

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Not-for-Profit Hospital Corporation
United Medical Center

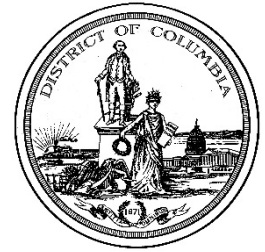


Marcela Maamari
Interim Chief Executive Officer, United Medical Center

Before the
COMMITTEE ON HEALTH
Honorable Vincent C. Gray, Chairperson
Annual Performance Oversight Hearing
Monday, February 28, 2022

John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHAIRMAN VINCENT C. GRAY
COUNCILMEMBER, WARD 7**



**NOT-FOR-PROFIT HOSPITAL CORPORATION – UNITED MEDICAL CENTER (UMC)
FY 2021-2022 PERFORMANCE OVERSIGHT QUESTIONS**

1. What was the amount of the local funds subsidy that was provided to UMC by the District in FY21, and how much was spent?

Answer: In FY21, UMC received its budgeted \$15 million subsidy from local funds and an additional \$25 million from the District's contingency reserve to address unbudgeted expenses. All funds were spent.

2. What is the District's approved local subsidy for UMC for FY22?

Answer: The District has approved \$15 million in local subsidy for UMC in FY22.

3. Is UMC currently projected to have a surplus or deficit in FY22, and if a deficit is projected, what are solutions for closing the projected funding gap? Please provide the date for which the data is reported.

Answer: UMC is expected to have a balanced budget for FY22.

4. Please provide a link to the board book from the most recent meeting of the Not-for-Profit Hospital Corporation's Board of Directors.

Answer: Please use the following link to access the board book: <https://unitedmedicaldc.com/wp-content/uploads/2022/02/NFPHC-General-Board-Meeting-January-2022-Open-Board-Book1-v2.pdf>

5. Please provide the average daily in-patient volume, by month, for UMC for the past six months.

Answer: Please see attachment FY2020 and FY2021 Statistics

6. What percent of UMC's staff have an up-to-date COVID vaccination?

Answer: UMC Staff are 100% compliant with COVID vaccination or has an exemption.

staff for faster contract output and stronger contract management will all prevent/reduce retroactive Council contracts.

10. Please detail the efforts that UMC will be undertaking to better coordinate with DSLBD to follow all relevant procedures regarding CBEs.

Answer: UMC is committed in support of the District's CBE program and intend to remain in compliance with all relevant CBE procedures. Every effort is taken during the sourcing activity to search for and to support District businesses. Due to the mostly residential orientation of the District, the number of manufacturers is very limited. However, local service providers are generally engaged for the range and type of services needed by UMC. UMC intends to enhance these efforts by: earlier and more frequent engagement with DSLBD; appointing/establishing a UMC-DSLBD liaison to better manage waivers, submissions, research; and CBE compliance; finally, coordinating and hosting CBE vendor fairs will increase CBE's exposure to our contracting opportunities.

11. What tools and incentives is UMC considering implementing in FY22 to address staff shortages applicable areas?

Answer: Please see attachment UMC Staffing Improvement Plan

12. Please provide the last two years operating statistics to include beds, admissions, observations, patient days, average daily census, occupancy percentage, and length of stay.

Answer: Please see attachment FY2020 and FY2021 Statistics

13. Please provide the last two years of surgical procedures, Emergency Room visits, and outpatient visits.

Answer: Please see attachment FY2020 and FY2021 Statistics

14. Please provide the 2020 and 2021 COVID statistics, as well as current COVID statistics. – Infection Control/Quality

Answer:

UMC COVID Positive Admissions:

- 2020 Year – 286 COVID positive admissions
- 2021 Year – 294 COVID positive admissions
- 2022 Year – 78 COVID positive admissions; 65 COVID positive admissions in January and 13 COVID positive admissions to date in February 2022

UMC COVID Positive Employees:

- 2020 Year – 56 COVID positive employees
- 2021 Year – 88 COVID positive employees

Not-for-Profit Hospital Corporation – United Medical Center (UMC)
FY21-22 Performance Oversight Questions

- 2022 Year – 23 COVID positive employees; 21 COVID positive employees in January 2022 and 2 COVID positive employees to date in February 2022

15. Please provide current revenue by month excluding the SNF for the last two years.

Answer: Please see attachment FY2020 and FY2021 Statistics

16. Please provide operating expenses by month for the last two years.

Answer: Please see attachment FY2020 and FY2021 Statistics

17. Please provide statement of operations by month for the last two years.

Answer:

17a. Please see attachment FY2020 Statement of Operations

17b. Please see attachment FY2021 Statement of Operations

18. Please provide audited financials for the last two years.

Answer:

Please see attachment FY 2020 NFP Hospital Corp. Basic Financials Statements – Final

Please see attachment FY21 NFP FINAL PDF

19. Please provide overtime by month for the last two years.

Answer: Please see attachment FY2020 and FY2021 Statistics

20. Please provide a 2020 list of vendors.

Answer: Please see attachment named NFPHC Vendor Listing 2020

21. Please provide a 2021 list of vendors.

Answer: Please see attachment named NFPHC Vendor Listing 2021

22. Please provide a schedule of approved contracts for the last two years.

Answer: Please see attachment Final OGC Spreadsheet for Response to Council Questions_2.15.22. Please reference tab 2,3 and 4 within this document.

23. Please provide a list of vendors that received settlements for 2021.

Answer: Please see attachment Final OGC Spreadsheet for Response to Council Questions_2.15.22. Please reference tab 5 within this document.

24. Please provide the hospital's current organizational chart.

Not-for-Profit Hospital Corporation – United Medical Center (UMC)
FY21-22 Performance Oversight Questions

Answer: Please attachment named NFPHC Org Chart 02.09.2022

25. Please provide a list of the Mazar employees and their positions.

Answer: Current Mazars Staffing (and the FTE percent):

- a. Interim Chief Executive Officer (Maamari) – 100%
- b. Chief Medical Officer (Strudwick)-100%
- c. Chief Operating Officer (Bartholomew) – 100%
- d. Chief Information Officer (Parry) – 100%
- e. Chief Procurement Officer (Andrew)– 100%
- f. Director of Procurement (Niedzwicki) – 100%
- g. Procurement Analyst – (Adem) -100%
- h. Sr Procurement Analyst – (Dazzel) – 100%
- i. Associate Administrator (Kim) – 100%
- j. Administrator (Gottlieb) – 40%
- k. Initiative Leader (Turner)-100%
- l. Strategy Support (Holland)-30%
- m. Managed Care Specialist & Consulting Support (Sra & McBride) – 30%
- n. Desktop/Helpdesk Engineers-2 FTEs
- o. Pharmacy/Nursing Clinical Analyst-1 FTE
- p. VOIP Engineer-1 FTE
- q. Cyber Security-1 FTE

