

U.S. Equity Returns

	Mar	YTD	1 Yr
S&P 500	3.7%	7.5%	-7.7%
Russell 3000	2.7%	7.2%	-8.6%
NASDAQ	6.8%	17.0%	-13.3%
Dow Jones	2.1%	0.9%	-2.0%

Non-U.S. Equity Returns

	Mar	YTD	1 Yr
ACWI	3.1%	7.3%	-7.4%
ACWI ex. US	2.4%	6.9%	-5.1%
EAFE Index	2.5%	8.5%	-1.4%
EAFE Local	0.5%	7.5%	3.8%
EAFE Growth	5.3%	11.1%	-2.8%
EAFE Value	-0.3%	5.9%	-0.3%
EAFE Small Cap	-0.2%	4.9%	-9.8%
Emerging Markets	3.0%	4.0%	-10.7%
EM Small Cap	0.9%	3.9%	-11.0%

Regional Returns

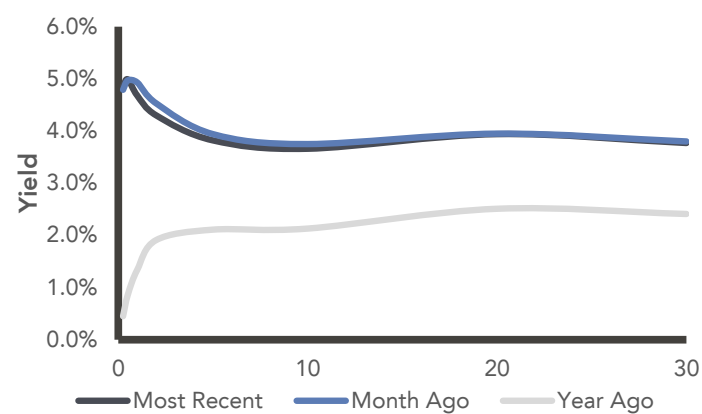
	Mar	YTD	1 Yr
Europe	2.3%	10.4%	1.4%
Asia ex-Japan	3.5%	4.3%	-8.9%
EM Latin America	0.8%	3.9%	-11.1%
UK	-0.6%	6.1%	-0.8%
Germany	4.0%	14.7%	2.2%
France	3.1%	14.6%	8.8%
Japan	4.0%	6.2%	-5.2%
China	4.5%	4.7%	-4.7%
Brazil	-0.3%	-3.2%	-18.7%
India	1.2%	-6.4%	-12.2%

Real Estate Returns

	Qtr	YTD	1 Yr
NCREIF NPI National*	-3.5%	5.5%	5.5%
FTSE NAREIT	1.5%	1.5%	-19.8%

*Returns as of December 31, 2022

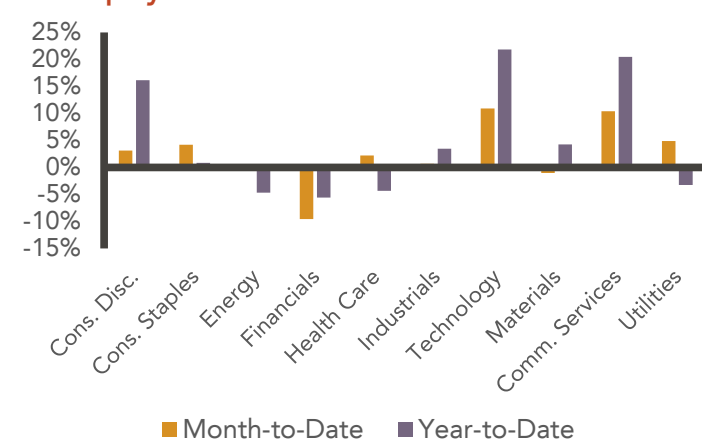
Yield Curve



Style Index Returns

	Month-to-Date			Year-to-Date		
	Value	Core	Growth	Value	Core	Growth
Large	-0.5%	3.2%	6.8%	1.0%	7.5%	14.4%
Mid	-3.1%	-1.5%	1.4%	1.3%	4.1%	9.1%
Small	-7.2%	-4.8%	-2.5%	-0.7%	2.7%	6.1%

U.S. Equity Sector Returns



Fixed Income Returns

	Mar	YTD	1 Yr
Aggregate	2.5%	3.0%	-4.8%
Universal	2.3%	2.9%	-4.6%
Government	2.9%	3.0%	-4.4%
Treasury	2.9%	3.0%	-4.5%
Int. Gov/Credit	2.3%	2.3%	-1.7%
Long Gov/Credit	4.4%	5.8%	-13.4%
TIPS	2.9%	3.3%	-6.1%
Municipal 5 Year	1.9%	1.9%	1.8%
High Yield	1.1%	3.6%	-3.3%
Bank Loans	-0.1%	3.1%	2.1%
Global Hedged	2.2%	2.9%	-3.9%
EM Debt Hard Currency	1.0%	1.9%	-6.9%

Hedge Fund Returns*

	Mar	YTD	1 Yr
HFRX Global	-1.4%	-0.2%	-3.3%
HFRX Hedged Equity	-0.3%	0.6%	-2.3%
HFRX Event Driven	-1.9%	-0.5%	-6.0%
HFRX Macro	-3.1%	-2.6%	0.2%
HFRX Relative Value	-0.9%	0.9%	-3.6%
CBOE PutWrite	3.0%	6.8%	-3.1%

*HFRX returns as of March 30, 2023

Commodity Returns

	Mar	YTD	1 Yr
GSCI Total	-1.1%	-4.9%	-10.0%
Precious Metals	9.2%	6.3%	-0.4%
Livestock	-2.3%	-4.3%	-2.8%
Industrial Metals	-0.3%	-2.1%	-22.1%
Energy	-6.9%	-18.7%	-25.1%
Agriculture	1.0%	0.0%	-3.6%
WTI Crude Oil	-1.6%	-5.2%	-14.4%
Gold	7.6%	8.1%	0.7%



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Marquette was founded in 1986 with the sole objective of providing investment consulting at the highest caliber of service. Our expertise is grounded in our commitment to client service — our team aims to be a trusted partner and as fiduciaries, our clients' interests and objectives are at the center of everything we do. Our approach brings together the real-world experience of our people and our dedication to creativity and critical thinking in order to empower our clients to meet their goals. Marquette is an independent investment adviser registered under the Investment Advisers Act of 1940, as amended. Registration does not imply a certain level of skill or training. More information about Marquette including our investment strategies, fees and objectives can be found in our ADV Part 2, which is available upon request and on our website. For more information, please visit www.MarquetteAssociates.com.

Marquette Update

2Q 2023



Save the date!

Our Symposium will be held as a hybrid event again this year, with an in-person option in Chicago at the Union League Club and a virtual livestream online. We're excited to welcome Frank Kelly and Ben Mezrich as featured speakers and our research team will also present several flash talks. All clients are invited — full invitation coming in July!

Friday, September 15TH

\$337B

assets under advisement

99%

client retention rate

37th

year in business

100%

employee-owned¹

25

partners

130+

employees



QUARTERLY RESEARCH

April 20

1Q Market Insights

Webinar: 4/20

YouTube: 4/21

April 25

Letter from the
Director of Research

Follow us on [YouTube](#) [Twitter](#) [LinkedIn](#) Subscribe to email alerts at MarquetteAssociates.com

IN THE INDUSTRY

- ▶ Amy Miller was named to Kayo Conference Series' 23 in '23 Women in Endowments & Foundations list ([link](#))
- ▶ Tom Latzke presented at Opal Group's Public Funds Summit 2023 1/12 ([link](#))
- ▶ Catherine Callaghan presented at DePaul University's Females in Finance Initiative 1/18 ([link](#))
- ▶ Dave Smith presented at the Community Foundation of Northeast Iowa's Professional Advisor Education Series 1/18 ([link](#))
- ▶ Kweku Obed presented at the National Association of Securities Professionals' (NASP) Diverse Manager Forum 1/19 ([link](#))
- ▶ Glenn E. Ross presented at the 2023 College Savings Plan Network Prepaid Mini Conference 2/28 ([link](#))
- ▶ Evan Frazier and Frank Valle presented at the Ohio Institutional Forum hosted by Markets Group 3/2 ([link](#))
- ▶ Kweku Obed presented at the Georgia Association of Public Pension Trustees (GAPPT) Annual Conference 3/21 ([link](#))
- ▶ Jessica Noviskis presented at the OCIO Central Summit hosted by Portfolio Summits 3/22 ([link](#))

Client data as of December 31, 2022; firm data as of April 2023. Client retention rate calculated as the average annual retention rate trailing ten years. ¹By current and former employees. Marquette is an independent investment adviser registered under the Investment Advisers Act of 1940, as amended. Registration does not imply a certain level of skill or training. More information about Marquette including our investment strategies, fees and objectives can be found in our ADV Part 2, which is available upon request and on our website.



Retirement Plan

South Broward Hospital District

Retirement Plan

Monthly Flash Report

March 31, 2023

PRELIMINARY

Total Fund Composite

Manager Status

Market Value: \$876.6 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
C.S. McKee Aggregate Fixed Income	Core Fixed Income	In Compliance	---
Chartwell High Yield	High Yield Fixed Income	Alert	Organizational Issues
Pacific Floating Rate Income	Senior Secured Loans	In Compliance	---
Vanguard Total Stock Market Fund	All-Cap Core	In Compliance	---
Parametric Defensive Equity	Defensive Equity	In Compliance	---
Dodge & Cox	Global Value Equity	In Compliance	---
Walter Scott & Partners	Global Growth Equity	In Compliance	---
Vanguard Global Minimum Volatility	Global Low-Volatility	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

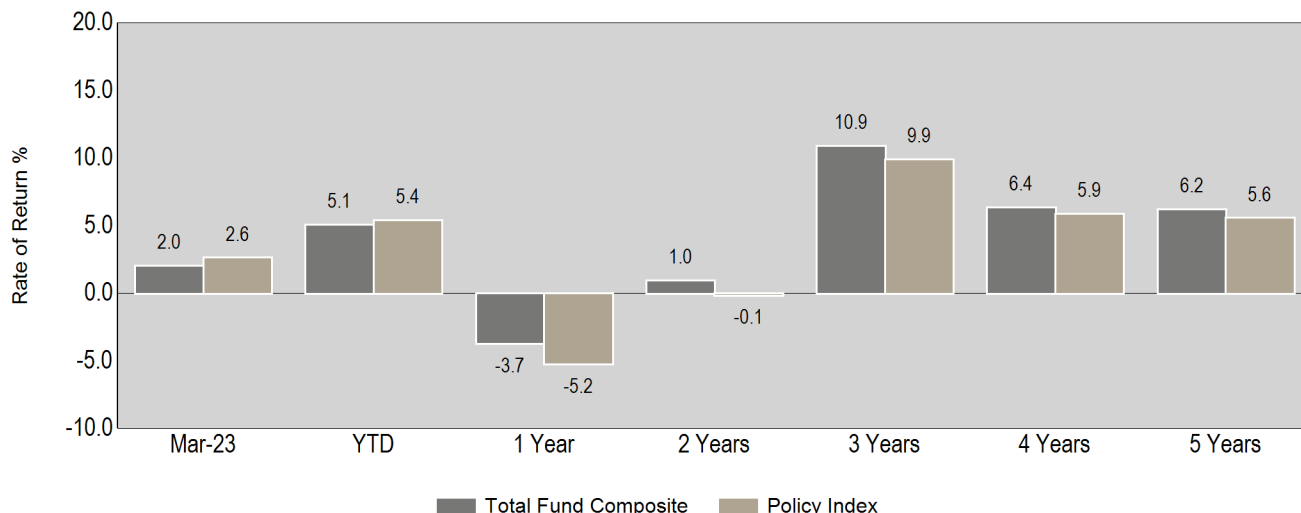
Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$876.6 Million and 100.0% of Fund

