covered by a contract negotiated in concert with Erie County, New York, which contains a sub-bargaining unit representing only Corporation employees. The previous agreement ended in 2022, while a new agreement began January 1, 2023 and runs through December 31, 2027. Registered Nurses (RNs) are covered under an agreement with the New York State Nurses Association (NYSNA). This agreement began in 2019 and ran through December 31, 2022. The parties have mutually agreed to a new contract effective January 1, 2023 that runs through December 31, 2027. The Corporation's agreement with the American Federation of State, County and Municipal Employees (AFSCME), a contract negotiated in concert with the County of Erie, New York, and ratified with AFSCME employees in 2022 runs through December 31, 2026.

Transactions with the County of Erie

The Corporation is a component unit of the County of Erie, New York. The County has ongoing contractual and legal obligations to the Corporation and the Corporation has ongoing contractual and legal obligations to the County.

Medicare and Medicaid Reimbursement

The future state of both reimbursement levels and reimbursement methods related to the Medicare and Medicaid programs remains uncertain. Unimplemented formulaic changes as well as budget proposals related to both of these programs for the upcoming year and beyond may significantly alter reimbursements or methodologies, thus changing the environment in which we conduct business as the Corporation relies heavily on these programs for reimbursement for services. The impact of these state and federal rule changes and budget proposals are unknown at this time but could materially impact the Corporation.

Contacting the Corporation's Financial Management

This financial report is designed to provide our community and creditors with a general overview of Erie County Medical Center Corporation's finances and to demonstrate the Corporation's accountability for the resources it receives. If you have any questions about this report or need additional financial information, contact the Chief Financial Officer, Erie County Medical Center Corporation, 462 Grider Street, Buffalo, New York 14215.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Net Position
December 31, 2023 and 2022
(Dollars in Thousands)

	2023	(Restated) 2022
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	\$ 20,773	\$ 44,195
Investments	10,646	7,253
Assets whose use is limited	113,986	99,078
Patient accounts receivable, net	102,389	83,569
Other receivables	40,608	62,430
Supplies, prepaids and other	15,400	12,980
Total current assets	303,802	309,505
Assets whose use is limited	56,635	58,438
Capital assets, net	313,039	359,386
Net pension asset	-	77,538
Other assets, net	8,906	7,780
Total assets	682,382	812,647
Deferred outflows of resources:		
Pension	123,115	143,693
Other post employment benefits	25,670	22,684
Other	10,679	12,034
Total deferred outflows of resources	159,464	178,411
Total assets and deferred outflows of resources	\$ 841,846	\$ 991,058
Liabilities, Deferred Inflows of Resources and Net Position		
Current liabilities:		
Current portion of long-term debt	\$ 12,128	\$ 11,716
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	16,409	14,770
Accounts payable	59,927	73,650
Accrued salaries, wages and employee benefits	39,603	43,219
Net pension liability	34,131	-
Other post employment benefits	12,326	12,061
Accrued other liabilities	42,021	40,113
Unearned revenue	75,802	98,319
Total current liabilities	302,347	303,848
Long-term debt, net	190,515	202,641
Long-term lease and SBITA liability, net	34,682	44,409
Net pension liability, net of current portion	164,805	-
Self-insured obligations	52,121	48,883
Other post employment benefits, net of current portion	281,585	259,334
Other	7,218	5,457
Total liabilities	1,033,273	864,572
Deferred inflows of resources:		
Pension	23,737	280,189
Other post employment benefits	59,337	114,812
Leases	1,666	1,440
Total deferred inflows of resources	84,740	396,441
Net Position:		
Net investment in capital assets	58,654	85,013
Restricted:		
Expendable	95,555	80,719
Unrestricted	(430,376)	(435,687)
Total net position	(276,167)	(269,955)
Total liabilities, deferred inflows of resources and net position	\$ 841,846	\$ 991,058

See notes to the financial statements.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2023 and 2022
(Dollars in Thousands)

	2023	(Restated) 2022
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$4,596 and \$15,474 for 2023 and 2022, respectively	\$ 603,720	\$ 566,389
Disproportionate share revenue (DSH)	107,105	68,295
Other operating revenue	46,639	26,095
Total operating revenues	757,464	660,779
Operating expenses:		
Payroll and employee benefits	440,770	410,664
Professional fees	110,577	109,113
Purchased services	81,712	78,037
Supplies	132,197	117,877
Other operating expenses	30,529	29,185
Depreciation and amortization	49,812	49,872
Total operating expenses	845,597	794,748
Operating loss before pension benefit and other post employment benefits amortization components	(88,133)	(133,969)
Pension (expense) benefit, amortization component	(39,752)	32,537
Other post employment benefits, amortization component	20,424	29,861
Operating loss	(107,461)	(71,571)
Nonoperating revenues (expenses):		
Investment gain (loss)	6,283	(13,966)
Grant revenue	107,230	63,151
Interest expense	(12,264)	(12,028)
Total nonoperating revenues (expenses)	101,249	37,157
Total change in net position	(6,212)	(34,414)
Net position—beginning of year	(269,955)	(235,541)
Net position—end of year	<u><u>\$ (276,167)</u></u>	<u><u>\$ (269,955)</u></u>

See notes to the financial statements.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Cash Flows
Years Ended December 31, 2023 and 2022
(Dollars in Thousands)

	2023	2022
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 608,472	\$ 585,894
Payments to Medicare Advance Payment Program	-	(20,879)
Payments to employees for salaries and benefits	(415,584)	(389,561)
Payments to vendors for supplies and other	(369,364)	(293,557)
Other receipts	119,572	31,591
Net cash used in operating activities	(56,904)	(86,512)
Cash flows from capital and related financing activities:		
Purchases of capital assets	(12,554)	(26,855)
Borrowings on line of credit	-	10,000
Payments on long-term debt	(11,714)	(11,317)
Interest paid on long-term debt	(12,264)	(10,928)
Net cash used in capital and related financing activities	(36,532)	(39,100)
Cash flows from noncapital financing activities:		
Grant funding	80,229	90,151
Net cash provided by noncapital financing activities	80,229	90,151
Cash flows from investing activities:		
(Purchases) sales of assets whose use is limited, net	(13,105)	11,047
Investment gain (loss)	6,283	(13,966)
(Purchases) sales of investments, net	(3,393)	13,111
Net cash (used in) provided by investing activities	(10,215)	10,192
Net change in cash and cash equivalents	(23,422)	(25,269)
Cash and cash equivalents:		
Beginning	44,195	69,464
Ending	\$ 20,773	\$ 44,195

Noncash capital and related financing activities:

Included in accounts payable at December 31, 2023 and 2022, was \$1,357 and \$2,737, respectively, of invoices related to capital asset acquisitions.

(Continued)

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Cash Flows (Continued)
Years Ended December 31, 2023 and 2022
(Dollars in Thousands)

	2023	2022
Reconciliation of operating loss to net cash used in operating activities:		
Operating loss	\$ (107,461)	\$ (71,571)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	49,812	49,872
Provision for bad debts	4,596	15,474
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(23,416)	(22,328)
Medicare Advance Payment Program	-	(20,879)
Other receivables	21,822	26,070
Supplies, prepaids and other	(3,546)	17,218
Deferred outflows of resources	18,947	93,164
Accounts payable	(4,634)	21,955
Accrued liabilities	(9,785)	13,176
Unearned revenue	4,484	(62,799)
Estimated third-party payor settlements	1,750	289
Self-insured obligations	3,238	1,322
Net pension liability (asset)	276,474	(78,453)
OPEB	22,516	(107,711)
Deferred inflows of resources	(311,701)	38,689
Net cash used in operating activities	\$ (56,904)	\$ (86,512)

See notes to the financial statements.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Net Position—Discretely Presented Component Units
December 31, 2023 and 2022
(Dollars in Thousands)

	2023				2022			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
Assets								
Current assets:								
Cash and cash equivalents	\$ 2,365	\$ 270	\$ -	\$ 2,635	\$ 2,337	\$ 271	\$ 2	\$ 2,610
Investments	-	-	-	-	-	-	1,092	1,092
Other receivables	938	-	-	938	1,634	-	-	1,634
Supplies, prepaids and other	259	-	-	259	408	-	-	408
Total current assets	3,562	270	-	3,832	4,379	271	1,094	5,744
Other receivables	887	-	-	887	1,030	-	-	1,030
Endowment and other investments	3,129	9,962	-	13,091	2,298	9,576	-	11,874
Equipment and vehicles, net	-	-	-	-	1	-	-	1
	4,016	9,962	-	13,978	3,329	9,576	-	12,905
Total assets	\$ 7,578	\$ 10,232	\$ -	\$ 17,810	\$ 7,708	\$ 9,847	\$ 1,094	\$ 18,649
Liabilities and Net Position								
Current liabilities:								
Accounts payable	\$ 11	\$ -	\$ -	\$ 11	\$ 22	\$ -	\$ -	\$ 22
Funds held in custody for others	596	-	-	596	596	-	-	596
Total current liabilities	607	-	-	607	618	-	-	618
Long-term liabilities:								
Related party	969	-	-	969	2,522	-	-	2,522
Unearned revenue	335	-	-	335	509	-	-	509
Total liabilities	1,911	-	-	1,911	3,649	-	-	3,649
Net Position								
Restricted:								
Nonexpendable	50	10,000	-	10,050	50	10,000	-	10,050
Expendable	2,634	232	-	2,866	1,510	(153)	-	1,357
Unrestricted	2,983	-	-	2,983	2,499	-	1,094	3,593
Total net position	5,667	10,232	-	15,899	4,059	9,847	1,094	15,000
Total liabilities and net position	\$ 7,578	\$ 10,232	\$ -	\$ 17,810	\$ 7,708	\$ 9,847	\$ 1,094	\$ 18,649

See notes to the financial statements.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Statements of Revenues, Expenses and Changes in Net Position—Discretely Presented Component Units
Years Ended December 31, 2023 and 2022
(Dollars in Thousands)

	2023				2022			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
Operating revenues:								
Grants, contributions and special events	\$ 4,732	\$ -	\$ -	\$ 4,732	\$ 3,425	\$ -	\$ -	\$ 3,425
Total operating revenues	4,732	-	-	4,732	3,425	-	-	3,425
Operating expenses:								
Program services and grants	970	-	1,107	2,077	875	-	5	880
Fundraising	1,640	-	-	1,640	1,562	-	-	1,562
Other operating expenses	641	-	-	641	357	-	1	358
Total operating expenses	3,251	-	1,107	4,358	2,794	-	6	2,800
Operating income (loss)	1,481	-	(1,107)	374	631	-	(6)	625
Nonoperating revenue:								
Investment income (loss)	127	385	13	525	(145)	(347)	(31)	(523)
Change in net position	1,608	385	(1,094)	899	486	(347)	(37)	102
Net position—beginning of year	4,059	9,847	1,094	15,000	3,573	10,194	1,131	14,898
Net position—end of year	\$ 5,667	\$ 10,232	\$ -	\$ 15,899	\$ 4,059	\$ 9,847	\$ 1,094	\$ 15,000

See notes to the financial statements.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 1. Organization

The Corporation: Erie County Medical Center Corporation (referred to as the Corporation or ECMCC) is a public benefit corporation created by the Erie County Medical Center Corporation Act, Chapter 143 of the Laws of New York State, 2003 (Title 6 of Article 10-C of the Public Authorities Law) (the Act) as amended in 2016. The Corporation was created under the Act to secure a form of governance which permits the Corporation to have the legal, financial, and managerial flexibility to operate its health care facilities for the benefit of the residents of New York State (the State), the County of Erie (the County), and Western New York, including persons in need who lack the ability to pay.

The Corporation's "Health Care Facilities" consist of the Medical Center, a 573-bed acute tertiary care facility providing inpatient, emergency, outpatient, primary care and specialty clinic services (Medical Center), a 390-bed residential health care facility (Terrace View) both located on Grider Street in the City of Buffalo and three chemical dependency and alcohol rehabilitation clinics located throughout the County. The Medical Center serves as the region's only Level 1 Adult Trauma Center, burn center, comprehensive traumatic brain injury and spinal cord injury rehabilitative center, Comprehensive Psychiatric Emergency Program provider for acute psychiatric emergencies, Regional Center of Excellence for Transplantation and Kidney Care.

The Corporation has the power under the Act to acquire, operate, and manage its facilities and to issue bonds and notes to finance the costs of providing such facilities. The Act specifically provides that the Corporation's existence shall continue until terminated by law; provided, however, that no such termination shall take effect so long as the Corporation shall have bonds or other obligations outstanding unless adequate provision has been made for the payment or satisfaction thereof. The Corporation's primary purpose is the operation of the Medical Center and Terrace View, and its powers, duties and functions are as set forth in the Act, as amended, and other applicable laws.

The Corporation qualifies as a governmental entity and, accordingly, is exempt from federal income tax pursuant to Section 115 of the Internal Revenue Code of 1986.

In accordance with Governmental Accounting Standards Board (GASB) Statement No. 14, *The Financial Reporting Entity*, as amended, the Corporation's financial statements are included, as a discretely presented component unit, in the County's Annual Comprehensive Financial Report (ACFR). A copy of the ACFR can be obtained from the Erie County Comptroller's Office, 95 Franklin Street, Room 1100, Buffalo, New York 14202. The Corporation is subject to New York civil service law.

Governance: The Corporation is governed by its Board of Directors (the Board) consisting of fifteen (15) voting directors, eight (8) of whom are appointed by the Governor of the State of New York and seven (7) of whom are appointed by the Erie County Executive with the advice and consent of the Erie County Legislature. There are four non-voting representatives, as well. The directors and non-voting members serve staggered terms and continue to hold office until their successors are appointed. Directors have experience in the fields of health care services, quality and patient safety, human resources, strategic growth, law, and financial management and reflect a broad representation of the community served by the Corporation. Regular meetings of the Board are scheduled eleven (11) times per year. Board leaders are appointed by the Board.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 1. Organization (Continued)

Great Lakes Health System: The Corporation is a member of Great Lakes Health System of Western New York (Great Lakes). Great Lakes is a not-for-profit, community-based corporation comprised of unified partners whose objective is to provide the highest quality of healthcare to the residents of Western New York. Great Lakes is comprised of the Corporation, Kaleida Health (KH), The Center for Hospice and Palliative Care and the State University of New York at Buffalo (the University).

Great Lakes Health Integrated Network: The Corporation, together with KH has formed Great Lakes Health Integrated Network (GLIN) with each maintaining a 50% ownership interest. As of December 31, 2023 and 2022, capital contributions due to GLIN totaled \$326 and \$767, respectively. Contributions are used to pay for care coordination services, information systems infrastructure and routine operating expenses to support community population health management.

Medical School Collaboration: The Corporation serves as a primary teaching hospital for the Jacobs School of Medicine and Biomedical Sciences of the State University of New York at Buffalo (the Medical School). An agreement governs the relationship between the Corporation and the Medical School. The Corporation serves as an integral part of the education and research mission of the Medical School by providing the clinical settings for the Medical School's public mission to educate and train physicians, nurses and other healthcare professionals, conduct clinical research programs and deliver healthcare services to patients. There are currently 187 full-time equivalent medical residents assigned to the Corporation in various Academic College of Graduate Medical Education accredited residency programs.

Component Units: Accounting principles generally accepted in the United States of America (U.S. GAAP) require the inclusion within the Corporation's financial statements of certain organizations as component units. The component units discussed below are included because the nature and significance of their relationship to the Corporation are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete under criteria set forth by the GASB.

The component unit information in the accompanying basic financial statements includes the financial data of the Corporation's three discretely presented component units. The three discretely presented component units are discussed in more detail below:

ECMC Foundation, Inc.: The ECMC Foundation, Inc. (the Foundation) is a not-for-profit organization exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). The Foundation was formed for the purpose of supporting Corporation programs. The financial statements of the Foundation have been prepared on an accrual basis. The annual financial report can be obtained by writing to: Executive Director, ECMC Foundation, Inc., 462 Grider Street, Buffalo, NY 14215.

The Grider Initiative, Inc.: The Grider Initiative, Inc. (the Physician Endowment) is a not-for-profit organization exempt from federal income taxes under Section 501(c)(3) of the IRC. The Physician Endowment was funded in 2010, for the purpose of recruiting physicians who shall practice on the Grider Street campus of the Corporation. The entity was funded with an initial transfer of \$10,000 from the Corporation. Earnings from the investment of the initial transfer may be used only for physician recruitment and retention and necessary expenses of the entity. The financial statements of The Grider Initiative, Inc. have been prepared on an accrual basis. The annual financial report can be obtained by writing to: Chair, The Grider Initiative, Inc. 462 Grider Street, Buffalo, NY 14215.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 1. Organization (Continued)

Research for Health in Erie County, Inc.: Research for Health in Erie County, Inc. (RHEC) was a not-for-profit organization dedicated to supporting research activities relating to the causes, nature, and treatment of diseases, disorders, and defects of particular importance to the public health in areas served by the Corporation. During 2023, RHEC was dissolved and the remaining net assets were contributed to the ECMC Foundation in order for ECMC Foundation to carry out the original RHEC mission.

In addition, the financial statements of the Corporation include the operations of the following component units, which are blended with the accounts of the Corporation:

PPC Strategic Services LLC (PPC): The Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships.

Grider Support Services, LLC: The Corporation is the sole owner of this enterprise, which was formed to act as an MSO for physician practice services, which includes providing employees, management and administrative services.

Grider Community Gardens, LLC: This entity is wholly owned and controlled by the Corporation and was formed for the purpose of purchasing and holding properties in proximity to the Corporation's Grider Street Campus.

1827 Fillmore, LLC: This entity is controlled by the Corporation and was formed for the purchase and development of property immediately adjacent to the Corporation's Grider Street campus.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The Corporation uses the accrual basis of accounting. Revenue is recognized in the period it is earned and expenses are recognized in the period incurred. Under this basis of accounting, all assets, deferred outflows of resources, liabilities and deferred inflows of resources associated with the operation of the Corporation are included in the statements of net position.

For financial accounting and reporting purposes, the Corporation follows all pronouncements of the GASB. All references to relevant authoritative literature issued by the GASB with which the Corporation must comply are hereinafter referred to generally as U.S. GAAP. The discretely presented component units, as previously described, report under Financial Accounting Standards Board (FASB) standards. As such, certain revenue recognition criteria and presentation features are different from GASB revenue recognition criteria and presentation features.

Use of estimates: The preparation of the 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 in the financial statements and accompanying notes. The reserve for uncollectible accounts, contractual allowances, estimated third-party payor settlements, workers compensation reserves, malpractice reserves, net pension assets/obligations, other post-employment benefit obligations, self-insured obligations, as well as, Disproportionate Share (DSH) revenue and certain other accounts, require the use of estimates. Actual results could differ from those estimates.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Included in net patient service revenue are adjustments to prior year estimated third-party payor settlements, and their related estimated receivables and payables that were originally recorded in the period the related services were rendered, as well as adjustments to the net realization rate for collections on patient accounts receivable. These adjustments are made in the normal course of operations and amounts reported are consistent with the approach in prior years. The adjustments to prior year estimates and other third-party reimbursement or recoveries that relate to prior years also impact DSH revenues as discussed in Note 5. The combined effect of changes related to prior years' estimates resulted in an increase of \$5,472 and \$196 in total operating revenues for the years ended December 31, 2023 and 2022, respectively.

Cash and cash equivalents: The Corporation's cash and cash equivalents include cash on hand and cash in checking and money market accounts as well as investments with a maturity of three months or less when purchased. Cash and cash equivalents designated for long-term purposes or received with donor-imposed restrictions limiting their use to long-term purposes are not considered cash and cash equivalents for purposes of the statements of cash flows. Monies deposited in Federal Deposit Insurance Corporation (FDIC) insured commercial banks are collateralized with specifically designated securities held by a pledging financial institution, as required by State regulations.

Patient accounts receivable: Patient accounts receivable are reported net of both an estimated allowance for contractual adjustments and an estimated allowance for uncollectible accounts. The contractual adjustments represent the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payor programs. Current operations are charged with an estimated provision for bad debts estimated based on the age of the account, prior experience and any other circumstances which affect collectability. The Corporation's policy does not require collateral or other security for patient accounts receivable and the Corporation routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies. The allowance for estimated doubtful accounts at December 31, 2023 and 2022 was approximately \$64,577 and \$63,414, respectively.

Investments and assets whose use is limited: The Corporation generally records its investments at fair value. Such assets are comprised of cash and cash equivalents, including money market funds, fixed income securities, commercial paper and equity funds. Assets classified as investments are unrestricted. Assets classified as limited as to use are restricted under Board designation or terms of agreements with third parties and include debt service funds, funds for self-insured workers' compensation costs and medical malpractice costs, collateral for insured workers' compensation programs, patient and resident monies, funding for future retiree health costs, and funds limited as to use for the acquisition of property, plant and equipment.

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least possible that changes in risks in the near term could materially affect the net position of ECMCC.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Other receivables: The composition of other receivables, as of December 31 is as follows:

	2023	2022
DSH and Upper Payment Limit (UPL) (Note 5)	\$ 28,473	\$ 50,330
Due from affiliated organizations and joint ventures	1,233	1,928
Due from third-party payors	6,980	7,524
Other	3,922	2,648
	<u>\$ 40,608</u>	<u>\$ 62,430</u>

Capital assets: Capital assets are stated at cost. Depreciation is computed under the straight-line method over the estimated useful life of the asset. Estimated useful lives of assets have been established as follows:

Land and land improvements	5-25 years
Buildings and improvements	10-40 years
Fixed equipment	10-20 years
Major movable equipment	3-20 years

When assets are retired, or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected for the period. Maintenance and repairs are charged to expense as incurred with significant renewals and betterments being capitalized.

Capital assets that are donated (without restriction) are recorded at their fair value as a direct increase to the component of net investment in capital assets.

Deferred outflows of resources: Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and therefore will not be recognized as an outflow of resources (expense) until that time. Deferred outflows of resources consist primarily of unrecognized items not yet charged to pension expense and retiree health expense related to the net pension (asset)/liability and post-employment benefit obligations, and items related to the 2017 financing transaction as described below, amongst other deferred resources.

The 2017 financing transaction included the payment of points, in the amount of \$17,040 to Erie County associated with the differential in interest rate on the 2017 financing using the credit rating of Erie County and the rate that the Corporation was projected to pay independent of a relationship with Erie County. The points are being amortized on the interest method over the term of the 2017 financing. The unamortized amount of points at December 31, 2023 and 2022, is \$8,712 and \$9,836, respectively. The 2017 financing transaction also included the advance refunding of the 2011 financing, the proceeds of which were used to finance the construction of the Terrace View Nursing Home on the Corporation's campus. The deposit required to the advance refunding escrow was greater than the balance outstanding on the 2011 financing in the amount of \$2,038 and is being amortized on the interest method over the life of the advance refunding component of the transaction. The unamortized portion of this advance refunding at December 31, 2023 and 2022 is \$652 and \$834, respectively.

Other assets: Amounts due from the County, as noted in Note 14, as well as ownership interests in various business enterprises are included in other assets.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Collaborative Care Ventures, LLC (Collaborative Care) was formed in 2014 by ECMCC and KH. Collaborative Care was created as a vehicle for ECMCC and KH to participate in various investments in the future consistent with their missions. At December 31, 2023 and 2022, the Corporation's share of the net assets of Collaborative Care amounted to \$1,022 and \$1,060, respectively.

Great Lakes Health Integrated Network (GLIN) was formed in 2018 by ECMCC and KH. GLIN was formed to support, manage and negotiate value-based contracts and/or risk-based contracts with third-party payors for the purpose of managing population health and anticipated payment reform. The Corporation's share of contributed capital supports organizational development and ongoing operations. The Corporation's share of GLIN's profit or loss is recognized as non-operating revenue. At December 31, 2023 and 2022, the Corporation's share of the net assets of GLIN amounted to \$4,324 and \$2,179, respectively.

Leases: The Corporation is a lessee for noncancellable leases of real estate and equipment. The Corporation recognizes a lease liability and an intangible right-to-use lease asset in the financial statements for leases. At the commencement of a lease, the Corporation measures the lease liability at the interest rate charged on the lease, if available, or otherwise discounted using the Corporation's incremental borrowing rate. The lease assets are amortized over the shorter of the lease term or the underlying asset useful life.

The Corporation is also a lessor for noncancellable leases of real estate. The Corporation recognizes a lease receivable and deferred inflow of resources in the financial statements for these leases. At the commencement of the lease, the Corporation measures the lease receivable at the interest rate charged on the lease, if available, or otherwise discounted using the Corporation's incremental borrowing rate.

Subscription Based Information Technology Arrangements (SBITAs): The Corporation recognizes an intangible subscription asset and corresponding subscription liability for its SBITAs. The subscription asset is measured as the subscription liability plus direct costs incurred in implementing the subscription asset. The subscription asset is amortized on a straight-line basis over the shorter of the subscription term or the useful life of the underlying subscription asset. At the subscription commencement, the subscription liability is measured at the present value of payments expected to be made during the subscription term and utilizes the interest rate charged in the SBITA, if available, or otherwise discounted using the Corporation's incremental borrowing rate to calculate the present value of the payments.

Unearned revenue: Unearned revenue represents funds received by the Corporation for the Delivery System Reform Incentive Payment (DSRIP) Program and health care transformation funds received that have not yet been earned.

Compensated absences: The Corporation has accrued liabilities for certain compensated absences earned by its employees, to include vacation, sick, and compensatory time. The Corporation's employees are permitted to accumulate unused vacation and sick leave time up to certain maximum limits. The Corporation accrues the estimated obligation related to vacation pay based on pay rates currently in effect. Sick leave credits, if accumulated above certain prescribed levels, may be the basis of a supplemental payment to employees upon retirement. The Corporation accrues an estimated liability for these estimated terminal payments. These amounts have been included in the statements of net position at December 31, 2023 and 2022, within the caption accrued salaries, wages and employee benefits in the amounts of \$17,496 and \$15,295, respectively.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Deferred inflows of resources: Deferred inflows of resources represent an acquisition of net position that applies to a future period(s) and therefore will not be recognized as an inflow of resources (revenue) until that time. Deferred inflows of resources consist primarily of the unamortized portion of certain items related to the Corporation's pension, other post-employment benefits and the value of leases receivable plus any payments received at or before the commencement of the lease term that relates to future periods.

Net position: Net position is classified into three categories according to external donor restrictions or availability of assets for satisfaction of the Corporation's obligations. The Corporation's net position is described as follows:

Net investment in capital assets: This represents the Corporation's total investment in capital assets, net of accumulated depreciation and reduced by outstanding debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets. To the extent debt has been incurred but not yet expended for capital assets, such amounts are not included as a component of net investment in capital assets.

Restricted: The restricted expendable component of net position consists of constraints placed on net position through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. The restricted nonexpendable component of net position is permanently unavailable for use. The earnings on the nonexpendable net position are classified as restricted expendable.

Unrestricted: This component of net position consists of net position that does not meet the definition of other components of net position described above. These resources are used for transactions relating to the general health care operations of the Corporation and may be used at the discretion of the Board of Directors to meet current expenses for any purpose.

Net patient service revenue: Net patient service revenue is reported as services are rendered at estimated net realizable amounts, including estimated retroactive revenue adjustments under reimbursement agreements with third-party payors. Estimated settlements under third-party reimbursement agreements are accrued in the period the related services are rendered and adjusted in future periods as final settlements are determined. An estimated provision for bad debts is included in net patient service revenue.

Charity care: The Corporation provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than 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 in the accompanying statements of revenues, expenses and changes in net position. The estimated costs of caring for charity care patients were \$4,459 and \$4,602 for the years ended December 31, 2023 and 2022, respectively. Additionally, the Corporation provided approximately \$2,397 and \$2,517 in discounts to self-pay patients for the years ended December 31, 2023 and 2022, respectively.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

Contributions: The Foundation reports gifts of cash or promises to give as restricted contributions when they are received with donor stipulations that limit the use of the donated assets. When the intent of the donor is that the assets are to remain in perpetuity and the Foundation does not have the right to invade the original principal, the assets are reported as with donor restrictions. When a donor restriction expires, restricted-expendable net positions are released to unrestricted net position. The Foundation conducted a capital campaign to raise funds to support the construction of a new Level 1 Adult Trauma Center, Emergency Department and other capital needs in support of the mission of the Corporation. Receivables for pledges associated with this campaign are recorded net of a reserve for uncollectible pledges and are discounted to present value using a 4.79% discount rate, over the expected collection period of the pledges.