FY21 & FY22 CO

DATE OF EXECUTION	CONTRACT NO.	CONTRACTOR/VENDOR
2/26/21	NFPHC 2018-465 Mod 7	Mazars USA LLC
11/24/20	NFPHC 2019-465 Mod 4	Mazars USA LLP
11/24/20	NFPHC 2019-465 Mod 5	Mazars USA LLP
1/27/21	NFPHC 2018-465 Mod 3C	Mazars USA LLP
1/27/21	NFPHC 2018-465 Mod 4C	Mazars USA LLP
1/27/21	NFPHC 2018-465 Mod 5C	Mazars USA LLP
10/14/21	NFPHC-OPS-21-C-00038 Mod 1	Mazars USA LLP
TOTAL:		
9/23/21	NFPHC-MS-21-C-00051	Medical Faculty Associates, Inc.
10/1/21	NFPHC-2018-435-A Mod 5	Medical Faculty Associates, Inc.
10/1/21	NFPHC-2018-436-A Mod 5	Medical Faculty Associates, Inc.
TOTAL:		
5/21/21	NFPHC-NSD-21-C-00027 Mod 1	Maxim Healthcare Staffing, Inc.
7/7/21	NFPHC-NSD-21-C-00027 Mod 2	Maxim Healthcare Staffing, Inc.
7/9/21	NFPHC-NSD-21-C-00027 Mod 3	Maxim Healthcare Staffing, Inc.
12/6/21	NFPHC-NSD-21-C-00027 Mod 5	Maxim Healthcare Staffing, Inc.
Pending Council Approval	NFPHC-NSD-21-C-00027 Mod 6	Maxim Healthcare Staffing, Inc.

12/6/21	NFPHC-MS-22-C-00043	Maxim Healthcare Staffing, Inc.
TOTAL:		
	NFPHC-ADMHB-21-C-00020	CareFirst
12/12/21	NFPHC-OGC-22-C-67175	CareFirst
TOTAL:		
4/7/20	NFPHC-20-P	Stryker Sales Corp
4/8/20	NFPHC-MM-20-PA	Arnold's Used Office Furniture LLC
11/23/21	NFPHC-RSKM-21-C-00015	Ascot Underwriting Bermuda, LTD
10/6/21	NFPHCANTH-19-C-001 Mod 2	Northium Health LLC
12/18/20	NFPHC-WC-21-CPC-00009	Manufactures Alliance Insurance Corporation
10/6/21	NFPHC SUPP-20-C-2 Mod 4	Morrison Management Specialist, Inc.
4/16/20	NFPHC-MM-20-P	Safe Life Defense LLC
11/23/21	NFPHC-RSKM-22-C-00030	Redwood Fire & Casualty Insurance Co.
10/14/21	NFPHC-MS-21-C-00062 Mod 1	Essential Surgical
1/27/22	NFPHC-MS-22-C-00041	Essential Surgical
TOTAL:		
11/16/20	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C

10/8/21	NFPHC-MS-21-C-00014 Mod 1	Axis Healthcare Group, P.C.
12/20/21	NFPHC-MS-21-C-00014 Mod 2	Axis Healthcare Group, P.C.
1/28/22	NFPHC-MS-21-C-00014 Mod 3	Axis Healthcare Group, P.C.
TOTAL:		
	NFPHC-C58692	Nihon Kohden America, Inc.
1/22/21	NFPHCNUR-19-C-003 Mod 1	Contemporary Healthcare Solutions
8/19/21	NFPHCNUR-19-C-003Mod 2	Contemporary Healthcare Solutions
TOTAL:		

CONTRACTS/AGREEMENTS WITH TOTAL CONTRACT AMOUNTS OF \$1M+

\$ VALUE	DESCRIPTION OF SERVICES
\$581,869.80	Modification to exercise a thirty (30) day option period under the OY3 of the contract for the provision of hospital operator services
\$155,162.28	Modification 4 inserts and exercises a fourth option period of contract for Hospital operation services
\$853,409.04	Modification 5 exercises a fifth option period under OY3 of the contract for Hospital operation services
\$795,222.06	Modification 3C to insert and exercise 3rd option period.
\$155,165.28	Modification 4C to insert and exercise 4th option period.
\$834,013.38	Modification 5C to insert and exercise 5th option period.
\$6,231,189.00	Modification exercises Option Year 1 for the provision of hospital administration.
\$9,606,030.84	
\$190,107.96	Provision of laboratory director services.
\$8,565,524.00	Modification to exercise next Option Year for the provision of Emergency Department Services at the Hospital
\$6,456,906.96	Modification to exercise next Option Year for the provision of inpatient Hospitalist Services at the Hospital
\$6,456,906.96	
\$600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department .
\$2,600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department through December 9, 2021, at the new rates, as set forth in the enclosed Amendment.
\$0.00	Modification to reflect new rates, as set forth in the enclosed amendment. The total contract amount shall not change for the provision of supplemental staffing in nursing specifically in the ICU and ER Department.
\$143,865.62	Provision of Nursing Staff (15 days of OY1)
\$1,726,027.40	Provision of supplemental staffing in nursing specifically in the ICU and ER Department.

\$500,000.00	Provision of Respiratory Therapists
\$5,569,893.02	
\$5,289,562.44	Provision of employee health benefits
\$4,045,967.52	Provision of employee health benefits
\$9,335,529.96	
\$2,945,895.00	Provision of medical beds during the COVID-19 pandemic
\$2,585,545.00	Provision of personal protective equipment ("PPE") during the COVID-19 pandemic.
\$3,419,000.00	Professional Liability, General Liability, Physicians, and Excess Liability Insurance
\$1,660,945.83	Modification to exercise next Option Year for the provision of 24-hour anesthesia service, vascular access, and infusion services at the Hospital
\$1,558,062.00	Provision of Worker's Compensation Insurance
\$1,529,784.00	Modification to exercise Option Year 2 for the management of the Food and Nutrition program at the Hospital
\$1,431,000.00	Provision of personal protective equipment ("PPE") during the COVID-19 pandemic.
\$1,402,120.00	Provision of Worker's Compensations Insurance
\$244,166.44	Modification to exercise Option Year 1 for the provision of surgical administrative and clinical services (including call coverage and clinic hours).
\$880,383.00	Provision of professional services from Essential Surgical Care
\$1,124,549.44	
\$739,753.93	Provision of psychiatric services

\$123,292.32	Modification to exercise two (2) months of Option Year One (1) for the continued provision of psychiatric services
\$124,292.30	Provision of psychiatric services
\$61,146.15	Modification exercises an additional one (1) month of Option Year One (1) for a period for the provision of psychiatric services
\$1,048,484.70	
\$1,000,713.04	Provision of ventilators during the COVID-19 pandemic
\$300,000.00	Modification for continued provision for specialty and non-specialty temporary assignment nurses.
\$700,000.00	Modification to increase total contract amount and to reflect new price schedule for OY1
\$1,000,000.00	