Return Summary Ending March 31, 2023



Statistics Summary 3 Months Ending March 31, 2023

Asset Allocation vs. Target As Of March 31, 2023

	Anlzd Return
Total Fund Composite	5.1%
Fixed Income Composite	2.7%
U.S. Equity Composite	6.3%
Global Equity Composite	6.2%

	Current	Current	Policy	Difference*	%
Fixed Income Composite	\$272,683,620	31.1%	35.0%	-\$34,120,484	-3.9%
U.S. Equity Composite	\$181,722,779	20.7%	20.0%	\$6,406,149	0.7%
Global Equity Composite	\$415,897,497	47.4%	45.0%	\$21,435,078	2.4%
Cash Composite	\$6,279,257	0.7%	--	--	--

Summary of Cash Flows

	Last Month	Year-To-Date	One Year	Three Years
Beginning Market Value	\$859,044,326.84	\$833,725,297.78	\$907,735,052.40	\$639,811,720.30
Net Cash Flow	-\$212,549.88	-\$195,503.87	\$95,227.92	-\$3,638,237.93
Net Investment Change	\$17,751,375.73	\$43,053,358.78	-\$31,247,127.63	\$240,409,670.32
Ending Market Value	\$876,583,152.69	\$876,583,152.69	\$876,583,152.69	\$876,583,152.69

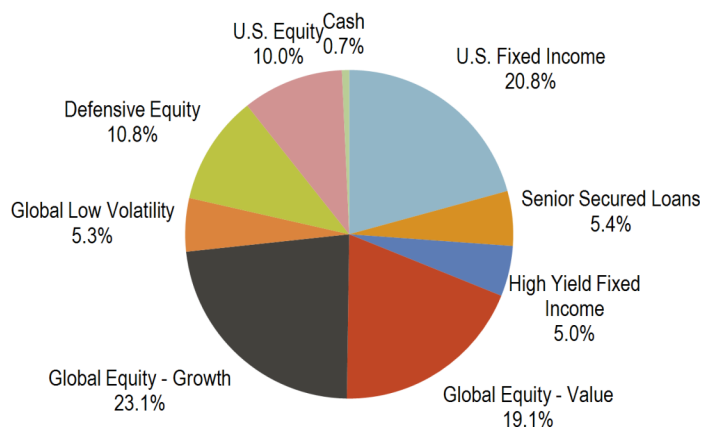
Total Fund Composite

Market Value: \$876.6 Million and 100.0% of Fund

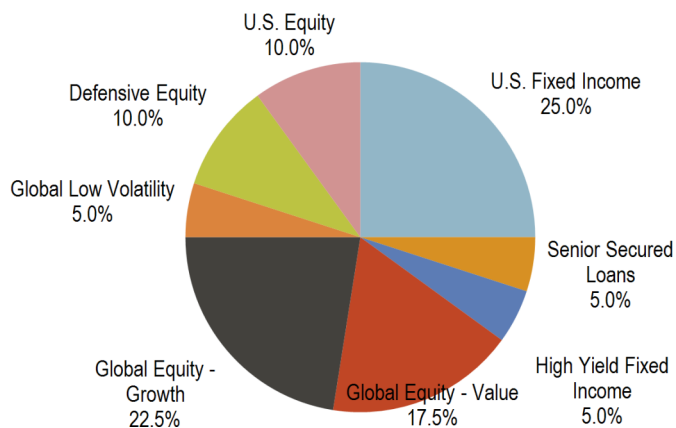
Ending March 31, 2023

Asset Class	Market Value	1 Mo Net Cash Flows	% of Portfolio	Policy %	Policy Range	Policy Difference	
Total Fund Composite	\$876,583,153	-\$212,550	100.0%	100.0%		\$0	
Fixed Income Composite	\$272,683,620	\$0	31.1%	35.0%	30.0% - 40.0%	-\$34,120,484	
C.S. McKee Aggregate Fixed Income	Core Fixed Income	\$181,906,267	\$0	20.8%	25.0%	20.0% - 30.0%	-\$37,239,521
Chartwell High Yield	High Yield Fixed Income	\$43,523,811	\$0	5.0%	5.0%	2.5% - 7.5%	-\$305,346
Pacific Floating Rate Income	Senior Secured Loans	\$47,240,996	\$0	5.4%	5.0%	2.5% - 7.5%	\$3,411,839
Wellington LCP Legacy Portfolio	Workout Portfolio	\$12,544	\$0	0.0%			
U.S. Equity Composite	\$181,722,779	-\$336,369	20.7%	20.0%	15.0% - 25.0%	\$6,406,149	
Vanguard Total Stock Market Fund	All-Cap Core	\$87,322,348	-\$336,369	10.0%	10.0%	5.0% - 15.0%	-\$335,967
Parametric Defensive Equity	Defensive Equity	\$94,400,431	\$0	10.8%	10.0%	5.0% - 15.0%	\$6,742,116
Global Equity Composite	\$415,897,497	\$0	47.4%	45.0%	40.0% - 50.0%	\$21,435,078	
Dodge & Cox	Global Value Equity	\$167,663,503	\$0	19.1%	17.5%	12.5% - 22.5%	\$14,261,451
Walter Scott & Partners	Global Growth Equity	\$202,210,059	\$0	23.1%	22.5%	17.5% - 27.5%	\$4,978,850
Vanguard Global Minimum Volatility	Global Low-Volatility	\$46,023,935	\$0	5.3%	5.0%	2.5% - 7.5%	\$2,194,777
Cash Composite	\$6,279,257	\$123,819	0.7%	--		\$6,279,257	
Money Market	Cash & Equivalents	\$2,798,442	\$331,345	0.3%			
Vanguard Treasury Money Market	Cash & Equivalents	\$3,480,815	-\$207,526	0.4%			

Current Asset Allocation



Target Asset Allocation



Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Total Fund Composite	2.0%	5.1%	2.1%	-3.7%	1.0%	10.9%	6.4%	6.2%
<i>Policy Index</i>	2.6%	5.4%	0.6%	-5.2%	-0.1%	9.9%	5.9%	5.6%
Fixed Income Composite	1.8%	2.7%	0.2%	-2.8%	-2.7%	0.0%	0.9%	1.4%
<i>Custom Index</i>	1.9%	2.9%	0.1%	-2.8%	-2.7%	-0.1%	1.0%	1.7%
C.S. McKee Aggregate Fixed Income	2.5%	2.8%	-1.0%	-4.9%	-4.6%	-2.3%	0.0%	--
<i>Bloomberg US Aggregate TR</i>	2.5%	3.0%	-1.0%	-4.8%	-4.5%	-2.8%	0.0%	0.9%
Chartwell High Yield	0.7%	1.5%	2.5%	1.0%	0.0%	4.0%	2.1%	2.6%
<i>BofA Merrill Lynch 1-3 Yrs High Yield BB</i>	0.7%	2.2%	3.3%	1.8%	0.7%	5.4%	3.1%	3.6%
Pacific Floating Rate Income	0.3%	3.5%	2.9%	2.7%	3.0%	6.8%	3.3%	3.2%
<i>CSFB Leveraged Loan</i>	-0.1%	3.1%	1.9%	2.1%	2.7%	8.4%	3.6%	3.5%
Wellington LCP Legacy Portfolio								
U.S. Equity Composite	2.5%	6.3%	2.3%	-5.7%	2.7%	15.8%	9.1%	8.8%
<i>CRSP US Total Market TR USD</i>	2.6%	7.2%	0.3%	-8.8%	0.9%	18.4%	10.8%	10.4%
Vanguard Total Stock Market Fund	2.7%	7.2%	0.4%	-8.8%	0.9%	18.3%	10.7%	10.4%
<i>CRSP US Total Market TR USD</i>	2.6%	7.2%	0.3%	-8.8%	0.9%	18.4%	10.8%	10.4%
Parametric Defensive Equity	2.4%	5.6%	4.2%	-2.5%	4.3%	12.5%	6.8%	6.6%
<i>50% S&P 500/50% 91 Day T-Bill</i>	2.1%	4.3%	2.4%	-2.1%	2.7%	9.9%	6.7%	6.6%
<i>CBOE S&P 500 Covered Combo Index</i>	1.8%	6.4%	-2.5%	-7.9%	2.1%	12.3%	5.2%	5.1%
Global Equity Composite	2.0%	6.2%	3.3%	-3.4%	2.5%	16.8%	8.7%	8.3%
<i>MSCI ACWI</i>	3.1%	7.3%	0.6%	-7.4%	-0.4%	15.4%	8.0%	6.9%
Dodge & Cox	-0.2%	5.1%	3.4%	-3.2%	3.5%	22.5%	9.4%	7.1%
<i>MSCI ACWI Value</i>	-0.3%	1.2%	-0.5%	-5.5%	1.4%	15.2%	5.2%	4.3%
Walter Scott & Partners	4.1%	8.4%	3.6%	-4.3%	1.5%	14.0%	8.5%	9.3%
<i>MSCI World Growth</i>	6.9%	15.1%	2.4%	-9.8%	-0.8%	15.9%	11.4%	10.4%
Vanguard Global Minimum Volatility	1.1%	1.4%	1.7%	-0.2%	2.6%	9.7%	3.8%	4.9%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