Classification of revenues: The Corporation has classified its revenues as either operating or non-operating revenues according to the following criteria:

Operating revenues: Operating revenues include activities that have the characteristics of exchange transactions, such as payments for providing services and payments for goods and services received, for health care services provided to patients, net of contractual adjustments and provisions for bad debts.

Nonoperating revenues: Nonoperating revenues include activities that have the characteristics of nonexchange transactions, such as gifts and contributions, CARES Act funding, NYSDOH grant funding, Federal Emergency Management Agency (FEMA) funding, income from investments and contributions.

Income taxes: The Corporation 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. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Contributed services: RHEC receives contributions from the Corporation consisting primarily of donated space, equipment, and personnel support. During 2023 and 2022, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded.

Certain immaterial amounts related to contributed rents have been reflected in the Foundation's financial statements as contribution revenue. The Foundation generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Foundation in meeting its goals and objectives. Such services are not recognized in the Foundation financial statements.

No amounts have been reflected in the Physician Endowment financial statements for contributed services, as the value of contributed services meeting the requirements for recognition in the financial statements was not material.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 2. Summary of Significant Accounting Policies (Continued)

Recent and pending accounting pronouncements: Effective January 1, 2022, the Corporation adopted GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users. This Statement: (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*. A SBITA is defined as a contract that conveys control of the right to use another party's information technology software alone or in combination with tangible capital assets as specified in the contract for a period of time in an exchange or exchange-like transaction. See Note 8, for further details regarding the implementation of this Standard.

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 99, *Omnibus 2022*. The objectives of this Statement are to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees. The requirements of this Statement are effective at various dates as outlined in the Statement. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

In June 2022, GASB issued Statement No. 100, *Accounting Changes and Error Corrections-An Amendment of GASB No. 62*. This Statement defines *accounting changes* as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes. As part of those descriptions, for (1) certain changes in accounting principles and (2) certain changes in accounting estimates that result from a change in measurement methodology, a new principle or methodology should be justified on the basis that it is preferable to the principle or methodology used before the change. That preferability should be based on the qualitative characteristics of financial reporting—understandability, reliability, relevance, timeliness, consistency, and comparability. This Statement also addresses corrections of errors in previously issued financial statements. The requirements of this Statement are effective for accounting changes and error corrections made in fiscal years beginning after June 15, 2023, and all reporting periods thereafter. Earlier application is encouraged. The Corporation does not anticipate the adoption of this standard will have a significant impact on the financial statements.

In June 2022, GASB issued Statement No. 101, *Compensated Absences*. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. The requirements of this Statement are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. Earlier application is encouraged. The Corporation does not anticipate adopting this standard will have a material impact on the financial statements.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 2. Summary of Significant Accounting Policies (Continued)

In December 2023, GASB issued Statement No. 102, *Certain Risk Disclosures*. The objective of this Statement is to provide users of government financial statements with essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. This Statement defines a *concentration* as a lack of diversity related to an aspect of a significant inflow of resources or outflow of resources. A *constraint* is a limitation imposed on a government by an external party or by formal action of the government's highest level of decision-making authority. Concentrations and constraints may limit a government's ability to acquire resources or control spending. This Statement requires a government to assess whether a concentration or constraint makes the primary government reporting unit or other reporting units that report a liability for revenue debt vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued. The requirements of this Statement are effective for fiscal years beginning after June 15, 2024, and all reporting periods thereafter. Earlier application is encouraged. The Corporation has not yet determined the impact this statement will have on the financial statements

Reclassifications: Certain prior-year amounts have been reclassified to conform to the current-year presentation. Such reclassifications had no effect on previously reported operating loss/income or changes in net position.

Subsequent events: The Corporation has evaluated subsequent events for potential recognition and/or disclosure through March 26, 2024, the date the financial statements were issued.

Note 3. Coronavirus Pandemic (COVID-19)

Under certain provisions in the CARES and American Rescue Plan (ARP) Acts, the Corporation recognized benefits totaling \$8,395, in its statements of revenues, expenses and changes in net position, for the year ended December 31, 2022 (\$0 in 2023). The benefit is entirely comprised of distributions from the Provider Relief Fund established under these Acts and is recognized as non-operating revenue. During 2020, the Corporation also deferred payment of \$10,926 for the employer portion of the Social Security payroll taxes as allowed by the CARES Act. In accordance with the CARES Act, 50% of the deferred payroll tax was paid on January 3, 2022, with the remainder paid on January 3, 2023.

Under the CARES Act, the Centers for Medicare & Medicaid Services (CMS) expanded the Medicare Accelerated and Advance Payment Program to provide necessary funds to Medicare providers to assist with the disruption in claims submission and claims processing. During 2020, the Corporation received advance payments under this program totaling \$39,101. As of December 31, 2022, Medicare had recouped the advance in its entirety with \$20,879 recouped during 2022 and \$18,222 recouped in prior years.

The CARES Act also includes financial relief through FEMA's Disaster Relief Fund. The Corporation has received \$3,829 and \$2,757 from FEMA to reimburse eligible incremental expenses as a result of COVID-19 during the years ended December 31, 2023 and 2022, respectively. The Corporation will continue to submit for grant reimbursement for any remaining eligible COVID-19 expenses under this program. Costs claimed under FEMA may not be reimbursed by any other funding source or payor, and may not be claimed through Provider Relief Funds (PRF) or other grants.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 4. Net Patient Service Revenue and Patient Accounts Receivable

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

Medicare: Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge and per patient day depending on the service. Acute care rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain inpatient and outpatient services, as well as defined organ acquisition, capital and medical education costs related to Medicare beneficiaries are paid based on regulatory proscribed formulae. The Corporation is reimbursed for such items at a tentative rate with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicare fiscal intermediary. The Corporation's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Corporation. Most outpatient reimbursements are based on an Ambulatory Payment Classification weighting by acuity system, although some outpatient cost reimbursement still exists.

Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates in accordance with Part 86 of the New York Codes, Rules and Regulations and New York State Law which are promulgated by the New York State Department of Health (DOH). Outpatient services are similarly paid at either prospective rates or fee schedule amounts.

Under the New York Health Care Reform Act, the Corporation also enters into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Corporation under these agreements includes prospectively determined rates, discounts from charges, and prospectively determined per diem rates. Medicaid, Workers' Compensation and No-fault continue to have reimbursement rates determined based on New York's Prospective Reimbursement Methodology.

Terrace View provides services to residents under agreements with third-party payors (Medicaid, Medicare and HMO's) under provisions of their respective cost reimbursement formulas or contractually negotiated rates. If amounts received are less than established billing rates, the difference is accounted for as a reduction of revenue. Final determination of the reimbursement rates are subject to review by appropriate third-party payors. Provisions are made in the financial statements for anticipated adjustments that may result from such reviews. The difference between the estimated amounts accrued and final settlements are reported in operations in the year of settlement.

Net patient service revenue, as reported on the statements of revenues, expenses and changes in net position, is comprised of the following for the years ended December 31:

	2023	2022
Gross charges	\$ 1,673,523	\$ 1,514,854
Less:		
Discounts and allowances	1,065,207	932,991
Provision for bad debts	4,596	15,474
	<u>\$ 603,720</u>	<u>\$ 566,389</u>

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)

Net patient service revenue by payor for the years ended December 31 is as follows:

	2023		2022	
	Amount	%	Amount	%
Medicare*	\$ 247,282	41.0%	\$ 229,412	40.5%
Medicaid*	164,815	27.3%	156,183	27.6%
Commercial and other third-party payors	164,704	27.3%	153,322	27.1%
No-fault	20,452	3.4%	23,968	4.2%
Self-pay	6,467	1.0%	3,504	0.6%
	<u>\$ 603,720</u>	<u>100.0%</u>	<u>\$ 566,389</u>	<u>100.0%</u>

*Medicare and Medicaid include Managed Care plans.

Laws and regulations governing Medicare, Medicaid, and other third-party payor programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in future periods. The Corporation believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Patient accounts receivable consist of the following at December 31:

	2023	2022
Gross accounts receivable	\$ 295,805	\$ 271,115
Less:		
Discounts and allowances	128,839	124,132
Allowance for bad debts	64,577	63,414
	<u>\$ 102,389</u>	<u>\$ 83,569</u>

Concentration of credit risk: The Corporation grants credit without collateral to its patients, most of whom are insured under third-party payor arrangements. The mix of net receivables from patients and third-party payors at December 31 is as follows:

	2023	2022
Medicare*	33.2%	35.6%
Commercial and other third party payors	32.7%	27.7%
Medicaid*	27.8%	32.1%
No-fault	5.5%	3.7%
Self-pay	0.8%	0.9%
Total	<u>100.0%</u>	<u>100.0%</u>

*Medicare and Medicaid include Managed Care plans.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 5. Disproportionate Share (DSH) Revenue

The Medicaid DSH program is designed to provide funds to certain hospitals to help offset the cost of uncompensated care provided to the uninsured. Each state has a specified Federal DSH allotment. In addition, New York State law authorizes the New York State Department of Health (DOH) to make supplemental DSH medical assistance payments to public hospitals located in Erie County, Nassau County, and Westchester County. For long term care facilities, DSH revenue is recognized in accordance with Upper Payment Limit (UPL) regulations promulgated by the Centers for Medicare and Medicaid Services (CMS).

In 2023 and 2022, DSH funding recorded by the Corporation totaled \$107,105 and \$68,295, respectively. The DSH funding process is complex and includes both tentative and final settlements for various state fiscal years which are subject to the availability of state and federal funding among other factors. As a result, DSH revenue is estimated and final settlements may vary significantly from the initial estimates.

For hospital services, DSH revenue of \$91,220 and \$58,295 was recognized in 2023 and 2022, respectively. In addition, during 2023 and 2022, the Corporation recognized \$15,885 and \$10,000, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2023-2024, as determined by the DOH, using cost report year 2021 data.

CMS has indicated that cost reports dating back to the 2021 reporting year and the methodology employed to calculate DSH revenue are subject to audit for those years. Additionally, on February 24, 2024 CMS published the final rule addressing recent legislative changes to the Social Security Act, which changed hospital specific Medicaid DSH payment formulas. At this time, the impact of the CMS audit activity, and any DSH payment formula changes including implementation timing are not certain. Management has taken what it believes to be reasonable and appropriate steps to assure compliance with the CMS methodology.

Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited

Cash and cash equivalents and investments: The Corporation's investments are made in accordance with State regulations and its own investment policy. The investment policy is regularly reviewed by an investment committee of the Board which evaluates the performance of investment managers and monitors compliance with the investment policy.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited
(Continued)

The Corporation's investments are generally reported at fair value, as discussed in Note 2. The carrying amounts of cash and cash equivalents, investments and assets whose use is limited are included in the Corporation's statements of net position as follows:

	2023	2022
Cash and cash equivalents	\$ 20,773	\$ 44,195
Investments	10,646	7,253
Assets whose use is limited—current	113,986	99,078
Assets whose use is limited—noncurrent	56,635	58,438
	<u>\$ 202,040</u>	<u>\$ 208,964</u>
Current portion of assets whose use is limited:		
Patient and residents trust cash	\$ 726	\$ 362
Restricted for debt service ^(a)	13,570	2,360
Designated for self-insurance obligations ^(b)	8,998	9,356
Designated for retiree health obligations ^(b)	12,326	12,061
Designated for DSRIP program ^(b)	71,684	68,534
NYS voluntary defined contribution plan escrow	49	129
Medical and dental staff funds	1,121	1,004
Restricted—self-insured workers' compensation collateral ^(d)	5,512	5,272
Total current portion of assets whose use is limited	<u>\$ 113,986</u>	<u>\$ 99,078</u>
Noncurrent portion of assets whose use is limited:		
Restricted for debt service ^(a)	\$ 10,302	\$ 9,825
Designated for long-term investment ^(b)	5,091	9,099
Designated for retiree health obligations ^(b)	12,505	12,770
Designated for self-insurance obligations ^(b)	24,075	21,808
Restricted—insured workers' compensation collateral ^(c)	4,662	4,936
Total noncurrent portion of assets whose use is limited	<u>\$ 56,635</u>	<u>\$ 58,438</u>

^(a) Funds restricted by operation of indenture agreement

^(b) Funds internally designated by operation of Board authority

^(c) Funds restricted—insured workers' compensation collateral agreement

^(d) Funds restricted—self-insured workers' compensation collateral agreements

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited
(Continued)**

The Corporation's cash and cash equivalents, as well as investments, are exposed to various risks, including credit, custodial credit, interest rate and market risks, as discussed in more detail below:

Deposits

All monies are deposited with banks or trust companies designated by the Corporation's investment committee of the Board of Directors. Funds not needed for immediate expenditure may be deposited in interest or non-interest-bearing accounts or invested in various marketable securities and bonds.

Custodial credit risk: Custodial credit risk is the risk that, in the event of bank failure, the Corporation's deposits might not be recovered. FDIC insurance through December 31, 2023 for funds held in interest bearing accounts is \$250 per depositor per category of legal ownership. New York law requires that deposits in excess of FDIC insured amounts are collateralized. The Corporation's bank deposits at December 31, 2023 and 2022, totaled \$27,068 and \$50,760, of which \$1,030 and \$1,043, respectively, were insured. Amounts over FDIC insured limits were fully collateralized with securities held by the pledging financial institution.

Investments

The Corporation's investment policy authorizes the Corporation to invest in accordance with New York State Finance Law Section 8(14), Section 201 and Public Authorities Law Article 9 Section 2800 to 2985, as well as the relevant provisions of the ECMCC Act. Compliance with the policy is monitored by the Corporation's investment committee and reported on regularly throughout the year by the Corporation's investment advisor.

Credit risk: Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligation, causing the Corporation to experience a loss of principal. The Corporation's investment policy limits investments in equity and fixed income securities with ratings only in the highest category. ECMCC's investments in government bonds carry the explicit guarantee of the U.S. government. The corporate bonds, short-term fixed income and government bonds are all rated AA+ or better by the Standards & Poor's rating agency.

Interest rate risk: Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Corporation's cash equivalent securities are limited to maturities of no greater than eighteen months; short-term fixed income securities are limited to maturities of no greater than five years; and long-term fixed income securities are limited to maturities to no more than ten years. Substantially all of the Corporation's investments and assets whose use is limited have stated maturities of less than one year.

Custodial credit risk: For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Corporation will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Corporation's investment policy does not address custodial credit risk.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited
(Continued)

Concentration of credit risk: Concentration of credit risk is the risk of loss attributable to the magnitude of investments in any single issuer. The Corporation's investment policy indicates the combined holdings of securities from one issuer shall not constitute more than 5.0% of the fund except for issues guaranteed directly or indirectly by the U.S. Government. The Corporation had no holdings in Federal National Mortgage Association (Fannie Mae) or Federal Home Loan Mortgage Corporation (Freddie Mac) issues at December 31, 2023 and 2022.

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

Level 1: Valuations based on quoted prices in active markets for identical assets that the Corporation has the ability to access.

Level 2: Valuations based on quoted prices in active markets for similar assets, quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly. The Corporation has no Level 2 assets.

Level 3: Valuations based on inputs that are unobservable and significant to the overall fair value measurement. These are generally company generated inputs and are not market-based inputs. The Corporation has no Level 3 assets.

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 20,773	\$ -	\$ -	\$ 20,773
Investments and assets whose use is limited:				
Cash and cash equivalents	115,448	-	-	115,448
Marketable equity securities:				
Small/Mid cap equities	4,423	-	-	4,423
Growth equities	1,447	-	-	1,447
Core equities	9,921	-	-	9,921
International equities	10,190	-	-	10,190
U.S. fixed income	39,838	-	-	39,838
Total investments and assets whose use is limited	181,267	-	-	181,267
Total	\$ 202,040	\$ -	\$ -	\$ 202,040

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited
(Continued)

	2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 44,195	\$ -	\$ -	\$ 44,195
Investments and assets whose use is limited:				
Cash and cash equivalents	96,213	-	-	96,213
Marketable equity securities:				
Small/Mid cap equities	4,117	-	-	4,117
Growth equities	1,459	-	-	1,459
Core equities	9,070	-	-	9,070
International equities	10,330	-	-	10,330
U.S. fixed income	43,580	-	-	43,580
Total investments and assets whose use is limited	164,769	-	-	164,769
Total	\$ 208,964	\$ -	\$ -	\$ 208,964

Note 7. Capital Assets, Net

Capital asset activity for the years ended December 31 is as follows:

	2023			
	Beginning Balance	Additions	Disposals/Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,166	\$ 31	\$ -	\$ 41,197
Buildings and improvements	545,092	2,882	-	547,974
Fixed/major moveable equipment	151,523	5,096	(165)	156,454
Total capital assets—being depreciated	737,781	8,009	(165)	745,625
Less accumulated depreciation	(461,308)	(32,001)	165	(493,144)
Total capital assets—being depreciated, net	276,473	(23,992)	-	252,481
Capital assets—not being depreciated:				
Construction in progress	21,643	3,165	(16,382)	8,426
Capital assets, net, excluding lease and SBITA assets	\$ 298,116	\$ (20,827)	\$ (16,382)	\$ 260,907
Lease and SBITA assets, net (Note 8)				\$ 52,132
Total capital assets, net, as reported in statements of net position				\$ 313,039

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 7. Capital Assets, Net (Continued)

	2022			
	Beginning Balance	Additions	Disposals/ Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,624	\$ 525	\$ (983)	\$ 41,166
Buildings and improvements	547,713	4,763	(7,384)	545,092
Fixed/major moveable equipment	160,780	5,632	(14,889)	151,523
Total capital assets—being depreciated	750,117	10,920	(23,256)	737,781
Less accumulated depreciation	(448,779)	(34,911)	22,382	(461,308)
Total capital assets—being depreciated, net	301,338	(23,991)	(874)	276,473
Capital assets—not being depreciated:				
Construction in progress	19,699	8,216	(6,272)	21,643
Capital assets, net, excluding lease and SBITA assets	<u>\$ 321,037</u>	<u>\$ (15,775)</u>	<u>\$ (7,146)</u>	<u>\$ 298,116</u>
Lease and SBITA assets, net (Note 8)				<u>\$ 61,270</u>
Total capital assets, net, as reported in statements of net position				<u>\$ 359,386</u>

Construction in progress at December 31, 2023 and 2022, includes costs associated with various mechanical, electrical and information-technology security projects. The costs associated with an ambulatory electronic medical records system project of \$11,239 were written off during the year ended December 31, 2023 and recorded within purchased services expenses within the statements of revenues, expenses and changes in net position.

Depreciation expense amounted to \$32,001 and \$34,911 for the years ended December 31, 2023 and 2022, respectively.

Note 8. Leases and Subscription-Based Information Technology Arrangements

The Corporation is a lessee for various noncancellable leases of real estate and equipment. The expected lease payments are discounted using the interest rate charged on the lease, if available, and are otherwise discounted using the Corporation's incremental borrowing rate. The right-to-use assets are amortized over the shorter of the lease term or the underlying asset useful life. Lease assets are reported within capital assets and lease and SBITA liabilities are reported separately in the statements of net position.

Effective January 1, 2022, the Corporation adopted GASB Statement No. 96, *Subscription-Based Information Technology Arrangements (SBITAs)*. This Statement provides guidance on the accounting and financial reporting for SBITAs for government end users. The implementation of this Statement required the restatement of certain expenses and the change in net position in the December 31, 2022 financial statements.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)

The Corporation recognizes an intangible subscription asset and corresponding subscription liability for its subscription-based information technology agreements with others. These arrangements have terms requiring monthly, quarterly or annual payments. The expected payments are discounted using the interest rate charged on the arrangement, if available, or are otherwise discounted using the Corporation's incremental borrowing rate.

Right-to-use assets by major class and the related accumulated amortization for the years ended December 31 is summarized as follows:

	2023				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 13,969	\$ 718	\$ -	\$ 2,760	\$ 11,927
Equipment	34,696	3,950	1,413	-	40,059
Total lease assets being amortized	48,665	4,668	1,413	2,760	51,986
Less accumulated amortization:					
Real estate	2,603	1,156	-	1,069	2,690
Equipment	16,008	6,917	-	-	22,925
Total accumulated amortization	18,611	8,073	-	1,069	25,615
Lease assets, net	30,054	(3,405)	1,413	1,691	26,371
Subscription-based information technology assets	39,473	4,349	-	-	43,822
Accumulated amortization	8,257	9,804	-	-	18,061
Subscription-based information technology assets, net	31,216	(5,455)	-	-	25,761
Lease and SBITA assets, net of accumulated amortization	\$ 61,270	\$ (8,860)	\$ 1,413	\$ 1,691	\$ 52,132

	2022				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 13,541	\$ 428	\$ -	\$ -	\$ 13,969
Equipment	26,194	8,502	-	-	34,696
Total lease assets being amortized	39,735	8,930	-	-	48,665
Less accumulated amortization:					
Real estate	1,410	1,193	-	-	2,603
Equipment	10,546	5,462	-	-	16,008
Total accumulated amortization	11,956	6,655	-	-	18,611
Lease assets, net	27,779	2,275	-	-	30,054
Subscription-based information technology assets	34,370	5,103	-	-	39,473
Accumulated amortization	-	8,257	-	-	8,257
Subscription-based information technology assets, net	34,370	(3,154)	-	-	31,216
Lease and SBITA assets, net of accumulated amortization	\$ 62,149	\$ (879)	\$ -	\$ -	\$ 61,270

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)

As of December 31, 2023, the principal and interest requirements to maturity for the lease liability are as follows:

	Principal	Interest	Total
2024	\$ 7,685	\$ 923	\$ 8,608
2025	5,794	655	6,449
2026	3,916	447	4,363
2027	2,549	303	2,852
2028	1,543	205	1,748
2029-2033	3,669	538	4,207
2034-2038	1,484	59	1,543
	<u>\$ 26,640</u>	<u>\$ 3,130</u>	<u>\$ 29,770</u>

As of December 31, 2023, the principal and interest requirements to maturity for the SBITA liability are as follows:

	Principal	Interest	Total
2024	\$ 8,724	\$ 800	\$ 9,524
2025	7,129	475	7,604
2026	5,568	218	5,786
2027	2,846	49	2,895
2028	135	3	138
2029-2033	49	1	50
	<u>\$ 24,451</u>	<u>\$ 1,546</u>	<u>\$ 25,997</u>

Lessor: The Corporation leases real estate to external parties. In accordance with GASB Statement No. 87, *Leases*, the Corporation records lease receivables and deferred inflows of resources based on the present value of expected receipts over the term of the respective leases. The Corporation recognized lease receivables (reported within other assets in the statements of net position) of \$753 and \$501 at December 31, 2023 and 2022, respectively, deferred inflows of resources of \$1,666 and \$1,440 at December 31, 2023 and 2022, respectively, and lease revenue of \$632 and \$931 during the years ended December 31, 2023 and 2022, respectively.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 9. Accrued Other Liabilities

The composition of accrued other liabilities as of December 31 is as follows:

	2023	2022
Due to Erie County	\$ 12,767	\$ 11,880
Due to joint venture	326	767
Medical malpractice claims	1,792	1,800
Estimated third-party payor settlements	4,486	2,736
Asset retirement obligations	2,167	2,118
Workers compensation claims	7,416	7,556
Other	13,067	13,256
Total	<u>\$ 42,021</u>	<u>\$ 40,113</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations*, establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with this Statement, the Corporation completes an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPAA laws, and certain types of laboratory equipment. In addition, the Corporation evaluates the requirements for disposal of underground fuel and lab acid tanks. The Corporation determined, based on industry standards for disposition of similar assets, the total asset retirement obligation totaled \$2,167 and \$2,118 at December 31, 2023 and 2022, respectively. The assets have a remaining useful life ranging from 0 to 30 years. This obligation is discounted using a rate of 4.0% and an inflation factor of 3.0% at December 31, 2023 and 2022.

Note 10. Indebtedness

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

	2023				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 61,135	\$ -	\$ (4,165)	\$ 56,970	\$ 4,390
Erie County—2017 loan payable	90,154	-	(2,780)	87,374	2,849
Erie County—2017 loan payable	53,235	-	(4,159)	49,076	4,271
Erie County—2017 capitalized interest assumption obligation	7,505	-	(231)	7,274	237
Finance obligations	2,328	-	(379)	1,949	381
Total debt	<u>\$ 214,357</u>	<u>\$ -</u>	<u>\$ (11,714)</u>	<u>\$ 202,643</u>	<u>\$ 12,128</u>

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 10. Indebtedness (Continued)

	2022				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 65,080	\$ -	\$ (3,945)	\$ 61,135	\$ 4,165
Erie County—2017 loan payable	92,867	-	(2,713)	90,154	2,780
Erie County—2017 loan payable	57,286	-	(4,051)	53,235	4,159
Erie County—2017 capitalized interest assumption obligation	7,731	-	(226)	7,505	231
Finance obligations	2,710	-	(382)	2,328	381
Total debt	<u>\$ 225,674</u>	<u>\$ -</u>	<u>\$ (11,317)</u>	<u>\$ 214,357</u>	<u>\$ 11,716</u>

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2023 are as follows:

2024	\$ 12,128
2025	12,565
2026	13,025
2027	13,507
2028	14,008
2029-2033	76,818
2034-2038	54,603
2039-2042	5,989
Total	<u>\$ 202,643</u>

The Series 2004 Bonds are secured by a pledge of the gross receipts of the Corporation and amounts on deposit in certain debt service reserve funds. Interest rates on the bonds range from 5.5% to 5.7%, with principal payments ranging from \$4,165 to \$7,220 due annually on November 1 with interest payments due semi-annually on May 1 and November 1.

Pursuant to a Guaranty Agreement, the County has unconditionally guaranteed to the Corporation, the punctual payment of the principal, interest, and redemption premium, if any, on the Series 2004 Bonds, as the same shall become due and payable, and has pledged the faith and credit of the County for the performance of such guaranty. A municipal bond insurance policy has been purchased by the Corporation to guarantee all debt service payments in case of default by the Corporation and the County.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 10. Indebtedness (Continued)

In 2017, the Corporation entered into a loan agreement and a capitalized interest liability assumption agreement with the County of Erie, with the assistance of the Erie County Fiscal Stability Authority. The proceeds of the loan were used to finance the construction of a new Level 1 Adult Trauma Center and Emergency Department, fund various other capital projects on the Corporation's campus as well as refinance a 2011 loan. The loan has an interest rate of 3.377% with monthly principal and interest payments ranging from \$474 to \$930 during the term of the loan. In addition to the loan, the Corporation assumed the liability related to funds borrowed to pay capitalized interest during construction on the various projects noted above. The capitalized interest liability assumption has an interest rate of 3.377% with monthly principal and interest payments ranging from \$40 to \$77 during the term of the loan. The new money portion of the loan and the capitalized interest assumption agreement is fully amortized and matures in 2039. The refinancing component of the loan has an interest rate of 2.649% with monthly principal and interest payments ranging from \$300 to \$460 during the term of the loan and is fully amortized and maturing in 2034.

During 2018, the Corporation entered into a finance obligation agreement in the amount of \$2,044, the proceeds of which were used to purchase various equipment. The agreement requires principal and interest payments (cost of capital is estimated at 5.5%) of \$29 and matures September 2025.

During 2018, the Corporation entered into a second finance obligation agreement in the amount of \$409, the proceeds of which were used to purchase various suite improvements. The agreement required principal and interest payments (cost of capital is estimated at 3.8%) of \$4 and was paid in full during 2023.

During 2019, the Corporation entered into a finance obligation agreement in the amount of \$1,805, the proceeds of which were used to finance various cafeteria improvements. The agreement requires principal and interest payments (cost of capital ranges from 0% to 9.0%) of \$17 and matures March 2029.