\$51,674,459.79

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TERM	DEPT
03/08/2021 - 04/06/2021	Operations
11/11/2020 - 11/17/2020	Operations
11/18/2020 - 12/31/2020	Operations
10/1/2020 - 11/10/2020	Operations
11/11/2020 - 11/18/2020	Operations
11/19/2020 - 12/31/2020	Operations
10/01/2021 - 09/30/2022	Operations



09/23/2021 - 09/22/2022	Medical Services
10/01/2021 - 09/30/2022	Medical Services
10/01/2021 - 09/30/2022	Medical Services

05/21/2021 - 12/31/2021	Nursing
7/7/2021 - 12/09/2021	Nursing
7/7/2021 - 12/09/2021	Nursing
12/10/2021 - 12/24/2021	Nursing
12/25/2021 - 06/22/2022	Nursing

10/11/2021 - 10/10/2022	Medical Services
1/1/2021 - 12/31/2021	Operations
1/1/2022 - 12/31/2022	Operations
04/07/2020 - 04/06/2021	Operations
04/08/2020 - 04/07/2021	Operations
11/23/2021 - 11/22/2022	Operations
08/01/2021 - 07/31/2022	Medical Services
11/23/2020 - 11/22/2021	Operations
08/01/2021 - 07/31/2022	Operations
04/16/2020 - 04/15/2021	
11/23/2021 - 11/22/2022	Operations
03/24/2021 - 03/23/2022	Medical Services
02/01/2022 - 01/31/2023	Medical Services
10/01/2020 - 09/30/2021	BHU

10/01/2021 - 11/30/2021	BHU
12/01/2021 - 01/31/2022	BHU
02/01/2022 - 02/28/2022	BHU

03/26/2020 - 03/25/2021	Operations
10/31/2020 - 10/30/2021	Nursing, HR
10/31/2020 - 10/30/2021	Nursing



(123) CONTRACTS/AGREEMENTS EXECUTED IN FY2021

DATE OF EXECUTION	CONTRACT NO.	CONTRACTOR/VENDOR	VALUE	SCOPE	TERM
10/7/20	N/A	PG Community College	\$0.00	Academic Affiliation Agreement	10/07/2020 - 10/06/2021
10/19/20	NFPHCOG-00875851	Thomson Reuters - West Publishing Corporation	\$3,684.00	Subscription for legal research software product: WEST PROFLEX – General Counsel Essentials on Westlaw. Subscription rate: \$307.00 per month for 12 months	10/19/2020 - 10/18/2021
10/28/20	NFPHC-MM-21-LOA-00001	ICU Medical Supplies	\$350,000.00	This is a Letter of Amendment, to allow the Hospital to purchase needed IV supplies from the Contractor.	10/22/2020 - 10/21/2021
10/29/20	N/A	Children's Hospital	\$0.00	Amendment to extend the initial term of both the lease and PSA for an additional 30-day calendar extension to allow parties sufficient time to enter into a new lease agreement and PSA.	10/29/2020 - 11/28/2020
10/30/20	NFPHCMS-20-C-7875A0B	GE Precision Healthcare LLC	\$571,144.08	Continuation of services per original agreement	11/01/2020 - 10/31/2021
10/30/20	NFPHC-OGC-20-C-0004	Michael Austin	\$15,000.00	Modification for continued provision of legal services	10/03/2020 - 12/02/2020
10/30/20	N/A	DC Office of Contracting and Procurement	\$0.00	Acknowledgement/Acceptance sheet for continuation Goods or Services Agreement	09/30/2020 - 11/30/2020
11/4/20	N/A	Sign Language USA LLC	\$16,555.00	Settlement agreement	N/A
11/12/20	NFPHC-IT-C-19-0022	Merge Healthcare Solutions	\$65,269.40	Continued provision of Tape Conversion Services	10/01/2020 - 09/30/2021
11/13/20	NFPHC-OGC-21-LC-00003	Carlton Fields	\$199,000.00	120-day Letter Contract for the provision of legal services for contracts attorney	11/13/2020 - 03/13/2021
11/16/20	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C	\$739,753.93	Provision of board-certified psychiatrists and other mental health professionals and assists the Hospital in the operation and management of certain of its behavioral health programs.	10/01/2020 - 09/30/2021
11/16/20	NFPHCEVS-19-C-0001	Curtis Bay Medical Waste Services	\$260,000.00	Modification for continued provision of Biomedical Waste Removal for the Hospital.	04/04/2020 - 04/03/2021
11/16/20	N/A	MedStar Family Choice, Inc.	\$0.00	Hospital & Provider Participation Agreements	11/16/2020 - 11/15/2021
11/17/20	N/A	Health Service for Children With Special Needs, Inc. (HSCNS)	\$0.00	Participation Agreement Physician Group Services	11/17/2020 - 11/16/2021
11/23/20	N/A	Northern Virginia Community College	\$0.00	Clinical Affiliation Agreement	01/04/2021 - 01/03/2022
11/24/20	NFPHC 2019-465 Mod 4	Mazars USA LLP	\$155,162.28	Modification 4 inserts and exercises a fourth option period of contract for Hospital operation services	11/11/2020 - 11/17/2020
11/24/20	NFPHC 2019-465 Mod 5	Mazars USA LLP	\$853,409.04	Modification 5 exercises a fifth option period under OY3 of the contract for Hospital operation services	11/18/2020 - 12/31/2020
11/24/20	N/A	Walden University	\$0.00	Academic Affiliation Agreement and COVID-19 Addendum	11/24/2020 - 11/23/2021
11/24/20	N/A	Children's Hospital d/b/a Children's National Hospital	\$0.00	2nd Amendment to original lease agreement and purchased services agreement	11/24/2020 - 11/23/2021
11/25/20	NFPHC-IT-21-C-00017	3M Health Information Systems, Inc.	\$9,700.00	License agreement for Fluency for Imaging (FFI) Perpetual Solution software.	10/01/2020 - 09/30/2021
11/25/20	NFPHC-IT-21-C-00018	3M Health Information Systems, Inc.	\$8,340.00	Agreement for Perpetual Software Support Services for the Fluency for Imaging (FFI) Perpetual Solution software.	01/01/2021 - 12/30/2021
12/9/20	N/A	TigerConnect, Inc.	\$0.00	Business Associates Agreement (BAA)	N/A
12/11/20	N/A	Robert Half International	\$0.00	Business Associates Agreement (BAA)	N/A
12/14/20	N/A	District of Columbia Behavioral Health (DCBH)	\$0.00	FY21 Acute Psychiatric Care MOU	12/14/2020 - 12/13/2021
12/16/20	N/A	CareFirst BlueCross BlueShield	\$0.00	Community Health Plan Hospital Participation Agreement	12/16/2020 - 12/15/2021
12/16/20	N/A	Ramco Systems Corporation	\$0.00	Business Associates Agreement (BAA)	N/A
12/17/20	NFPHC-IT-21-SA-00016	Abbott Rapid Diagnostics Informatics, Inc.	\$9,195.93	Provision of RALS interface license and associated support services	12/17/2020 - 12/16/2021
12/17/20	NFPHCPA-20-C-253 MOD 1	William J. Brownlee, III, MD	\$33,750.00	Modification for the provision of Surgical Call services for the Hospital	09/01/2020 - 01/31/2021
12/17/20	NFPHCP A-19-249 MOD 2	Khosrow Davachi, M.D.	\$19,200.00	Modification for the provision of professional medical services in the specialty of Dialysis ("Specialty").	09/25/2020 - 09/24/2021
12/18/20	N/A	Manufactures Alliance Insurance Corporation	\$1,558,062.00	Plan selection form	11/23/2020 - 11/22/2021
12/21/20	NFPHC-COM-20-C-0009	Rivendell International Inc.	\$50,000.00	Design and maintenance of hospital website	12/21/2020 - 12/20/2021
12/22/20	N/A	Trinity Washington University	\$0.00	Academic Affiliation Agreement	12/22/2020 - 12/21/2021
12/23/20	Lease	Children's National Hospital	\$0.00	3rd Amendment to extend lease for an additional thirty (30) days	01/01/2021 - 01/31/2021