	2022	2021	2020	2019	2018
Total Fund Composite	-11.9%	13.4%	11.0%	19.5%	-3.7%
<i>Policy Index</i>	-13.9%	12.6%	11.7%	19.6%	-4.7%
<i>InvMetrics All DB Net Rank</i>	27	40	73	41	32
Fixed Income Composite	-9.5%	-0.2%	6.3%	8.6%	-0.6%
<i>Custom Index</i>	-10.0%	0.1%	6.7%	8.7%	0.5%
<i>InvMetrics All DB Total Fix Inc Net Rank</i>	35	42	70	53	57
C.S. McKee Aggregate Fixed Income	-12.9%	-1.8%	7.6%	8.9%	--
<i>Bloomberg US Aggregate TR</i>	-13.0%	-1.5%	7.5%	8.7%	0.0%
<i>eV US Core Fixed Inc Net Rank</i>	42	76	73	54	--
Chartwell High Yield	-3.0%	2.3%	4.2%	7.0%	0.7%
<i>BofA Merrill Lynch 1-3 Yrs High Yield BB</i>	-3.1%	3.2%	5.4%	8.7%	1.3%
<i>High Yield Bond MStar MF Rank</i>	4	99	74	96	7
Pacific Floating Rate Income	-0.8%	4.6%	1.6%	8.3%	--
<i>CSFB Leveraged Loan</i>	-1.1%	5.4%	2.8%	8.2%	1.1%
Wellington LCP Legacy Portfolio					
U.S. Equity Composite	-13.8%	21.8%	13.6%	23.5%	-4.1%
<i>CRSP US Total Market TR USD</i>	-19.5%	25.7%	21.0%	30.8%	-5.2%
<i>InvMetrics All DB US Eq Net Rank</i>	6	92	89	98	7
Vanguard Total Stock Market Fund	-19.5%	25.7%	21.0%	30.7%	-5.2%
<i>CRSP US Total Market TR USD</i>	-19.5%	25.7%	21.0%	30.8%	-5.2%
<i>All Cap MStar MF Rank</i>	59	45	38	36	37
Parametric Defensive Equity	-7.7%	17.2%	5.0%	16.0%	-2.9%
<i>50% S&P 500/50% 91 Day T-Bill</i>	-8.2%	13.7%	9.9%	16.1%	-1.0%
<i>CBOE S&P 500 Covered Combo Index</i>	-13.8%	20.8%	-0.2%	19.5%	-4.9%

- Policy Index is currently 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Barclays U.S. Aggregate, 10% CRSP US Total Market Index, 10% 50% CBOE Put Write Index, 5% BofA ML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

- All Data is to be considered preliminary until the release of the final quarterly report.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

	2022	2021	2020	2019	2018
Global Equity Composite	-12.8%	19.0%	12.4%	27.1%	-6.2%
<i>MSCI ACWI</i>	-18.4%	18.5%	16.3%	26.6%	-9.4%
<i>InvMetrics All DB Gbl Eq Net Rank</i>	16	14	69	28	26
Dodge & Cox	-5.8%	20.8%	6.0%	23.8%	-12.6%
<i>MSCI ACWI Value</i>	-7.5%	19.6%	-0.3%	20.6%	-10.8%
<i>Global Large Stock Mstar MF Rank</i>	11	24	78	72	76
Walter Scott & Partners	-19.6%	18.7%	18.9%	30.5%	-2.3%
<i>MSCI World Growth</i>	-29.2%	21.2%	33.8%	33.7%	-6.7%
<i>eV Global All Cap Growth Eq Net Rank</i>	15	21	97	52	16
Vanguard Global Minimum Volatility	-4.5%	12.0%	-3.9%	22.7%	-1.7%
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%
<i>eV Global Low Volatility Equity Net Rank</i>	8	93	83	22	1

- Policy Index is currently 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Barclays U.S. Aggregate, 10% CRSP US Total Market Index, 10% 50% CBOE Put Write Index, 5% BofA ML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

- All Data is to be considered preliminary until the release of the final quarterly report.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Retirement Plan

Portfolio Reconciliation By Manager

Month Ending March 31, 2023

	Beginning Market Value	Contributions	Withdrawals	Net Cash Flow	Net Investment Change	Ending Market Value
C.S. McKee Aggregate Fixed Income	\$177,420,730	\$0	\$0	\$0	\$4,485,537	\$181,906,267
Chartwell High Yield	\$43,205,623	\$0	\$0	\$0	\$318,188	\$43,523,811
Pacific Floating Rate Income	\$47,094,102	\$0	\$0	\$0	\$146,895	\$47,240,996
Wellington LCP Legacy Portfolio	\$12,537	\$0	\$0	\$0	\$7	\$12,544
Vanguard Total Stock Market Fund	\$85,362,836	\$0	-\$336,369	-\$336,369	\$2,295,880	\$87,322,348
Parametric Defensive Equity	\$92,178,060	\$0	\$0	\$0	\$2,222,371	\$94,400,431
Dodge & Cox	\$167,916,580	\$0	\$0	\$0	-\$253,077	\$167,663,503
Walter Scott & Partners	\$194,191,908	\$0	\$0	\$0	\$8,018,151	\$202,210,059
Vanguard Global Minimum Volatility	\$45,518,178	\$0	\$0	\$0	\$505,758	\$46,023,935
Money Market	\$2,457,626	\$340,175	-\$8,831	\$331,345	\$9,471	\$2,798,442
Vanguard Treasury Money Market	\$3,686,147	\$3,302,999	-\$3,510,525	-\$207,526	\$2,194	\$3,480,815
Total	\$859,044,327	\$3,643,174	-\$3,855,724	-\$212,550	\$17,751,376	\$876,583,153

DISCLOSURE

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Marquette is an independent investment adviser registered under the Investment Advisers Act of 1940, as amended. Registration does not imply a certain level of skill or training. More information about Marquette including our investment strategies, fees and objectives can be found in our ADV Part 2, which is available upon request.



Operating Funds

South Broward Hospital District

Operating Funds

Monthly Flash Report

March 31, 2023

PRELIMINARY

Market Value: \$2,391.5 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
Smith Graham Low Duration	Short-Term Govt. Fixed Income	Alert	Professional Turnover
Galliard Intermediate Government	Int. Govt. Fixed Income	Alert	Organizational Issues
Galliard Opportunistic	Opportunistic Fixed Income	Alert	Organizational Issues
Merganser Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Merganser Opportunistic	Opportunistic Fixed Income	In Compliance	---
Lord Abbett Short Duration	Short-Term Govt. Fixed Income	In Compliance	---
Lord Abbett Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Fort Washington Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Fort Washington Active Fixed Income	Opportunistic Fixed Income	In Compliance	---
PFM - Self Insurance Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Disability Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Workmen's Compensation Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Health & Dental Fund	Int. Govt. Fixed Income	In Compliance	---
Vanguard Global Minimum Volatility	Global Low-Volatility	In Compliance	---
Parametric Global Defensive Equity	Defensive Equity	In Compliance	---
PNC Treasury Management	Cash & Equivalents	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

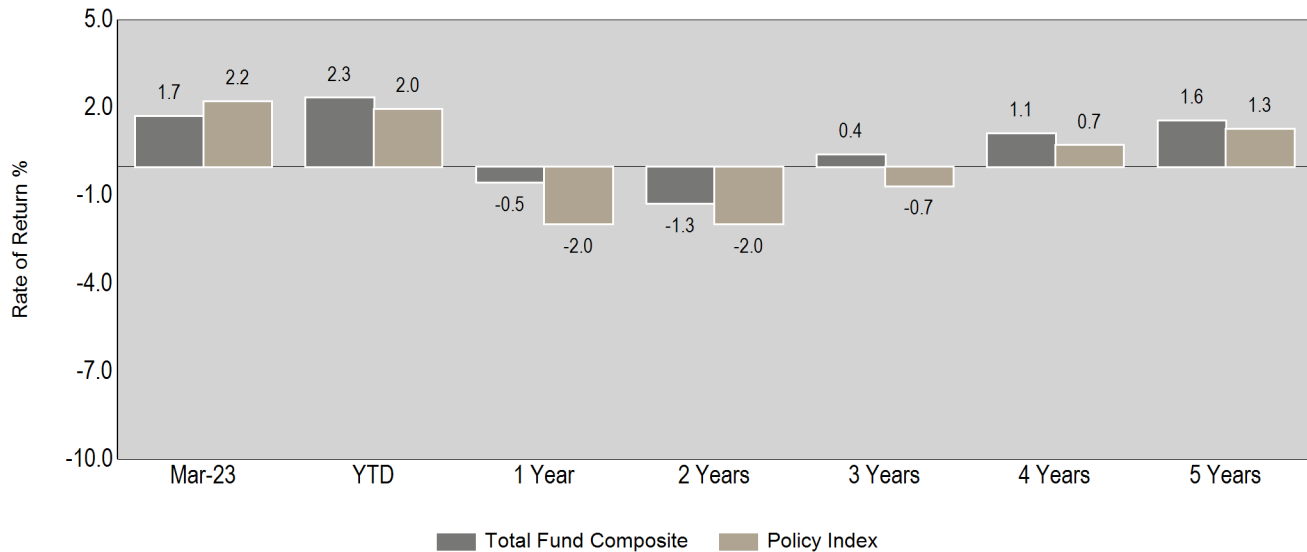
Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$2,391.5 Million and 100.0% of Fund

Return Summary Ending March 31, 2023



Statistics Summary

3 Months Ending March 31, 2023

Asset Allocation vs. Target

As Of March 31, 2023

	Anlzd Return		Current	Current	Policy	Difference*	%
Total Fund Composite	2.3%	Cash & Equivalents	\$258,102,848	10.8%	15.0%	-\$100,627,252	-4.2%
Short Term Composite	2.0%	Short-Term Govt. Fixed Income	\$239,062,664	10.0%	10.0%	-\$90,735	0.0%
Intermediate Term Composite	2.3%	Int. Govt. Fixed Income	\$923,215,248	38.6%	35.0%	\$86,178,349	3.6%
Opportunistic Composite	2.5%	Opportunistic Fixed Income	\$463,311,031	19.4%	20.0%	-\$14,995,768	-0.6%
Global Equity Composite	3.3%	Global Core Equity	--	--	5.0%	-\$119,576,700	-5.0%
		Global Low-Volatility	\$252,122,035	10.5%	7.5%	\$72,756,985	3.0%
		Defensive Equity	\$255,720,171	10.7%	7.5%	\$76,355,122	3.2%
		Total	\$2,391,533,997	100.0%	100.0%		

Summary of Cash Flows

	Last Month	Last Three Months	One Year	Three Years
Beginning Market Value	\$2,350,815,559	\$2,449,882,733	\$2,569,783,145	\$2,203,237,124
Net Cash Flow	-\$21,264	-\$115,064,519	-\$165,260,177	\$159,392,169
Net Investment Change	\$40,739,702	\$56,715,783	-\$12,988,971	\$28,904,704
Ending Market Value	\$2,391,533,997	\$2,391,533,997	\$2,391,533,997	\$2,391,533,997