During 2020, the Corporation entered into a finance obligation agreement in the amount of \$2,555, the proceeds of which were used to purchase various equipment. The agreement requires principal and interest payments (cost of capital is estimated at 5.5%) of \$39 and matures July 2026.

During 2021, the Corporation entered into a finance obligation agreement in the amount of \$1,552, the proceeds of which were used to finance a new food service line. The agreement requires principal and interest payments (cost of capital is 4.0%) of \$19 and matures in December 2028.

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2024. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. There was \$10,000 of outstanding borrowings against the line at December 31, 2023 and 2022, respectively. Management is currently negotiating an extension for the maturity date of this agreement.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 11. Pension Plan

Retirement plan: The Corporation participates in the New York State and Local Retirement System (NYSLRS or the System), which is a cost-sharing, multiple-employer public employees' retirement system. There are more than 515,000 pensioners and beneficiaries in the System with over 1.2 million participants.

For purposes of measuring the net pension liability (asset), deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense/benefit, information about the fiduciary net position of the NYSLRS and additions to/deductions from NYSLRS' fiduciary net position have been determined on the same basis as they are reported by NYSLRS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. The net pension liability (asset) is measured as the portion of the present value of projected benefit payments to be provided through the pension plan to current active and inactive employees that is attributed to those employees' past periods of service (total pension liability), less the amount of the pension plan's fiduciary net position. The net pension liability (asset) should be measured as of a date (measurement date) no earlier than the end of the employer's prior fiscal year, consistently applied from period to period.

Obligations of employers and employees to contribute and benefits to employees are governed by the New York State Retirement and Social Security Law (RSSL). As set forth in the RSSL, the Comptroller of the State of New York (the Comptroller) serves as sole trustee and administrative head of the System. The Comptroller shall adopt and may amend rules and regulations for the administration and transaction of the business of the System and for custody and control of its funds. The System issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to the New York State and Local Retirement System, 110 State Street, Albany, NY 12244.

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

At December 31, 2023 and 2022, the Corporation reported a liability of \$198,936 and an asset of \$77,538, respectively, for its proportionate share of the NYSLRS net pension liability (asset). The total pension liability (asset) used to calculate the net pension liability (asset) is determined by an actuarial valuation as of April 1st each year and rolled forward to March 31st. The Corporation's proportion for the net pension liability (asset) for each fiscal year was based on the Corporation's indexed present value of future compensation to NYSLRS of all participating employers for 2023 and 2022, which was 0.9277% and 0.9485%, respectively.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 11. Pension Plan (Continued)

(a) Actuarial Assumptions

The total pension liability for the March 31, 2023 measurement date was determined using an actuarial valuation as of April 1, 2022, with update procedures used to roll-forward the total pension liability to March 31, 2023. The actuarial valuations used the following actuarial assumptions:

Inflation	2.9%
Salary increases	4.4%, including inflation
Investment rate of return	5.9%, net of pension plan investment expense
Cost of living adjustments	1.5%
Mortality improvement	Society of Actuaries Scale MP-2021

The total pension asset for the March 31, 2022, measurement date was determined 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 actuarial valuations used the following actuarial assumptions:

Inflation	2.7%
Salary increases	4.4%, including inflation
Investment rate of return	5.9%, net of pension plan investment expense
Cost of living adjustments	1.4%
Mortality improvement	Society of Actuaries Scale MP-2020

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 11. Pension Plan (Continued)

(b) Expected Rate of Return on Investments

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected return, net of investment expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following tables at December 31:

Asset class	2023	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	4.3%
International equity	15.0%	6.9%
Private equity	10.0%	7.5%
Real estate	9.0%	4.6%
Fixed income	23.0%	1.5%
Credit	4.0%	5.4%
Real assets	3.0%	5.8%
Opportunistic/absolute return strategy	3.0%	5.4%
Cash	1.0%	0.0%
	<u>100.0%</u>	

Asset class	2022	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	3.3%
International equity	15.0%	5.9%
Private equity	10.0%	6.5%
Real estate	9.0%	5.0%
Fixed income	23.0%	0.0%
Credit	4.0%	3.8%
Real assets	3.0%	5.6%
Opportunistic/absolute return strategy	3.0%	4.1%
Cash	1.0%	-1.0%
	<u>100.0%</u>	

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 11. Pension Plan (Continued)

(c) Discount Rate

The discount rate used to measure the total pension liability (asset) as of December 31, 2023 and 2022 was 5.9%. The projection of cash flows used to determine the discount rate assumes that contributions from plan members will be made at the current contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based on those assumptions, the NYSLRS 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 NYSLRS investments was applied to all periods of projected benefit payments to determine the total pension liability (asset).

Sensitivity of the Net Pension Liability (Asset) to the Discount Rate

The following presents the Corporation's proportionate share of the net pension liability (asset) calculated using the discount rate of 5.9% at December 31, 2023 and 2022, as well as what the Corporation's proportionate share of the net pension liability (asset) would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

	2023		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 480,743	\$ 198,936	\$ (36,546)
	2022		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension (asset) liability	\$ 199,582	\$ (77,538)	\$ (309,335)

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 11. Pension Plan (Continued)

(d) Deferred Outflows and Inflows of Resources

At December 31, 2023 and 2022, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2023	2022
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 21,188	\$ 5,872
Changes in assumptions	96,616	129,402
Other	5,311	8,419
Total	<u>\$ 123,115</u>	<u>\$ 143,693</u>
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 5,587	\$ 7,616
Change in assumptions	1,068	2,184
Difference between projected and actual investment earnings on pension plan investments	1,168	253,904
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	15,914	16,485
Total	<u>\$ 23,737</u>	<u>\$ 280,189</u>

The change in employer proportionate share is the difference between the employer proportionate share of net pension liability (asset) in the prior year compared to the current year. Changes in these amounts are amortized over a five-year closed period, reflecting the average remaining service life of plan members.

The net deferred outflows and inflows of resources of resources related to pensions will be recognized in pension expense as follows:

	Amount
Years ending December 31:	
2024	\$ 22,475
2025	(13,480)
2026	37,621
2027	52,762
	<u>\$ 99,378</u>

Annual Pension Expense (Benefit)

The Corporation's annual pension expense (benefit) for calendar years ended 2023 and 2022, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$65,509 and \$(47), respectively.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 12. Other Post-Employment Benefits (OPEB)

Plan description: The Corporation provides OPEB that include basic medical and hospitalization plan coverage to eligible retirees. Eligible retirees may only be covered under the indemnified plan of the Corporation. To qualify, a retiree must meet various eligibility requirements as agreed to in collective bargaining agreements. The Corporation pays varying amounts based on specific union agreements.

Funding the plan: Currently, there is no New York State statute that expressly authorizes local governments to create a trust for OPEB purposes. Additionally, New York State's General Municipal Law does not allow for a reserve fund to accumulate funds for OPEB obligations. The Corporation's Board of Directors and management believe it is prudent to reserve funds for the Plan and have therefore internally designated \$24,831 in 2023 and 2022, for purposes of funding future post-employment benefits. These internally designated funds are included within assets whose use is limited in the statements of net position. In addition to the funding for future post-employment benefits, the Corporation continues to finance current benefits on a pay-as-you-go basis.

Annual OPEB cost and net OPEB obligation: The Corporation's total OPEB liability measured at December 31, 2023 and 2022, of \$293,911 and \$271,395, was determined by an actuarial valuation as of January 1, 2023 and 2022, respectively. The measurement date of the obligation is December 31, 2023 and 2022.

(a) Actuarial Assumptions

The total OPEB liability in the December 31, 2023, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.3% per annum
Pre-Medicare Plans	7.8% for 2023, 4.0% ultimate trend rate in 2075
Medicare Plans	4.6% for 2023, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	7.8% for 2023, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	7.0% for 2023, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

The total OPEB liability in the December 31, 2022 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.7% per annum
Pre-Medicare Plans	7.8% for 2022, 4.0% ultimate trend rate in 2075
Medicare Plans	4.5% for 2022, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	7.8% for 2022, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	6.5% for 2022, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 12. Other Post-Employment Benefits (OPEB) (Continued)

(b) Changes in the OPEB Liability

	2023	2022
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 271,395	\$ 379,106
Service cost	2,620	4,528
Interest cost	9,722	6,959
Difference between expected and actual experience	232	(34,085)
Change in assumptions	26,546	(69,430)
Actual benefit payments	(16,604)	(15,683)
Projected OPEB obligation at the end of year	<u>\$ 293,911</u>	<u>\$ 271,395</u>

(c) Discount Rate

The discount rate used to measure the total OPEB liability was 3.3% and 3.7%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2023 and 2022, respectively.

Sensitivity of the OPEB Liability to the Discount Rate

The following presents the Corporation's total OPEB liability calculated using the discount rate of 3.3%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (2.3%) or one percentage point higher (4.3%) than the current rate.

	2023		
	1% Decrease (2.3%)	Discount Rate (3.3%)	1% Increase (4.3%)
The Corporation's total OPEB liability	\$ 337,382	\$ 293,911	\$ 258,462

The discount rate used to measure the total OPEB liability as of December 31, 2022, was 3.7%, based on the Bond Buyer 20-year Bond GO index rate.

The following presents the Corporation's total OPEB liability calculated using the discount rate of 3.7%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (2.7%) or one percentage point higher (4.7%) than the current rate.

	2022		
	1% Decrease (2.7%)	Discount Rate (3.7%)	1% Increase (4.7%)
The Corporation's total OPEB liability	\$ 310,620	\$ 271,395	\$ 239,334

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 12. Other Post-Employment Benefits (OPEB) (Continued)

Sensitivity of the OPEB Liability to the Healthcare Cost Trend Rates

The following presents the Corporation's total OPEB liability calculated using healthcare cost trend rates that are one percentage point lower or one percentage point higher than the current healthcare cost trend rates.

	2023		
	Healthcare		
	1% Decrease	Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 255,222	\$ 293,911	\$ 341,658
	2022		
	Healthcare		
	1% Decrease	Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 236,278	\$ 271,395	\$ 314,630

(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at December 31, 2023 and 2022:

	2023	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 544	\$ (27,754)
Changes in assumptions	25,126	(31,583)
Total	<u>\$ 25,670</u>	<u>\$ (59,337)</u>
	2022	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 96	\$ (58,636)
Changes in assumptions	22,588	(56,176)
Total	<u>\$ 22,684</u>	<u>\$ (114,812)</u>

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 12. Other Post-Employment Benefits (OPEB) (Continued)

The net deferred outflows and inflows of resources at December 31, 2023, will be recognized as follows:

	Amount
2024	\$ (24,297)
2025	(12,810)
2026	3,440
	<u>\$ (33,667)</u>

(e) Annual OPEB Benefit

The Corporation's annual OPEB benefit for the years ended December 31, 2023 and 2022, was \$19,343 and \$31,319, respectively.

Note 13. New York State Department of Health (NYSDOH) Grant Programs

The NYSDOH offers the Vital Access Provider Assurance Program (VAPAP) program. Funding under this program is made to public or safety net hospitals and health systems that meet certain criteria or that have been designated as critical access or sole community hospitals and is awarded to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery. During the years ended December 31, 2023 and 2022, the Corporation received grant payments under this program in the amount of \$76,838 and \$78,998, respectively. Specifically related to these grants, during the years ended December 31, 2023 and 2022, \$103,838 and \$51,998, respectively, was recognized in the statement of revenues, expenses and changes in net position as non-operating revenue.

Note 14. Transactions With the County of Erie

On December 30, 2009, the Corporation and the County entered into a Settlement Agreement. The Settlement Agreement resulted in the Corporation and the County entering into a number of transactions to resolve litigation and prepare for implementing the Corporation's master facility plan.

In October 2012, the Corporation and the County signed an amendment to the 2009 Settlement Agreement (the Amendment). The terms of the Amendment provide for the County to be reimbursed from the Corporation for certain workers' compensation claims incurred by Corporation employees that were paid by the County. The Amendment also provides for the County to reimburse the Corporation, over time, for post-retirement health expenses that the Corporation incurred for Corporation employees with service time at the County.

In 2017, the Corporation entered into a loan agreement and a capitalized interest liability assumption agreement with the County of Erie. A component of the loan agreement included the payment of points by the Corporation to the County of Erie in the amount of \$17,040 as further described in Note 2 and 10.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 14. Transactions With the County of Erie (Continued)

Other transactions: Amounts that are included in operating revenues and expenses in the statements of revenues, expenses and changes in net position, which represent related-party transactions that occurred between the Corporation and the County during the years ended December 31, 2023 and 2022, are as follows:

The Corporation earned revenue totaling \$3,902 and \$3,856 for the years ended December 31, 2023 and 2022, respectively, from the County. Revenue earned relates to services provided to School 84, mental health services and various other charges related to County departments located within the Corporation's physical plant.

The net amount due to the County of approximately \$12,661 and \$11,393 at December 31, 2023 and 2022, respectively, is non-interest bearing and reflect the Corporation's net amount owed to the County as a result of various transactions and services between parties. This balance is reported as a component of accounts payable and accrued other liabilities in the statements of net position at December 31, 2023 and 2022, respectively.

Note 15. Self-Insured Obligations

The Corporation is self-insured for all medical malpractice claims for occurrences on or after January 1, 2004. Additionally, the Corporation began purchasing excess stop-loss insurance on a claims made basis for medical malpractice effective November 2008. The current policy provides \$35,000 of coverage in excess of a self-insured retention (SIR) of \$4,000 of individual claims or \$12,000 in aggregate claims effective November 19, 2018. Immediately previously, the policy provided \$35,000 of coverage in excess of a SIR \$3,000 of individual claims or \$10,000 in aggregate claims.

Effective April 1, 2016, the Corporation became self-insured for workers' compensation claims through a combination of self-insurance and a high-deductible plan for certain periods as follows: The Corporation maintains a stop-loss insurance policy for the claims in excess of \$750. As required by the NYS Workers' Compensation Board, ECMCC maintains a security deposit on its self-insured workers' compensation obligations. The value of the security deposit was \$30,689 and \$26,128 as of December 31, 2023 and 2022, respectively. The deposit is maintained through a surety bond. The surety requires a collateral deposit to maintain the bond. The value of the collateral held by the surety was \$5,512 and \$5,272 as of December 31, 2023 and 2022, respectively. Effective January 1, 2012, the Corporation insured a portion of its workers' compensation exposure through an occurrence basis high-deductible plan. The Corporation remains responsible for the first \$750 of an individual claim payment after December 31, 2011. The Corporation is required to pledge certain assets under this arrangement. As of December 31, 2023 and 2022, \$4,662 and \$4,936, respectively, has been designated to service workers' compensation claims and included as part of assets whose use is limited. The Corporation remains self-insured for workers' compensation claims prior to January 1, 2012. The County has assumed a portion of liabilities for all occurrences originating prior to 2004.

Losses from asserted and unasserted medical malpractice and workers' compensation claims are accrued based on actuarial estimates that incorporate the Corporation's past experience, the nature of each claim or incident, relevant trend factors, and estimated recoveries, if any, on unsettled claims.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)

Note 15. Self-Insured Obligations (Continued)

The Corporation has accrued \$33,407 and \$30,975 at December 31, 2023 and 2022, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.0% for 2023 and 2022 and the accrued liabilities are included within the accrued other liabilities and self-insured obligations caption of the accompanying statements of net position. Charges to expense for medical malpractice costs are included within the other operating expenses caption of the accompanying statements of revenues, expenses and changes in net position.

The Corporation has accrued \$27,922 and \$27,264 at December 31, 2023 and 2022, respectively, for workers' compensation related exposures. Such amounts have been discounted at 1.75% for 2023 and 2022, and the liabilities are included within the accrued other liabilities and self-insured obligations captions of the accompanying statements of net position. Charges to expense for workers' compensation costs approximated \$7,376 and \$7,884 in 2023 and 2022, respectively, and are included within the payroll, employee benefits and contract labor caption of the accompanying statements of revenues, expenses and changes in net position.

Eligible retirees are provided basic medical and hospitalization coverage by the Corporation as more fully described in Note 12.

The composition of self-insured obligations as of December 31, is as follows:

	2023				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,975	\$ 4,750	\$ (2,318)	\$ 33,407	\$ 1,792
Workers' compensation	27,264	6,145	(5,487)	27,922	7,416
	<u>\$ 58,239</u>	<u>\$ 10,895</u>	<u>\$ (7,805)</u>	<u>\$ 61,329</u>	<u>\$ 9,208</u>
	2022				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 28,159	\$ 3,797	\$ (981)	\$ 30,975	\$ 1,800
Workers' compensation	28,348	6,378	(7,462)	27,264	7,556
	<u>\$ 56,507</u>	<u>\$ 10,175</u>	<u>\$ (8,443)</u>	<u>\$ 58,239</u>	<u>\$ 9,356</u>

Medical malpractice and workers' compensation amounts due within one year are management's estimates based on historical claims.

**Erie County Medical Center Corporation
(A Component Unit of the County of Erie)**

**Notes to the Financial Statements
Year Ended December 31, 2023
(Dollars in Thousands)**

Note 16. Commitments and Contingencies

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at the time. Government activity, in recent years, has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. While no regulatory allegations have been made against the Corporation, compliance with such laws and regulations can be subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. Management and its counsel are not aware of any such actions that will have a material adverse effect on the Corporation's financial statements.

Loss contingency liabilities are recorded in accordance with U.S. GAAP, which requires recognition of a loss when it is deemed probable that an asset has been impaired or a liability has been incurred, and the amount of the loss can be reasonably estimated. As of December 31, 2023 and 2022, the Corporation has recorded no loss contingencies except as disclosed in Note 15.

The Corporation formed 1827 Fillmore, LLC (1827) for the purpose of acquiring and developing land immediately adjacent to its Grider Street campus. A condition of the acquisition was that 1827 demolish a building on the site with known asbestos abatement requirements. This condition was met in 2018. The Corporation has undertaken a community planning process to determine the future use(s) of the site. The site requires the environmental remediation expenditures; however, the amount of such expenditures is dependent on the ultimate use of the site and requirements from regulators. Through December 31, 2023, approximately \$4,600 has been spent on remediating and improving the land.

Required Supplementary Information

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Required Supplementary Information
Schedule of Corporation's Contributions
NYSLRS Pension Plan
December 31, 2023
(Dollars in Thousands)

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Contractually required contribution	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722	\$ 29,771	\$ 29,835
Contributions in relation to the contractually required contribution	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722	29,771	29,835
Contribution deficiency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ECMCC covered-employee payroll	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691	\$ 175,409	\$ 163,395
Contributions as a percentage of covered-employee payroll	10.2%	13.1%	12.8%	12.6%	13.0%	13.3%	13.7%	16.0%	17.0%	18.3%

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Required Supplementary Information
Schedule of Corporation's Proportionate Share of Net Pension Liability (Asset)
NYSLRS Pension Plan
December 31, 2023
(Dollars in Thousands)

	2023	2022	2021	2020	2019	2018	2017	2016	2015
ECMCC proportion of the net pension (asset) liability	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%	0.7228%	0.7137%
ECMCC proportionate share of the net pension (asset) liability	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544	\$ 116,006	\$ 24,112
ECMCC covered-employee payroll	245,606	273,555	249,490	246,772	235,284	216,044	183,540	166,691	175,409
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%	69.6%	13.7%
Plan fiduciary net position as a percentage of the total pension liability	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%	90.7%	97.9%

Note: GASB requires 10 years of information to be presented in this table. However, until a full 10-year trend is compiled, the Corporation will present information for those year for which information is available.

Change in Benefit Terms

The New York State Legislature lowered the vesting requirement for Tier 5 and Tier 6 from ten years to five years (Chapter 56 Of the Laws of 2022), prior to the April 1, 2022 actuarial valuation.

Changes of Assumptions

2023: The mortality improvement assumption was updated to the Society of Actuaries' Scale MP-2021, inflation was updated to 2.9%, cost-of-living updated to 1.5%, for the April 1, 2022 actuarial valuation.

2022: The mortality improvement assumption was updated to the Society of Actuaries' Scale MP-2020, inflation was updated to 2.7%, cost-of-living updated to 1.4%, and the interest rate assumption was reduced to 5.9% for the April 1, 2021 actuarial valuation.

Erie County Medical Center Corporation
(A Component Unit of the County of Erie)

Required Supplementary Information
Schedule of Corporation's Changes in Total OPEB Liability and Related Ratios
December 31, 2023 and 2022
(Dollars in Thousands)

	2023	2022
Total OPEB liability:		
Service cost	\$ 2,620	\$ 4,528
Interest cost	9,722	6,959
Differences between expected and actual experience	232	(34,085)
Changes of assumptions	26,546	(69,430)
Benefit payments	(16,604)	(15,683)
Net change in total OPEB liability	22,516	(107,711)
Total OPEB liability—beginning	271,395	379,106
Total OPEB liability—ending	<u>\$ 293,911</u>	<u>\$ 271,395</u>
Covered employee payroll	\$ 87,249	\$ 87,719
Total OPEB liability as a percentage of covered employee payroll	336.86%	309.39%
Discount rate	3.3%	3.7%

Change in Benefit Terms

There were no significant changes in benefits during 2023 and 2022.

Changes of Assumptions

2023: The discount rate was decreased from 3.7% to 3.3%, while salary increases were adjusted from 3.7% to 3.3% as well as an update to the medical and prescription trend rates.

2022: The annual rate of increase in healthcare costs were revised to better reflect future expectations.

The difference between healthcare and true care™



Erie County Medical Center Corporation



Operating and Capital Budgets
For the year ending 2024



Table of Contents

	<u>Page</u>
Management Discussion and Analysis	3-8
Regulatory Reporting Requirements	9
Budget Process	10
Performance Comparison	11
Key Financial Ratios	12
Financial Statements	13-15
Operating Performance Reconciliation	16
Principal Budget Assumptions	17-24
Performance Improvement Initiatives	25
Emerging Issues and Risk Areas	26
Capital Budget Summary	27
2025 - 2029 Financial Projections	28-31

Management Discussion and Analysis

September 30, 2023

The 2024 Budget maintains a path along the ECMCC Strategic Plan while focusing on both short and long-term financial and operational recovery efforts resulting from the devastating ongoing significant and lasting effects of the COVID-19 Pandemic along with the impacts of ECMCC's efforts to stabilize the workforce. ECMCC's long-term goals will continue to be measured through the achievement of the ECMCC mission: improving clinical quality, service excellence, and the continued provision of health services to the communities ECMCC serves with compassion. In the short-term a renewed focus has been placed on retention of staff through investments in our people and steady growth through improved patient access.

Management Discussion and Analysis

The industry is experiencing similar financial and operational challenges both locally and nationally. Given the extent of the financial impact these challenges have had, ECMCC has recognized that time along with future external support are needed to properly recover. Given the time needed, the 2024 goal is to achieve improved operating and investing cash flow through the improvement in operating results through efficiency improvements and programmatic changes without sacrificing quality or the critical services we provide. The proposed 2024 operating budget reflects an operating loss of \$35 million, an improvement of over 57% from the projected 2023 operating results before grant support. The proposed budget has been developed with the following goals in mind:

Budget Goals

- ✓ Maintain the highest quality of care provided
- ✓ Maintain critical services provided to the community
- ✓ Continue a stepped approach to recovery with a significant reduction in operating loss from 2023
- ✓ Maintain routine capital and equipment upgrades
- ✓ Maximize retention of staff, improve staffing efficiency and meet NYS minimum standards
- ✓ Prepare the budget to accomplish the goals without significant job actions

Management Discussion and Analysis

Budgetary assumptions are a key component of the process that was followed in developing the Budget. The following summarizes Management's perspective in the development of these assumptions

Activity Levels

The Budget has been prepared consistent with actual volume seen during 2023. Further consideration was given to the changes internally related to recent trends in volume and activity, an improvement in the ability to discharge patients and ultimately reduced length of stay, the shift of inpatient cases into the outpatient setting as a result of changing regulations and payer payment policies, new physician recruitment, as well as other factors. Management believes that the levels of activity contained within the Budget are achievable.

Management Discussion and Analysis

Revenue and Reimbursement

Projected reimbursement from government payers is based on current and proposed regulations where Management has evaluated as probable. Reimbursement from commercial payers is based on current contracts or at rates that Management has evaluated as probable for contracts currently being negotiated. Increases in net revenue associated with revenue cycle improvement initiatives related to contract underpayments and payer denial management have also been incorporated at levels that Management believes are attainable.

Other operating revenue has been budgeted based on historical experience while taking into account the recent growth in the operation of ECMCC's Specialty Pharmacy.

Disproportionate share and upper payment limit payments have been budgeted based on the most current information available to Management.

Management Discussion and Analysis

Operating Expenses

Projected operating expenses are budgeted based on the volume of anticipated activity, along with adjustments for salary rate increases consistent with current collective bargaining agreements, estimated benefit costs as adjusted for actuarially projected gains or losses, supply and other expense inflation rates as well as impacts of performance improvement initiatives. Management believes that the overall growth in expenses of approximately 3.7% contained in the budget are reasonable and attainable.

Non-Operating Revenue

Non-Operating Revenues have been budgeted consistent with the recent historical trends related to investment income. The reduction is the result of a reduction in available investments in 2023. Although ECMCC expects to continue to work closely with NYS on future funding needs both for the remainder of 2023 and 2024 as a participant in the Vital Access Provider Assurance grant program, Management has elected not to include any additional Federal or New York State operational support for planning purposes in the 2024 operating budget.

Management Discussion and Analysis

Cash Flows

2024 cash flow will remain a key focus of Management given the challenges. Cash flows have been budgeted based on the results of operations, investments in routine and non-routine capital assets, principal payments on long-term debt, continued investments in a clinically integrated network and the funding of employee benefit plans. In an effort to avoid reducing critical services the budget reflects losses which will result in a need for operational cash flow support from governmental agency partners including New York State.

Range of Outcomes and Contingency Plans

Management has considered the sensitivity of each material assumption within the Budget. Management believes that the Budget is reasonably positioned within the range of potential outcomes and recognizes its responsibility for achieving these results. Given the uncertainty of certain material assumptions related to uncertain inflationary pressures, community post-acute capacity, staffing and retention challenges, future governmental reimbursement and benefit cost fluctuation, Management acknowledges that it may have to adjust operationally during 2024.