12/23/20	N/A	Cardinal Health	\$0.00	Letter of Agreement ("LOA") regarding that certain Preferred Rebate Program Agreement dated August 1, 2020 (SA2 Agreement).	01/01/2021 - 12/31/2021
12/28/20	N/A	Vision Benefits of America (VBA)	Rates stipulated in agreement	Extension of vision care benefits contract	01/01/2021 - 12/31/2021
12/28/20	N/A	Entercom Communications Corp.	\$4,878.33	Settlement agreement	N/A
12/30/20	NFPHC-SPD-C-20-0025 MOD 1	Cintas Corporation No. 2	\$63,000.00	Amendment to the Contract is to allow for the rental of an automated garment distribution system.	11/16/2020 - 11/15/2021
12/30/20	NFPHC-OGC-20-C-0004 MOD 3	Michael Austin, Esq.	\$20,000.00	Provision of legal services	12/03/2020 - 01/04/2021
12/31/20	NFPHC-NSD-21-C-00027	Maxim Healthcare Staffing, Inc.	\$300,000.00	Provision of supplemental staffing in nursing specifically in the ICU and ER Department.	12/10/2020 - 12/09/2021
1/8/21	NFPHC-ITFA-21-C-00010	Ramco Systems Corporation	\$8,000.00	This Contract is for a 30-day Pilot Program, consisting of the provision of tablets to UMC, with the COVID-19 Pandemic Control Solution software, designed for the performance of "safe entry, prescreening, and facial recognition processing for employees and guests of the Hospital.	01/08/2021 - 02/24/2021
1/18/21	NFPHCPA-19-C-0002 Mod 1	Press Ganey Associates LLC	\$75,251.18	Modification to exercise Option Year 1 of the Base Contract, with an effective date of May 1, 2019 with an execution date of May 16, 2019.	01/01/2021 - 12/31/2021
1/22/21	NFPHCHR-18a-C-0023 Mod 2	Intelligent Medical Objects (IMO)	\$35,618.00	Modification for continued provision of subscription and implementation of IMO enhanced terminology platform.	01/30/2021 - 01/29/2022
1/22/21	NFPHCNUR-19-C-003 Mod 1	Contemporary Nursing Solutions	\$300,000.00	Modification for continued provision for specialty and non-specialty temporary assignment nurses.	10/31/2020 - 10/30/2021
1/27/21	NFPHC-FIN-20-0004 Mod 1	Dixon Hughes Goodman LLP	\$250,000.00	Contract & BAA for cost report services and various other reimbursement services.	01/01/20201 - 12/31/2021
1/27/21	NFPHC-OGC-20-C-0004 Mod 4	Michael Austin Esq.	\$22,500.00	Modification to extend legal services	01/04/2021 - 01/19/2021
1/27/21	NFPHC-PROC-21-SA-00032	Cardinal Health 200 LLC	\$75,000.00	Supply Assurance Program Agreement for the provision of Exam Gloves.	02/01/2021 - 01/31/2022
1/27/21	NFPHC 2018-465 Mod 3C	Mazars USA LLP	\$795,222.06	Modification 3C to insert and exercise 3rd option period.	10/1/2020 - 11/10/2020
1/27/21	NFPHC 2018-465 Mod 4C	Mazars USA LLP	\$155,165.28	Modification 4C to insert and exercise 4th option period.	11/11/2020 - 11/18/2020
1/27/21	NFPHC 2018-465 Mod 5C	Mazars USA LLP	\$834,013.38	Modification 5C to insert and exercise 5th option period.	11/19/2020 - 12/31/2020
1/28/21	Lease Agreement	Children's National Hospital	\$0.00	3rd Amendment to extend lease for an additional thirty (30) days	01/31/2021 - 02/28/2021
2/2/21	N/A	Walden University	\$0.00	Academic Affiliation Agreement -2021 Addendum	02/02/2021 - 02/01/2022
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)	\$0.00	Hospital Participation Agreement	01/01/2021 - 12/31/2021
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)	\$0.00	Professional Group Agreement	01/01/2021 - 12/31/2021
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)	\$0.00	Amendment to Hospital Participation Agreement	01/01/2021 - 12/31/2021
2/10/21	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C	\$739,753.93	Amendment to contract for the provision of psychiatric services and assist the hospital in the operation and management of certain BHU health programs by providing qualified psychiatrists and other mental health professionals that provide direct patient care, on-call and consultation services, administrative oversight and management and related duties, tasks and coordination	02/10/2021 - 09/30/2021
2/15/21	N/A	Aetna Health Inc. dba Aetna Better Health of Maryland	\$0.00	New "in-network" contract for the hospital	02/15/2021 02/14/2022
2/16/21	N/A	Aetna Network Services LLC	\$0.00	Provider Agreement	03/01/2021 - 02/28/2022
2/18/21	NFPHC-MS-21-PA-00028	Dr. Ermas Mekonnen OBA Capital Stroke Neurology Inc.	\$63,000.00	Provision of neurology on-call services for the Hospital	01/01/2021 - 12/31/2021
2/18/21	NFPHC-MS-21-PA-00029	Taghi Kimyai-Asadi, MD	\$63,000.00	Provision of neurology on-call services for the Hospital	01/01/2021 - 12/31/2021
2/19/21	NFPHCIT-19-C-004 Mod 2	Deco Recovery Management LLC	\$600,000.00	Modification to exercise OY2 for the provision of eligibility services	02/01/2021 - 01/31/2022
2/25/21	N/A	CareFirst BCBS Community Health	\$0.00	Plan PCP Agreement	01/01/2021 - 12/31/2021
2/25/21	N/A	CareFirst BCBS Community Health	\$0.00	Plan Specialist Agreement	01/01/2021 - 12/31/2021
2/26/21	NFPHC 2018-465 Mod 7	Mazars USA LLC	\$581,869.80	Modification to exercise a thirty (30) day option period under the OY3 of the contract for the provision of hospital operator services	03/08/2021 - 04/06/2021
3/1/21	Facilities Consultant Agreement Modification 10	Healthcare Building Solutions	\$197,200.00	Financial Advisory Service Membership	10/01/2020 - 09/30/2021
3/30/21	Lease Agreement	Children's National Hospital	\$0.00	6th Amendment to extend lease for an additional thirty (30) days	04/01/2021 - 04/30/2021
3/30/21	Modification 3 (no contract # assigned)	Navex Global Inc.	\$86,223.50	Continued provision of Compliance and Incident Management Electronic Tools	07/31/2020 - 07/31/2021
4/2/21	NFPHC-230(V)	Vizient Inc.	\$0.00	Modification to exercise option year to extend the term of the group purchasing program Contract.	04/01/2020 - 03/31/2022