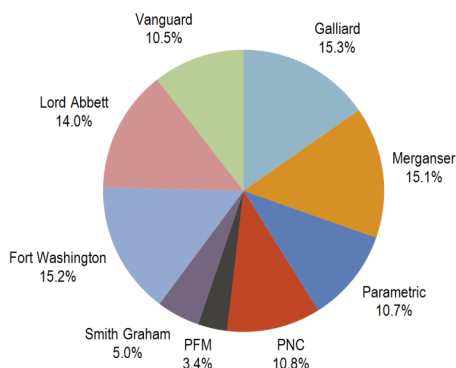
Total Fund Composite

Market Value: \$2,391.5 Million and 100.0% of Fund

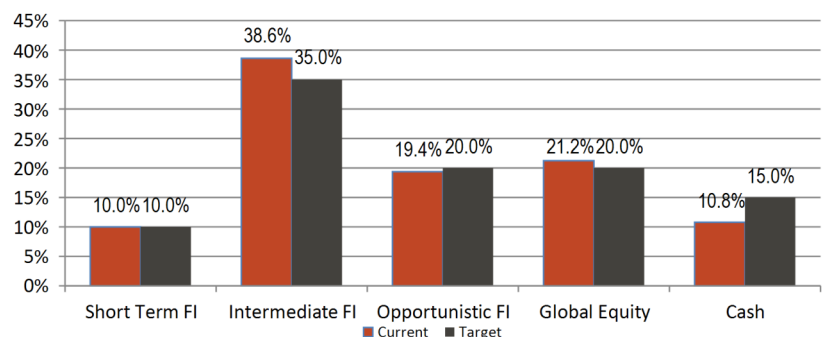
Ending March 31, 2023

	Asset Class	Market Value	1 Mo Net Cash Flows	% of Portfolio	Policy %	Policy Range	Policy Difference
Total Fund Composite		\$2,391,533,997	-\$21,264	100.0%	100.0%		\$0
Short Term Composite		\$239,062,664	\$0	10.0%	10.0%	5.0% - 15.0%	-\$90,735
Lord Abbett Short Duration	Short-Term Govt. Fixed Income	\$120,182,172	\$0	5.0%			
Smith Graham Low Duration	Short-Term Govt. Fixed Income	\$118,880,492	\$0	5.0%			
Intermediate Term Composite		\$923,215,248	\$0	38.6%	35.0%	30.0% - 40.0%	\$86,178,349
Galliard Intermediate Government	Int. Govt. Fixed Income	\$223,037,363	\$0	9.3%			
Merganser Intermediate Bond	Int. Govt. Fixed Income	\$217,411,619	\$0	9.1%			
Fort Washington Intermediate Bond	Int. Govt. Fixed Income	\$186,776,699	\$0	7.8%			
Lord Abbett Intermediate Bond	Int. Govt. Fixed Income	\$215,341,946	\$0	9.0%			
PFM - Self Insurance Fund	Int. Govt. Fixed Income	\$44,733,762	\$0	1.9%			
PFM - Disability Fund	Int. Govt. Fixed Income	\$19,804,998	\$0	0.8%			
PFM - Workmen's Compensation Fund	Int. Govt. Fixed Income	\$10,804,066	\$0	0.5%			
PFM - Health & Dental Fund	Int. Govt. Fixed Income	\$5,304,795	\$0	0.2%			
Opportunistic Composite		\$463,311,031	\$0	19.4%	20.0%	15.0% - 25.0%	-\$14,995,768
Galliard Opportunistic	Opportunistic Fixed Income	\$143,011,724	\$0	6.0%			
Merganser Opportunistic	Opportunistic Fixed Income	\$143,242,752	\$0	6.0%			
Fort Washington Active Fixed Income	Opportunistic Fixed Income	\$177,056,555	\$0	7.4%			
Global Equity Composite		\$507,842,206	\$0	21.2%	20.0%	15.0% - 25.0%	\$29,535,407
Vanguard Global Minimum Volatility	Global Low-Volatility	\$252,122,035	\$0	10.5%			
Parametric Global Defensive Equity	Defensive Equity	\$255,720,171	\$0	10.7%			
Cash Composite		\$258,102,848	-\$21,264	10.8%	15.0%	15.0% - 20.0%	-\$100,627,252
PNC Treasury Management	Cash & Equivalents	\$258,102,752	-\$21,264	10.8%			
U.S. Bank Cash	Cash & Equivalents	\$95	\$0	0.0%			

Current Manager Concentration



Target Asset Allocation



Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Total Fund Composite	1.7%	2.3%	1.2%	-0.5%	-1.3%	0.4%	1.1%	1.6%
Policy Index	2.2%	2.0%	0.2%	-2.0%	-2.0%	-0.7%	0.7%	1.3%
Short Term Composite	1.9%	2.0%	1.0%	0.0%	-2.1%	-1.0%	0.3%	0.8%
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Lord Abbett Short Duration	1.8%	1.9%	0.9%	0.0%	--	--	--	--
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Smith Graham Low Duration	2.0%	2.2%	1.0%	0.0%	-2.1%	-1.0%	0.3%	0.8%
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Intermediate Term Composite	1.9%	2.3%	0.5%	-1.4%	-2.9%	-1.3%	0.3%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Galliard Intermediate Government	1.8%	2.4%	0.4%	-1.8%	-2.9%	-1.3%	0.3%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Merganser Intermediate Bond	1.8%	2.2%	0.5%	-1.4%	-3.0%	-1.3%	0.2%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Fort Washington Intermediate Bond	2.0%	2.3%	0.5%	-1.6%	--	--	--	--
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Lord Abbett Intermediate Bond	2.2%	2.5%	0.4%	-1.5%	--	--	--	--
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
PFM - Self Insurance Fund	1.7%	1.8%	0.7%	-0.3%	-1.9%	-0.7%	0.8%	1.3%
BofA Merrill Lynch US Treasury/Agency 1-5 Yrs	2.0%	1.8%	0.5%	-0.4%	-2.1%	-1.4%	0.6%	1.1%
PFM - Disability Fund	1.6%	1.7%	0.6%	-0.3%	-2.0%	-0.8%	0.8%	1.3%
BofA Merrill Lynch US Treasury/Agency 1-5 Yrs	2.0%	1.8%	0.5%	-0.4%	-2.1%	-1.4%	0.6%	1.1%
PFM - Workmen's Compensation Fund	1.6%	1.7%	1.1%	0.6%	-0.9%	-0.4%	0.8%	1.2%
BofA Merrill Lynch US Agencies 1-3 Yrs	1.6%	1.6%	0.6%	0.1%	-1.3%	-0.7%	0.6%	1.0%
PFM - Health & Dental Fund	1.5%	1.7%	1.0%	0.5%	-0.9%	-0.4%	0.8%	1.2%
BofA Merrill Lynch US Agencies 1-3 Yrs	1.6%	1.6%	0.6%	0.1%	-1.3%	-0.7%	0.6%	1.0%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Opportunistic Composite	2.0%	2.5%	0.2%	-2.0%	-3.0%	-1.6%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Galliard Opportunistic	2.1%	2.6%	-0.1%	-2.5%	-3.2%	-1.6%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Merganser Opportunistic	1.9%	2.4%	0.2%	-1.8%	-2.9%	-1.5%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Fort Washington Active Fixed Income	2.0%	2.4%	0.4%	-1.8%	--	--	--	--
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Global Equity Composite	1.7%	3.3%	2.7%	-0.3%	2.7%	10.3%	4.8%	5.4%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%
Vanguard Global Minimum Volatility	1.1%	1.4%	1.7%	-0.2%	2.6%	9.7%	3.8%	4.9%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%
Parametric Global Defensive Equity	2.3%	5.2%	3.8%	-0.5%	2.8%	10.7%	4.8%	--
<i>50% MSCI ACWI / 50% 91 Day T-Bill</i>	1.8%	4.2%	2.1%	-2.0%	0.8%	8.3%	5.0%	4.5%
Cash Composite								
PNC Treasury Management	0.5%	1.1%	2.6%	2.6%	1.3%	0.9%	1.3%	1.4%
<i>91 Day T-Bills</i>	0.4%	1.1%	2.5%	2.5%	1.3%	0.9%	1.1%	1.3%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Total Fund Composite	-5.9%	1.1%	3.9%	5.3%	1.2%	1.3%	1.1%	1.1%	1.7%
<i>Policy Index</i>	-7.1%	1.0%	3.9%	5.7%	1.2%	0.8%	0.9%	0.8%	1.3%
Short Term Composite	-5.2%	-1.0%	3.2%	3.5%	1.6%	0.7%	0.8%	0.6%	0.6%
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
<i>Lord Abnett Short Duration</i>	-4.9%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
<i>Smith Graham Low Duration</i>	-5.6%	-0.9%	3.2%	3.5%	1.6%	0.7%	1.0%	0.4%	0.5%
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
Intermediate Term Composite	-7.5%	-1.0%	4.8%	4.6%	1.5%	1.3%	1.2%	1.2%	1.9%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Galliard Intermediate Government</i>	-8.1%	-0.6%	5.1%	4.6%	1.5%	1.4%	1.3%	1.1%	2.0%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Merganser Intermediate Bond</i>	-7.6%	-1.0%	4.6%	4.6%	1.5%	1.3%	1.2%	1.0%	1.8%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Fort Washington Intermediate Bond</i>	-7.9%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Lord Abnett Intermediate Bond</i>	-7.7%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
PFM - Self Insurance Fund	-5.0%	-0.9%	4.6%	4.6%	1.4%	1.1%	1.3%	1.0%	1.3%
<i>BofA Merrill Lynch US Treasury/Agency 1-5 Yrs</i>	-5.2%	-1.1%	4.2%	4.2%	1.5%	0.7%	1.1%	1.0%	1.2%
PFM - Disability Fund	-5.1%	-0.9%	4.6%	4.6%	1.3%	1.1%	1.3%	1.0%	1.3%
<i>BofA Merrill Lynch US Treasury/Agency 1-5 Yrs</i>	-5.2%	-1.1%	4.2%	4.2%	1.5%	0.7%	1.1%	1.0%	1.2%
PFM - Workmen's Compensation Fund	-3.0%	-0.5%	2.8%	3.5%	1.6%	0.7%	1.0%	0.7%	0.6%
<i>BofA Merrill Lynch US Agencies 1-3 Yrs</i>	-3.8%	-0.4%	2.7%	3.5%	1.8%	0.7%	1.0%	0.7%	0.7%
PFM - Health & Dental Fund	-3.1%	-0.5%	2.8%	3.5%	1.7%	0.7%	1.0%	0.7%	0.6%
<i>BofA Merrill Lynch US Agencies 1-3 Yrs</i>	-3.8%	-0.4%	2.7%	3.5%	1.8%	0.7%	1.0%	0.7%	0.7%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Opportunistic Composite	-8.5%	-1.4%	6.3%	5.9%	1.3%	2.0%	1.6%	1.5%	3.2%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Galliard Opportunistic	-9.2%	-1.1%	6.6%	5.9%	1.3%	2.2%	1.6%	1.4%	3.4%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Merganser Opportunistic	-8.3%	-1.4%	5.9%	5.8%	1.4%	1.7%	1.6%	1.2%	2.5%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Fort Washington Active Fixed Income	-8.2%	--	--	--	--	--	--	--	--
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Global Equity Composite	-6.0%	12.7%	1.4%	17.0%	--	--	--	--	--
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%	17.9%	7.4%	2.8%	11.0%
Vanguard Global Minimum Volatility	-4.5%	12.0%	-3.9%	22.7%	--	--	--	--	--
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%	17.9%	7.4%	2.8%	11.0%
Parametric Global Defensive Equity	-7.5%	13.1%	2.6%	14.1%	--	--	--	--	--
<i>50% MSCI ACWI / 50% 91 Day T-Bill</i>	-8.5%	9.0%	9.0%	13.9%	-3.7%	11.9%	4.2%	-1.0%	2.2%
Cash Composite									
PNC Treasury Management	1.3%	0.1%	0.8%	2.4%	1.9%	0.9%	0.5%	0.2%	--
<i>91 Day T-Bills</i>	1.5%	0.0%	0.5%	2.1%	1.9%	0.9%	0.3%	0.0%	0.0%