Regulatory Budget Reporting Requirements

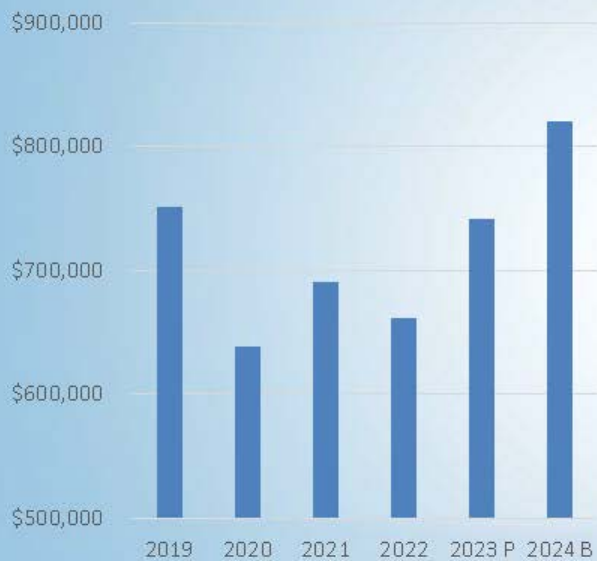
- All requirements have been met
 - NYCRR, Part 203, Chapter V, Title 2
 - This package communicates each of the 18 requirements
- New York State Office Of The State Comptroller
- Authority Budget Office
- PARIS submission and certification

Budget Process

- Executive Leadership Team (ELT) adopt budget schedule and goals
- Using 2023 year-to-date performance and known or anticipated budget variances, a baseline budget and financial projections were prepared
- Department managers worked with ELT to develop departmental targets and performance improvement initiatives
- ELT budget recommendation reviewed and approved by Finance Committee of ECMCC Board
- Budget recommendation reviewed and approved by ECMCC Board



Revenue



Operating Margin



Footnotes:

- 2019 Revenue Includes DSRIP Pass-Through funds and CREPS Grants
- For comparability purposes in this chart, operating margins exclude all investment gains, CARES/ARP/PPP/FEMA and NYS grants



Key Financial Ratios

	<u>2021</u>	<u>2022</u>	<u>Projected</u> <u>2023</u>	<u>Budget</u> <u>2024</u>
Operating Margin %	-10.60%	-12.42%	-11.07%	-4.27%
NYS PBC Average %	-9.40%	-8.00%		
Operating EBITDA %	-2.66%	-4.47%	-4.15%	1.45%
NYS PBC Average %	-3.20%	-2.20%		
FTE's	3,453	3,473	3,676	3,700
Days Operating Cash On Hand	47.8	24.6	29.0	13.4
NYS PBC Average	26.9	41.6		
Debt Service Coverage	1.1	1.5	(0.4)	0.3
NYS PBC Average	1.4	3.1		
Salaries, Wages & Benefits % of Revenue	63.60%	61.49%	73.77%	69.21%
Supply Expense % of Revenue	19.90%	20.81%	21.48%	20.23%
Benefit % of Salaries and Wages	31.20%	12.93%	30.88%	27.22%
Days In Accounts Receivable, net	49.5	53.9	63.0	59.1



Statements of Revenues and Expenses (Thousands)

	<u>2022 Audited</u>	<u>2023 Projection</u>	<u>2024 Budget</u>	<u>Increase / Decrease</u>	
Net Patient Revenue	\$ 566,389	\$ 583,869	\$ 645,857	\$ 61,988	10.6%
Disproportionate Share / IGT and UPL Payments	68,295	114,851	123,280	8,428	7.3%
Other Operating Revenues	<u>26,095</u>	<u>42,576</u>	<u>49,890</u>	<u>7,314</u>	<u>17.2%</u>
Total Operating Revenues	<u>660,779</u>	<u>741,297</u>	<u>819,027</u>	<u>77,730</u>	<u>10.5%</u>
Operating Expenses					
Salaries and Benefits	348,266	430,721	446,981	16,260	3.8%
Physician Fees and Professional Services	194,970	187,212	199,443	12,231	6.5%
Supplies	117,877	125,413	130,625	5,212	4.2%
Other Expenses	<u>81,728</u>	<u>80,009</u>	<u>76,982</u>	<u>(3,027)</u>	<u>-3.8%</u>
Total Operating Expenses	<u>742,841</u>	<u>823,355</u>	<u>854,032</u>	<u>30,677</u>	<u>3.7%</u>
Operating Income before grants	(82,062)	(82,058)	(35,005)	47,053	-57.3%
Grant revenue	<u>63,151</u>	<u>29,469</u>	<u>-</u>	<u>(29,469)</u>	<u>-100.0%</u>
Income/(Loss) from Operations with grants	(18,911)	(52,589)	(35,005)	17,584	-33.4%
Other Non-Operating Revenues	<u>(13,967)</u>	<u>4,814</u>	<u>1,205</u>	<u>(3,609)</u>	<u>-75.0%</u>
Excess of Revenues Over Expenses	<u>\$ (32,878)</u>	<u>\$ (47,776)</u>	<u>\$ (33,800)</u>	<u>\$ 13,975</u>	<u>-29.3%</u>



Statements of Net Position

(Thousands)

	<u>2022 Audited</u>		<u>2023 Projection</u>		<u>2024 Budget</u>		<u>Increase (Decrease)</u>	
Assets								
Current Assets								
Cash and Investments	44,195	4.6%	62,284	6.4%	29,848	3.3%	(32,436)	-52.1%
Patient Accounts Receivable, Net	83,569	8.7%	100,777	10.4%	104,371	11.5%	3,594	3.6%
Other Current Assets	85,197	8.9%	88,670	9.1%	90,555	10.0%	1,885	2.1%
Total Current Assets	<u>212,961</u>	<u>22.1%</u>	<u>251,731</u>	<u>26.0%</u>	<u>224,774</u>	<u>24.8%</u>	<u>(26,957)</u>	<u>-10.7%</u>
Assets Whose Use Is Limited	157,515	16.4%	159,704	16.5%	159,951	17.6%	247	-0.4%
Property and Equipment, Net	328,170	34.1%	295,976	30.5%	266,876	29.4%	(29,099)	-9.8%
Other Assets	263,731	27.4%	261,854	27.0%	254,780	28.1%	(7,074)	-2.7%
Total Assets	<u>962,377</u>	<u>100.0%</u>	<u>969,265</u>	<u>100.0%</u>	<u>906,381</u>	<u>100.0%</u>	<u>(62,883)</u>	<u>-6.5%</u>
Liabilities and Net Assets								
Current Liabilities								
Current Portion of Long Term Debt	28,795	3.0%	28,586	2.9%	27,568	3.0%	(1,018)	-3.6%
Accounts Payable, Third-Party & Accrued	267,492	27.8%	344,776	35.6%	328,724	36.3%	(16,051)	-4.7%
Total Current Liabilities	<u>296,287</u>	<u>30.8%</u>	<u>373,362</u>	<u>38.5%</u>	<u>356,292</u>	<u>39.3%</u>	<u>(17,070)</u>	<u>-4.6%</u>
Long Term Debt	225,833	23.5%	218,783	22.6%	201,215	22.2%	(17,568)	-8.0%
Deferred Inflows	395,002	41.0%	396,144	40.9%	396,002	43.7%	(142)	0.0%
Other Post Employment Benefits	259,334	26.9%	250,051	25.8%	257,553	28.4%	7,502	3.0%
Self Insurance Liabilities	54,340	5.6%	47,118	4.9%	45,313	5.0%	(1,805)	-3.8%
Total Liabilities	<u>1,230,796</u>	<u>127.9%</u>	<u>1,285,459</u>	<u>132.6%</u>	<u>1,256,375</u>	<u>138.6%</u>	<u>(29,084)</u>	<u>-2.3%</u>
Net Position	<u>(268,419)</u>	<u>-27.9%</u>	<u>(316,194)</u>	<u>-32.6%</u>	<u>(349,994)</u>	<u>-38.6%</u>	<u>(33,800)</u>	<u>10.7%</u>
Total Liabilities and Net Assets	<u>962,377</u>	<u>100.0%</u>	<u>969,265</u>	<u>100.0%</u>	<u>906,381</u>	<u>100.0%</u>	<u>(62,884)</u>	<u>-6.5%</u>

8/28/2023

14

Statements of Cash Flow

(Thousands)

	Audited 2022	Projected 2023	Budget 2024	Increase (Decrease) %	
Cash Flows From Operating Activities					
Excess of Revenues Over Expenses	(32,878)	(47,776)	(33,800)	13,975	-29%
Depreciation & Amortization	41,615	40,195	37,100	(3,095)	-8%
Provision for Bad Debt	15,474	12,537	12,674	137	1%
Medicare Advanced Payment Program	(20,879)	-	-	-	N/A
(Increase) Decrease in Non-operating revenues	(38,256)	(23,188)	8,542	31,730	-137%
(Increase) Decrease in Patient Accounts Receivable, Net	(22,328)	(29,745)	(16,267)	13,478	-45%
(Increase) Decrease in Current and Other Assets	144,272	(1,596)	5,189	6,785	-425%
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	(105,832)	77,284	(16,051)	(93,335)	-121%
Increase (Decrease) in Deferred In-Flows	(69,022)	1,142	(142)	(1,284)	-112%
Increase (Decrease) in Self Insurance Liabilities	1,322	(16,505)	5,696	22,201	-135%
Net Cash Provided By (Used In) Operating Activities	<u>(86,512)</u>	<u>12,347</u>	<u>2,939</u>	<u>(9,408)</u>	<u>-76%</u>
Cash Flows From Investing Activities					
Other Investing Activities, Net	<u>10,192</u>	<u>2,625</u>	<u>959</u>	<u>(1,666)</u>	<u>-63%</u>
Net Cash Provided By (Used In) Investing Activities	<u>10,192</u>	<u>2,625</u>	<u>959</u>	<u>(1,666)</u>	<u>-63%</u>
Cash Flows From Financing Activities					
Additions to Property and Equipment	(26,856)	(8,000)	(8,000)	-	0%
Non-operating grants	90,152	29,469	-	(29,469)	-100%
Changes in Long Term Debt	<u>(12,245)</u>	<u>(18,353)</u>	<u>(28,333)</u>	<u>(9,980)</u>	<u>54%</u>
Net Cash Provided By (Used In) Financing Activities	<u>51,051</u>	<u>3,116</u>	<u>(36,333)</u>	<u>(39,449)</u>	<u>-1266%</u>
Net Increase (Decrease) in Cash and Investments	<u>(25,269)</u>	<u>18,089</u>	<u>(32,435)</u>	<u>(50,524)</u>	<u>-279%</u>
Cash and Investments, Beginning	<u>69,464</u>	<u>44,195</u>	<u>62,284</u>	<u>18,089</u>	<u>41%</u>
Cash and Investments, Ending	<u>44,195</u>	<u>62,284</u>	<u>29,849</u>	<u>(32,435)</u>	<u>-52%</u>



Operating Performance Reconciliation (Thousands)

	<u>2023 Budget</u>	<u>2024 Budget</u>	<u>Increase / (Decrease)</u>
2023 Budgeted Income from Operations			(34,997)
Operating Revenues			
Net Patient Service Revenue	611,984	645,857	33,873
Disproportionate Share, IGT and UPL Revenue	116,351	123,280	6,929
Other Operating Revenue	<u>37,635</u>	<u>49,890</u>	<u>12,255</u>
Total Operating Revenues	<u>765,970</u>	<u>819,027</u>	<u>53,057</u>
Operating Expenses			
Salaries and Benefits	409,792	446,981	37,189
Physician Fees and Professional Services	182,590	199,443	16,853
Supplies	128,714	130,625	1,911
Other Expenses	36,271	30,136	(6,135)
Depreciation and Amortization	34,142	37,100	2,958
Interest	<u>9,458</u>	<u>9,747</u>	<u>289</u>
Total Operating Expenses	<u>800,967</u>	<u>854,032</u>	<u>53,065</u>
2024 Budgeted Loss from Operations	<u>(34,997)</u>	<u>(35,005)</u>	<u>(35,005)</u>

Principal Budget Assumptions

- Volume
- Patient Revenue and Reimbursement
- IGT / UPL Payments
- Other Revenues
- Staffing Costs / Vacancy Management
- Other Expenses
- Cash Flows

Volume Summary

	<u>2022 Actual</u>	<u>2023 Projection</u>	<u>2024 Budget</u>	<u>Increase (Decrease)</u>	
				<u>24 - 23</u>	<u>%</u>
Discharges					
Acute	12,266	12,249	12,534	285	2.3%
Other	<u>5,146</u>	<u>5,155</u>	<u>5,466</u>	<u>311</u>	<u>6.0%</u>
Total	<u>17,412</u>	<u>17,404</u>	<u>18,000</u>	<u>596</u>	<u>3.4%</u>
Average Length of Stay					
Acute	8.2	8.4	7.5	(0.9)	-10.9%
Other	<u>10.9</u>	<u>12.0</u>	<u>10.8</u>	<u>(1.2)</u>	<u>-10.1%</u>
Total	<u>9.5</u>	<u>10.2</u>	<u>8.5</u>	<u>(1.7)</u>	<u>-16.5%</u>
Observation Cases	2,342	2,808	3,008	200	7.1%
Outpatient Visits	274,530	297,426	306,613	9,187	3.1%
Clinics	138,044	152,206	159,124	6,918	4.5%
Behavioral Health	32,674	36,730	37,316	586	1.6%
Chemical Dependency	22,258	23,270	23,314	44	0.2%
Dialysis	24,962	25,258	26,269	1,011	4.0%
Other	56,592	59,962	60,590	628	1.0%
Surgical Cases					
Inpatient	5,145	5,343	5,598	255	4.8%
Outpatient	<u>7,334</u>	<u>7,723</u>	<u>7,865</u>	<u>142</u>	<u>1.8%</u>
Total	<u>12,479</u>	<u>13,066</u>	<u>13,463</u>	<u>397</u>	<u>3.0%</u>
Case Mix Index - Acute	<u>1.83</u>	<u>1.76</u>	<u>1.78</u>	<u>0.02</u>	<u>1.2%</u>
Emergency Visits	50,473	52,202	55,040	2,838	5.4%
CPEP Visits	9,606	9,812	10,239	427	4.4%
Terrace View ADC	345.5	364.3	378.1	13.7	3.8%



Revenue

- Net average revenue rate increase of 8% (includes all payers)
 - Larger increase is driven by add-ons for Medicare Wage Index, Behavioral Health and other Medicaid rate increases and Essential Plan increases
- Acute – IP Discharges increase from 2023 levels
 - Growth in inpatient cases related to improved community skilled nursing facility access, average length of stay management, and the improving trends in 2023
- Outpatient volume slight increase from 2023 levels
 - Increases in clinic visits (Dialysis, primary care, transplant and rehab medicine)
- Terrace View average daily census increase to 378 residents
 - Staffing levels have increased and will allow for increased census.
- IGT – Year over year growth based upon estimated net changes in allowable costs net of increases in associated Medicaid revenue.
- Revenue cycle process improvements of \$5M included within contract underpayments, professional billing, denials and bad debt expense

IGT and UPL Revenue (Accrual Basis Revenue)

	Budget <u>2023</u>	Projected <u>2023</u>	Budget <u>2024</u>
DSH	107,962	106,462	107,280
UPL	8,389	8,389	16,000
Total	<u>116,351</u>	<u>114,851</u>	<u>123,280</u>

Expenses

- **Salaries**
 - Increase in overall FTE's to 3,700 (3,686 - @ 8/21/23)
 - Vacancy management
 - Reduced premium costs (OT and shift bonuses)
 - Contracted salary increases total an average of 4.0%
 - Non-Union wage increases total 3%
 - Implementation of other contracted enhancements (step changes, other shift pay changes)
- **Benefits**
 - Increased health insurance costs, workers compensation, unemployment related costs and pension expense
 - Decrease in post-retiree health benefit cost as a result of actuarial assumption impact estimates

Expenses (cont'd)

- **Physician & Residents**
 - Notable increases
 - Contracted fee and certain rate increases
 - University faculty (GME) and resident salary inflation
 - New physicians – Neurosurgery, ED, Family Medicine, Oncology and Gastroenterology
 - Increase in GPPC total cost related to new physicians, physicians transitioned from ECMC, and expanded practice operations (volume and revenue also included)
- **Contractual Fees/Purchased Services**
 - Reduction in contractual fees associated with temporary agency nursing personnel, while maintaining desired staffing
 - Continued at Terrace View but with reduced contracted staffing

Expenses (cont'd)

- **Supplies**
 - Increase in volume from projected 2023 volume levels including an increase in total surgeries
 - Inflationary increases in all supply categories, most significant in pharmacy costs partially offset by savings initiatives (physician preference, pricing, joint contracting)
 - Increase in specialty pharmacy drug costs related to volume due to growth
 - Supply chain cost savings initiatives of \$2.5 million
- **Depreciation and Interest**
 - Decreased overall depreciation and interest costs
 - Expense based upon remaining depreciation on existing assets plus new capital anticipated.
 - Reduced non-project capital expenditures during 2020 - 2023.

Cash Flow Assumptions

- Net change in cash of (\$32.4) Million without any 2024 NYS operating grants
 - Days operating cash on hand decreased to 13 days from projected 2023 (excludes designated funds)
- Days in accounts receivable improving to 59.3 days
- Days in accounts payable at 60 days
- Routine capital budget spend consistent with 2022 and 2023 at \$8.0 million
- Line of credit balance remains outstanding

Performance Improvement Initiatives

- Length of stay improvements
- Revenue cycle improvements
- Vacancy management / premium time reduction
- Value analysis program growth reducing supply costs
- Reduction in certain purchased services
- Continued inpatient and outpatient growth strategies
- Continued infrastructure investment and accelerated growth in population health strategies
- Outpatient service line improvements (efficiency and focused growth)
- Insurance plan relationships, increased rates through contracting, MCR wage index, improved governance

Emerging Issues and Risk Areas

- Timing of future DSH/IGT payments
- Operating performance improvements
 - Market driven length of stay risks
 - Recruitment and retention risks
 - FTE vacancy management risks
- Continued inflationary pressures on non-salary operating costs and pharmaceutical shortages
- Federal and NYS operational support uncertainty
- Federal and NYS reimbursement uncertainty
- Inpatient and outpatient volume sensitivity
 - Ambulatory surgery market
- Benefit expense and contribution changes
 - Pension and OPEB
- Medical malpractice regulatory environment
- Technology limitations - EHR

2024 Capital Budget Summary

Given stepped recovery, ECMCC must limit capital spending and remain consistent with 2023

- \$8.0 Million routine capital spend
 - \$8M from internal operating funds

5 Year Financial Projections

- Reimbursement rate increases adjusted to usual historical net rate increases, excluding one-time increases
- IGT/UPL at current projections
- Salary expense consistent with current collective bargaining agreements
- Benefits % of salary expense steady throughout projection period
- Supply and other expense inflation reduced from 2023 and 2024 to reflect more reasonable growth after 2024
- Reflects need for additional operational Federal and/or New York State support in addition to management's achievement of ongoing operational improvements



Statements of Revenues and Expenses – Projected

(Thousands)

	<u>Audited</u> <u>2022</u>	<u>Projected</u> <u>2023</u>	<u>Budget</u> <u>2024</u>	<u>2025</u>	<u>2026</u>	<u>Projected</u> <u>2027</u>	<u>2028</u>	<u>2029</u>
Operating Revenues								
Net Patient Service Revenue	566,389	583,869	645,857	676,083	707,089	738,464	770,218	802,360
Disproportionate Share, IGT and UPL Revenue	68,295	114,851	123,280	123,280	123,280	123,280	123,280	123,280
Other Operating Revenue	26,095	42,576	49,890	50,389	50,893	51,402	51,916	52,435
Total Operating Revenues	<u>660,779</u>	<u>741,297</u>	<u>819,027</u>	<u>849,752</u>	<u>881,262</u>	<u>913,146</u>	<u>945,414</u>	<u>978,076</u>
Operating Expenses								
Salaries and Benefits	348,266	430,721	446,981	487,255	510,698	535,236	560,920	587,803
Physician Fees and Professional Services	194,970	187,212	199,443	203,432	207,501	211,651	215,884	220,201
Supplies	117,877	125,413	130,625	136,811	142,168	147,635	153,216	158,915
Other Expenses	29,185	28,720	30,136	31,972	33,919	35,984	38,176	40,501
Depreciation and Amortization	41,615	40,195	37,100	30,407	30,104	31,023	32,158	33,493
Interest	10,928	11,095	9,747	8,315	7,717	7,166	6,480	5,744
Total Operating Expenses	<u>742,841</u>	<u>823,355</u>	<u>854,032</u>	<u>898,192</u>	<u>932,106</u>	<u>968,695</u>	<u>1,006,834</u>	<u>1,046,656</u>
	<u>(82,062)</u>	<u>(82,058)</u>	<u>(35,005)</u>	<u>(48,440)</u>	<u>(50,844)</u>	<u>(55,548)</u>	<u>(61,420)</u>	<u>(68,581)</u>
Operational Support / Performance Improvements	-	-	-	30,940	40,844	50,548	61,920	69,081
Income/(Loss) from Operations	<u>(82,062)</u>	<u>(82,058)</u>	<u>(35,005)</u>	<u>(17,500)</u>	<u>(10,000)</u>	<u>(5,000)</u>	<u>500</u>	<u>500</u>
Grant revenue	<u>63,151</u>	<u>29,469</u>	-	-	-	-	-	-
Income/(Loss) from Operations with Grants	<u>(18,911)</u>	<u>(52,589)</u>	<u>(35,005)</u>	<u>(17,500)</u>	<u>(10,000)</u>	<u>(5,000)</u>	<u>500</u>	<u>500</u>
Non Operating Revenues & Capital Contributions	<u>(13,967)</u>	<u>4,814</u>	<u>1,205</u>	<u>1,205</u>	<u>1,205</u>	<u>1,205</u>	<u>1,205</u>	<u>1,205</u>
Excess of Revenues Over Expenses	<u>(32,878)</u>	<u>(47,776)</u>	<u>(33,800)</u>	<u>(16,295)</u>	<u>(8,795)</u>	<u>(3,795)</u>	<u>1,705</u>	<u>1,705</u>

Statements of Financial Position – Projected (Thousands)

	Audited 2022	Projected 2023	Budget 2024	2025	2026	Projected 2027	2028	2029
ASSETS								
Current Assets								
Cash & Investments	44,195	62,284	29,848	32,635	33,710	33,411	38,484	45,412
Patient Accounts Receivable	83,569	100,777	104,371	100,008	96,850	101,150	105,500	109,900
Other Current Assets	85,197	88,670	90,555	91,287	91,974	92,625	95,342	98,125
Total Current Assets	<u>212,961</u>	<u>251,731</u>	<u>224,774</u>	<u>223,931</u>	<u>222,534</u>	<u>227,186</u>	<u>239,326</u>	<u>253,437</u>
Assets Whose Use Is Limited	157,515	159,704	159,951	159,607	159,258	159,904	160,558	161,219
Property and Equipment	328,170	295,976	266,876	246,469	241,365	235,342	228,184	219,691
Other Assets	<u>263,731</u>	<u>261,854</u>	<u>254,780</u>	<u>253,222</u>	<u>252,014</u>	<u>250,886</u>	<u>249,875</u>	<u>249,090</u>
Total Assets	<u>962,377</u>	<u>969,264</u>	<u>906,381</u>	<u>883,229</u>	<u>875,171</u>	<u>873,318</u>	<u>877,942</u>	<u>883,437</u>
LIABILITIES AND NET ASSETS								
Current Liabilities								
Current Portion of Long Term Debt	28,795	28,586	27,568	15,604	14,934	14,507	14,207	13,757
Accounts Payable, Third-Party & Accrued	<u>267,492</u>	<u>344,776</u>	<u>328,724</u>	<u>337,734</u>	<u>343,869</u>	<u>350,258</u>	<u>356,906</u>	<u>363,822</u>
Total Current Liabilities	<u>296,287</u>	<u>373,362</u>	<u>356,292</u>	<u>353,338</u>	<u>358,803</u>	<u>364,765</u>	<u>371,113</u>	<u>377,579</u>
Long Term Debt	225,833	218,783	201,215	185,611	170,677	156,170	141,963	128,206
Deferred Inflows	395,002	396,144	396,002	397,002	398,002	399,002	400,002	401,002
Other Post Employment Benefits	259,334	250,051	257,553	265,280	273,238	281,435	289,878	298,575
Self Insurance Reserves	<u>54,340</u>	<u>47,118</u>	<u>45,313</u>	<u>48,288</u>	<u>49,535</u>	<u>50,826</u>	<u>52,162</u>	<u>53,545</u>
Total Liabilities	<u>1,230,796</u>	<u>1,285,459</u>	<u>1,256,375</u>	<u>1,249,518</u>	<u>1,250,255</u>	<u>1,252,198</u>	<u>1,255,117</u>	<u>1,258,907</u>
Net Position	<u>(268,419)</u>	<u>(316,194)</u>	<u>(349,994)</u>	<u>(366,290)</u>	<u>(375,085)</u>	<u>(378,880)</u>	<u>(377,175)</u>	<u>(375,470)</u>
Total Liabilities and Net Assets	<u>962,377</u>	<u>969,264</u>	<u>906,381</u>	<u>883,228</u>	<u>875,170</u>	<u>873,318</u>	<u>877,942</u>	<u>883,436</u>

Statements of Cash Flow - Projected

(Thousands)

	<u>Audited</u> <u>2022</u>	<u>Projected</u> <u>2023</u>	<u>Budget</u> <u>2024</u>	<u>2025</u>	<u>2026</u>	<u>Projected</u> <u>2027</u>	<u>2028</u>	<u>2029</u>
Cash Flows From Operating Activities								
Excess of Revenues Over Expenses	(32,878)	(47,776)	(33,800)	(16,295)	(8,795)	(3,795)	1,705	1,705
Depreciation & Amortization	41,615	40,195	37,100	30,407	30,104	31,023	32,158	33,493
Provision for bad debt	15,474	12,537	12,674	13,206	13,236	13,266	13,297	13,328
Medicare Advanced Payment Program	(20,879)	-	-	-	-	-	-	-
(Increase) Decrease in Non-operating revenues	(38,256)	(23,188)	8,542	7,110	6,512	5,961	5,275	4,539
(Increase) Decrease in Patient Accounts Receivable, Net	(22,328)	(29,745)	(16,267)	(8,843)	(10,078)	(17,566)	(17,647)	(17,728)
(Increase) Decrease in Current and Other Assets	144,272	(1,596)	5,189	826	522	476	(1,706)	(1,998)
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	(105,832)	77,284	(16,051)	9,009	6,136	6,388	6,648	6,917
Increase (Decrease) in Deferred In Flows	(69,022)	1,142	(142)	1,000	1,000	1,000	1,000	1,000
Increase (Decrease) in Self Insurance Liabilities	1,322	(16,505)	5,696	10,702	9,205	9,488	9,779	10,079
Net Cash Provided By (Used In) Operating Activities	(86,512)	12,347	2,939	47,121	47,842	46,242	50,510	51,335
Cash Flows From Investing Activities								
Other Investing Activities, Net	10,192	2,625	958	1,549	1,554	559	551	544
Net Cash Provided By (Used In) Investing Activities	10,192	2,625	958	1,549	1,554	559	551	544
Cash Flows From Financing Activities								
Additions to Property and Equipment	(26,856)	(8,000)	(8,000)	(10,000)	(25,000)	(25,000)	(25,000)	(25,000)
Non-operating grants	90,152	29,469	-	-	-	-	-	-
Changes in Long Term Debt	(12,245)	(18,353)	(28,333)	(35,883)	(23,321)	(22,100)	(20,987)	(19,951)
Net Cash Provided By (Used In) Financing Activities	51,051	3,116	(36,333)	(45,883)	(48,321)	(47,100)	(45,987)	(44,951)
Net Increase (Decrease) in Cash and Investments	(25,269)	18,089	(32,436)	2,787	1,075	(299)	5,073	6,928
Cash and Investments, Beginning	69,464	44,195	62,284	29,848	32,635	33,710	33,411	38,484
Cash and Investments, Ending	44,195	62,284	29,848	32,635	33,710	33,411	38,484	45,412

Appendix A

Outstanding Bonds and Notes

Erie County Guaranteed Senior Revenue Bonds, Series 2004

No bonds were issued, called, or re-financed during 2023.

\$4,165,000 of bonds matured or were redeemed in 2023.

\$56,970,000 of 2004 bonds remain outstanding on December 31, 2023.

Erie County Loan Payable-2017 (Refinance)

During 2017, the Corporation refinanced its 2011 Loan with a \$74,366,859 loan from the County of Erie.

\$4,158,603 in principal payments were made in 2023.

\$49,076,847 of debt is outstanding on December 31, 2023.

Erie County Loan Payable-2017 (New Money)

During 2017, the Corporation entered into a \$99,492,034 loan with the County of Erie.

\$2,780,391 in principal payments were made in 2023.

\$87,374,270 of debt is outstanding on December 31, 2023.

Erie County Capitalized Interest Assumption Obligation-2017

During 2017, the Corporation entered into an \$8,281,141 capitalized interest assumption obligation with the County of Erie.

\$231,424 in principal payments were made in 2023.

\$7,272,529 of debt is outstanding on December 31, 2023.

Line of Credit

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit.

\$0 in principal payments were made in 2023.

\$10,000,000 of outstanding borrowings against the line of credit on December 31, 2023.

Metz Culinary Management Food Service Improvements Loan

During 2019, the Corporation entered into a \$1,805,430 loan with Metz Culinary Management.

\$180,543 in principal payments were made in 2023.

\$947,860 of debt is outstanding on December 31, 2023.

During 2021, the Corporation entered into a \$1,552,000 loan with Metz Culinary Management.

\$200,258 in principal payments were made in 2023.

\$1,001,290 of debt is outstanding on December 31, 2023.