4/15/21	NFPHC-IT-19-C-0011 Mod 2	UpToDate, Inc. (Wolter Kluwers)	\$54,831.00	Agreement is for the continued provision of UpToDate Anywhere, which consists of the UpToDate online database, software, and user documentation (the "Licensed Materials").	02/01/2021 - 01/31/2022
4/16/21	NFPHC-LAB-21-C-00043	Qiagen LLC	\$450,762.00	Contract for the purchase of COVID-19 Testing Kits.	04/16/2021 - 04/15/2022
4/21/21	NFPHC-IT-21-C-00040	ICAD Inc.	\$28,950.00	Contract for the provision of Mammography Software.	04/21/2021 - 04/20/2022
4/21/21	N/A	Chamberlain University	\$0.00	Academic Affiliation Agreement & COVID Addendum	04/21/2021 - 04/20/2022
4/28/21	Lease Agreement	Children's National Hospital	\$0.00	6th Amendment to extend lease for an additional thirty (30) days	05/01/2021 - 05/31/2021
4/29/21	N/A	PITT Electric Inc. & Construction	\$23,750.00	Settlement agreement for invoice no. Ext-UMC01042021 for the 4-month extension for use of 8 - 40ft storage containers to store the Hospital's PPE	N/A
5/7/21	NFPHCIT-19-C-0026 Mod 2	First Databank Inc.	\$17,635.00	Provision of Medication Decision Management software	03/14/2021 - 03/13/2022
5/7/21	N/A	Fisher Phillips LLP	\$33,984.50	Settlement for legal services performed - Willie "Bill" Robinson case	N/A
5/20/21	NFPHC-2017-114 Mod 3	Kiwi-Tek LLC	\$150,000.00	Provision of as needed PRN Coding support services.	08/28/2020 - 08/27/2021
5/21/21	NFPHC-NSD-21-C-00027 Mod 1	Maxim Healthcare Staffing Services, Inc.	\$600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department .	05/21/2021 - 12/31/2021
5/24/21	NFPHC-MTM-21-C-0001	PITT Electric Inc. & Construction	\$47,500.00	Provision of eight (8) - 40ft Storage Containers for hospital's PPE	05/05/2021 - 12/30/2021
5/25/21	NFPHC-HIM-21-C-00023	Aquity Solutions LLC	\$40,000.00	Provision of medical transcription services	05/25/2021 - 05/26/2022
5/25/21	NFPHCFIN-C-20-0005	SSA Consulting Inc.	\$185,000.00	Provision of Contractor to review the current state of CDM processes and ascertain that all recommendations from its previous assessment have been implemented. In addition, SSAC will review the current charge entry processes in place in all revenue producing clinical areas and	02/22/2021 - 02/21/2022
5/26/21	NFPHC-CCBA-20-C-001 Mod 1	Khoobchandani Law PLLC	\$60,000.00	Provision of legal services for union matters	02/01/2021 - 01/31/2022
5/26/21	NFPHC-IT-21-SA-00016 Mod 1	Abbott Rapid Diagnostics Informatics, Inc.	\$12,096.00	Provision of Roche Glucose Devices.	05/16/2021 - 05/15/2022
5/26/21	NFPHC-IT-21-C-00036	District of Columbia Hospital Association (DCHA)	\$20,171.00	Participation in the information technology data collection and analytics service program, with the District of Columbia Hospital Association.	01/01/2021 - 12/31/2021
5/26/21	NFPHC-IT-21-C-00004	Medical Group Management Association (MGMA)	\$3,860.00	Provision of medical group management software	11/18/2020 - 11/17/2021
5/26/21	NFPHCIT-19-C-0019 Mod 1	National Decision Support Company (NDSC)	\$14,000.00	Modification for continued provision of Clinical Decision Support Mechanism.	04/21/2021 - 04/20/2022
5/26/21	NFPHCFIN-19-C-0001 Mod 1	nThrive Revenue Systems LLC	\$53,760.00	Modification for continued provision of the CDM Master and Knowledge Sources Modules to the Hospital's Finance Department	10/22/2020 - 10/21/2021
5/28/21	N/A	Chelica Thompson	\$38,000.00	Settlement and release of any and all claims that Thompson may have against NFPHC	N/A
5/28/21	N/A	Riviera Finance	\$133,950.00	Settlement for security guard services provided by Pact Pro LLC	N/A
6/23/21	Settlement	Waldon Studios Architects	\$173,745.03	Provision of Architect Services	N/A
6/23/21	Settlement	DECO Recovery Management, LLC	\$220,000.00	Provision of professional self-pay eligibility vendor authorized to work in a specific department to assist all UMC self-pay patients who are serviced and has no insurance payer source with a governmental product based on their ability to pay.	N/A
6/28/21	Lease	Children's National Hospital	\$0.00	8th Amendment to extend lease for an additional thirty (30) days	7/01/2021 - 07/31/2021
6/30/21	NFPHCIT-19-C-0016 MOD 1	Dr. First Inc.	\$24,656.00	Modification to add two Product Addendums for the Electronic Prescribing of Controlled Substances Gold (EPCS Gold) and for Prescription Drug Monitoring Program (PDMP) to the DrFirst Facility Master Services Agreement, entered into between the parties on September 6,	06/30/2021 - 06/29/2022
7/7/21	NFPHC-NSD-21-C-00027 Mod 2	Maxim Healthcare Staffing Services, Inc.	\$2,600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department through December 9,	7/7/2021 - 12/09/2021
7/9/21	NFPHC-NSD-21-C-00027 Mod 3	Maxim Healthcare Staffing Services, Inc.	\$0.00	Modification to reflect new rates, as set forth in the enclosed amendment. All other terms and condition of the Contract shall remain in effect.	7/7/2021 - 12/09/2021
7/29/21	Settlement	Gurtis Power Solutions, LLC	\$5,225.00	Provision of generator maintenance and service	N/A
7/29/21	NFPHCSLA-C-20.0001 MOD 1	Coast to Coast Hospitality	\$275,000.00	Provision of sign language services	03/06/2021 - 03/05/2022
8/18/21	Settlement	Clotilda Choh	\$0.00	Union Settlement	N/A
8/18/21	Settlement	Estate of Robert Nathaniel Barner	\$150,000.00	Confidential Settlement	N/A
8/19/21	NFPHCNUR-19-C-003 Mod 2	Contemporary Healthcare Solutions	\$700,000.00	Modification to increase total contract amount and to reflect new price schedule for OY1	10/31/2020 - 10/30/2021
8/19/21	Settlement	Thompson Coburn LLP	\$5,128.50	Provision of legal services related to Julian Craig v. UMC	N/A
8/19/21	Settlement	Nossaman LLP	\$1,180.50	Provision of legal services related to Julian Craig v. UMC	N/A