Operating Funds

Portfolio Reconciliation By Manager

Month Ending March 31, 2023

	Beginning Market Value	Contributions	Withdrawals	Net Cash Flow	Net Investment Change	Ending Market Value
Lord Abbett Short Duration	\$118,097,042	\$0	\$0	\$0	\$2,085,130	\$120,182,172
Smith Graham Low Duration	\$116,509,534	\$0	\$0	\$0	\$2,370,958	\$118,880,492
Galliard Intermediate Government	\$219,043,344	\$0	\$0	\$0	\$3,994,020	\$223,037,363
Merganser Intermediate Bond	\$213,583,155	\$0	\$0	\$0	\$3,828,464	\$217,411,619
Fort Washington Intermediate Bond	\$183,092,007	\$0	\$0	\$0	\$3,684,692	\$186,776,699
Lord Abbett Intermediate Bond	\$210,703,763	\$0	\$0	\$0	\$4,638,183	\$215,341,946
PFM - Self Insurance Fund	\$44,002,560	\$0	\$0	\$0	\$731,202	\$44,733,762
PFM - Disability Fund	\$19,482,677	\$0	\$0	\$0	\$322,321	\$19,804,998
PFM - Workmen's Compensation Fund	\$10,635,775	\$0	\$0	\$0	\$168,290	\$10,804,066
PFM - Health & Dental Fund	\$5,224,924	\$0	\$0	\$0	\$79,872	\$5,304,795
Galliard Opportunistic	\$140,119,701	\$0	\$0	\$0	\$2,892,023	\$143,011,724
Merganser Opportunistic	\$140,613,727	\$0	\$0	\$0	\$2,629,024	\$143,242,752
Fort Washington Active Fixed Income	\$173,549,580	\$0	\$0	\$0	\$3,506,975	\$177,056,555
Vanguard Global Minimum Volatility	\$249,351,463	\$0	\$0	\$0	\$2,770,572	\$252,122,035
Parametric Global Defensive Equity	\$249,865,120	\$0	\$0	\$0	\$5,855,051	\$255,720,171
PNC Treasury Management	\$256,941,091	\$0	-\$21,264	-\$21,264	\$1,182,925	\$258,102,752
U.S. Bank Cash	\$95	\$0	\$0	\$0	\$0	\$95
Total	\$2,350,815,559	\$0	-\$21,264	-\$21,264	\$40,739,702	\$2,391,533,997

- Policy Index is 35% Bloomberg Intermediate Gov/Credit, 20% Bloomberg Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI ACWI Minimum Volatility Index, and 15% 91 Day T-Bills.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Comparisons of Fund Composites and Manager performance to the InvestorForce Peer universes reflect asset allocation weightings. The Funds and Managers reflected above are currently 100% invested in fixed income securities. The InvestorForce universes reflected above are currently invested in fixed income securities, equities and other asset classes. Accordingly, such Funds and Managers outperform Peers in periods when equity and/or other asset class returns underperform fixed income returns and underperform Peers when equity and/or other asset class returns outperform fixed income returns.

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Forward-looking statements, including without limitation any statement or prediction about a future event contained in this presentation, are based on a variety of estimates and assumptions by Marquette, including, but not limited to, estimates of future operating results, the value of assets and market conditions. These estimates and assumptions, including the risk assessments and projections referenced, are inherently uncertain and are subject to numerous business, industry, market, regulatory, geopolitical, competitive, and financial risks that are outside of Marquette's control. There can be no assurance that the assumptions made in connection with any forward-looking statement will prove accurate, and actual results may differ materially.

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Memorial Healthcare System

403(B) 457(B) 401(A) 457(F)

Monthly Flash Report

March 31, 2023

Market Value: \$1,300.9 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
MetWest Total Return Bond	Core Fixed Income	In Compliance	---
Vanguard Inflation Protected Securities Fund	TIPS	In Compliance	---
American Beacon Large Cap Value Fund	Large-Cap Value	In Compliance	---
Fidelity Spartan 500 Index	Large-Cap Core	In Compliance	---
Neuberger Berman Socially Responsive Investing	Large-Cap Core	In Compliance	---
Vanguard Russell 1000 Growth Index	Large-Cap Growth	In Compliance	---
Vanguard S&P Mid-Cap 400 Index Fund	Mid-Cap Core	In Compliance	---
Dimensional US Targeted Value Strategy	Small-Cap Value	In Compliance	---
T. Rowe Price New Horizons	Small-Cap Growth	In Compliance	---
Dodge & Cox International	Non-U.S. Large-Cap Core	In Compliance	---
Vanguard International-Growth	Non-U.S. Large-Cap Growth	In Compliance	---
JPMorgan SmartRetirement Blend Income	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2020	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2025	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2030	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2035	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2040	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2045	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2050	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2055	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2060	Target Date	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	Asset Class	Market Value 2/28/23	Market Value 3/31/23	% of Portfolio
Total Fund Composite		\$1,256,628,936	\$1,300,859,398	100.0%
Transamerica Stable Value	Stable Value	\$991,275	\$471,533	0.0%
Transamerica Guaranteed Investment Option	Stable Value	\$155,561,494	\$155,020,405	11.9%
MetWest Total Return Bond	Core Fixed Income	\$28,049,720	\$28,305,932	2.2%
Vanguard Inflation Protected Securites Fund	TIPS	\$16,494,214	\$15,595,033	1.2%
American Beacon Large Cap Value Fund	Large-Cap Value	\$19,895,287	\$19,335,911	1.5%
Fidelity Spartan 500 Index	Large-Cap Core	\$77,801,051	\$82,213,668	6.3%
Neuberger Berman Socially Responsive Investing	Large-Cap Core	\$10,501,363	\$10,917,960	0.8%
Vanguard Russell 1000 Growth Index	Large-Cap Growth	\$48,913,969	\$54,405,967	4.2%
Vanguard S&P Mid-Cap 400 Index Fund	Mid-Cap Core	\$33,483,738	\$33,710,971	2.6%
Dimensional US Targeted Value Strategy	Small-Cap Value	\$19,357,388	\$18,606,576	1.4%
T. Rowe Price New Horizons	Small-Cap Growth	\$37,271,715	\$37,151,647	2.9%
Dodge & Cox International	Non-U.S. Large-Cap Core	\$20,693,382	\$21,283,579	1.6%
Vanguard International-Growth	Non-U.S. Large-Cap Growth	\$23,092,440	\$24,587,050	1.9%
JPMorgan Target Date Funds		\$748,589,376	\$782,949,201	60.2%
JPMorgan SmartRetirement Blend Income	Target Date	\$42,684,832	\$43,875,383	3.4%
JPMorgan SmartRetirement Blend 2020	Target Date	\$79,762,525	\$81,060,245	6.2%
JPMorgan SmartRetirement Blend 2025	Target Date	\$125,435,431	\$129,402,374	9.9%
JPMorgan SmartRetirement Blend 2030	Target Date	\$126,748,886	\$131,888,553	10.1%
JPMorgan SmartRetirement Blend 2035	Target Date	\$106,544,181	\$111,905,355	8.6%
JPMorgan SmartRetirement Blend 2040	Target Date	\$82,121,368	\$85,834,671	6.6%
JPMorgan SmartRetirement Blend 2045	Target Date	\$73,885,667	\$78,154,302	6.0%
JPMorgan SmartRetirement Blend 2050	Target Date	\$66,311,402	\$70,493,585	5.4%
JPMorgan SmartRetirement Blend 2055	Target Date	\$32,843,212	\$35,886,360	2.8%
JPMorgan SmartRetirement Blend 2060	Target Date	\$12,251,872	\$14,448,373	1.1%
Charles Schwab Personal Choice	Self-Directed Brokerage	\$15,932,524	\$16,303,966	1.3%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	7 Yrs	10 Yrs
Transamerica Stable Value	0.2%	0.5%	1.9%	1.4%	1.3%	1.4%	1.4%	1.3%	1.2%
91 Day T-Bills	0.4%	1.1%	2.5%	1.3%	0.9%	1.1%	1.3%	1.2%	0.8%
Transamerica Guaranteed Investment Option	0.2%	0.5%	2.2%	2.2%	2.1%	2.0%	1.9%	1.6%	1.4%
91 Day T-Bills	0.4%	1.1%	2.5%	1.3%	0.9%	1.1%	1.3%	1.2%	0.8%
MetWest Total Return Bond	2.9%	3.6%	-5.8%	-5.2%	-2.4%	0.2%	1.1%	1.1%	1.5%
Bloomberg US Aggregate TR	2.5%	3.0%	-4.8%	-4.5%	-2.8%	0.0%	0.9%	0.9%	1.4%
Vanguard Inflation Protected Securites Fund	2.9%	3.5%	-6.2%	-1.1%	1.7%	2.9%	2.9%	2.4%	1.4%
Bloomberg US TIPS 1-10 Yr TR	2.8%	2.9%	-2.9%	0.4%	2.9%	3.3%	3.2%	2.5%	1.5%
American Beacon Large Cap Value Fund	-2.1%	0.0%	-4.7%	3.2%	21.5%	9.4%	8.0%	10.0%	9.3%
Russell 1000 Value	-0.5%	1.0%	-5.9%	2.5%	17.9%	8.0%	7.5%	9.0%	9.1%
Fidelity Spartan 500 Index	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
S&P 500	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
Neuberger Berman Socially Responsive Investing	3.4%	6.1%	-8.1%	-0.3%	17.7%	9.6%	8.7%	10.3%	10.2%
MSCI KLD 400 Social Index	4.1%	9.0%	-8.7%	2.2%	18.2%	11.5%	11.1%	12.1%	11.9%
S&P 500	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
Vanguard Russell 1000 Growth Index	6.8%	14.3%	-11.0%	1.2%	18.5%	13.8%	13.6%	14.9%	14.5%
Russell 1000 Growth	6.8%	14.4%	-10.9%	1.2%	18.6%	13.9%	13.7%	15.0%	14.6%
Vanguard S&P Mid-Cap 400 Index Fund	-3.2%	3.8%	-5.2%	-0.4%	22.0%	8.9%	7.6%	9.9%	9.7%
S&P 400 MidCap	-3.2%	3.8%	-5.1%	-0.4%	22.1%	9.0%	7.7%	9.9%	9.8%
Dimensional US Targeted Value Strategy	-6.6%	1.0%	-3.6%	3.4%	31.6%	10.7%	7.7%	9.8%	9.2%
Russell 2000 Value	-7.2%	-0.7%	-13.0%	-5.2%	21.0%	5.7%	4.5%	7.9%	7.2%
T. Rowe Price New Horizons	-1.0%	7.5%	-16.1%	-13.0%	10.2%	7.5%	9.6%	13.9%	13.2%
Russell 2000 Growth	-2.5%	6.1%	-10.6%	-12.5%	13.4%	4.4%	4.3%	8.7%	8.5%
Dodge & Cox International	0.9%	6.1%	-0.5%	1.2%	17.3%	5.8%	2.9%	6.7%	5.1%
MSCI EAFE Value	-0.3%	5.9%	-0.3%	1.6%	14.6%	3.8%	1.7%	5.1%	3.7%
Vanguard International-Growth	5.5%	12.5%	-6.8%	-11.6%	13.5%	9.0%	6.5%	11.3%	8.8%
MSCI EAFE Growth	5.3%	11.1%	-2.8%	-2.1%	10.9%	6.5%	4.9%	7.0%	6.0%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	7 Yrs	10 Yrs
JPMorgan Target Date Funds									
JPMorgan SmartRetirement Blend Income	2.1%	4.5%	-4.7%	-2.4%	5.1%	3.1%	3.1%	4.1%	3.9%
<i>Target Date 2000-2010</i>	2.1%	4.0%	-4.9%	-2.1%	5.0%	3.4%	3.4%	4.3%	4.0%
JPMorgan SmartRetirement Blend 2020	2.0%	4.5%	-4.8%	-2.4%	5.5%	3.4%	3.3%	4.8%	4.9%
<i>Target Date 2016-2020</i>	2.2%	4.5%	-5.7%	-2.3%	6.1%	3.8%	3.7%	4.9%	4.5%
JPMorgan SmartRetirement Blend 2025	2.1%	5.0%	-5.3%	-2.3%	7.5%	4.2%	4.0%	5.7%	5.7%
<i>Target Date 2021-2025</i>	2.2%	4.7%	-6.1%	-2.2%	7.4%	4.3%	4.1%	5.6%	5.3%
JPMorgan SmartRetirement Blend 2030	2.2%	5.5%	-5.8%	-2.1%	9.4%	5.0%	4.6%	6.5%	6.5%
<i>Target Date 2026-2030</i>	2.2%	5.1%	-6.5%	-2.1%	9.0%	5.1%	4.7%	6.4%	5.8%
JPMorgan SmartRetirement Blend 2035	2.2%	6.0%	-6.1%	-1.5%	11.4%	5.9%	5.3%	7.3%	7.1%
<i>Target Date 2031-2035</i>	2.3%	5.6%	-6.8%	-1.9%	10.9%	5.9%	5.3%	7.2%	6.6%
JPMorgan SmartRetirement Blend 2040	2.1%	6.2%	-6.3%	-1.2%	12.9%	6.5%	5.8%	7.9%	7.6%
<i>Target Date 2036-2040</i>	2.2%	5.8%	-7.1%	-1.8%	12.2%	6.3%	5.6%	7.6%	6.8%
JPMorgan SmartRetirement Blend 2045	2.2%	6.5%	-6.5%	-1.0%	14.1%	6.9%	6.2%	8.2%	7.7%
<i>Target Date 2041-2045</i>	2.3%	6.2%	-7.0%	-1.5%	13.3%	6.9%	6.1%	8.1%	7.3%
JPMorgan SmartRetirement Blend 2050	2.2%	6.5%	-6.6%	-1.0%	14.2%	7.0%	6.2%	8.2%	7.8%
<i>Target Date 2046-2050</i>	2.3%	6.3%	-7.1%	-1.5%	13.7%	7.0%	6.1%	8.2%	7.4%
JPMorgan SmartRetirement Blend 2055	2.2%	6.5%	-6.5%	-0.9%	14.2%	7.0%	6.2%	8.2%	7.7%
<i>Target Date 2051-2055</i>	2.3%	6.3%	-7.1%	-1.5%	14.0%	7.1%	6.2%	8.4%	7.6%
JPMorgan SmartRetirement Blend 2060	2.2%	6.5%	-6.4%	-0.9%	--	--	--	--	--
<i>Target Date 2056-2060</i>	2.3%	6.4%	-7.1%	-1.6%	14.0%	7.0%	6.2%	8.3%	7.9%