Name	Job Title	2023 Gross Earnings	Annual Salary
Abafita, Aziza	General Duty Nurse	122,268	102,186
Addison, Jessica	Charge Nurse	170,206	110,700
Aiad, Jean	Dentist ECMC RPT	117,237	117,237
Albanese, Pamela	Identity & Access Accounts Control Coord	100,928	101,005
Albert, Alison	Director of Admissions Medical Rehabilit	127,717	119,974
Almeter, Katherine	Charge Nurse	125,540	104,337
Ambrose, Keith	Director of Capital Projects	114,587	113,815
Amendola, Amy	General Duty Nurse	110,349	102,186
Anders, Mark	Medical Specialist	180,646	168,808
Anderson, Jennifer	Charge Nurse	137,917	110,700
Andrews, Kristin	Assistant Head Nurse	124,440	110,700
Artieri, Diane	Vice President of Materials Management	180,048	180,250
Augostini, Anna	Pharmacist ECMC	142,395	139,258
Austin, Cheryl	Director of Imaging Services	139,292	139,156
Baetzhold-Fabiniak, Karen	Physician Assistant	145,481	145,643
Bailen, Matthew	Director of Nursing Education-CC	135,128	131,840
Bailey, Steven	Nursing Supervisor LTC RPT	142,977	119,672
Baker, Aimee	General Duty Nurse	103,335	102,186
Baker, Shawn	General Duty Nurse	108,568	102,186
Balk, Andrew	Healthcare Information Security Analyst	108,555	101,005
Ballard, Katrina	Nurse Case Manager - Behavioral Health	127,154	123,583
Bandoh, Anthony	Healthcare Information Security Analyst	109,769	101,005
Barr-Buday, Tamara	Clinical Documentation Specialist	118,921	101,290
Barry, Jennifer	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	110,401	105,000
Basher, William	Nursing Team Leader Dialysis Services	126,965	119,276
Bass, Cynthia	Director of Diversity and Inclusion	141,097	133,900
Bass, Edmond	Nursing Informatics Mgr.	140,667	137,565
Bastian, Michele	General Duty Nurse	110,416	102,186
Bauer, Christine	Charge Nurse	99,793	101,290
Beaver, Michael	Pharmacist ECMC	140,535	136,186
Becker, Cynthia	General Duty Nurse	103,473	102,186
Becker, Melissa	Unit Manager Operating Room	160,116	128,567
Becker, Paula	Pharmacist ECMC	148,993	148,439
Beiter, Sean	Director of Labor & Employee Relations	150,382	149,350
Bell, Shentelle	Director of Nursing Services Ambulatory	128,605	128,750
Bellido-Clark, Dana	Unit Manager MedicalSurgical	135,048	132,429
Bennett, Murnita	General Duty Nurse	103,881	102,186
Benson, Amanda	Charge Nurse	110,699	107,457
Bermingham, Morgan	Pharmacist ECMC	49,978	136,186
Bernier, Deborah	Operations Manager LTC	122,874	118,450
Bethea, Marquita	Director of Admissions LTC	139,183	130,491
Bielicki, Kim	General Duty Nurse	123,595	102,186
Bielmann, Beth	General Duty Nurse	103,924	102,186
Biersbach, Bret	Anesthesiologist	529,769	475,000

Bisulca, Amanda	General Duty Nurse	76,967	102,186
Bittner, Michelle	Charge Nurse	118,420	110,700
Blair, Lawrence	Behavioral Health Clinical Manager	127,864	118,450
Blair, Lindsey	Nursing Inservice Instructor ECMC	124,741	119,276
Blair, Sean	Nurse Case Manager	142,552	131,102
Blecha, Kortney	Charge Nurse	176,991	110,700
Boice, Allison	Nurse Case Manager	131,209	127,296
Bolden, Taywanda	Behavioral Health Clinical Manager	121,018	118,450
Bonito, Nicole	Anesthetist	274,353	236,023
Borton, Angela	Pharmacist ECMC	141,672	139,258
Brennan, Melinda	Unit Manager MedicalSurgical	133,413	128,567
Brennan, Stephanie	Pharmacist ECMC	146,087	139,258
Brian, Stephanie	Pharmacist ECMC	5,238	136,186
Brindisi, Joseph	Nurse Practitioner ECMC	136,075	137,825
Brinker, Debra	Charge Nurse	131,969	110,700
Brinkworth, Jennifer	Charge Nurse	162,111	110,700
Broeneman, Kourtney	Nurse Case Manager	134,502	131,102
Brooks, Latoya	Unit Manager MedicalSurgical	130,086	136,386
Brown, Alesha	Charge Nurse	128,256	101,290
Brown, Dana	Anesthetist	307,801	236,023
Brown, Donna	Associate Hospital Administrator	137,615	137,769
Brown, Jillian	VP of Behavioral Health Services	175,814	163,894
Brundin Jr, Douglas	Anesthetist	257,882	236,023
Brunner, Stephanie	Transplant Coordinator	107,072	116,478
Bryant, Monica	Nursing Team Leader	102,071	109,173
Buckley, Peter	Nursing Team Leader LTC	121,386	109,173
Budde, Ronald	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	35,455	105,000
Bufalino, Rosalia	General Duty Nurse	124,881	102,186
Bulinski, Alexis	Charge Nurse	166,004	101,290
Buono, Deanne	General Duty Nurse	115,657	102,186
Burgio, Susan	Clinical Laboratory Quality Coordinator	142,732	114,895
Burke, Mark	Attending Physician	772,460	737,032
Burnett, Wayne	Senior Physical Therapist	107,709	103,091
Burridge, Suzanne	Pharmacist ECMC RPT	105,273	101,626
Burt, Mary	Nursing Team Leader	180,949	119,276
Calicutt, Steven	Chief Healthcare Information Security Of	65,538	213,000
Calire, Gina	Clinical Documentation Specialist	129,034	104,337
Canallatos, Jessica	Dentist ECMC RPT	133,506	121,892
Canallatos, Paul	Dentist ECMC	224,362	228,093
Cantie, Shawn	Anesthesiologist	534,353	504,000
Capozzi, Nicole	General Duty Nurse	127,940	102,186
Carl, Karen	Nursing Team Leader	126,948	119,276
Carnevale, Marinela	Emergency Department Patient Flow TL	144,674	119,276
Carpenter, Cheryl	Director of Medical Dental Staff Svcs	122,455	122,592
Carroll, Jennifer	Behavioral Health Clinical Manager	129,838	123,600
Casali, Colleen	General Duty Nurse	135,886	102,186
Castonguay, Andrea	Physician Assistant	117,425	115,000

Cavo, Paul	Clinical Systems Analyst	127,008	105,498
Cheng, Yi Shun	Attending Physician	297,566	288,400
Chikaraishi, Juli	Director of Outpatient Opers & Oncolog	121,938	119,995
Chilbert, Kevin	Clinical Pharmacy Specialist	154,130	151,199
Ciancone, Gabriella	Infection Prevention Practioner	124,518	119,276
Cicchinelli, Salvatore	Project Manager HIT	106,359	102,531
Cieri, Margaret	Nursing Care Coordinator	159,425	141,669
Cirillo, Joseph	Director of Public Relations Communic.	144,434	138,898
Ciurczak, Tiffany	Emergency Department Patient Flow TL	137,044	119,276
Clark, Cynthia	Nurse Case Manager	138,899	131,102
Cleckley, Shonda	General Duty Nurse	200,741	102,186
Cloud, Samuel	Medical Director ECMC	537,545	550,000
Colebeck, Amanda	Dentist ECMC	309,437	313,120
Colucci, Anthony	Executive Vice President	652,602	652,463
Comstock, Scott	Charge Nurse	128,244	110,700
Coniglio, Julia	Anesthetist	251,303	236,023
Conley, Meghan	Charge Nurse	115,008	107,457
Connors, Marchelle	Charge Nurse	112,022	110,700
Contino, Alyse	Charge Nurse	115,872	101,290
Cornelius, Rhonda	Nursing Care Coordinator	57,568	127,496
Cretacci, Nicole	Unit Manager MedicalSurgical	139,350	136,386
Culligan, Tanya	Clinical Documentation Specialist	124,303	110,700
Cumbo, John	Vice President of Information Technology	254,857	236,900
Currin, Shawntres	Unit Manager MedicalSurgical	144,803	132,429
Cutler, Peter	VP of Communications & External Affairs	271,100	267,800
Cutting, Karen	Healthcare Business Sys Analyst	103,091	103,243
Czerwinski-Brown, Lynn	General Duty Nurse	112,045	102,186
Dalton, Wendy	Nursing Team Leader LTC	138,096	112,455
D'Angelo, Dino	Charge Nurse	114,969	107,457
Daniels, Steven	Sr. Human Resources Info System Admin	128,215	123,600
Daoust, Jeffrey	Physician Assistant	102,161	132,009
Davis, Andrew	Chief Operating Officer ECMC	682,320	657,758
Davis, Cassandra	Senior Vice President of Operations-Outp	300,208	293,550
Davis, Karen	Charge Nurse	123,042	107,457
Dean, Rachel	Charge Nurse	118,481	101,290
DeFilippo, Jenna	Assistant Head Nurse	162,218	107,457
Deguire, Janelle	Assistant Nurse Case Manager	106,840	107,457
DeGuidice, Natalie	Clinical Pharmacy Specialist	152,796	154,565
DelPrince, Becky	VP of Systems and Integrated Care	200,482	193,905
DeVecchio, Regina	Staff Counsel ECMC	201,146	193,905
DePlato, Anthony	Anesthesiologist	591,867	553,340
Derenda, Nicole	Director of Nursing Education Med/Surg	54,744	133,738
DeSantis-Evans, Leigh	General Duty Nurse	120,156	102,186
Dettman, Brittany	Nursing Supervisor LTC	106,118	107,353
DeYoung, Candice	Nursing Team Leader	117,553	119,276
Diez, Tyler	Senior Director Outpatient Operations	82,789	123,000
Diina, David	Nurse Practitioner Transplant	306,815	155,116

Dillabough, Andrew	Point of Care Clinical Laboratory Coord	94,966	110,644
DiOrio, Leigh-Anne	Nurse Practitioner Transplant	173,881	124,016
Dishunts, Olga	Clinical Informatics Educator	119,528	103,243
Dobson, Judy	VP Medical Surgical Nursing Services	188,543	188,153
Dolansky, Evan	Pharmacist ECMC	150,389	148,439
Dombrowski, Jennifer	Senior Occupational Therapist	105,499	100,225
Donegan, Shawn	Charge Nurse	114,511	104,337
Donovan, Kevin	General Duty Nurse	100,069	102,186
Dove, Theresa	General Duty Nurse	100,438	102,186
Dowdell, Anne	General Duty Nurse	106,899	102,186
Draper, Cristina	General Duty Nurse	120,087	102,186
Drysdale, Michelle	InService Education Coordinator	170,256	123,583
Duell, Susan	Minimum Data Set Director	139,161	119,974
Duffin, Joy	Transplant Coordinator	202,221	131,102
Duffy, Brian	Anesthesiologist	102,175	395,391
Duman, Eileen	Administrative Director of Laboratory Se	161,184	156,560
Durant, Jason	Systems Administrator	135,847	111,234
Dvinova, Larisa	Charge Nurse	165,705	110,700
Dwyer, Lisa	General Duty Nurse	112,721	102,186
Dyson, Alicia	General Duty Nurse	98,478	102,186
Eccleston, Bobby	NURSING INSERVICE INSTRUCTOR (EMERGENCY	48,786	105,993
Eck, Brooke	Director of Respiratory Therapy Services	113,685	114,729
Egan, Carol	Charge Nurse	122,618	110,700
Eleey, Lynnette	Charge Nurse	126,146	110,700
Elliott, Karen	Senior Clinical Laboratory Technologist	24,838	102,066
Erhardt, Laurie	Minimum Data Set Specialist	115,048	112,455
Erhardt, Robert	Chief Hospital Public Safety Officer	167,631	123,768
Ervolina, Daryl	Senior Pharmacist ECMC	176,150	164,717
Eustace, Amy	General Duty Nurse	121,711	102,186
Evans, Maureen	Pharmacist ECMC RPT	115,911	114,061
Evans, Michele	Nursing Team Leader LTC	143,996	119,276
Falco, Mark	Attending Physician	527,310	494,400
Fanning, Rozalyn	Charge Nurse	122,652	104,337
Farrell, Amanda	Population Health Clinical Data Analyst	126,670	123,583
Fenner, Nicholas	Pharmacist ECMC	146,699	139,258
Ferguson, Richard	Director of Neurology RPT	438,240	392,256
Fezer III, Stephen	Anesthetist	259,236	236,023
Fiden, Donna	General Duty Nurse	133,851	102,186
Firestone, Lisa	Nurse Case Manager - Ambulatory Services	126,984	123,583
Flaherty, Amy	Staff Counsel - Risk Management	163,710	163,894
Fleming, Laura	Privacy Officer	112,529	109,051
Fletcher, Lynn	Nursing Care Coordinator	114,313	133,553
Flett, Deborah	Nursing Team Leader LTC	127,942	119,276
Floyd, Kaitlin	Nursing Team Leader	40	110,583
Flynn, William	Director of Surgery RPT	259,164	255,564
Forgensi, Stacey	Anesthetist	226,176	236,023
Fowler, Julia	Nursing Care Coordinator	159,246	141,669

Fox, Heather	Nurse Case Manager - Ambulatory Services	135,121	131,102
Frey, Jordan	Attending Physician	524,537	498,623
Friend, Dawn	Director of Nursing Service LTC	65,186	144,612
Frustino, Jennifer	Dentist ECMC	263,287	265,407
Furlani, Lisa	Anesthetist	248,708	236,023
Furnari, Graziella	Clinical Pharmacy Specialist	150,994	151,199
Gallagher, Heather	Senior Director Of Comp. Benefits HRIS	148,943	144,612
Galley, Sarah	Charge Nurse	114,307	101,290
Gallineau, Anne-Marie	Nursing Care Coordinator	171,285	141,669
Gan, Dalong	Anesthetist	87,138	218,753
Gant, Ramona	Director of Nursing Service LTC	122,784	152,500
Gardy-Batson, Marcell	Assistant Director Nursing LTC	130,105	128,750
Garfoot, John	Attending Physician	383,000	350,000
Garvey, Benjamin	RN Renal/Hemo Data Reviewer	100,689	104,337
Gary, Stephen	Consultant IV	411,829	411,829
George, Kristin	Charge Nurse Ambulatory Care	105,846	104,337
Gian, Kathleen	General Duty Nurse	189,705	102,186
Giglia, Joseph	General Counsel	522,229	530,000
Gill, Elise	Physician Assistant	117,518	115,000
Gloss, Margaret	Technical Director Echocardiography	106,498	101,005
Gomez, Melissa	Director of Clin. Coding Record Qual Mg	104,086	104,204
Gompah, Santosha	Unit Manager MedicalSurgical	143,070	136,386
Gonzalez, Susan	Executive Director ECMC Lifeline Foundat	204,279	200,905
Gorczynski II, Thomas	Director of Technical Services	156,142	155,000
Gozdalski, Nicole	Charge Nurse	146,515	110,700
Grabski, Meghan	Charge Nurse	215,099	101,290
Grantham, Ayanna	Assistant Director Nursing LTC	130,105	128,750
Green, Kimberly	Nursing Team Leader	120,604	112,455
Greenaway, Wanda	Nurse Practitioner Surgical Services	124,733	150,615
Greene Clark, Maria	Director of CPEP	128,605	128,750
Gregorio, Tara	Unit Manager MedicalSurgical	146,667	136,386
Grimm, Jessica	Nursing Team Leader	118,678	109,173
Grolemund, Stephanie	Anesthetist	266,155	236,023
Grzebinski, Jane	Pharmacist ECMC	157,350	151,574
Grzybowski, Helen	InService Education Coordinator	160,673	131,102
Gulczewski, Michelle	General Duty Nurse	106,497	102,186
Habonimana, Colette	Charge Nurse	140,526	110,700
Haefner, Lori	Charge Nurse	122,970	110,700
Haefner, Paula	Project Manager HIT	110,061	108,104
Haines, Tracey	Charge Nurse	148,176	104,337
Halladay, Nicholas	Charge Nurse	129,007	104,337
Halloran, Ashley	Vice President of Pharmacy Operations	195,826	195,700
Hamilton, Catherine	Director of Patient Financial Services	128,021	128,164
Hamilton, Holly	Pharmacist ECMC	137,490	139,258
Handley, Sarah	Pharmacist ECMC	43,364	139,258
Hanlon, Barbara	Assistant Head Nurse	117,701	110,700
Hanna, Jennifer	Charge Nurse	134,398	104,337

Harhara, Ameen	Nursing Care Coordinator	139,475	115,931
Harris, Rachel	Nurse Practitioner Plastic Recon Surgeon	140,281	137,825
Hartman, Nancy	Registered Nurse Trauma Registrar	119,230	119,276
Hartman, Sandra	Nursing Supervisor LTC	152,293	131,102
Hartmann, Erica	Dentist ECMC	176,488	180,250
Haseley, Nicole	Nurse Practitioner Transplant	231,273	155,116
Hatten, Khadija	Nursing Care Coordinator	147,364	133,553
Haus, Lisa Marie	Nurse Case Manager	83,626	131,102
Havers, Amy	Charge Nurse	121,978	107,457
Hayes, Renee	Charge Nurse	218,047	104,337
Healy, Jaclyn	Pharmacist ECMC	139,792	136,186
Herdman, Jennifer	General Duty Nurse	100,395	102,186
Herr, Alexandra	Staff Counsel ECMC	118,707	123,600
Hidalgo, Francisco	Code Compliance Manager	129,974	126,325
Hierl, Michele	Charge Nurse	97,455	107,457
Highway, Lisa	Director of Recruitment and Retention	128,215	123,600
Hinckley, Debra	General Duty Nurse	117,060	102,186
Hinderliter, Vanessa	VP of Finance ECMC	201,385	195,700
Hines, Holly	Nurse Case Manager	133,198	131,102
Hodan, Patricia	Infection Prevention Practitioner	122,508	119,276
Hodgson, Matthew	Nurse Practitioner Plastic Recon Surgeon	151,683	155,116
Hoerner, Audrey	Senior Nurse Practitioner - Burn Unit	185,493	173,663
Hoerner, Nadine	Clinical Documentation Specialist	109,489	110,700
Honkomp, Cheryl	Assistant Head Nurse	127,826	110,700
Horesh, Fayelyn	Anesthetist RPT	178,476	177,772
Hovak, Melissa	Nurse Practitioner Transplant	240,067	155,116
Hughes, Christopher	Attending Physician RPT	279,265	269,108
Hulme, Christine	General Duty Nurse	114,824	102,186
Hunley, Kizzie	Clinical Patient Care Liaison	154,365	137,565
Hunt, Benjamin	Nursing Inservice Instructor Psych	122,364	115,835
Hunter, Renee	Charge Nurse	144,893	101,290
Hunter, Thameena	Unit Manager Ambulatory Care	133,955	136,386
Hutchings, Michelle	Nurse Case Manager	129,934	131,102
Hyman, Daniel	Assistant VP of Operations	5,000	130,000
Iancu, Adriana	Charge Nurse	4,518	102,584
Ireland, Shari	Charge Nurse	375	105,681
Isch, Pamela	Assistant Director Ambulatory Services	112,569	111,234
Jack, Dennis	Nurse Practitioner Transplant	244,950	129,913
Jack, Jennifer	Charge Nurse	150,782	107,457
Jackson, Seanessa	Nurse Case Manager	138,877	131,102
Jacob, Avneet	Nursing Team Leader	122,416	105,993
Jamison, Shannon	Charge Nurse	119,586	110,700
Janetzke, David	Charge Nurse	129,159	104,337
Jellinick, Lori	Supervisor of Rehab Medicine	111,863	110,485
Jenney, Kevin	Supervisor of Rehab Medicine	118,405	110,485
Jensen, Erik	Anesthesiologist	574,177	516,816
Jerzewski, Stephanie	Clinical Systems Analyst	116,009	101,005

Jimerson, Mary	Nursing Team Leader Ambulatory Services	143,831	109,173
Jocoy, Angela	Rehab Services Quality Coordinator-ECMCC	109,239	103,091
Johnson, Desiree	Charge Nurse	141,500	101,290
Johnson, Marie	Vice President of Rehab Services	169,210	169,399
Johnson, Maureen	Charge Nurse	198,832	110,700
Jones, Donna	Chief Quality of Care Officer and Operat	267,500	267,800
Jones, Veronica	Charge Nurse	135,632	110,700
Jonmaire, Kenneth	Senior Director Outpatient Operations	140,539	132,010
Julyan, Erika	Senior Occupational Therapist	106,854	101,648
Juncewicz, Edmund	Anesthesiologist	520,682	477,544
Kabayiza, Tamar	General Duty Nurse	115,301	102,186
Kaid, Rafiq	Charge Nurse	131,768	104,337
Kalinka, Lisa	Nurse Practitioner Transplant	253,847	146,209
Kaminska, Stephanie	Physician Assistant	115,822	115,000
Kane, Justin	General Duty Nurse	138,239	102,186
Kapral, Elizabeth	Dentist ECMC	209,480	213,029
Karl, Stephanie	Nurse Case Manager	125,623	127,296
Kaurich, Justine	Vice President of Operations	205,946	206,178
Kawka, April	General Duty Nurse	116,892	102,186
Kayler, Liise	Attending Physician RPT	203,750	168,750
Keenan-USchold, Lisa	Chief Clinical Psychologist	142,134	142,314
Keeney, Alicia	Nursing Inservice Instructor Ambulatory	119,863	119,276
Kelly-Planter, Jan-Marie	General Duty Nurse	114,419	102,186
Kemp, Amanda	Charge Nurse	145,551	101,290
Kemp, Michelle	Nurse Case Manager	125,732	123,583
Kent, Joanne	Charge Nurse	132,128	104,337
Killion, Valerie	Assistant Director Nursing Sub Acute Ser	103,514	118,450
Kimble, Karen	Behavioral Health Clinical Manager	121,018	118,450
Kinkade, Phillip	General Duty Nurse	126,838	102,186
Kinney, Elizabeth	Charge Nurse	142,661	110,700
Kitson, Rebecca	General Duty Nurse	103,979	102,186
Kleinhans, Shannon	Quality Care Coordinator	121,901	116,478
Klinger, Cathy	General Duty Nurse	99,748	102,186
Koch, Elizabeth	Anesthesiologist	513,266	468,180
Kocz, Remek	Anesthesiologist	492,443	452,574
Kolb, Beth	Charge Nurse	144,647	101,290
Kolber, Brooke	Dentist ECMC RPT	112,107	112,107
Kolbert, Cynthia	Charge Nurse	135,003	110,700
Konikoff, Karen	VP Critical Care & Emergency Services	191,922	183,856
Kordasiewicz, Lynn	Nurse Practitioner Wound Care	165,792	155,116
Korff, Kathryn	Dentist ECMC	201,285	201,510
Kostek, Heather	Nursing Team Leader	115,824	115,835
Koszuta, Ceilia	Nurse Case Manager	136,743	131,102
Kotoroka-Yiadam, Martin	Charge Nurse	143,424	101,290
Krakiowiak, Daryl	Assistant Director of Social Work BH	111,796	110,015
Krawczyk, Heather	Charge Nurse	135,961	104,337
Kuechle, Claire	Staff Counsel ECMC	48,942	172,744

Kurek, Alecia	Unit Manager MedicalSurgical	158,686	136,386
Kuropatwinski, David	Nursing Team Leader	116,860	115,835
Kwiatkowski, Andrew	Director of Project Management HIT	170,307	160,706
La Porta, Kathleen	Senior Clinical Laboratory Technologist	104,523	102,066
Labelle, Jamie	Unit Manager Hemodialysis	142,186	136,386
Labelle, Marc	VP Surgical Services	178,352	177,351
LaMacchia, Brandy	Charge Nurse	119,601	107,457
Lang, Julie	Project Manager HIT	107,982	108,104
Larkin, Rachel	Nursing Team Leader	122,677	119,276
Lauer, Sandra	Director of Continuum Care	145,858	135,519
Lavarney, Nicole	Nursing Supervisor LTC	156,035	131,102
Lawley, Melinda	Unit Manager Critical Care	157,763	136,386
Leas, Adam	General Duty Nurse	123,447	102,186
Leas, Christie	Unit Manager Critical Care	131,217	128,567
Lee, Pamela	Senior VP of Operations ECMC	317,346	321,415
Leitten, Deborah	General Duty Nurse	123,000	102,186
Lenhard, Eric	Pharmacist ECMC	147,577	142,314
Leonard, Jamie	Charge Nurse	126,266	104,337
Lewandowski, Emily	Pharmacist ECMC	139,159	136,186
Lewis, Jennifer	Charge Nurse	143,651	101,290
Lezynski, Sharon	General Duty Nurse	141,347	102,186
Lilic, Dijana	Charge Nurse	174,352	110,700
Linneborn, Tracey	Assistant Director Social Work Servs	104,670	103,243
Lipiarz, Jennifer	Charge Nurse	111,803	101,290
Logel, Cassandra	Charge Nurse	120,812	104,337
Lorden, Bernard	Network Analyst	137,661	107,761
Loree, Thom	Attending Physician	1,004,478	962,261
Loughran, Vicki	General Duty Nurse	105,753	102,186
Lucas, Paul	General Duty Nurse	120,714	102,186
Ludlow, Charlene	Senior VP of Nursing	360,096	360,500
Lydo, Kaitlin	Registered Nurse Trauma Registrar	113,338	112,455
Macaluso, Ann	Pharmacist ECMC	57,860	136,186
Mack, Markita	Unit Manager Critical Care	139,697	132,429
MacNeil, Sarah	General Duty Nurse	141,779	102,186
MacTurk, Nancy	General Duty Nurse	115,337	102,186
Madison, Mark	General Duty Nurse	104,449	102,186
Madoo, Kevin	Director of Plant Operations	126,130	126,271
Madore, Donat	General Duty Nurse	122,071	102,186
Maggio, Sarah	ASSISTANT VP of BH, Nrsing & Edu	154,962	149,350
Maloney, Jennifer	Unit Manager MedicalSurgical	138,304	136,386
Manning, Jeremy	Charge Nurse	103,138	107,457
Marasco, Marjorie	Nurse Case Manager - Behavioral Health	71,396	121,522
Marczak, Juliet	Nurse Practitioner ECMC	153,217	155,116
Markiewicz, Anthony	VP Clinical Business Intelligence and In	201,367	190,649
Marks, Jack	General Duty Nurse	113,769	102,186
Marshall, Michelle	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	122,216	120,000
Marso, Lisa	Anesthetist	263,650	236,023