8/23/21	Academic Affiliation Agreement	Walden University	\$0.00	2021 - 2022 Academic Affiliation Agreement & COVID Addendum	08/23/2021 - 08/22/2022
8/27/21	NFPHC 20 C 104	Dr. Javid Khalilzadh	\$82,000.00	Provision of gastroenterological on-call services for the Hospital	04/22/2021 - 04/21/2022
8/30/21	NFPHCHR-21-C-0043	Kronos, Inc., a UKG Company	\$58,950.00	Provision of payroll processing	08/30/2021 - 08/29/2022
8/31/21	Lease	Children's National Hospital	\$0.00	9th Amendment to extend lease for an additional thirty (30) days	08/01/2021 - 08/31/2021
8/31/21	NFPHC-MS-21-PA-00052	Dr. Lisa Fitzpatrick	\$66,560.00	Provision of medical services, consisting of four (4) hours of infectious disease coverage per week in the mobile unit and four (4) hours of infectious disease coverage per week in the Care Center	10/01/2021 - 09/30/2022
9/1/21	Service Agreement	Relias LLC	\$41,575.04	Provision of Surgical Vascular Access+G3-G9	02/01/2021 - 01/31/2022
9/10/21	NFPHC-MS-21-PA-00060	Dr. Wilton Nedd	\$100,000.00	Provision of Surgical Vascular Access services	08/01/2021 - 07/31/2022
9/14/21	NFPHC-Patient Access-C-20-0101 MOD 2	Change Healthcare	\$150,000.00	Provision of Patient Access Services Software (Relay Analytics)	09/14/2021 - 09/13/2022
9/14/21	NFPHCITM-20-C-00024	3M Health Information Systems, Inc.	\$170,751.10	Renewal of coding software license for the term of August 25, 2021 to August 24, 2022	08/25/2021 - 08/24/2022
9/14/21	NFPHC-MS-21-PA-00063	Dr. Cynthia Morgan	\$100,000.00	Provision of Physician Advisor for Case Management and Social Work	09/14/2021 - 09/13/2022
9/15/21	N/A	GWU School of Nursing	\$0.00	2021 - 2022 Academic Affiliation Agreement COVID Addendum	09/15/2021 - 09/14/2022
9/17/21	NFPHCPA-19-249 MOD 2	Khosrow Davachi, MD	\$19,200.00	Provision of Dialysis Services	09/25/2021 - 09/24/2022
9/17/21	NFPHCRSK-20-C-00010 MOD 1	Capitol Insurance Services	\$0.00	Provision of Employee Benefits Consulting, Property & Casualty and 401(K) Brokerage Services for the Hospital for an additional twelve (12) month period.	09/14/2021 - 09/13/2022
9/20/21	BAA	MFA Lab Pathology	\$0.00	Business Associate Agreement	09/20/2021 - 09/19/2022
9/20/21	NFPHC-IT-21-C-00063	Summit Healthcare Service, Inc.	\$101,630.00	Provision of upgrading, license and maintenance, and outsourcing staff support to accomplish interoperability with all third party systems.	09/20/2021 - 09/19/2022
9/20/21	NFPHC-OGC-21-C-00031	Contract Guardian	\$20,940.00	Provision and use of Contract Management Software	10/01/2021 - 09/31/2022
9/20/21	NFPHFIN-19-C-0004 Amendment #3	Management Health Solutions, Inc. d/b/a SYFT	\$35,000.00	Provision of inventory count services	09/28/2021 - 09/30/2021
9/20/21	NFPHC-IT-C-19-0022 MOD 2	Merge Healthcare Solutions	\$65,269.40	Provision of PACs license and support services	10/01/2021 - 09/31/2022
9/20/21	N/A	GWU School of Nursing	\$0.00	2021 - 2022 Academic Affiliation Agreement	09/15/2021 - 09/14/2022
9/23/21	NFPHC-MS-21-C-00051	Medical Faculty Associates, Inc.	\$190,107.96	Provision of laboratory director services.	09/23/2021 - 09/22/2022
9/29/21	NFPHC-MS-21-PA-00064	William J. Brownlee MD	\$121,500.00	Provision of surgical call coverage	07/01/2021 - 06/30/2022
9/29/21	NFPHC-IT-21-C-00054	Premier, Inc.	\$177,878.00	Provision of the Performance Suite Solutions Subscription for cost accounting and patient analytics, cost accounting outsourcing, and budgeting and financial reporting services.	08/01/2021 07/31/2022



DATE OF EXECUTION	CONTRACT NO.
10/1/21	NFPHC-2018-435-A Mod 5
10/1/21	NFPHC-2018-436-A Mod 5
10/6/21	NFPHCSUPP-20-C-2 Mod 4
10/6/21	NFPHCANTH-19-C-001 Mod 2
10/6/21	N/A
10/8/21	N/A
10/8/21	N/A
10/8/21	NFPHC-IT-22-C-00006
10/8/21	NFPHC-MS-21-C-00014 Mod 1
10/13/21	NFPHC-EVS-22-C-00011
10/13/21	NFPHC-19-C-86 Mod 3
10/13/21	NFPHC-19-C-0023 Mod 2
10/13/21	NFPHC-MS-21-PA-00053
10/13/21	NFPHC2019 – 250 Mod 1
10/14/21	NFPHC-MS-21-C-00062 Mod 1
10/14/21	NFPHC-OPS-21-C-00038 Mod 1
10/14/21	NFPHCRAD 19-C – 0001 Mod 4