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FINANCIAL ASSISTANCE POLICY

Revised April 2023

NOTE: UPDATES TO THE POLICY BELOW ARE INTENDED AS CLARIFICATION OF THE LONGSTANDING MHS POLICY AND DO NOT CONSTITUTE A CHANGE OF THE BASIS FOR ELIGIBILITY OR AMOUNT OF FINANCIAL ASSISTANCE PROVIDED

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

Financial Assistance may mean charity care (as defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

For charity care, the patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG), patient or guarantor income, and family size. The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and potential litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, for all accounts combined.

Patients may elect not to provide financial documentation but instead be provided financial assistance in the form of discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. All inpatient admissions will be screened for Medicaid eligibility. If screening criteria indicate potential eligibility, the patient/responsible party must submit the application to Medicaid prior to evaluation for Financial Assistance.
- D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments and non-covered charges. The following criteria is used when MHS considers the request:
 - i. Patient or responsible party may qualify for 100% discount if the following applies:
 - 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 - 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 2023 FPG a family of four which makes \$60,000 per year is at 200% of the FPG), as described in Table A; and
 - 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
 5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.
- ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:
1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2023 FPG a family of four which makes \$120,000 is at 400%) of the FPG;
 2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the Transunion community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months.
1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
 2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:
1. Medicaid exhausted days or outpatient benefits
 2. Involuntary treatment under the Baker Act
 3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.
- E. Income and asset information for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.
 - F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service.
 - G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
 - i. Outpatient Pharmacy services
 - ii. Primary Care Clinic visits
 - iii. Hospital outpatient services
 - iv. Emergency Department visits
 - H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.
 - I. Upon request from the patient or responsible party, MHS will send a written statement that they qualify for financial assistance.
 - J. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here:

<https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>

III. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. FINANCIAL ASSISTANCE APPLICATION PROCESS

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on

hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing or by phone call of missing or incomplete documentation.

- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E
- C. All applications will receive equal consideration and have a determination made based on the FPG and the patient’s ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
 - i. An initial bill is sent to the Patient or responsible party after discharge.

- ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.
 - iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, the account may be placed with a primary debt collection agency
 - v. After 1 year the account may be placed with a secondary debt collection agency
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/financialaid, in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.



FINANCIAL ASSISTANCE POLICY

Revised April 2023

NOTE: UPDATES TO THE POLICY BELOW ARE INTENDED AS CLARIFICATION OF THE LONGSTANDING MHS POLICY AND DO NOT CONSTITUTE A CHANGE OF THE BASIS FOR ELIGIBILITY OR AMOUNT OF FINANCIAL ASSISTANCE PROVIDED

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

Financial Assistance may mean charity care (defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

For charity care, the patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG), patient or guarantor income, and family size. The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and awaiting-potential litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, which may be for one account or multiple-all accounts combined.

Patients may elect not to provide financial documentation but instead ~~take advantage of~~ be provided financial assistance in the form of the discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. ~~All inpatient admissions Patients~~ will be screened for Medicaid eligibility. ~~If screening criteria indicate potential eligibility, the patient/responsible party must submit and must complete~~ the application ~~to Medicaid process~~ prior to evaluation for Financial Assistance.
- ~~D. Patients may be presumptively screened for financial assistance. This screening includes review of assets, liabilities, income and expenses using Transunion community based and credit based proprietary models.~~
- E.D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This ~~includes means all uninsured patient responsibility amounts as well as insured patient account~~ balances after insurance payment. ~~This includes deductibles, coinsurance, copayments and non-covered charges.~~ The following criteria is used when MHS considers the request:
- i. Patient or responsible party may qualify for 100% discount if the following applies:
 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (-Per the 2023~~2~~ FPG a family of four which makes ~~\$55,500~~60,000 per year is at 200% of the FPG), as described in Table A; and
 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal

property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.

ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:

1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2023 FPG a family of four which makes \$120,000-111,000 is at 400%-) of the FPG;
2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

~~iii. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.~~

iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the Transunion community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months.

1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

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iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:

1. Medicaid exhausted days or outpatient benefits
2. Involuntary treatment under the Baker Act
3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.
4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.

~~F. MHS will send a written statement to patients or responsible parties when they qualify for Financial Assistance.~~

~~G. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>~~

~~E. Income and assets, information and if required expense and liability information, for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.~~

~~H.F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service.~~

~~H.G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:~~

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- i. Outpatient Pharmacy services
- ii. Primary Care Clinic visits
- iii. Hospital outpatient services
- iv. Emergency Department visits

~~J. Patients can apply for financial assistance up to 1 year after the date of service.~~

H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.

I. Upon request from the patient or responsible party, MHS will send a written statement that they qualify for financial assistance.

K. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>

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III. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. FINANCIAL ASSISTANCE APPLICATION PROCESS

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any ~~P~~patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department. ~~Prior to assessing the patient for MHS financial assistance, the Eligibility staff will determine if the patient qualifies for Medicaid or any other assistance program.~~

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing ~~and or~~ by phone call of missing or incomplete documentation.
- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E

~~C. MHS may use an abbreviated Financial Assistance approval process for Patients or responsible parties or accounts that meet the following criteria:~~

- ~~i. Medicaid exhausted days or outpatient benefits~~
- ~~ii. Involuntary treatment under the Baker Act~~
- ~~iii. The patient is deceased and no estate has been filed with the court of the patient's county of residence, after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.~~

~~D.C.~~ All applications will receive equal consideration and have a determination made based on the FPG and the patient's ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
 - i. An initial bill is sent to the Patient or responsible party after discharge.
 - ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.

- iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, the account may be placed with a primary debt collection agency
 - v. After 1 year the account may be placed with a secondary debt collection agency
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/financialaid , in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS

hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.

Table A: Financial Assistance Discount Matrix

Memorial Regional Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Memorial Regional Hospital South

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Joe DiMaggio Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Memorial Hospital West

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount 83% Discount
351% - 400% of FPG	82% Discount 83% Discount

Memorial Hospital Pembroke

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	81% Discount
351% - 400% of FPG	81% Discount

Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	75% Discount

Memorial Hospital Miramar

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	79% Discount 77% Discount

Memorial Primary Care Centers and Outpatient Behavioral Health

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Overview

Any patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance under the Memorial Healthcare System's (MHS) Financial Assistance Policy.

This policy is available to anyone by calling the Patient Financial Services Department at (954)276-5501, Eligibility Department at (954)276-5760 or by asking in person in the admitting/registration areas of any of the MHS acute care facilities located off of the main lobby of each facility or at the Eligibility offices at 2900 Corporate Way Miramar. ~~During the Public Health Emergency the 2900 Corporate Way Miramar building is closed.~~ Staff members are available to discuss and explain the FAP Monday through Friday from 8am – 4:30pm.

The Financial Assistance Policy is also available through the MHS website at <https://www.mhs.net/patients-visitors/billing/financial-assistance>

Financial assistance is only available to the patient or responsible party if they are unable to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG). The federal government updates these guidelines annually. The ability to pay is also determined by examining assets. Financial assistance will not be given for medical care unless it is medically necessary. Elective cases for patients that are not residents of the South Broward Hospital district will be reviewed on a case by case basis.

Availability of Financial Assistance

If the patient or responsible party requests financial assistance, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500. Financial assistance is not available when the patient elects to pay at the self pay package rate that applies only when the payment is made prior to service or discharge.