Martin, Alana	Pharmacist ECMC	139,756	136,186
Martin, Donna	General Duty Nurse	106,919	102,186
Martina, Kristin	Nursing Team Leader	143,945	112,455
Martinez, Kristen	Director of Rehabilitation Services	107,685	103,515
Masters, Raymond	Anesthetist	236,046	218,753
Mattina, Adrienne	General Duty Nurse	120,812	102,186
Matyjasik, Robin	Clinical Resource Nurse Emerg Services	141,154	104,337
Maul, Sara	Charge Nurse	115,282	104,337
Maxson, Karen	General Duty Nurse	117,010	102,186
Mayer, John	Director of System Health and Safety	123,977	124,115
Mazur, Christopher	Senior Pharmacist ECMC	170,523	154,565
McAndrews, Lisa	Charge Nurse	136,137	110,700
McCartan, Daniel	Emergency Preparedness Manager	107,836	106,756
McCloud, Arletha	Charge Nurse	126,406	110,700
McCullor, Sandra	Charge Nurse	130,449	110,700
Mcdougall, Sarah	Pharmacist ECMC	139,118	139,258
McDuffie, Ann	Nursing Team Leader Orthopedics	125,096	119,276
McGuigan, Jessica	Unit Manager MedicalSurgical	143,212	136,386
McGuire, Julie	General Duty Nurse	105,119	102,186
McKeever, Ashley	Anesthetist	262,394	236,023
McLaughlin, Gloria	General Duty Nurse	113,822	102,186
McLean, Terrence	Dentist ECMC	458,934	459,710
McRae, Jennifer	Nursing Team Leader LTC	128,387	105,993
Mehmedovic, Andrea	Chief Clinical Laboratory Technologist	146,472	112,748
Mendola, Kathryn	Director of Campaigns & Major Gifts	107,120	105,060
Menter, Danielle	Charge Nurse	161,709	110,700
Merineau, Rock	Project Manager HIT	105,275	102,531
Metz, Martha	Clinical Nurse Specialist Crit Care ER	128,728	129,913
Metzler, Ashley	Unit Manager Post Anesthesia Care	143,563	136,386
Meyers, Tracy	Nursing Team Leader	130,652	119,276
Miano, Joanne	Nurse Case Manager	131,520	131,102
Milbrand, Alison	Pharmacist ECMC	15,870	139,258
Miller, Crystal	General Duty Nurse RPT	151,161	105,700
Miller, Kelly	Emergency Department Patient Flow TL	141,818	115,835
Miller, Loretta	Safe Patient Handling Coordinator	120,868	110,485
Miller, Melissa	General Duty Nurse	110,442	102,186
Minhas, Parveen	Nurse Practitioner Transplant	268,168	155,116
Mitchell, Alexandria	Unit Manager MedicalSurgical	139,385	136,386
Mitchell, Shawn	General Duty Nurse	194,206	102,186
Mogavero, Joseph	Healthcare Business System Manager	133,073	133,270
Mondoux, Jessica	Director of Transplantation	131,610	131,758
Monnier, Thomas	Director of Biomedical Services	111,453	108,150
Montague, Victoria	Nursing Inservice Instructor ECMC	115,944	112,455
Mooney, Michelle	Nurse Case Manager	133,629	131,102
Moore-Haley, Maureen	General Duty Nurse	123,444	102,186
Morrissey, Colin	Anesthetist	247,607	218,753
Moses, Beth	Trauma Injury Prevention & Education Co	126,719	119,276

Mosley, Steven	Healthcare Information Security Analyst	98,612	101,005
Mullen, Meghan	Trauma Program Manager	157,885	155,116
Mulvenna, Tina	Admissions Coordinator LTC	104,249	104,337
Mund, Nadine	Director of Corporate Compliance RPT	135,379	135,379
Murawski, Phyllis	VP Transplantation & Renal Care	215,574	208,978
Murphy, Evelyn	General Duty Nurse	106,023	102,186
Murray, Brian	Medical Director ECMC	641,182	551,719
Nagai, Michael	Attending Physician	648,566	581,950
Najmowski, Kellie	Nursing Team Leader	133,026	102,881
Nance, Michele	Assistant Nurse Case Manager	121,301	110,700
Napierala, Randal	Pharmacist ECMC	140,873	139,258
Nasca, Maureen	Chief of Service Dentistry	469,844	470,371
Nawojski, Kari	Charge Nurse	250,269	110,700
Nawojski, Michelle	Minimum Data Set Specialist	104,686	102,881
Nazzarett, Jody	Nursing Team Leader	120,906	119,276
Neff, Melissa	Unit Manager Cardiac Cath Lab	216,901	136,386
Nesbitt, David	Asst VP of Compliance and Senior Counsel	216,057	216,300
Newell, William	Charge Nurse	114,357	101,290
Niemira, Brittany	Manager of Revenue Capture and Integrity	72,014	105,498
Nieswiadomy, Kayla	Nurse Practitioner Transplant	116,550	141,966
Noble, Phillip	Anesthetist	97,756	218,753
Noller, Dawn	General Duty Nurse	105,021	102,186
Nowak, Kevin	Anesthesiologist	515,414	448,800
Nowak, Kristine	Behavioral Health Clinical Manager	126,660	118,450
Nowak, Lisa	Nursing Team Leader LTC	133,935	112,455
Nye, Maria	Charge Nurse	136,184	110,700
Obstarczyk, Valerie	Nursing Team Leader Ambulatory Services	113,145	112,455
Occhino, Erin	Clinical Pharmacy Specialist	148,492	151,199
O'Connor, Brendan	Clinical Resource Nurse Emerg Services	123,072	107,457
Ordon, Cheryl	Nurse Case Manager	133,347	131,102
Orloff, Patrick	Director of Internal Audit	128,400	128,544
Orta, Adrian	Clinical Systems Analyst	112,619	103,243
Ott, Michael	Clinical Coord Pharmacy Services	155,073	154,565
Ott, Sarah	RN Behavioral Health Data Reviewer	115,157	112,455
Pacelli, Kathleen	Senior Speech Pathologist	27,681	103,091
Pagano, Christina	Physician Assistant	142,690	132,009
Pajek, Lisa	Charge Nurse Ambulatory Care	36	105,681
Paladino, Matthew	Anesthesiologist	535,376	477,544
Palermo, Loretta	Emergency Department Patient Flow TL	157,735	119,276
Panesar, Mandip	Chief Medical Information Officer	469,789	470,457
Paolini, Cherise	General Duty Nurse	86,132	102,186
Park-Brooks, Jessica	General Duty Nurse	119,632	102,186
Parker, Adam	Assistant Director of Pharmacy	153,551	148,750
Parks, Mary	Charge Nurse	145,280	107,457
Parmenter, Tonya	General Duty Nurse	18,387	102,186
Patterson, Caralyn	Nursing Team Leader LTC	138,782	112,455
Patterson, Sandra	Nursing Team Leader Ambulatory Services	124,749	119,276

Pawar, Ravinder	General Duty Nurse	106,244	102,186
Payne, Angela	Unit Manager Emergency	146,358	121,172
Peals, Letrice	Charge Nurse	116,686	110,700
Pellicane, Stephen	General Duty Nurse	161,709	102,186
Pelton, Lisa	General Duty Nurse	102,822	102,186
Perkins, Melissa	Unit Manager MedicalSurgical	143,076	136,386
Pesta, Joslyn	Pharmacist ECMC	138,538	136,186
Petransky, William	Senior Rad Techonologist Imaging Spec	114,186	101,712
Petry, Christina	Nursing Team Leader Ostomy WC	133,768	119,276
Phillips, Kristen	Anesthetist	133,116	218,753
Picciano, Cathleen	Lead Clinical Documentation Specialist	121,444	119,276
Picciano, Thomas	Manager - Care Management	135,250	133,900
Pierce, Erin	General Duty Nurse	123,611	102,186
Pietrzyk, Mathew	Clinical Teacher	109,319	133,553
Pilat, Cynthia	Charge Nurse	143,218	110,700
Piniewski, Jillian	Nurse Practitioner Orthopedic Services	151,862	137,825
Piscatelli, Nicole	Dentist ECMC	190,531	191,227
Pittman, Courtney	Director of Patient Access Services	125,455	122,592
Pitz, Anita	Charge Nurse	139,370	110,700
Plueckhahn, Jennifer	Minimum Data Set Specialist	109,634	109,173
Pollock, Michael	Info Technology Operations Manager	145,474	133,270
Poodry, Abby	Charge Nurse	132,657	110,700
Popat, Saurin	Attending Physician RPT	487,908	450,203
Porter, Bradley	Nursing Team Leader LTC	113,605	105,993
Porter, Tricia	General Duty Nurse	148,308	102,186
Powers, Paul	Information Systems Analyst	121,758	105,498
Powers, Shawntey	Nursing Team Leader	122,415	115,835
Pressley III, Charles	Staff Counsel ECMC	131,688	132,829
Principe, Tamara	Charge Nurse	132,167	101,290
Pulka, Ashley	Pharmacist ECMC	139,078	139,258
Quatroche Jr., Thomas	Chief Executive Officer ECMC	1,682,168	1,220,035
Queener, Fontella	General Duty Nurse	117,479	102,186
Radovic, Vladan	Attending Physician	413,129	376,764
Rassman, Jeffrey	Physician Assistant	130,645	129,289
Rathgeber, Pandora	General Duty Nurse	119,704	102,186
Reamsnyder, Cynthia	General Duty Nurse	133,447	102,186
Reed, Karen	Anesthesiologist	559,530	516,815
Reeners, Eric	Director of Finance ECMC	142,692	140,000
Reeves, Sandra	Charge Nurse	41,198	105,681
Regelin, Lucas	Pharmacist ECMC	97,942	136,186
Reigle, Corey	Charge Nurse	129,523	110,700
Reilly, Mary	Assistant VP of Critical Care & Emergenc	152,733	149,350
Reinhardt, Julie	General Duty Nurse	93,855	102,186
Reinhardt, Kaitlyn	Pharmacist ECMC	104,159	136,186
Resetarits, Christopher	Chief Anesthetist	251,185	280,000
Reynolds, Katrina	General Duty Nurse	102,285	102,186
Richardson, Eden	Charge Nurse	83,876	107,457

Riley, Peggy-Sue	Charge Nurse	144,591	110,700
Ring, Alan	Anesthetist	237,615	218,753
Riter, Debra	Assistant Director of Social Work BH	111,354	110,015
Rizzo, Ann	General Duty Nurse	111,085	102,186
Rizzo, Heather	Anesthetist RPT	190,374	189,670
Rizzo, John	Unit Manager MedicalSurgical	134,807	128,567
Robb, Noel	Charge Nurse	122,368	110,700
Roberts, Sara	Clinical Documentation Specialist	118,046	104,337
Robertson, Heather	Charge Nurse	133,483	110,700
Roblee, Chelsey	Nursing Team Leader	136,513	119,276
Rodriguez, Erin	Charge Nurse	115,618	110,700
Roeder, Anastasia	Director of Development & Marketing ECMC	114,833	114,962
Rogers, Angeline	Nurse Case Manager	131,748	131,102
Rohl, Kathleen	Assistant Head Nurse	122,169	110,700
Rohloff, Sarina	Director of Procurement Compliance	104,642	104,760
Rohrbacher, Bernhard	Medical Specialist RPT	130,162	128,162
Roman, Julie	Clinical Documentation Specialist	137,269	110,700
Roof, Angela	Nurse Case Manager	117,849	119,974
Roof, Donald	Director of Materials Management	116,871	114,792
Roopchand, John-Paul	Network Analyst	99,112	101,005
Root, Sarah	Infection & Wound Care Preventionist LTC	131,126	131,102
Ross, Nicole	Pharmacist ECMC	141,533	136,186
Rossi, Lucia	VP of Ambulatory Svs & Population Health	170,954	164,800
Rossitto, Rachael	Dentist ECMC	335,271	334,335
Ross-McComb, Holly	Clinical Nurse Specialist Behavioral Hea	131,554	141,966
Rubin, Kari	Nurse Case Manager	133,677	131,102
Rudyk, Jenine	Unit Manager Critical Care	142,392	136,386
Ruh, Christine	Assistant Director of Pharmacy	162,595	162,740
Rust, Shawna	Charge Nurse	134,980	110,700
Rutkowski, Tammy	General Duty Nurse	117,042	102,186
Rutty, Amy	General Duty Nurse	109,266	102,186
Sammarco-Delmont, Renee	Unit Manager MedicalSurgical	153,722	136,386
Sands, Robert	Anesthesiologist	552,389	516,816
Santillo, Alexis	Physician Assistant	117,149	110,000
Santo, Angela	Charge Nurse	129,019	101,290
Sarkisian, Kevin	Sr Healthcare Info Reporting Specialist	120,167	103,243
Sauer, Jillian	Unit Manager MedicalSurgical	133,568	128,567
Scherer, Paul	Healthcare Business Sys Analyst	114,485	110,015
Schoelerman, Ronald	VP of Behavioral Health Services	159,449	155,000
Schubbe, Jayson	Healthcare Data Warehouse Architect	125,469	120,953
Schubbe, Michele	Healthcare Business Sys Analyst	125,797	107,761
Schummer, Abby	General Duty Nurse	120,654	102,186
Schunke, Katrina	Pharmacist ECMC	155,541	151,574
Schurr, Karen	Clinical Asst to VP Surg & Card. Svcs	144,456	140,000
Schwanekamp, Karen	Anesthetist	263,580	236,023
Schwenk, Kurt	Director of Budget ECMCC	128,605	128,750
Scrocco, Mary Carol	Nurse Practitioner Cardiovascular Lab	195,919	155,116

Scruggs, Tammie	General Duty Nurse	106,096	102,186
Seay, Michelle	Assistant Vice President CPEP	151,952	149,350
Semrau, Jeffrey	Senior Pharmacist ECMC	176,298	151,199
Senchoway, Laura	Anesthetist	228,876	218,753
Serafin, Laura	General Duty Nurse RPT	145,047	102,793
Shanahan, Robert	Network Analyst	135,551	107,761
Shaw, Patrick	Clinical Resource Nurse	117,234	110,700
Sheppard, Judith	Nursing Supervisor LTC	159,370	131,102
Simon, Alexander	Clinical Application Systems Manager	124,988	117,019
Simone, Jessica	Nursing Inservice Instructor Crit Care	112,106	109,173
Sitgreaves, Theresa	Charge Nurse	111,988	104,337
Skomra, Richard	Chief Anesthetist	139,717	285,082
Smith, Andrew	Nurse Case Manager	138,309	131,102
Smith, Jennifer	General Duty Nurse	118,106	102,186
Smith, Sandra	Clinical Documentation Specialist	121,580	110,700
Smith, Taneca	Nurse Case Manager	124,157	123,583
Smolen, Ashley	General Duty Nurse	41,981	102,186
Snyder, Gina	General Duty Nurse	117,306	102,186
So, Timmy	Assistant Director of Social Work BH	115,405	107,761
Sole, Jennifer	Nursing Team Leader	133,910	119,276
Sorce, Lynn	Charge Nurse	114,023	110,700
Sousis, Julie	Assistant Director Ambulatory Services	119,434	116,245
Sperry, Howard	Clinical Director Medicine	339,140	328,638
Stanford, Benjamin	Unit Manager MedicalSurgical	135,733	132,429
Staniorski, Paula	General Duty Nurse	107,452	102,186
Steffen, Tracy	Nurse Case Manager	120,377	131,102
Stegemann, Philip	Chief of Orthopedic Surgery	117,148	117,148
Steward, Kevin	Nursing Care Coordinator	161,180	141,669
Stobnicki, Cortney	Anesthetist	259,720	236,023
Stokes, Laura	Point of Care Clinical Laboratory Coord	113,193	119,319
Stroud, Kerry	Nursing Care Coordinator	154,701	141,669
Sturtz, Janice	Nursing Team Leader Ostomy WC	130,934	119,276
Suchy III, Thomas	Attending Physician	487,982	484,100
Sullivan, Michele	General Duty Nurse	129,284	102,186
Sutkowski, Jordan	Charge Nurse	118,311	104,337
Sutton, Danielle	Charge Nurse	127,934	110,700
Swain, Anthony	Charge Nurse	118,282	110,700
Swain, Maureen	Charge Nurse	126,294	110,700
Sweetland, Jennifer	Nursing Informatics Mgr.	143,056	141,669
Swiatkowski, Jonathan	Chief Financial Officer ECMC	573,695	575,000
Szejnar, Michael	Charge Nurse	6,637	105,681
Tadak, Monica	Director of Revenue Capture and Integrit	141,889	138,841
Tadt, Stephanie	Nurse Case Manager	131,761	131,102
Tague, Dana	Nurse Practitioner Rehab Services	174,995	155,116
Tait, Christopher	Nurse Case Manager	141,183	131,102
Thanki, Pamela	Senior Financial Analyst	113,828	109,731
Thomas, Dylan	Pharmacist ECMC	141,632	136,186

Thomas, Katheleen	Infection Prevention Practitioner	142,019	119,276
Thomas, Sherry	General Duty Nurse	106,038	102,186
Thompson, Denise	Nursing Care Coordinator	154,357	141,669
Thoms, Amy	Clinical Documentation Specialist	123,611	110,700
Thorpe, Lisa	Director of Rehabilitation Services	145,590	138,898
Tiwana, Harwinder	General Duty Nurse	114,828	102,186
Toal, Emily	Charge Nurse	125,531	110,700
Tomljanovich, Paul	Attending Physician PT	137,145	128,395
Tornambe, Lynne	Pharmacist ECMC	155,479	145,373
Torres, Carmen	Nurse Practitioner ECMC	154,088	155,116
Toy, Amy	Charge Nurse	122,847	110,700
Troise, Emily	Nursing Inservice Instructor Crit Care	118,100	115,835
Turner, Charlaina	Assistant Head Nurse	193,139	110,700
Turner, Jacqueline	General Duty Nurse	113,139	102,186
Turner, James	Senior VP of Surgical and Ambulatory Ser	312,426	344,374
Twichell, Jerome	Senior Director Outpatient Operations	136,939	132,010
Urban, Paul	Assistant Info Tech Sys Architect	128,021	128,164
Vacanti, Angela	Manager Infection Control	152,586	141,669
Vacanti, Charles	Nursing Team Leader	230,722	119,276
Vaccaro, Jessica	Charge Nurse	125,263	104,337
Vail, Robert	Healthcare Information Security Officer	11,235	150,507
Vazquez, Alexandra	Charge Nurse	119,743	104,337
Villacorta, Maria	Charge Nurse	154,492	110,700
Vullo, Lori	General Duty Nurse	121,225	102,186
Walden, Jenna	Nurse Practitioner Transplant	138,766	141,966
Wallace, Lauren	Nursing Team Leader LTC	118,795	102,881
Walsh, Evelyn	Attending Physician	257,192	267,800
Walter, Robert	Chief Clinical Laboratory Technologist	151,752	119,319
Walters, Amy	General Duty Nurse	133,107	102,186
Walters, Kimberly	General Duty Nurse	158,043	102,186
Wang, Nana	Pharmacist ECMC	138,554	136,186
Warmus, Renelle	Nurse Case Manager	135,929	131,102
Warne, Matthew	General Duty Nurse	119,416	102,186
Warren, Daniel	Manager of Financial Reporting	103,695	100,000
Warren, Susan	General Duty Nurse	120,861	102,186
Weaver, Stephanie	Clinical Dedicated Edu Unit Instructor	133,637	123,583
Weber, Joseph	Network Analyst	132,761	107,761
Weiss, Katherine	Pharmacist ECMC	180,073	151,574
Weiss, Nicole	Pharmacist ECMC	49,295	136,186
Weld, Tiffani	Charge Nurse	131,430	101,290
Welka, Andrew	Anesthesiologist	500,530	457,011
West, Ashley	Nurse Case Manager	130,948	131,102
West, Lindsey	Unit Manager Medical/Surgical	130,683	128,567
Whipkey, Colleen	Charge Nurse	112,908	110,700
Wik, Michelle	Nursing Inservice Instructor ECMC	118,565	112,455
Wilde, Michelle	General Duty Nurse	127,236	102,186
Williams, Sonia	Assistant Director Ambulatory Services	127,448	123,768

Williams, Stephanie	Charge Nurse	152,656	107,457
Williamson, Katrina	General Duty Nurse	103,020	102,186
Wilson, Karyn	Assistant Director Ambulatory Services	113,130	111,234
Wilson, Nicolette	VP Revenue Cycle	183,682	183,888
Wilson, Tiffany	Charge Nurse	123,943	107,457
Wing, Kathryn	General Duty Nurse	103,534	102,186
Wittenbrink, Timothy	Charge Nurse	112,956	104,337
Wittmann, Paula	Charge Nurse	126,033	110,700
Wojtowicz, Jean	General Duty Nurse	103,521	102,186
Wolf, Joann	Assistant Vice President Surgical Nursin	150,024	149,350
Wood, Jamie	General Duty Nurse	118,366	102,186
Wood, Rebecca	Charge Nurse	112,611	104,337
Woodruff, Stephen	Administrator LTC	169,759	169,950
Woods, Kara	Physician Assistant	135,462	132,010
Wright, Shaunda	Unit Manager Behavioral Health	146,890	136,386
Yak, Joseph	Chief Clinical Laboratory Technologist	136,504	110,644
Yates, Robert	Anesthetist	236,637	218,753
York-Renaud, Jamie	Nursing Inservice Instructor OR	133,299	119,276
Yotter, Emily	Charge Nurse	120,743	104,337
Young, Amanda	Junior Staff Counsel ECMC	57,693	100,000
Zajac, Jamie	Emergency Department Patient Flow TL	157,092	119,276
Zak, Katherine	General Duty Nurse	116,486	102,186
Zanghi, Marie	Assistant Nurse Case Manager	113,633	110,700
Zayac, Jason	Anesthesiologist	148,750	325,000
Zdon, Glen	Unit Manager Hemodialysis	128,651	132,429
Zimmer, Michelle	Charge Nurse	155,110	110,700
Zolnowski, Kimberly	Charge Nurse	145,728	107,457
Zynda, Elizabeth	Nurse Practitioner Transplant	223,901	150,615

2023 \$100k Procurement Report ECMCC						
Vendor Name	Payments	Reporting Year	Contract Start	Contract End	Purpose	
McKESSON DRUG CO	\$ 41,588,826	2023	3/19/2019	3/18/2024	Commodities/Supplies	
GENERAL PHYSICIAN, P.C.	\$ 20,298,743	2023	11/28/2020	11/30/2028	Other Professional Services	
METZ CULINARY MANAGEMENT	\$ 14,500,561	2023	4/6/2019	8/31/2027	Commodities/Supplies	
CARDINAL HEALTH	\$ 13,021,777	2023	12/1/2012	6/30/2027	Commodities/Supplies	
UNIVERSITY MEDICAL RESIDENT SERVICES, P.C.	\$ 12,522,884	2023	1/4/2019	1/3/2029	Other Professional Services	
UBMD PSYCHIATRY	\$ 12,247,778	2023	Various	Evergreen	Other Professional Services	
APOGEE MEDICAL MANAGEMENT	\$ 12,006,934	2023	9/1/2015	3/31/2024	Other Professional Services	
UPSTATE NEW YORK TRANSPLANT	\$ 10,866,343	2023	8/2/2016	Evergreen	Commodities/Supplies	
ACADEMIC MEDICAL SERVICES, INC.	\$ 9,006,855	2023	Various	Evergreen	Other Professional Services	
UNIVERSITY AT BUFFALO SURGEONS, INC.	\$ 8,842,979	2023	Various	Evergreen	Other Professional Services	
THE RESEARCH FOUNDATION	\$ 8,524,327	2023	Various	Evergreen	Other Professional Services	
GREAT LAKES MEDICAL IMAGING, LLC	\$ 8,112,541	2023	9/1/2015	Evergreen	Other Professional Services	
ZIMMER US INC	\$ 7,195,528	2023	12/29/2022	6/30/2026	Commodities/Supplies	
MORRISON MANAGEMENT SPECIALISTS	\$ 7,012,364	2023	1/1/2013	12/31/2023	Commodities/Supplies	
BUFFALO INTERNIST AND ASSOCIATES	\$ 5,169,265	2023	6/13/2017	6/30/2024	Other Professional Services	
UNIVERSITY EMERGENCY MEDICAL SERVICES, INC.	\$ 4,412,224	2023	8/1/2017	12/31/2024	Other Professional Services	
SUPPLEMENTAL HEALTH CARE	\$ 4,322,400	2023	12/8/2016	10/27/2024	Staffing Services	
SYNTHE	\$ 4,116,893	2023	9/18/2019	10/24/2024	Commodities/Supplies	
ROCHE DIAGNOSTICS CORPORATION	\$ 3,594,995	2023	5/1/2002	5/21/2025	Commodities/Supplies	
TRELLIS RX, LLC	\$ 3,405,914	2023	5/1/2021	4/30/2026	Other Professional Services	
CARDINAL HEALTH MED PRODUCTS & SERVICES	\$ 3,372,171	2023	12/1/2012	6/30/2027	Commodities/Supplies	
STRYKER ORTHOPAEDICS	\$ 3,338,914	2023	5/19/2021	12/31/2025	Commodities/Supplies	
SMITH & NEPHEW ORTHOPAEDICS	\$ 3,285,724	2023	9/11/2020	9/10/2024	Commodities/Supplies	
KALEIDA HEALTH	\$ 2,923,484	2023	Various	Evergreen	Other	
ERIE COUNTY COMPTROLLER'S OFFICE	\$ 2,767,541	2023	6/16/2021	Evergreen	Other	
GLOBUS MEDICAL INC	\$ 2,755,024	2023	4/30/2015	9/30/2026	Commodities/Supplies	
UNIVERSITY ORTHOPAEDIC SERVICES	\$ 2,342,420	2023	6/1/2017	12/31/2024	Other Professional Services	
UB FAMILY MEDICINE INC.	\$ 2,275,701	2023	Various	Evergreen	Other Professional Services	
CARDINAL HEALTH	\$ 2,179,683	2023	1/1/2016	4/8/2024	Commodities/Supplies	
KALEIDA HEALTH	\$ 2,148,295	2023	Various	Evergreen	Other	
GRIDER SUPPORT SERVICES, LLC	\$ 2,082,844	2023	3/1/2012	Evergreen	Other	
ARTHREX INC	\$ 2,019,621	2023	10/1/2018	9/30/2024	Commodities/Supplies	
CROTHALL HEALTHCARE	\$ 1,900,325	2023	3/1/2019	12/31/2023	Other Professional Services	
CLEAN CARE LINEN	\$ 1,798,075	2023	5/2/2019	5/1/2024	Other Professional Services	
DELL FINANCIAL SERVICES LLC	\$ 1,751,711	2023	11/30/2022	11/29/2025	Commodities/Supplies	
UNIVERSITY AT BUFFALO PATHOLOGISTS	\$ 1,727,300	2023	2/14/2022	2/13/2025	Other Professional Services	
UNIVERSITY AT BUFFALO NEUROSURGERY, INC.	\$ 1,722,515	2023	Various	Evergreen	Other Professional Services	
AMERISOURCE BERGEN DRUG CORP	\$ 1,607,778	2023	2/5/2021	2/4/2028	Commodities/Supplies	
THE MARTIN GROUP LLC	\$ 1,504,771	2023	6/9/2014	6/30/2024	Telecommunication Equipment or Services	
LAB CORP OF AMERICA	\$ 1,497,307	2023	10/1/2018	9/30/2026	Other Professional Services	
INTUITIVE SURGICAL INC	\$ 1,476,795	2023	12/31/2021	12/30/2026	Commodities/Supplies	
GILBANE BUILDING COMPANY	\$ 1,379,867	2023	5/1/2018	Project Completion	Design and Construction/Maintenance	
ABBOTT LABORATORIES, INC.	\$ 1,339,056	2023	11/1/2019	2/28/2025	Commodities/Supplies	
KSL DIAGNOSTICS, INC	\$ 1,247,025	2023	1/7/2019	9/30/2025	Other Professional Services	
J&J DETAILS & MAINTENANCE LLC	\$ 1,215,800	2023	3/24/2020	12/31/2023	Other Professional Services	
STERIS CORPORATION	\$ 1,134,409	2023	Various	Evergreen	Commodities/Supplies	
CHANGE HEALTHCARE	\$ 1,132,605	2023	6/1/2008	8/31/2024	Financial Services	
BUFFALO PAPER AND TWINE CO	\$ 1,125,534	2023	11/1/2020	10/23/2026	Commodities/Supplies	
TORNIER INC	\$ 1,117,126	2023	9/1/2019	12/31/2023	Commodities/Supplies	
FAVORITE HEALTHCARE STAFFING INC	\$ 1,115,548	2023	7/22/2021	12/31/2025	Staffing Services	
PHILIPS MEDICAL SYSTEMS	\$ 1,101,135	2023	6/1/2021	5/31/2024	Commodities/Supplies	
INTEGRA LIFESCIENCES CORP	\$ 1,097,925	2023	Various	Evergreen	Commodities/Supplies	
CREEKRIDGE CAPITAL-LB	\$ 1,075,868	2023	4/1/2011	7/31/2026	Financial Services	
MEDICAL INFO TECH INC	\$ 1,050,118	2023	7/14/2011	7/13/2024	Technology - Software	
UNIVERSITY DENTAL RESIDENT SERVICES, P.C.	\$ 1,032,432	2023	1/4/2019	1/3/2029	Other Professional Services	
IMMCO DIAGNOSTICS INC	\$ 1,026,755	2023	3/19/2020	Evergreen	Other Professional Services	
CORE BTS INC	\$ 1,003,187	2023	9/11/2009	Evergreen	Technology - Software	
DELL MARKETING LP / DELL USA LP	\$ 993,775	2023	11/30/2015	11/29/2025	Technology - Hardware	
PHARMERICA	\$ 960,548	2023	12/1/2022	11/30/2024	Commodities/Supplies	
HP, INC.	\$ 959,533	2023	11/30/2015	11/29/2025	Commodities/Supplies	
MEDLINE INDUSTRIES INC	\$ 923,788	2023	Various	Evergreen	Commodities/Supplies	
FERGUSON ELECTRIC SVC	\$ 909,763	2023	10/1/2020	9/30/2025	Design and Construction/Maintenance	
ALLSCRIPTS LLC	\$ 896,326	2023	5/4/2010	Evergreen	Technology - Software	
DEPUY SYNTHE JOINT RECONSTRUCTION	\$ 891,722	2023	9/18/2019	10/24/2024	Commodities/Supplies	
MEDTRONIC SD USA INC	\$ 888,533	2023	5/2/2012	9/30/2026	Commodities/Supplies	
STRYKER SALES CORP	\$ 844,678	2023	6/27/2001	Evergreen	Commodities/Supplies	
NATIONAL GRID	\$ 808,277	2023	4/21/2010	Evergreen	Other	
PHILIPS MEDICAL SYSTEMS NA CO	\$ 804,120	2023	6/1/2021	5/31/2024	Commodities/Supplies	
JOHNSON & JOHNSON HLTH CARE SYS INC	\$ 799,479	2023	9/18/2019	10/24/2024	Commodities/Supplies	
BOSTON SCIENTIFIC CORPORATION	\$ 793,547	2023	Various	Evergreen	Commodities/Supplies	
EXPERIAN HEALTH, INC.	\$ 793,025	2023	12/21/2021	12/21/2024	Technology - Software	
WILLIAM BELLES, M.D., PC	\$ 778,379	2023	12/1/2022	11/30/2025	Other Professional Services	
FRESENIUS USA MARKETING, INC.	\$ 750,909	2023	8/1/2020	7/31/2028	Commodities/Supplies	
JOHNSON CONTROLS FIRE PROTECTION LP	\$ 730,677	2023	8/27/2019	8/26/2024	Design and Construction/Maintenance	
FFF ENTERPRISES	\$ 726,801	2023	9/9/2020	10/31/2024	Commodities/Supplies	
BIOCARE SD	\$ 719,205	2023	1/1/2015	12/31/2023	Commodities/Supplies	
BUFFALO TRANSPORTATION INC.	\$ 706,464	2023	5/24/2021	5/23/2024	Other Professional Services	
ABBOTT LABORATORIES DIAGNOSTIC DIV	\$ 705,466	2023	7/11/2001	Evergreen	Commodities/Supplies	
CITY OF BUFFALO	\$ 698,350	2023	1/3/2012	Evergreen	Other	