10/14/21	NFPHC-OGC-22-C-00010
10/14/21	NFPHC-IT-21-C-00062
10/14/21	NFPHCIT-19-C-0015
10/14/21	NFPHCOTH-19-C-260 Mod 3
10/14/21	NFPHCOTH-19-C-260 Mod 4
10/14/21	NFPHC-2018-156 Mod 4
10/14/21	NFPHC-MS-21-PA-00047
10/14/21	NFPHC-EVS-C-20-0072
10/14/21	NFPHCPA-19-C-182
10/14/21	NFPHC-19-C-86 Mod 2
10/28/21	NFPHC-EVS-22-C00018
10/28/21	NFPHCMS-20-C-7875A0B
10/28/21	NFPHC-OGC-22-LC-00021
10/28/21	NFPHCRSK-20-C-0008 Mod 2
10/28/21	NFPHC-EVS-22-SA-00013
10/28/21	NFPHC-EVS-22-C-00017
10/28/21	NFPHC-EVS-21-C-00061
11/1/21	NFPHC-IT-22-C-00012
11/1/21	NFPHCFIN-19-C-0001
11/12/21	NFPHC-IT-22-C-00009

11/12/21	NFPHC-RD-22-C-00010
11/18/21	NFPHC-MS-21-PA-00047 Mod 1
11/22/21	Lease Agreement
11/24/21	NFPHC-OGC-22-C-00042
12/2/21	NFPHC-RAD-22-C-00040
12/6/21	NFPHC-MS-22-C-00043
12/6/21	NFPHC-NSD-21-C-00027 Mod 5
12/15/21	NFPHC-RSK-21-C-00064 Mod 1
12/16/21	N/A
12/20/21	NFPHC-MS-22-C-00048
12/20/21	NFPHC-IT-22-C-00047
12/20/21	NFPHC-IT-21-00039
12/20/21	NFPHC-MS-21-C-00014 Mod 2
12/20/21	NFPHC-FIN-20-0004 Mod 2
12/23/21	NFPHC-OGC-22-C-00033
12/23/21	NFPHC-OGC-22-C-00031
12/28/21	NFPHC-PFS-22-C-00007
12/28/21	NFPHCHR-18a-C-0023 Mod 3
12/28/21	NFPHC-MS-22-C-00008
12/28/21	NFPHC-RSK-INV-30417
12/28/21	NFPHC-CMPR-22-C-00045

12/28/21	NFPHCAMB-19-0001 Mod 2
12/29/21	NFPHC-SS-22-C-00001
12/29/21	NFPHCPA-19-C-0002
1/5/22	NFPHC-IT-22-C-00027
1/6/22	NFPHC-BPS-C-22-0010
1/10/22	NFPHCRHAB-19-C-0001 Mod 3
1/14/22	NFPHC-MS-21-PA-00029 Mod 1
1/18/22	NFPHC-MS-22-C-00049
1/14/22	NFPHC-MS-21-PA-00028 Mod 1
1/18/22	NFPHC-MS-22-C-00053
1/20/22	NFPHC-MS-22-C-00044
1/21/22	NFPHC-OGC-22-C-00056
1/28/22	NFPHC-MS-21-C-00014 Mod 3
1/26/22	Academic Affiliation & COVID Addendum
1/26/22	NFPHC-OGC-22-C-00037
1/26/22	NFPHC-EVS-22-C-00035

1/26/22	NFPHC-EVS-22-C-00034
1/27/22	NFPHC-MS-22-C-00041
1/31/22	Service Agreement
2/4/22	NFPHC-MS-21-C-00014 Mod 3
2/4/22	NFPHC-IT-22-00050
2/4/22	Settlement

(80) CONTRACTS/AGREEMENTS EXHIBIT

(Updated as of 2.14.22)

CONTRACTOR/VENDOR	VALUE
Medical Faculty Associates, Inc.	\$8,565,524.00
Medical Faculty Associates, Inc.	\$6,456,906.96
Morrison Management Specialist, Inc.	\$1,529,784.00
Northium Health LLC	\$1,660,945.83
District of Columbia Hospital Association (DCHA)	N/A
Children's Hospital d/b/a Children's National Hospital	N/A
Children's Hospital d/b/a Children's National Hospital	N/A
Bear Communication, Inc., d/b/a BearCom	\$173,630.59
Axis Healthcare Group, P.C.	\$123,292.32
Al's Twin Air, LLC	\$100,000.00
Hearts Consultants, LLC	\$153,300.00
Change Healthcare	\$31,832.19
Musa M. Momoh, M.D./Edomed Medical Associates	\$36,575.04
Musa M. Momoh, M.D.	\$36,575.04
Essential Surgical Contract	\$244,166.44
Mazars USA LLP	\$6,231,189.00
Washington Imaging Associates of Maryland, LLC D/B/A Progressive Radiology	\$442,012.50

Seyfarth Shaw, LLP	\$75,000.00
Centennial Computer Corporation	\$229,633.00
Park Place International LLC d/b/a CloudWave	\$364,520.00
Precision Orthopedics and Sports Medicine	\$312,425.00
Precision Orthopedics and Sports Medicine	\$624,850.00
Premium Critical Care, LLC	\$985,600.00
Asghar Shaigany MD LLC	\$259,560.00
Handcraft Cleaners & Launderers, Inc.	\$350,000.00
Ali Tehrani-Rezazadeh MD	\$217,539.12
Hearts Consultants, LLC	\$76,650.00
ServPro Contract	\$30,000.00
GE Precision Contract	\$417,357.96
Carlton Fields PC	\$126,300.00
Miles & Stockbridge PC	\$50,000.00
NAC Mechanical Services	\$50,000.00
Otis Elevator Company	\$50,356.20
PITT Electric Inc. & Construction	\$66,178.10
Darktrace Holdings Limited	\$78,792.00
nThrive Revenue Systems LLC	\$53,760.00
Point Click Care	\$12,303.24

Metro Renovations	\$92,500.00
Asghar Shaigany, MD	\$201,240.00
Laboratory Corporation of America	\$26,487.00 (Annual Rent)
Carlton Fields P.A.	\$14,400.00
FUJIFILM Medical Systems U.S.A., Inc.	\$32,670.00
Maxim Healthcare Staffing Services	\$500,000.00
Maxim Healthcare Staffing Services	\$143,865.62
Kierman Trebach LLP	\$800,000.00
Prince George's Community College	N/A
Diversified Clinical Services, LLC ("Healogics")	\$433,000.00
3M Health Information Systems, Inc.	\$8,340.00
Medical Information Technology, Inc.	\$276,500.00
Axis Healthcare Group, P.C.	\$124,292.30
Dixon Hughes Goodman LLP ("DHG")	\$250,000.00
Alan Gray LLC	\$50,000.00
Armstrong, Donohue, Ceppos, Vaughan, & Rhodes	\$175,000.00
Ability Network Inc.	\$50,000.00
Intelligent Medical Objects (IMO)	\$34,240.87
Vesper Medical Transportation of Maryland LLC	\$50,000.00
NAVEX Global, Inc.	\$90,534.69
Rivendell International Inc.	\$20,000.00