Patients or responsible parties will be considered for discounts up to 100% if they have a total household income of less than 200% of the FPG. Patients or responsible parties will also be considered for discounts up to 100% if their total balance due is more than 25% of their total household's annual income. They will also be considered if their total household's annual income is not more than 4 times the FPG for a family of 4.

Patients or responsible parties will be considered for discounts from 75% to 90% when their total household's income is between 201% and 400% of the Federal Poverty Guidelines.

Please refer to the full policy for a complete explanation and details

How to apply for Financial Assistance

The patient or responsible party need only notify the MHS Patient Financial Services Department at (954)276-5501, or the Eligibility Department at (954)276-5760 that they would like to apply for financial assistance. If they make this request or tell us that they might need help paying their bill, they will be given a Financial Evaluation Form. They will also be given a list of documents they will have to provide so MHS staff members can see if they meet the requirements for financial assistance.

Both the application and the list of required documents are available at <https://www.mhs.net/patients-visitors/billing/financial-assistance>

The patient or responsible party has up to 120 days to give MHS staff members all of the requested information. The MHS staff will then review the information and determine whether the patient or responsible party meets the financial assistance guidelines. MHS will tell the patient or responsible party in writing whether or not they qualify under the Financial Assistance Policy guidelines.

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which calculates the average percentage of charges insurance companies pay and applies that percentage to the patient's accounts. The calculation is available at MHS.net or in the Registration areas of any of the facilities.

Please refer to the full policy for a complete explanation of the calculation.

The Financial Assistance Policy, Financial Evaluation Form, and this plain language summary shall be prepared in English, Spanish, French, Portuguese, Haitian Creole, Vietnamese and Russian. All of these documents are available at

www.mhs.net/patients-visitors/billing/financial-assistance/policy#languages

MEMORIAL HEALTHCARE SYSTEM

STANDARD PRACTICE

Date: March 1992

Date Reviewed: March 1999; August 2002; September 2002; April 2004; May 2005; November, 2010; January 2011; November 2013; September 2014; October 2018; October 2021

Date Revised: March 1999; August 2002; September 2002; April 2004; May 2005; November 2010; November 2013; September 2014; April 2016; March 2017; October 2021

Title: **TRANSFER/ACCESS TO EMERGENCY CARE**

I. In no event shall the provision of emergency services, the acceptance of a medically necessary transfer or the return of a patient pursuant to Section III.(B) below, be based upon, or affected by, the person's race, ethnicity, religious/national origin, citizenship, age, gender, pre-existing medical condition, physical or mental handicap, insurance/economic status, or sexual preference.

II. 42 U.S.C. 1395 dd (sometimes referred to as Emergency Medical Treatment Active Labor Act or "EMTALA") and regulations promulgated thereunder at 42 CFR Section 489 et. Seq., and Ch. 395.1041, Fla Stat. create certain obligations on the part of hospitals with emergency departments and on the part of physicians providing emergency services and care.

III. In compliance with applicable law, Memorial Healthcare System ("MHS") hospitals shall provide emergency services and care for any emergency medical condition when:

- A. Any person requests either personally or through an authorized individual (such as a healthcare surrogate or proxy) emergency services and care; or
- B. Emergency services and care are requested on behalf of a person by:
 - 1. An emergency medical services provider who is rendering care or transporting the person; or
 - 2. Another hospital, when such hospital is seeking medically necessary transfer.

IV. The term "emergency medical condition" means:

- A. A medical condition manifesting itself by acute symptoms of sufficient severity (which may include severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - 1. Serious jeopardy to patient health, including a pregnant woman or fetus;
 - 2. Serious impairment to bodily functions; or

3. Serious dysfunction of any bodily organ or part.

B. With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery;
2. That a transfer may pose a threat to the health and safety of the patient or fetus; or
3. That there is evidence of labor, which means the process of childbirth beginning with the latent or early phase of labor or there is onset and persistence of uterine contractions or there is rupture of the membranes and continuing through the delivery of the placenta.

NOTE: For purposes of this Standard Practice, a patient experiencing contractions should be considered to be in true labor unless a physician certifies that after a reasonable time of observation the patient is in false labor.

V. The term “emergency services and care” means:

- A. An appropriate medical screening examination within the capabilities of the Hospital’s Emergency Department including ancillary services available to the Emergency Department, to determine if an emergency medical condition exists. The examinations must be conducted by persons determined by the Hospital as qualified to conduct such examinations.
- B. Examination and evaluation by a physician or to the extent permitted by applicable law by other appropriate personnel under the supervision of a physician, who determine if an emergency medical condition exists.
- C. If an emergency medical condition does exist, the care, treatment or surgery by a physician necessary to stabilize the emergency medical condition, within the service capability of the facility.

“Stabilize or stabilized” means that no material deterioration of the patient’s condition is likely, within reasonable medical probability, to result from or occur during the transfer.

VI. Under the law, neither the hospital nor its employees, nor any physician, dentist, or podiatrist shall be liable in any action arising out of a refusal to render emergency services or care if the refusal is made after screening, examining and evaluating the patient and is based on the determination that the person is either not suffering from an emergency medical condition, that the hospital does not have the service capability, or is at service capacity and unable to render those services.

Procedure:

I. Access to Care

Emergency services and care and appropriate screening to determine the existence or absence of an emergency medical condition shall not be delayed in order to

ascertain the ability to pay for such emergency services and care. Inquiries may be made regarding ability to pay if those inquiries do not cause a delay in medical screening or treatment. Each MHS Hospital accepting a person in need of emergency services and care via transfer from another hospital shall not require the transferring hospital, or any person or entity, to guarantee payment as a condition of receiving the transferred patient. The Hospital shall not require any contractual agreement, any type of pre-planned transfer agreement, or any other arrangement to be made prior to or at the time of transfer as a condition of receiving a transferred patient.

II. Posting of Notice

Notice in English, Spanish and Creole, specifying the patient's rights to emergency services and care and the service capability of the hospital shall at all times be conspicuously posted in the Emergency Departments.

III. Transfer Arrangements

- A. Medically necessary transfers shall be made to the geographically closest hospital able to provide the needed service, unless the geographically closest hospital is either at service capacity or unless a prior arrangement between hospitals is in place.
- B. When the condition of the patient improves, and the service capability of the receiving hospital is no longer required, the receiving hospital may transfer the patient to another hospital and the transferring hospital shall receive the patient within its service capability.

IV. Transfer of Patients from a Memorial Healthcare System Hospital

- A. A patient suffering from an emergency medical condition may not be transferred from the hospital to another hospital unless:
 - 1. The patient or a person who is legally responsible for the patient and acting on the patient's behalf, after being informed of the hospital's obligation under this section and of the risk of transfer, requests the transfer. The hospital will seek to obtain this request in writing, indicating the reasons for the request as well as the risks and benefits of the transfer; or
 - 2. A physician has signed a certification that based upon the reasonable risks and benefits to the patient and based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital, outweigh potential increased risks to the patient's medical condition; or

3. If a physician is not physically present in the emergency services area at the time an individual is transferred, a qualified medical person may sign a certification that a physician with staff privileges, and after appropriate consultation, has determined that the medical benefits, reasonably expected from the provision of appropriate medical treatment at another medical facility, outweigh the potential increased risks to the individual's medical condition. The certification shall summarize the basis for such determination. The consulting physician must subsequently sign the certification.
- B. Each MHS Hospital will not transfer a patient unless the patient has been accepted for transfer by the facility for which transfer is sought.
 - C. If the medical benefits of transfer do not outweigh the risks, patients who are not stable will be discouraged from requesting transfer and shall be advised of risks. If the patient or the legally responsible person acting on the patient's behalf persists in the transfer request, the request shall be made in writing, signed by the person making the request and the transfer shall be considered Against Medical Advice. The attached form (see Attachment #1) may be used to document the request.
 - D. In medical emergencies, when a transfer must be made due to the hospital's inability to provide treatment as described above, such transfer must be approved by the Administrator-on-Call. The Nursing Director or Administrative Officer can approve the transfers to Memorial Regional Hospital if the need is of the above specified nature and a log of the patient's name, transferring and receiving physician, as well as the appropriate reason for transfer must be maintained.
 - E. **All** air ambulance transfers, regardless of the receiving facility, must be approved by the Administrator-on-Call. For local (South Florida) air ambulance transfer of emergencies, contact the appropriate agency listed on Attachment #2.
 - F. Nursing Director/Administrative Officer will complete transfer request form attached (see Attachment #3) and coordinate transport.
 - G. Indigent Patients

When for medical reasons an indigent patient requires transfer to another hospital, transportation must be arranged either through a public agency or at the hospital's expense, with Administration's approval.

1. When transferring to the Veterans Administration Hospital ("VAH"), the attending physician should contact the VAH admitting physician, request and receive authorization for VAH transportation.

2. When transferring to Jackson Memorial Hospital (“JMH”) or another institution outside Broward County, a 24-hour advance notice should be provided to the Clinical Effectiveness Department; this will allow adequate time to secure transportation or approval for payment from the appropriate public agency, (i.e., Health and Rehabilitative Services (“HRS”), Broward County Primary Care, U.S. Public Health Department.

If the transfer to JMH is an emergency and the patient is an active Medicaid recipient, the ambulance company is provided the Medicaid number for billing purposes and the Clinical Effectiveness Department is notified of the transfer as soon as possible for follow-up with HRS.

3. If payment for transportation cannot be obtained from any other source, or if possibility of assistance from a public agency cannot be determined, the transfer may be billed to the hospital, with Administration approval. The Clinical Effectiveness Department should be contacted to investigate possible retroactive reimbursement.

V. Transfer of Patients to Memorial Healthcare System Hospitals

- A. Subject to appropriate bed availability, staffing and other resources needed in the provision of care, patients in other hospitals having no insurance or other financial means of payment for services rendered, will receive approval for transfer if **all** of the following conditions are met:

1. The patient requires emergency treatment (which includes patients in active labor); and
2. The hospital seeking transfer does not have the service available to prevent deterioration of the patient’s condition; and
3. An agreement exists between both the referring and accepting ER physicians concerning the stability of the patient’s condition for transfer.

IN SUCH CIRCUMSTANCES, THE MEMORIAL HEALTHCARE SYSTEM HOSPITAL WILL NOT ASK QUESTIONS ABOUT THE PATIENT’S ABILITY TO PAY UNLESS THE TRANSFER IS APPROVED.

- B. Subject to the above requirements and the availability of appropriate bed space, staffing, and other resources needed for the care of specific patients, MHS may approve requests for transfer of the following patients:

1. Patients requiring or preferring services at a MHS Hospital who have adequate insurance or other financial resources to pay for hospitalization, shall receive approval for transfer. The Accounts Receivable Management Office will verify that insurance is in force and

the nature of the benefits. Nothing in this section limits the Memorial Healthcare System's right to receive payment for services rendered to such patient or Memorial Healthcare System's right to seek transfer of the patient to any facility, including the original referring facility once the patient's condition is stabilized.