W L GORE & ASSOC INC	\$ 693,203	2023	9/3/2020	7/1/2024	Commodities/Supplies
3M HEALTH INFORMATION SYSTEMS, INC	\$ 681,364	2023	10/1/2018	Evergreen	Technology - Software
INSPIRE MEDICAL SYSTEMS, INC.	\$ 672,250	2023	4/2/2018	4/1/2024	Commodities/Supplies
MERIDIAN IT INC.	\$ 658,162	2023	6/28/2016	Evergreen	Technology - Software
STERICYCLE INC	\$ 651,142	2023	2/1/2017	1/31/2024	Other Professional Services
SIEMENS MEDICAL SOLUTIONS USA	\$ 648,322	2023	10/1/2015	12/31/2024	Other Professional Services
MANUFACTURERS & TRADERS TRUST	\$ 644,033	2023	11/12/2021	5/11/2024	Financial Services
WNY UROLOGY ASSOCIATES LLC	\$ 624,542	2023	10/1/2018	9/30/2025	Other Professional Services
STRYKER SPINE	\$ 624,012	2023	5/10/2019	6/30/2025	Commodities/Supplies
SUICIDE PREVENTION & CRISIS SERVICES, INC.	\$ 584,009	2023	10/1/2018	9/30/2024	Other Professional Services
BECTION, DICKINSON AND COMPANY	\$ 579,922	2023	1/24/2012	Evergreen	Commodities/Supplies
MERGE HEALTHCARE	\$ 572,573	2023	6/29/2017	Evergreen	Technology - Software
MAGAVERN, MAGAVERN & GRIMM LLP	\$ 562,480	2023	7/1/2022	7/1/2027	Legal Services
UB FOUNDATION ACTIVITES	\$ 539,792	2023	1/4/2019	1/3/2029	Other Professional Services
STANSBERRY AND KNIGHT	\$ 529,553	2023	3/28/2018	12/31/2024	Other Professional Services
KEYSTONE PERFUSION SERVICES, PC	\$ 512,958	2023	1/1/2020	12/31/2024	Other Professional Services
AMER RED CROSS	\$ 509,905	2023	7/19/2021	7/19/2024	Commodities/Supplies
STRYKER CRAINOMAXILLOFACIAL	\$ 476,320	2023	11/1/2019	10/31/2025	Commodities/Supplies
KCI USA, INC.	\$ 467,185	2023	6/1/2019	5/31/2025	Commodities/Supplies
HEALTH SYSTEM SERVICE	\$ 442,119	2023	6/1/2016	5/31/2024	Commodities/Supplies
CRS NUCLEAR SERVICES LLC	\$ 434,605	2023	3/15/2002	Evergreen	Commodities/Supplies
GRAYLINE NIAGARA FALLS/BUFFALO	\$ 433,135	2023	12/4/2017	12/3/2024	Other Professional Services
BRITE COMPUTERS	\$ 426,107	2023	12/23/2022	1/31/2025	Technology - Software
UNIVERSITY GYNECOLOGISTS	\$ 422,496	2023	10/1/2016	9/30/2025	Other Professional Services
MEDTRONIC USA INC	\$ 422,373	2023	Various	Evergreen	Commodities/Supplies
RUPP BAASE PFALZGRAF	\$ 406,212	2023	11/1/2019	5/3/2027	Legal Services
WRIGHT MEDICAL TECHNOLOGY INC	\$ 404,652	2023	9/1/2018	8/21/2024	Commodities/Supplies
KYRUUS, INC	\$ 397,781	2023	10/29/2021	2/28/2025	Technology - Software
FREED MAXICK CPAs PC	\$ 387,314	2023	5/15/2015	12/31/2024	Consulting Services
PATTERSON DENTAL INC	\$ 384,211	2023	6/21/2001	Evergreen	Commodities/Supplies
UNIVERISTY AT BUFFALO ORAL AND MAXILLOFACIAL	\$ 371,118	2023	6/17/2020	6/16/2024	Other Professional Services
HILL-ROM	\$ 370,376	2023	6/15/2001	Evergreen	Commodities/Supplies
HEALOGICS WOUND CARE	\$ 369,462	2023	1/18/2019	1/18/2024	Consulting Services
SWISSLOG HEALTHCARE SOLUTIONS	\$ 368,420	2023	6/9/2016	Evergreen	Other
B.E. SMITH LLC	\$ 364,394	2023	4/9/2018	4/9/2024	Other Professional Services
NUANCE COMMUNICATIONS INC	\$ 360,247	2023	6/30/2014	6/30/2024	Technology - Software
PARTS SOURCE	\$ 360,113	2023	7/16/2013	8/31/2023	Commodities/Supplies
NXSTAGE	\$ 358,914	2023	12/11/2017	12/10/2024	Commodities/Supplies
ROACH, BROWN	\$ 358,021	2023	4/13/2021	4/14/2024	Legal Services
UNIVERSITY OPHTHALMOLOGY SERVICE, INC.	\$ 356,647	2023	4/1/2013	9/30/2024	Other Professional Services
TREACE MEDICAL CONCEPTS, INC	\$ 352,306	2023	10/23/2020	10/31/2025	Commodities/Supplies
CARAHSOFT TECHNOLOGY CORPORATION	\$ 337,839	2023	1/12/2018	6/4/2024	Technology - Software
ARTHUR E. ORLICK MD PLLC	\$ 323,475	2023	1/1/2018	12/31/2024	Other Professional Services
KRONOS	\$ 317,554	2023	7/20/2019	7/19/2024	Technology - Software
AXOGEN INC	\$ 316,386	2023	8/4/2021	3/31/2024	Commodities/Supplies
DCB ELEVATOR CO INC	\$ 316,029	2023	3/22/2017	7/19/2028	Design and Construction/Maintenance
US POSTAL SERVICE	\$ 315,000	2023	6/4/2001	Evergreen	Commodities/Supplies
RICOTTA & VISCO	\$ 314,860	2023	4/1/2021	4/1/2024	Legal Services
INTIVITY, INC.	\$ 307,417	2023	8/22/2012	Evergreen	Commodities/Supplies
KIDENEY ARCHITECTS PC	\$ 307,009	2023	5/31/2018	5/30/2025	Design and Construction/Maintenance
SUMMIT HEALTH CARE	\$ 306,100	2023	3/28/2008	Evergreen	Other Professional Services
MAXIM STAFFING SOL	\$ 302,613	2023	8/23/2023	8/22/2026	Other Professional Services
CAREFUSION 2200, INC.	\$ 299,302	2023	9/13/2001	Evergreen	Commodities/Supplies
MEDTRONIC MIDAS REX	\$ 298,920	2023	Various	Evergreen	Commodities/Supplies
BROOK, INC	\$ 295,070	2023	7/1/2022	6/30/2025	Other Professional Services
FREE UP MD, LLC	\$ 291,212	2023	1/12/2023	1/11/2024	Other Professional Services
INTERIM PHYSICIANS LLC	\$ 288,569	2023	11/9/2018	Evergreen	Other Professional Services
1 ACCORD SERVICES INC	\$ 288,113	2023	3/6/2012	12/31/2023	Other Professional Services
LAWLEY AGENCY, LLC	\$ 284,540	2023	5/1/2021	4/30/2024	Other Professional Services
SYNTHES MAXILLOFACIAL	\$ 283,021	2023	9/18/2020	3/17/2024	Commodities/Supplies
OFFICE DEPOT	\$ 282,316	2023	8/1/2020	7/31/2026	Commodities/Supplies
DRFIRST.COM INC.	\$ 279,333	2023	9/1/2011	9/15/2025	Technology - Software
TRI-DELTA RESOURCES CORP	\$ 278,520	2023	5/1/2022	4/30/2025	Technology - Software
SYSMEX AMERICA INC	\$ 276,741	2023	12/1/2022	11/30/2025	Commodities/Supplies
PMA COMPANIES	\$ 275,770	2023	10/1/2021	9/30/2026	Financial Services
ORTHOFIX, INC.	\$ 266,951	2023	11/1/2020	10/31/2026	Commodities/Supplies
WNY TRANSPORTATION SERVICES,	\$ 263,491	2023	10/1/2020	9/30/2024	Other Professional Services
AMER EXPRESS CPC	\$ 261,928	2023	9/30/2021	9/30/2026	Other
CDW GOVERNMENT INC	\$ 261,343	2023	11/1/2020	10/31/2026	Commodities/Supplies
CROWN CASTLE FIBER, LLC.	\$ 260,471	2023	9/16/2019	9/15/2024	Other
STRYKER ENDOSCOPY	\$ 256,227	2023	1/19/2012	Evergreen	Commodities/Supplies
THIRD PARTY REIMBURSEMENT	\$ 258,313	2023	1/31/2022	1/30/2025	Other Professional Services
HEALTH CATALYST, INC	\$ 252,500	2023	10/29/2021	10/28/2024	Other Professional Services
ASPIRE TECHNOLOGY PARTNERS	\$ 249,810	2023	11/4/2021	11/3/2024	Technology - Software
ARC BUILDING PARTNERS, LLC	\$ 247,829	2023	2/18/2019	2/18/2024	Design and Construction/Maintenance
WELLSKY CORPORATION	\$ 245,203	2023	3/26/2019	3/26/2024	Other Professional Services
CARESTREAM HEALTH	\$ 243,607	2023	11/12/2020	12/25/2027	Technology - Software
AQUA SCIENCES INC	\$ 242,000	2023	10/17/2001	Evergreen	Other Professional Services
KARL STORZ ENDOSCOPY-AMERICA INC	\$ 237,307	2023	Various	Evergreen	Commodities/Supplies
OLYMPUS AMERICA INC	\$ 236,351	2023	1/1/2021	12/31/2023	Commodities/Supplies
OPTUM360 LLC	\$ 233,704	2023	10/23/2014	Evergreen	Technology - Software
BAXTER HEALTHCARE CORP	\$ 230,167	2023	2/1/2014	1/31/2025	Commodities/Supplies

BAYER HEALTHCARE LLC	\$ 229,979	2023	1/1/2021	12/31/2023	Commodities/Supplies
INTERNATIONAL INSTITUTE OF BUFFALO	\$ 225,597	2023	3/1/2021	3/1/2024	Other Professional Services
FISHER HEALTHCARE	\$ 220,904	2023	6/18/2001	Evergreen	Commodities/Supplies
CTM BIOMEDICAL, LLC	\$ 218,573	2023	7/1/2022	7/1/2025	Commodities/Supplies
RISKONNECT, INC.	\$ 214,580	2023	6/17/2022	6/16/2025	Technology - Software
INTELLIGENT MEDICAL OBJECTS, INC.	\$ 214,024	2023	8/1/2013	11/19/2024	Technology - Software
KLS MARTIN L P	\$ 213,804	2023	11/1/2019	10/31/2025	Other
CERAPEDICS, INC.	\$ 210,597	2023	7/1/2021	6/30/2024	Commodities/Supplies
SIEMENS INDUSTRY INC	\$ 207,596	2023	5/20/2022	3/1/2024	Commodities/Supplies
PRESS GANEY ASSOCIATES INC	\$ 203,838	2023	7/1/2014	1/31/2024	Other Professional Services
VERIZON WIRELESS	\$ 202,933	2023	5/30/2008	2/25/2030	Other
AIRGAS USA, LLC	\$ 202,426	2023	11/1/2020	10/31/2025	Commodities/Supplies
BUFFALO CITY MISSION	\$ 200,570	2023	8/3/2015	10/31/2024	Other
GREYCASTLE SECURITY, LLC	\$ 198,746	2023	11/1/2020	10/31/2025	Technology - Software
NAT'L ASSOC PUBLIC HOSPITALS	\$ 198,250	2023	5/1/2012	Evergreen	Other
PENTAX MEDICAL	\$ 197,696	2023	4/1/2018	12/31/2023	Commodities/Supplies
DENTSPLY IMPLANTS DEPT IMP	\$ 197,507	2023	6/2/2014	Evergreen	Commodities/Supplies
INARI MEDICAL, INC.	\$ 197,000	2023	2/27/2020	2/27/2030	Commodities/Supplies
PARTS SOURCE	\$ 196,097	2023	7/16/2013	8/31/2026	Commodities/Supplies
UNITED NETWORK FOR ORGAN SHARING	\$ 193,583	2023	3/31/2017	Evergreen	Commodities/Supplies
HEALTHCARE ASSOC OF NYS	\$ 192,698	2023	11/9/2001	Evergreen	other
QIAGEN	\$ 187,637	2023	3/15/2021	Evergreen	Other
GENERAL PHYSICIAN SUB II, PLLC	\$ 187,440	2023	Various	Evergreen	Staffing Services
TELEFLEX LLC	\$ 186,129	2023	7/1/2022	6/30/2026	Commodities/Supplies
COCHLEAR AMERICAS	\$ 177,658	2023	1/12/2022	1/12/2025	Commodities/Supplies
RSM US LLP	\$ 176,000	2023	12/3/2018	12/31/2023	Other Professional Services
GOVERNMENT MARKETING & PROCUREMENT, LLC	\$ 175,517	2023	12/13/2019	12/14/2025	Technology - Consulting/Development or Support
MOHAMMAD REZA SAMIE, M.D., PLLC	\$ 173,515	2023	6/1/2016	5/31/2024	Other Professional Services
GLAXOSMITHKLINE FINANCIAL INC	\$ 173,449	2023	8/23/2012	Evergreen	Commodities/Supplies
ARTERIOCYTE MEDICAL SYSTEMS	\$ 172,175	2023	4/1/2021	3/31/2024	Commodities/Supplies
LARRY'S DENTAL LAB, INC.	\$ 172,026	2023	12/31/2022	12/31/2025	Commodities/Supplies
PARAGON 28, INC.	\$ 171,793	2023	9/21/2020	9/30/2025	Commodities/Supplies
RWO MEDICAL CONSULTING	\$ 169,057	2023	3/6/2019	12/31/2023	Other
MENTAL HEALTH ADVOCATES	\$ 168,125	2023	5/1/2019	5/8/2024	Other Professional Services
WNY INDEPENDENT LIVING	\$ 167,973	2023	9/1/2020	8/31/2026	Other
ORTHO CLINICAL DIAGNOSTICS, INC	\$ 165,923	2023	7/25/2001	Evergreen	Commodities/Supplies
WESCO DISTRIBUTION INC.	\$ 199,690	2023	11/10/2022	11/8/2026	Commodities/Supplies
BIOFIRE DIAGNOSTICS LLC	\$ 158,143	2023	1/1/2021	1/31/2024	Commodities/Supplies
INTELLIPRINT SOLUTIONS, INC.	\$ 157,004	2023	8/1/2022	7/31/2025	Commodities/Supplies
ABBVIE INC	\$ 155,880	2023	2/1/2020	1/31/2026	Commodities/Supplies
UNITED UNIFORM CO INC	\$ 153,629	2023	4/29/2022	4/28/2025	Commodities/Supplies
PENUMBRA, INC. DEPT. 34153	\$ 151,372	2023	1/1/2018	10/31/2024	Commodities/Supplies
DRAEGER MEDICAL	\$ 149,755	2023	1/12/2018	6/30/2026	Commodities/Supplies
LAUNCHTECH	\$ 149,670	2023	9/1/2022	9/17/2024	Technology - Hardware
LIFENET HEALTH	\$ 148,126	2023	7/1/2021	6/30/2024	Commodities/Supplies
BAXTER	\$ 147,918	2023	2/1/2014	1/31/2025	Commodities/Supplies
GREAT LAKES BUILDING SYSTEMS INC.	\$ 147,577	2023	8/27/2019	8/26/2024	Design and Construction/Maintenance
MID-CITY OFFICE FURNITURE	\$ 146,642	2023	12/2/2018	12/1/2023	Commodities/Supplies
HYRO AI INC	\$ 145,000	2023	10/1/2021	9/30/2027	Technology - Software
C R BARD BARD PHERIPHERAL VASCULAR	\$ 144,967	2023	2/1/2020	1/31/2026	Commodities/Supplies
PRAXAIR DIST INC	\$ 138,995	2023	11/1/2020	10/31/2025	Commodities/Supplies
VOYCE, INC.	\$ 138,899	2023	8/1/2021	7/31/2024	Commodities/Supplies
COOK INC	\$ 135,879	2023	2/1/2023	1/31/2026	Commodities/Supplies
UNIVERSITY NEUROLOGY, INC.	\$ 135,496	2023	6/14/2016	10/31/2024	Other Professional Services
CARINGTON HOME SAFETY, INC	\$ 135,487	2023	3/31/2023	3/30/2026	Technology - Software
QUICK INTERNATIONAL COURIER	\$ 134,350	2023	3/24/2022	Evergreen	Other
VERITY SOLUTIONS GROUP, INC.	\$ 132,000	2023	6/15/2018	6/14/2024	Technology - Software
CONSORTIUM INFORMATION SERVICES INC HEALTH SCIENCES LIBRARY	\$ 130,333	2023	7/2/2001	Evergreen	Technology - Software
ALLOSOURCE	\$ 128,794	2023	7/1/2021	6/30/2024	Commodities/Supplies
CONVERGINT TECHNOLOGIES LLC	\$ 127,747	2023	9/9/2015	9/8/2024	Technology - Software
MCG HEALTH LLC	\$ 127,526	2023	8/1/2022	7/31/2025	Technology - Software
BUFFALO CANVAS	\$ 125,755	2023	11/1/2020	10/31/2024	Commodities/Supplies
GE HEALTHCARE OEC	\$ 125,716	2023	10/1/2015	12/31/2024	Technology - Consulting/Development or Support
MLP PLUMBING & MECHANICAL INC.	\$ 125,569	2023	7/19/2023	7/19/2026	Design and Construction/Maintenance
ISECURE, LLC	\$ 125,271	2023	7/24/2022	7/23/2025	Technology - Software
WNY CLINICAL	\$ 122,500	2023	1/13/2020	Evergreen	Technology - Software
STANDARD BARIATRICS, INC	\$ 118,329	2023	6/1/2021	5/31/2023	Commodities/Supplies
BE WELL HEALTHCARE MEDICINE	\$ 120,585	2023	1/1/2017	Evergreen	Other Professional Services
CANON MEDICAL SYSTEMS USA, INC.	\$ 118,169	2023	2/10/2021	2/9/2026	Other Professional Services
UP TO DATE	\$ 117,280	2023	9/1/2017	8/31/2024	Technology - Software
ANGIO DYNAMICS INC	\$ 117,044	2023	11/1/2022	10/31/2025	Commodities/Supplies
ALERE INC. DBA ABBOTT RAPID DX NORTH AMERICA, LLC	\$ 116,465	2023	4/15/2011	4/14/2024	Commodities/Supplies
TELETRACKING	\$ 116,150	2023	3/1/2016	10/5/2028	Technology - Software
METRO COMMUNICATIONS	\$ 116,030	2023	2/27/2012	Evergreen	Telecommunication Equipment or Services
ECOLAB/MICROTEK MEDICAL	\$ 115,993	2023	3/1/2020	2/28/2025	Commodities/Supplies
BIO RAD LABORATORIES	\$ 115,570	2023	7/1/2022	3/31/2026	Commodities/Supplies
SPOK, INC.	\$ 113,959	2023	9/16/2019	9/15/2024	Technology - Software
SCHAEFER PLUMBING SUPPLY INC	\$ 113,806	2023	7/7/2022	7/6/2025	Commodities/Supplies
NALCO CO	\$ 112,707	2023	4/27/2018	4/26/2024	Commodities/Supplies
FOXY DELIVERY SERVICE INC	\$ 112,059	2023	9/7/2016	Evergreen	Other Professional Services
PEOPLE INC	\$ 111,042	2023	4/15/2021	4/14/2024	Other Professional Services
SIEMENS MEDICAL	\$ 110,710	2023	12/15/2022	12/15/2027	Commodities/Supplies

WINDSTREAM PAETEC	\$ 106,416	2023	9/28/2021	9/15/2024	Telecommunication Equipment or Services
JOHN W DANFORTH CO	\$ 106,302	2023	1/4/2012	8/24/2023	Design and Construction/Maintenance
SIRTEX MEDICAL, INC.	\$ 106,050	2023	8/25/2015	7/12/2023	Commodities/Supplies
BUFFALO CPR	\$ 105,940	2023	8/16/2017	Evergreen	Other Professional Services
EAST COAST ORTHOTIC	\$ 105,199	2023	1/1/2021	Evergreen	Commodities/Supplies
MICROSOFT CORPORATION	\$ 105,000	2023	1/26/2022	1/25/2027	Technology - Software
TRI-ANIM HEALTH SERVICES INC	\$ 104,803	2023	8/1/2019	8/31/2026	Commodities/Supplies
MED-METRIX, LLC	\$ 104,000	2023	8/1/2018	7/31/2024	Financial Services
SYMLR	\$ 103,396	2023	6/1/2010	12/31/2023	Technology - Software
CANON MEDICAL SYSTEMS USA, INC.	\$ 103,323	2023	11/1/2021	10/31/2024	Other Professional Services
SYNOVIS MICRO COMPANIES ALLIANCE	\$ 102,560	2023	1/31/2012	Evergreen	Other
XEROX CORPORATION	\$ 102,370	2023	8/1/2019	7/31/2025	Other
MEDICAL SOLUTIONS, LLC	\$ 102,181	2023	12/4/2018	12/3/2025	Other Professional Services
IMPRIVATA INC	\$ 101,928	2023	10/3/2017	10/2/2024	Technology - Software
FORWARD ADVANTAGE	\$ 101,273	2023	6/15/2018	6/20/2024	Technology - Software
ALPHATEC SPINE INC	\$ 100,915	2023	4/1/2018	7/31/2025	Commodities/Supplies
HENRY SCHEIN PRACTICE SOLUTIONS	\$ 100,675	2023	6/21/2012	Evergreen	Commodities/Supplies

BY-LAWS
OF
ERIE COUNTY MEDICAL
CENTER CORPORATION

As Amended Through
September 23, 2022

TABLE OF CONTENTS

Preamble	1
Article I - Offices	1
Article II - Purpose of By-Laws.....	1
Article III - Corporate Purpose	1
Article IV - Erie County Medical Center Corporation Board of Directors.....	1
Section 1 – General Powers	1
Section 2 –Hiring Powers	2
Section 3 - Voting Directors	2
Section 4 - Nonvoting Representatives	2
Section 5 - Resignation	2
Section 6 - Removal.....	2
Section 7 – Vacancies	2
Section 8 - Monthly Meetings.....	2
Section 9 - Annual & Special Meetings.....	3
Section 10 - Open Meetings Law.....	3
Section 11 - Quorum	3
Section 12 – Telephone Meetings	3
Section 13 – Action by Written Consent	3
Section 14 – Minutes of Meetings	3
Section 15 - Compensation	3
Section 16 – Defense and Indemnification	3
Section 17 – Extension of Credit	4

Article V - Officers	4
Section 1 - General.....	4
Section 2 - Election, Term of Office	4
Section 3 - Resignation	4
Section 4 - Removal	4
Section 5 - Vacancies	4
Section 6 – Chairperson of the Board	4
Section 7 – Vice-Chairperson(s) of the Board	5
Section 8 - Chief Executive Officer	5
Section 9 – President	5
Section 10 – Secretary & Assistant Secretary	5
Section 11 - Treasurer	6
Section 12 – Immediate Past Chair	6
Article VI - Committees	6
Section 1 – General	6
Section 2 – Appointment of Committees	6
Section 3 – Structure of Committees.....	6
Section 4 – Resignation	6
Section 5 – Removal.....	7
Section 6 – Vacancies.....	7
Section 7 - Quorum	7
Section 8 - Voting	7
Section 9 - Minutes	7
Section 10 - The Executive Committee.....	7

Section 11 - The Quality Improvement Committee	7
Section 12 - The Finance Committee.....	8
Section 13 - The Audit & Compliance Committee.....	8
Section 14 – Buildings and Grounds Committee.....	9
Section 15 - The Human Resources Committee	9
Section 16 - The Executive Compensation/Evaluation Committee	9
Section 17 - Terrace View Quality Improvement Committee	9
Section 18 - The Governance Committee	10
Section 19 - The Investment Committee.....	10
Section 20 - The Contracts Committee	11
Article VII - Medical/Dental Staff	11
Section 1 – Organization.....	11
Section 2 - Medical Staff Governance Documents	11
Section 3 - Appointment of Medical Staff	11
Section 4 – Authority for Medical Staff Conduct	12
Section 5 - Duties of the Medical Staff.....	12
Section 6 – Quality of Patient Care.....	12
Section 7 - Rights at Meetings	12
Article VIII - Standards of Patient Care.....	12
Article IX - The School of Medicine - State University of New York at Buffalo	13
Article X - Subsidiary Corporations and Entities	13

Article XI - Code of Ethics and Conflicts of Interest	13
Section 1 – Responsibility of Members of the Board and Employees	13
Section 2 – Implementation of Code of Ethics	14
Section 3 - Compliance	14
Section 4 – Conflict of Interest Policy	14
Section 5 – Disclosure of Personal Interest and Abstention	15
Section 6 – Self-Dealing	15
Section 7 – Influence of Decision Makers	15
Section 8 – No Forfeit of Office of Employment	15
Article XII - Amendments	15

BY-LAWS
OF
ERIE COUNTY MEDICAL CENTER CORPORATION

PREAMBLE

The State of New York has enacted legislation, codified at Article 10-C of the Public Authorities Law of the State of New York (the “Act”), creating the Erie County Medical Center Corporation (“ECMCC” or the “Corporation”). These by-laws are intended to supplement the requirements of the Act.

ARTICLE I
OFFICES

ECMCC may maintain offices at such places within or without Erie County, New York as the Board of Directors may, from time to time, determine.

ARTICLE II
PURPOSE OF BY-LAWS

Pursuant to the broad powers granted by the Act, the Board of Directors of ECMCC (the “Board”) has adopted these By-Laws, to govern and manage its proceedings and affairs and for the advice and guidance of its members, and nothing contained in these By-Laws shall be deemed, nor are they intended in any manner or degree, to limit or restrict the power and right of the Board under existing law, to manage, control, operate and administer ECMCC and its personnel, patients and medical staff.

ARTICLE III
CORPORATE PURPOSE

To continue as a general, municipal hospital and provide health care services and health facilities for the benefit of the residents of the State of New York and the County of Erie, including persons in need of health care services without the ability to pay, as required by law.

ARTICLE IV
ERIE COUNTY MEDICAL CENTER CORPORATION BOARD OF DIRECTORS

Section 1. General Powers.

In addition to the powers and authorities expressly conferred by these By-laws, the Board may exercise all such general and special powers of the Corporation and do all such lawful acts and things as enumerated by the Act.

Section 2. Hiring Powers.

The Board shall hire, determine the compensation and benefits, and annually review the performance of the Chief Executive Officer (“CEO”) and President of the Corporation. Appointments made to fill the roles of the Chief Operating Officer (“COO”), Chief Financial Officer (“CFO”), Chief Medical Officer (“CMO”), Administrator of Terrace View, Chief Nursing Officer (“CNO”), Chief Strategy Officer, and General Counsel of the Corporation shall be made by the CEO of the Corporation, who shall thereafter also be responsible for determining the compensation and benefits of the persons occupying these positions and for the annual review of the incumbents. The Board shall have the authority to discharge the CEO with or without cause; provided that the removal shall not prejudice the contract rights, if any, of such executive. The CEO shall have the authority to discharge the COO, CFO, CMO, Administrator of Terrace View, Chief Nursing Officer, Chief Strategy Officer, and General Counsel with or without cause, provided that the removal shall not prejudice the contract rights, if any, of such executive.

Section 3. Voting Directors.

The Corporation shall be governed by fifteen voting Directors. The membership, term of office, selection of the voting Directors and the powers and duties of the Board shall be in accordance with the Act and these By-laws.

Section 4. Nonvoting Representatives.

The Corporation shall have four nonvoting Representatives. The term of office, selection and powers and duties of the nonvoting Representatives shall be in accordance with the Act and these By-laws. For the purpose of these By-Laws, the term “member” or “Board member” shall refer to both voting Directors and non- voting Representatives.

Section 5. Resignation.

Any Director or Representative may resign at any time by giving written notice to the Chairperson of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 6. Removal.

Members of the Board may be removed from office by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to violation of the law, after the Board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days’ notice.

Section 7. Vacancies.

Vacancies occurring other than by expiration of term shall be filled for the unexpired terms in the manner provided for original appointment in accordance with the Act.

Section 8. Monthly Meetings.

The Board shall hold regular monthly meetings at the ECMCC offices or other convenient locations as designated by the Board at such time as the Board may designate. In the event that a previously scheduled regular monthly meeting may not be required for a particular month, the Board may cancel that meeting.

Section 9. Annual & Special Meetings.

A meeting of the Board shall be held annually at which time officers of the Corporation shall be elected. A special meeting may be called by the Chairperson or Vice Chairperson acting in the Chairperson's absence, or by any three (3) members of the Board at any time upon proper notice under the Public Officers Law. The only action that can be taken at a special meeting is the consideration of the subject or subjects designated in the notice for the special meeting.

Section 10. Open Meetings Law.

All meetings of the Board shall comply with the requirements of Article 7 of the Public Officers Law. In a regular, annual or special meeting, the Board may request an Executive Session pursuant to Article 7 of the Public Officers Law or applicable sections of the Act.

Section 11. Quorum.

The powers of the Corporation shall be vested in and shall be exercised by the Board at a duly called and held meeting, where a quorum of eight Directors is present. No action shall be taken by the Corporation except pursuant to the favorable vote of at least eight Directors present at the meeting at which such action is taken.

Section 12. Telephone Meetings.

The members of the Board or any committee thereof may participate in a meeting of such Board or committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 13. Action by Written Consent.

To the extent permitted by law, any action required or permitted to be taken by the Board or any committee thereof may be taken without a meeting if all members of the Board or the committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the members of the Board or committee shall be filed with the minutes of the proceedings of the Board or committee.

Section 14. Minutes of Meetings.

The Board shall keep a written record of all business conducted, including resolutions, findings, conclusions and recommendations that shall be filed with the minutes of the proceedings of the Board or committee.

Section 15. Compensation.

Neither the voting Directors nor the nonvoting Representatives shall receive compensation for their services but shall be reimbursed for all their actual and necessary expenses incurred in connection with their duties under the Act and these By-laws.

Section 16. Defense and Indemnification.

The Corporation shall defend and indemnify the Directors of the Corporation and its officers for any and all lawful actions executed in the performance of their duties, to the full extent to which indemnification is permitted under the laws of the State of New York.

Section 17. Extension of Credit.

Pursuant to New York Public Authorities Law Section 2824(5), the Corporation shall not, directly, or indirectly, including through any subsidiary, extend or maintain credit, arrange for the extension of credit, or renew any extension of credit, in the form of a personal loan to or for any Director, officer, or employee (or equivalent thereof) of the Corporation.

ARTICLE V
OFFICERS

Section 1. General.

The officers of the Corporation shall be elected by the Board and shall be comprised of a Chairperson of the Board, a Vice Chairperson of the Board, a CEO, a Secretary, and a Treasurer. The Board may also appoint an Assistant Secretary and such other officers as the Board shall from time to time provide. All such officers shall exercise the duties as described in the Act, applicable law, by these By-Laws, and/or by Board resolution.

Section 2. Election, Term of Office.

The officers of the Corporation shall be elected by the Board at its annual meeting. Each officer elected shall hold office until his successor has been duly chosen and has qualified or until his or her earlier resignation or removal.

Section 3. Resignation.

Any officer may resign at any time by giving written notice thereof to the Board, provided that the resignation shall not prejudice the contract rights, if any, of the Corporation. Any such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 4. Removal.

The Directors shall have the authority to discharge any officer with or without cause; provided that the removal without cause shall not prejudice the contract rights, if any, of the officer.

Section 5. Vacancies.

In the event of a vacancy occurring in the office of the Chairperson or Vice Chairperson, any member designated by the Board shall serve as Acting Chairperson for that meeting. In the event of a vacancy occurring in any other office, any member designated by the Board shall serve as an Acting officer for that meeting.

Section 6. Chairperson of the Board.

The Directors shall, by majority vote, select one of the fifteen Directors as the Chairperson of the Board. The Chairperson shall preside over all meetings of the Board, shall chair the Executive Committee of the Board, and shall have such other duties as the Directors may provide. Other than the Governance Committee, the Chairperson shall serve ex officio on all Board committees with full voting rights. The Chairperson shall serve for a two-year term of office. No member of the Board shall be permitted to serve more than two consecutive two-year terms as Chairperson of the Board.

Section 7. Vice-Chairperson(s) of the Board.

The Directors shall, by majority vote, select one or more of the fifteen Directors as the Vice-Chairperson of the Board. The Vice-Chairperson shall preside over all meetings where the Chairperson of the Board is absent and shall have such other duties as the Directors may provide. The Vice-Chairperson shall serve for a two-year term of office. At least one Vice-Chairperson shall be designated by a majority vote of the Board as “Vice-Chair, Chair-Elect” in the second year of that Vice-Chairperson’s term of office. At the conclusion of the term of the Vice-Chair, Chair-Elect, the Board shall retain authority to appoint the Vice-Chair, Chair-Elect or any other member of the Board of Directors as Chairperson of the Board of Directors.

Section 8. Chief Executive Officer.

The Board shall hire, set the compensation of, execute direct oversight of, and annually review the performance of the CEO. The CEO shall carry out the policies of the Board, provide services to the Board; and shall be subject to the By-Laws, rules and regulations of the Board. He or she shall have all the general powers and duties of a Superintendent of a public general municipal hospital as set forth and enumerated in the General Municipal Law of the State of New York, Section 129, sub. 1 through 9 as amended and of a chief executive officer as set forth in Title 10, subpart 405.3 of the New York Codes, Rules and Regulations and the Act. The CEO shall provide leadership, direction, and administration in all aspects of the Corporation’s activities and other corporate entities to ensure compliance with established objectives and the realization of quality, economical health care services, and other related lines of business. The CEO shall ensure the Corporation’s compliance with all applicable laws and regulations. The CEO shall submit monthly and special reports to the Board and its committees regarding strategic, operational and financial performance, along with the current status of ECMCC services and facilities. The CEO shall be expected to provide feedback to the Board regarding those employees which report directly to the CEO. The CEO shall ensure that subordinate officers provide meaningful reports to the Board regarding the previous month’s activities. The CEO shall coordinate with the Board, Medical Staff, and other Corporation personnel to respond to the community’s needs for quality healthcare services and monitor the adequacy of the Corporation’s medical activities.

Section 9. President.

The Board shall hire, set the compensation and annually review the performance of the President. The duties of the President shall be distinct from the duties of other officers of the Corporation and shall be enumerated in a job description reviewed by the Executive Committee of the Board.

Section 10. Secretary & Assistant Secretary.

The Board shall, by majority vote, select either Directors or Representatives to serve as the Secretary and Assistant Secretary, if applicable. The Secretary shall send notices for all meetings of the Board. The Secretary shall act as custodian for all records and reports and shall be responsible for keeping and reporting of adequate records of all meetings of the Board. The Secretary may delegate these duties to another officer or employee of the Corporation to act on his/her behalf. The Secretary will approve and sign the minutes of all meetings of the Board which shall be kept in an official record book. In the absence of the Secretary at any meeting, the Assistant Secretary, if applicable, or any member designated by the Chairperson shall act as the Secretary for that meeting.

Section 11. Treasurer.

The Board shall, by majority vote, select either a Director or a Representative to serve as the Treasurer. The Treasurer shall monitor the financial affairs of ECMCC as managed by the officers of the Corporation. The Treasurer will also have the power to establish bank accounts in the name of the Corporation. He or she shall do and perform all other duties incident to the office of Treasurer as may be prescribed by the Board from time to time.

Section 12. Immediate Past Chair.

The Immediate Past Chair of the Board shall remain available to the Board and the Chair for purposes of transitional continuity and may be appointed to serve as a member of any Standing or Special Committee of the Board, assuming his or her term of office as a Director has not expired.

ARTICLE VI
COMMITTEES

General Rules

Section 1. General.

The Standing Committees of the Board shall be: the Executive Committee, the Quality Improvement Committee, the Finance Committee, the Audit and Compliance Committee, the Building and Grounds Committee, the Human Resources Committee, the Executive Compensation Committee, the Terrace View Quality Improvement Committee, the Governance Committee, the Investment Committee and the Contracts Committee. At the discretion of the Chairperson, and upon the advice of the Board, additional special committees may be appointed to address specific issues.

Section 2. Appointment of Committees.

The Chairperson of the Board shall appoint all members of standing and special committees. Appointments will be made at the first regular meeting following the annual election of officers, or at such other time deemed necessary by the Chairperson. The Chairperson of the Board shall appoint a Chairperson for each committee. Committee Chairpersons shall serve one-year terms of office but are not prohibited from serving consecutive one-year terms. The Chairperson may appoint individuals other than Board members to committees either standing or special, except the Executive Committee.

Section 3. Structure of Committees.

In addition to the individual Committee duties set forth below, each Committee shall be tasked annually with reviewing their applicable charter and recommending changes thereto, as well as setting forth goals for the Committee for the upcoming year. Such goals shall be determined in consultation with the Chairperson of the Board.

Section 4. Resignation.

A committee member may resign at any time by giving written notice to the Chairperson of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 5. Removal.

Committee members may be removed from committee membership by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to, violation of the law, after the board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days' notice.

Section 6. Vacancies.

Vacancies occurring otherwise than by expiration of term of office shall be filled for the unexpired terms by appointment from the Chairperson of the Board.

Section 7. Quorum.

At a committee meeting, a quorum shall be one-half the number of members of the committee.

Section 8. Voting.

Only the members of the Board serving on a Standing or Special Committee, or an appointed non-member of the Board serving on a Standing or Special Committee, and the Chairperson of the Board serving ex officio, shall have a vote.

Section 9. Minutes.

Each committee meeting shall have an agenda, time convened and adjourned recorded, and shall submit minutes of its meeting to the Secretary of the Board in advance of the regular monthly meeting.

Standing Committees

Section 10. The Executive Committee.

The Executive Committee shall consist of four (4) Board members. The Corporation's General Counsel and Chief Executive Officer shall serve ex officio as members of the Executive Committee. Other members of the Board may be added when advisable. The Chairperson shall preside at all meetings of the Committee. The Executive Committee shall meet at least quarterly, or upon the call of the Chairperson.

Section 11. The Quality Improvement Committee.

The Quality Improvement Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Inform the Board of patient safety, performance improvement and quality assurance issues of relevance to ECMCC.
- b. Establishment, maintenance and operation of a coordinated quality assurance program integrating the review of activities of all hospital services in order to enhance the quality of patient care and to identify and prevent professional malpractice. The specific responsibilities of the Committee are further set forth in the quality assurance plan of the hospital.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 12. The Finance Committee.

The Finance Committee shall consist of five (5) financially literate members of the Board. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Finance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Review relevant budgets of the Corporation and maintain ongoing oversight of the financial situation of the Corporation.
- b. Oversee, evaluate, and where appropriate, make recommendations with respect to financial operations of the Corporation.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 13. The Audit & Compliance Committee.

The Audit & Compliance Committee shall consist of at least four (4) members. At least three (3) of the Committee's members shall be independent, as that term is defined by state law. The Corporation's General Counsel shall serve *ex officio* as a member of the Audit & Compliance Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Audit & Compliance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Oversight of any independent auditors engaged by ECMCC.
- b. Oversight of all ECMCC internal audit processes.
- c. Collaboration with the Quality Improvement Committee in the establishment and maintenance of a coordinated quality assurance program.
- d. Collaboration with the Compliance Officer on the establishment, maintenance and operation of a comprehensive compliance program, which shall comply with the Office of the Inspector General Compliance Program Guidance for Hospitals. Specifically, the Committee shall:
 1. Analyze the legal requirements and specific risk areas of the health care industry,
 2. Assess existing policies that address legal requirements and risk areas for possible incorporation into the ECMCC compliance program,
 3. Work with ECMCC departments to develop standards of conduct and policies and procedures to promote compliance with the ECMCC compliance program,
 4. Recommend and monitor the development of internal systems and controls to carry out ECMCC's standards, policies and procedures as part of its daily operations,
 5. Determine appropriate strategy to promote compliance with the ECMCC compliance program and detection of possible violations, including fraud reporting mechanisms,
 6. Develop a system to solicit, evaluate and respond to complaints and problems, and
 7. Promote ethics, integrity, and compliance with laws, policies, and procedures.
- e. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 14. Buildings and Grounds Committee.

The Buildings and Grounds Committee shall consist of three (3) members. The Corporation's General Counsel shall serve ex officio as a member of the Buildings and Grounds Committee. The Chairperson of the Committee may, at his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Buildings and Grounds Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation and provision of recommendations with respect to proposed and ongoing construction and renovation projects and budgets.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 15. The Human Resources Committee.

The Human Resources Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee will meet at least quarterly or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment of a formal channel of communication among the Board, ECMCC management and the Labor Unions.
- b. Responsibility for assuring that appropriate guidelines are in place and monitored to ensure and maintain open communication.
- c. Discussion of issues that arise in the operation of the hospital as they affect all parties.
- d. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 16. The Executive Compensation/Evaluation Committee.

The Executive Compensation/Evaluation Committee shall consist of no more than four (4) members of the Board. No person whose compensation is determined by the Executive Compensation/Evaluation Committee may serve as a member of the Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Executive Compensation/Evaluation Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation, at least annually, of the CEO and President of the Corporation.
- b. Determination of the compensation, including benefits, of the above listed Corporation executives.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 17. The Terrace View Quality Improvement Committee.

The Terrace View Quality Improvement Committee shall consist of at least three (3) members. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment and maintenance of a coordinated quality assurance program as specifically applicable to Terrace View.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 18. The Governance Committee.

The Governance Committee shall consist of at least four (4) independent members, as that term is defined in New York Public Authorities Law §2825. The Chief Executive Officer and the General Counsel for the Corporation shall serve ex officio as members of the Committee, and the Chairperson of the Board may attend Committee meetings but will not be a member of the Committee and will not vote. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Governance Committee shall meet at least semi- annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Provision of information to the Board regarding current best governance practices.
- b. Review of corporate governance trends.
- c. Recommend updates to the Corporation's governance principles.
- d. Provision of advice to the Governor and to the Erie County Executive in their appointment of potential Board members regarding the skills and experience required of Board members.
- e. Annually review and, as necessary, make recommendations to the Board regarding updating of the Corporation's Bylaws; annually review and, as necessary, make recommendations to the applicable Committees regarding updates to Committee charters.
- f. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 19. The Investment Committee.

The Investment Committee shall consist of at least three (3) members. The Chair of the Finance Committee and the Chief Executive Officer shall serve ex officio as members of the Investment Committee and the Chief Financial Officer shall serve as staff to the Committee. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Investment Committee shall meet at least semi-annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Recommendations regarding the designation of the Corporation's investment officer.
- b. Recommendations regarding investment policies and procedures consistent with applicable law and the needs of the Corporation.
- c. Implementation of appropriate internal controls for investments.
- d. Recommendations regarding the selection of the Corporation's investment advisors and investment managers.
- e. Review of independent audits of the investment program.
- f. Review of quarterly reports from the Corporation's investment advisors and investment managers.
- g. Reports to the Board on a quarterly basis.
- h. Monitoring the Corporation's system of internal controls and the performance of the Corporation's investment advisors and investment managers.
- i. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 20. The Contracts Committee.

The Contracts Committee shall consist of at least three (3) members. The Contracts Committee shall review and make recommendations to the Board with respect to the approval of all contracts required to be approved by the Board pursuant to Corporation policy and applicable law, including Section 2879(3)(b)(ii) of the Public Authorities Law. The Contracts Committee shall meet at least quarterly or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Review of contracts of the Corporation requiring Board approval and make recommendations to the Board regarding such contracts.
- b.
- c. Annually review contracts requiring such review pursuant to Corporation policy and/or applicable law.
- d. Redacting sensitive information from contracts before presentation to the Board to ensure compliance with the Corporation's contractual and confidentiality requirements.
- e. Report to the Board on a quarterly basis regarding the foregoing subsections.
- f. Other duties and responsibilities as may be assigned from time to time by the Board.

ARTICLE VII

MEDICAL/DENTAL STAFF

Section 1. Organization.

The Board shall cause to be created a medical staff organization to be known as the ECMC Medical Dental Staff ("Medical Staff") whose membership shall be comprised of certain categories of health care practitioners, as determined by the Board. Members of the Medical Staff may only practice within the scope of privileges granted by the Board.

Section 2. Medical Staff Governance Documents.

The Medical Staff shall develop, adopt and at least once every three years review the following Medical Staff Governance Documents: By-Laws; Rules & Regulations; Credentials Procedures Manual; and Collegial Intervention, Peer Review, Fair Hearing & Appellate Review Procedures. These Governance Documents shall establish controls that are designed to ensure the achievement and maintenance of the highest quality medical care and high standards of professional and ethical practice. The Board shall approve all such Medical Staff Governance Documents.

Section 3. Appointment of Medical Staff.

Appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall be responsible for granting and defining the scope of the clinical privileges to be exercised by each member of the Medical Staff, including but not limited to providing approval of modifications, suspensions and termination of such privileges and Medical Staff membership in accordance with the Medical Staff Governance Documents and written ECMCC policies. In acting on matters of Medical Staff membership and scope of privileges, the Board shall consider the recommendations of the Medical Staff's Medical Executive Committee. The procedures for Medical Staff appointment are more specifically outlined in the Medical Staff's Credentials Procedure Manual.

Section 4. Authority for Medical Staff Conduct.

Ultimate responsibility for the conduct of the Medical Staff remains with the Board. The Board shall enforce compliance with all medical staff Governance Documents by all members of the Medical Staff. No assignment, referral or delegation of authority by the Board to the Medical Director, COO, CEO, the Medical Staff or any other person shall preclude the Board from exercising the authority required to meet its responsibility for the conduct of the Corporation. The Board retains the right to rescind any such delegation.

Section 5. Duties of the Medical Staff.

The Board shall delegate to the Medical Staff the authority to monitor, evaluate and document professional performance of Medical Staff members in accordance with its Governance Documents. The Board shall hold the Medical Staff accountable, through the chiefs of service of the departments and the Medical Director, for making recommendations based on well-defined and written criteria related to the goals and standards of the Corporation concerning Medical Staff appointments, reappointments and clinical privileges.

Section 6. Quality of Patient Care.

The Medical Staff is accountable to the Board for the quality of care provided to patients.

Section 7. Rights at Meetings.

Members of the Medical Staff shall be entitled to be heard at all public meetings and committee meetings of the Board.

ARTICLE VIII
STANDARDS OF PATIENT CARE

The Board shall require that the following patient care practices are implemented, shall monitor ECMCC's compliance with these patient care practices, and shall take corrective action as necessary to attain compliance:

- a. Every patient of ECMCC, whether an in-patient, emergency patient, or out-patient, shall be provided care that meets generally accepted standards of professional practice.
- b. Every patient is under the care of a health care practitioner who is a member of the medical staff.
- c. Patients are admitted to ECMCC only on the recommendation of a member of the medical staff permitted by the State law and Medical Staff Governance Documents to admit patients to the hospital.
- d. A physician, a registered physician's assistant or a nurse practitioner, under the general supervision of a physician, is on duty at all times in the hospital.
- e. A physician shall be responsible for the care of each patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization.
- f. In the event that human research is conducted within ECMCC, written policies and procedures shall be adopted and implemented pursuant to the provisions of Public Health Law Article 24-A for the protection of human subjects.
- g. ECMCC shall have available at all times personnel sufficient to meet patient care needs.

ARTICLE IX
THE SCHOOL OF MEDICINE
STATE UNIVERSITY OF NEW YORK AT BUFFALO

The Board strongly supports the relationship between ECMCC and the School of Medicine and Biomedical Sciences of the State University of New York at Buffalo through an affiliation agreement. The Board shall take all appropriate action to retain and enhance the benefits arising from said relationship provided that the Board shall hold uppermost the discharge of its legal and fiduciary duties to ECMCC.

ARTICLE X
SUBSIDIARY CORPORATIONS AND ENTITIES

Except as expressly limited by law, the Corporation may exercise and perform all or part of its purposes, powers, duties, functions or activities through one or more subsidiary corporations or companies owned or controlled wholly or in part by the Corporation, which shall be formed pursuant to the Business Corporation Law, the Limited Liability Company Law, or the Not-For-Profit Corporation Law. Any such subsidiary may be authorized to act as a general or limited partner in a partnership or as a member of a limited liability company and to enter into an arrangement calling for an initial and subsequent payment by such subsidiary in consideration of an interest in revenues or other contractual rights. The Board has the exclusive authority to create subsidiaries or other entities related to the Corporation.

ARTICLE XI
CODE OF ETHICS AND CONFLICTS OF INTEREST

Section 1. Responsibility of Members of the Board and Employees.

This Code of Ethics shall apply to all officers and employees of the Corporation. These policies shall serve as a guide for official conduct and are intended to enhance the ethical and professional performance of the Corporation's directors and employees and to preserve public confidence in the Corporation's mission. It is accordingly the responsibility of each member of the Board and each employee to perform in accordance with the following:

- a. Each member of the Board and all employees of the Corporation shall perform their duties with transparency, without favor and refrain from engaging in outside matters of financial or personal interest, including other employment, that could impair independence of judgment, or prevent the proper exercise of one's official duties.
- b. Each member of the Board and all employees shall not directly or indirectly, make, advise, or assist any person to make any financial investment based upon information available through the director's or employee's official position that could create any conflict between their public duties and interests and their private interests.
- c. Each member of the Board and all employees shall not accept or receive any gift or gratuities where the circumstances would permit the inference that: (a) the gift is intended to influence the individual in the performance of official business or (b) the gift constitutes a tip, reward, or sign of appreciation for any official act by the

individual. This prohibition extends to any form of financial payments, services, loans, travel reimbursement, entertainment, hospitality, thing or promise from any entity doing business with or before the Corporation.

- d. Each member of the Board and all employees shall not use or attempt to use their official position with the Corporation to secure unwarranted privileges for themselves, members of their family or others, including employment with the Corporation or contracts for materials or services with the Corporation.
- e. Each member of the Board and all employees must conduct themselves at all times in a manner that avoids any appearance that they can be improperly or unduly influenced, that they could be affected by the position of or relationship with any other party, or that they are acting in violation of their public trust.
- f. Each member of the Board and all employees may not engage in any official transaction with an outside entity in which they have a direct or indirect financial interest that may reasonably conflict with the proper discharge of their official duties.
- g. Each member of the Board and all employees shall manage all matters within the scope of the Corporation's mission independent of any other affiliations or employment. Directors, including ex officio board members, and employees employed by more than one government entity shall strive to fulfill their professional responsibility to the Corporation without bias and shall support the Corporation's mission to the fullest.
- h. Each member of the Board and all employees shall not use Corporation property, including equipment, telephones, vehicles, computers, or other resources, or disclose information acquired in the course of their official duties in a manner inconsistent with State or local law or policy and the Corporation's mission and goals.
- i. Each member of the Board and all employees are prohibited from appearing or practicing before the Corporation for two (2) years following employment with the Corporation consistent with the provisions of Public Officers Law.

Section 2. Implementation of Code of Ethics.

This Code of Ethics shall be provided to all members of the Board and all employees upon commencement of employment or appointment and shall be reviewed annually by the Governance Committee.

Section 3. Compliance.

The members of the Board agree to comply with all applicable local and state regulations and laws regarding conflicts of interest.

Section 4. Conflict of Interest Policy.

The Board shall develop, implement, and update as needed a written policy governing conflict of interest by members of the Board. The policy shall be reviewed annually by the Governance Committee and included and incorporated into these By-Laws as Appendix A.

Section 5. Disclosure of Personal Interest and Abstention.

It is the responsibility of every Board member to disclose to the Chairperson of the Board any personal or business interest in any matter that comes before the Board for consideration. Each member of the Board shall abstain from voting on any matter in which he or she has a personal or business interest.

Section 6. Self-Dealing.

The Corporation shall not engage in any transaction with a person, firm, or other business entity in which one or more of the Board members has a financial interest in such person, firm or other business entity, unless such interest is disclosed in good faith to the Board, and the Board authorizes such transaction by a vote sufficient for such purpose, without counting the vote of the interested Board member.

Section 7. Influence of Decision Makers.

No member of the Board shall use his or her position to influence the judgment or any decision of any Corporation employee concerning the procurement of goods or services on behalf of the Corporation.

Section 8. No Forfeit of Office or Employment.

Except as provided by law, no officer, member, or employee of the state or of any public corporation shall forfeit his or her office or employment by reason of his or her acceptance of appointment as a director, nonvoting representative, officer, or employee of the Corporation, nor shall such service as such a director, nonvoting representative, officer or employee be deemed incompatible or in conflict with such office or employment; and provided further, however, that no public officer elected to his or her office pursuant to the laws of the state or any municipality thereof may serve as a member of the governing body of the Corporation during his or her term of office.

ARTICLE XII
AMENDMENTS

These By-Laws of the Board may be amended by the affirmative vote of a quorum of members at the annual meeting, special or regular meetings of the Board, provided that a full presentation of such proposed amendment(s) shall have been presented to the Board at least thirty (30) days prior to the meeting, unless waived by majority of the whole number of the members of the Board.