2. Telephone calls may be received at any time of the day or night from administrators, nurses, social workers and doctors representing hospitals in and out of the South Broward Hospital District when seeking consent from an MHS representative, for a patient's acceptance to an MHS Hospital.

3. Transfers within MHS Facilities:

The requirements specified in this Standard Practice apply equally to transfers between MHS facilities, including, without limitation, transfers between Memorial Regional Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke. For transfers to MHP between MHS Facilities, the Administrator On-Call's Designee is the receiving Hospital's Admitting/Bed Control Department. For difficult and/or complicated cases needing transfer to the respiratory care floor, prior approval must be obtained by the Director and/or Administrator as appropriate.

"Decanted" patients will be considered those patients in a MHS ED that require admission but can be transferred to an appropriate MHS facility due to capacity concerns at the present facility. "Decanting" as it relates to patients, is a process to relieve the pressure in an ED that is approaching capacity and level patient volumes across MHS.

"Decanting" is driven by the patient's diagnosis and initiated by a physician decision that the patient is medically appropriate to transfer. After the patient/Healthcare Surrogate gives consent to transfer, the patient is transferred to a MHS hospital unit.

4. Medical Condition:

The following information should be obtained by the receiving physician (accepting physician/ER physician if emergent) concerning the patient's medical condition:

- a. Does the patient's condition warrant emergency or elective care?
- b. Does the patient have a condition, illness, injury or disease which cannot be treated at the requesting facility?

5. **Except in situations involving patients who require emergency treatment,**
the following information must be obtained prior to the transfer request being evaluated by the Administrator-on-Call:
 - a. **Residency:** The residency of the patient in the South Broward Hospital District should be verified by reference to the local telephone directory, current cross reference directory and through communication when required, with the patient, family members or friends. A resident of the South Broward Hospital District shall be defined as “any person” making his/her home or place of abode within the geographical boundaries of the hospital district and with no present intention of moving outside of the district.
 - b. **Financial Data:** The Accounts Receivable Management Office will verify insurance coverage and/or financial resources including eligibility for government assistance programs and district charity to pay for hospitalization.
 - c. **Stable for Transfer:** The patient transfer shall not be approved unless both the referring and receiving physician confer and reach a unanimous decision that the patient is in stable condition for transfer.
6. **Treating Physicians:** All transfer patients must be admitted by a member of MHS’ medical staff. A physician may then be assigned when appropriate, in accordance with the Medical Staff By-laws and policies concerning assignment of patients.
7. **Clinical Effectiveness Department:** A Case Manager will evaluate the appropriateness of the transfer, based on MHS’ criteria used for services to be rendered.
8. **Medical Records:** All transfers require any copies of pertinent portions of inpatients’ and/or outpatients’ medical records which include at a minimum, lab results, x-ray reports, EKG report, History & Physical and consultative reports, which are not contained in the electronic medical record.
9. **Hospital In-Patient Transfer Procedure from non-MHS Hospitals.**

For Memorial Hospital West:

- a. Day (8:00 a.m. – 6:30 p.m., Monday – Friday; 7:00 a.m. – 3:30 p.m., Saturday and Sunday): Calls should be routed to Bed Control. Bed Control will complete the Inter-Hospital Transfer Request form.

- b. Bed Control will verify the patient's insurance and obtain transfer and admission authority action, when necessary.
- c. The Nursing Director or the Administrative Officer when appropriate, will be notified of Transfer Request and will contact the Administrator-on-Call for approval.

For Memorial Hospital Pembroke:

- a. Weekdays (7:00 am to 4:00 pm): Calls should be routed to Admissions: Patient Financial Representative will contact the administrator on call for approval/disapproval;
 - i. Admitting will notify the referring hospital of the approval/disapproval;
 - ii. Admitting will complete the Inter-Hospital Transfer Request form; original will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 7:00 am) and holidays: Calls should be routed to the Administrative Officer who will consult with the Patient Financial Representative and obtain approval for the transfer from the Administrator-On-Call.
 - i. Administrative Officer will notify the referring hospital of approval/disapproval.
 - ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed. Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Hospital Miramar:

- a. Weekdays (8:00 am to 4:00 pm): Calls should be routed to the Clinical Effectiveness Department. The CE Director or designee will contact Bed Control to review demographics, reason for transfer, referring physician service availability and for verification of insurance coverage and authorization. The CE Director or designee will then contact the Administrator on Call for approval.
 - i. If approved, Bed Control will complete the Inter-Hospital Transfer Request form and the CE Director or designee will notify the originating facility; the original form will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 8:00 am) and holidays: Calls should be routed to the Administrative Officer who will contact the Clinical Effectiveness Director or designee to obtain approval for the transfer from the Administrator-On-Call.

- i. Administrative Officer will notify the referring hospital of approval/disapproval.
- ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed.
Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Regional Hospital/ Memorial Regional Hospital South/Joe DiMaggio Children's Hospital:

- a. Calls should be routed to the Call Center/Transfer Center 24/7. The Transfer Center RN or Bed Control Representative will complete the Inter-Hospital Transfer Request form, for all transfers other than ED to ED.
 - i. Inter-Hospital Transfer Request form will be forwarded to Patient Financial Service Representatives/Bed Control for insurance verification.
 - ii. Patient Financial Service Representative recommends approval/disapproval of insurance and forwards Inter-Hospital Transfer Request form to Transfer Center RN.
 - iii. Transfer Center RN/ Director of MHS Transfer Center/ Administrative Director of Patient Financial Services or designee approves/disapproves transfer request.
 - iv. Bed Control will be notified of approval/disapproval in a timely manner.
 - v. The Transfer Center RN or Bed Control will notify the referring hospital of approval/disapproval. After business hours, the Transfer Center RN will notify the Administrative Officer for approval/disapproval. The Administrator-On-Call is notified at the discretion of the Administrative Officer.
- b. Requests for all Behavioral Health patient transfers, whether from an inpatient or emergency department setting, will be routed through the Call Center/Transfer Center.

Joe DiMaggio Children's Hospital Transport Team

When a request is made for transportation using the services of the Neonatal/Pediatric Transport Team for the Joe DiMaggio Children's Hospital, the following procedure should be followed:

- a. The request will be evaluated by the Transport Team and the Neonatologist or Pediatric Intensivist on duty at the Joe DiMaggio Children's Hospital. If the transport or transfer request is accepted by the Transport Team, in conjunction with the Transfer Center RN and the Neonatologist or Pediatric Intensivist, approval by the Administrator-on-Call is not required, except for International patients.

- b. All transfer requests are routed via the Transfer Center, (954) 986-6330 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the JDCH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
- c. If the request for transport or transfer is not accepted by the Transport Team, the request for transfer shall be forwarded to the Nurse Manager/Supervisor and the procedure applicable to all other transfer requests shall be followed.

Memorial Regional Transport Team

When a request is made for transportation using the services of the Adult Transport Team (Cardiovascular, Maternal Fetal or Neuro Science Transport Team) the following procedure should be followed:

- a. All transfer requests are routed via the Transfer Center, (954) 265-6338 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the MRH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
10. ED to ED Transfers: Calls will be routed to the Call Center/Transfer Center 24/7 and the patient will be approved based on physician to physician report.
 11. Maintenance of Records and Logs
Each MHS Hospital shall maintain records of each transfer made or received for a period of ten years. These records shall be included in a transfer log, as well as in the permanent medical record of any patient being transferred or received. Each MHS Hospital shall maintain a record log of all patients who request emergency care and services, or persons on whose behalf emergency care and services are requested, for a period of ten years.
- VI. Emergency Response on Hospital Property
Hospital property means the entire main hospital campus, including the parking lot, sidewalk and driveway, but excluding other areas or structures that are located within 250 yards of the hospital's main building and are not part of the hospital, such as physician offices, restaurants, shops, or other non-medical facilities. It also includes medical facilities of MHS that function as departments of a MHS hospital, including those located off the hospital campus.

If any person on hospital property requires or reasonably appears to need examination or treatment for an emergency medical condition, staff shall respond to the extent of

available staff and equipment and when necessary and appropriate, arrange for transportation of the person to the hospital's emergency department.

When necessary and appropriate to arrange for treatment and/or transportation, staff may dial 911 and obtain EMS services. Treatment if required, shall be provided to the extent of available staff and resources and should continue while awaiting EMS response.

VII. Transportation of a Patient from an Off-Campus Hospital Department

A. Department personnel shall:

1. Arrange for transportation of the patient unless refused by the patient or guardian or healthcare surrogate or proxy.
2. Transportation shall be the closest and most appropriate facility necessary to prevent injury to the patient.
3. Whenever possible, consistent with (1.) and (2.) above, arrange for transportation to the closest MHS Hospital with appropriate facilities to provide emergency services and care to the patient. Transportation shall be by EMS unless refused by the patient or determined not to be necessary by a physician.
4. Contact the destination Emergency Department to prepare for the patient's arrival.

FOR PATIENTS UNDER THE BAKER ACT, REFER TO THE MHS STANDARD PRACTICES TITLED "INVOLUNTARY COMMITMENT, BAKER ACT" AND "TRANSFER REQUEST—BAKER ACT."



Aurelio M. Fernandez, III, FACHE
President and Chief Executive Officer

ATTACHMENT #1

REQUEST FOR TRANSFER AGAINST MEDICAL ADVICE

READ THIS FORM CAREFULLY AND COMPLETELY BEFORE SIGNING

I have been advised that my medical condition is considered "unstable" and the physician caring for me strongly recommends against transfer. The risks of transfer include the following:

I understand that there may be additional risks and it is not possible to list every complication that may result from transfer.

I understand that this transfer is considered against medical advice, and I willingly and knowingly assume all risks associated with the transfer.

I have read and fully understand the above form and I am requesting to be transferred to:

Signature of Patient
Time

Date

Signature of Legal Representative Witness

ATTACHMENT #2Air Ambulance Agencies

Administrator-On-Call approval is needed prior to contact.

Local Emergency Transfer (Orlando and South)

1. Broward Sheriff's Department
305-765-4321 Dispatch
305-772-3670 Airport Station
2. Metro Dade
305-596-8571 Dispatch
305-233-5000 Special Detail Office
3. Coast Guard Air Station
305-536-5611 Rescue Coordination Center
Agencies to Contact (Fixed Wings)
Long Distance (North of Orlando)

Air Force (Mast) Assistance/Coast Guard (Miami):

To be used as last resort in the event that no commercial carrier is available, or medical intervention of immediate nature is needed;
Contact Coast Guard Rescue Coordination Center at **305-536-5611**.

Commercial Air Ambulances.

Aero Ambulance Int'l.	800-749-2376
Air Ambulance America	800-262-8526
Air Ambulance Professional	800-752-4195
Air Care Int'l	800-762-7060
Air Medical Services	800-443-0013
Air Trek, Inc.	800-633-5387
Airborne Medical Service	800-241-1234
Care Flight	800-282-6878
Corporate Angels (Indgt)	914-328-1313
Eastern Air Charter	800-370-8680
Federal Air Ambulance	800-336-4586
Lifeguard Air Ambulance	800-262-4688
Lifeguard Air Rescue	800-446-7142