Procare Ambulance of Maryland	\$125,000.00
Iwill Protective Security LLC	\$50,000.00
Press Ganey Associates, LLC.	\$77,508.72
Medisolve Inc.	\$16,200.00
RSC Electrical & Mechanical	\$75,000.00
Critical Connections Inc.	\$190,000.00
Taghi Kimyai-Asadi, MD	\$97,350.00
Taghi Kimyai-Asadi, MD	\$100,000.00
Dr. Ermias Mekonnen d/b/a Capital Stroke Neurology Inc.	\$24,850.00
Dr. Ermias Mekonnen d/b/a Capital Stroke Neurology Inc.	\$29,400.00
Ceribell, Inc.	\$96,000.00
Carlton Fields P.A.	\$10,000.00
Axis Healthcare Group, P.C	\$61,146.15
Trinity Washington University	N/A
Planet Depos LLC	\$50,000.00
ChemTreat Inc.	\$34,494.00

Ark Systems Inc.	\$5,000.00
Essential Surgical	\$880,383.00
Relias LLC	\$39,600.00
Axis Healthcare Group, P.C.,	\$61,146.15
Meridian Imaging Solutions, a Konica Minolta Company	\$198,163.12
Catherine Fitzgerald	\$10,000.00

EXECUTED IN FY2022

SCOPE	TERM
Modification to exercise next Option Year for the provision of Emergency Department Services at the Hospital	10/01/2021 - 09/30/2022
Modification to exercise next Option Year for the provision of inpatient Hospitalist Services at the Hospital	10/01/2021 - 09/30/2022
Modification to exercise Option Year 2 for the management of the Food and Nutrition program at the Hospital	08/01/2021 - 07/31/2022
Modification to exercise next Option Year for the provision of 24-hour anesthesia service, vascular access, and infusion services at the Hospital	08/01/2021 - 07/31/2022
Data Use Agreement	10/01/2021 - 09/30/2022
Lease Agreement	10/01/2021 - 09/30/2022
Purchased Service Agreement	10/01/2021 - 09/30/2022
Provision of enhanced Cellular Coverage to the Hospital.	10/01/2021 - 09/30/2022
Modification to exercise two (2) months of Option Year One (1) for the continued provision of psychiatric services	10/01/2021 - 11/30/2021
Master Service Agreement for the provision of HVAC and Plumbing services.	10/13/2021 - 10/12/2022
Provision of direct and/or consultative cardiology clinical duties and on-call cardiology services.	09/07/2021 - 09/06/2022
Modification to allow for the continued provision of InterQual Software by exercising "Term 3"	06/15/2021 - 06/14/2022
Provision of medical director services for the respiratory therapy service line	11/01/2021 - 10/31/2022
Modification to exercise Option Year One (1) for the continued Chairperson services for the Department of Medicine	05/28/2021 - 05/27/2022
Modification services to exercise Option Year 1 for the provision of surgical administrative and clinical services (including call coverage and clinic hours).	03/24/2021 - 03/23/2022
Modification exercises Option Year 1 for the provision of hospital administration.	10/01/2021 - 09/30/2022
Modification for the continued provision of Radiology services	08/01/2021 - 01/31/2022

Provision of legal services	10/14/2021 - 10-23/2022
Provision of technical support/and maintenance updates/upgrades for MEDITECH licensed software	10/01/2021 - 09/30/2022
Modification to exercise the next option year for the provision of Hosting Services	09/25/2021 - 09/24/2022
Modification to exercise next option year for the provision of orthopedic services	10/22/2020 - 04/23/2021
Modification to exercise next option year for the provision of orthopedic services	04/24/2021 - 04/23/2022
Modification to exercise Option Year 3 of the Contract for the provision of 24/7 on-site and on-call intensive care unit services (ICU) coverage for the Hospital.	05/01/2021 - 04/30/2022
Provision of gastroenterology outpatient clinic and gastroenterology on-call services	12/05/2020 - 11/30/2021
Provision of Linen Services.	05/28/2021 - 05/27/2022
Modification to exercise Option Year (1) for the provision of urological clinical services.	02/24/2021 - 02/23/2022
Provision of direct and/or consultative cardiology clinical duties and on-call cardiology services.	03/07/2021 - 09/06/2021
Provision of Emergency Water Intrusion, Water Restoration, and Abatement services to the Hospital.	10/28/2021 - 10/27/2022
Provision of Medical equipment	11/01/2021 - 10/31/2022
90 Day Letter Contract for Transactional Services	12/28/2021- 01/26/2022
Provision of legal services	09/14/2021 - 09/13/2022
Provision of HVAC Maintenance and Service	11/01/0021 - 10/31/2022
Provision of elevator maintenance service and repair	10/28/2021 - 10/27/2022
Provision Power Telematics Generator Remote Monitoring System	11/01/0021 - 10/31/2022
Provision of Enterprise Immune System and training for the Hospital	11/01/2021 - 10/31/2022
Provision of the CDM Master and Knowledge Sources Modules to the Hospital's Finance Department.	10/22/2021 - 10/21/2022
Provision of "maintenance mode" services for the patient records of the recently closed skilled nursing facility (SNF).	11/12/2021 - 11/11/2022

Provision of the Fluoroscopy: AC/Humidifier Installation.	11/12/2021 - 11/11/2022
Provision of gastroenterology outpatient clinic and gastroenterology on-call services.	12/01/2021 - 11/30/2022
Lease agreement for Suite 207 @ 1328 Southern Ave SE, Washington, DC	12/01/2021 - 11/30/2022
Provision of legal (Litigation) services	10/18/2021 - 12/17/2021
Provision of diagnostic and therapeutic equipment	12/02/2021 - 12/01/2022
Provision of Respiratory Therapists	10/11/2021 - 10/10/2022
Provision of Nursing Staff (15 days of OY1)	12/09/2021 - 12/24/2021
Provision of legal services for additional 8 months	12/17/2021 - 08/18/2022
Academic Affiliation Agreement & COVID Addendum	12/16/2021 - 12/15/2022
Provision of Wound Care Management Services	11/01/2021 - 10/31/2022
Provision of Perpetual Software Support Services for the Fluency for Imaging (FFI) Perpetual Solution software	10/01/2021 - 09/30/2022
Provision of licensed software	10/01/2021 - 09/30/2022
Provision of psychiatric services	12/01/2021 - 01/31/2022
Provision of Medicare Cost Reporting and Supplemental Information	01/01/2022 - 12/31/2022
Provision of third-party administrative services	12/23/2021 - 12/22/2022
Provision of legal representation for the Hospital	12/23/2021 - 12/22/2022
Provision of Direct Data Entry (DDE) of claims into the Medicare Claims System.	12/28/2021 - 12/27/2022
Provision of subscription and implementation of IMO enhanced terminology platform	01/30/2022 - 01/29/2023
Provision of emergency and non-emergency medical transportation services to Hospital, including Advanced Life Support, Basic Life Support, and Critical Care ambulance services	12/28/2021 - 12/27/2022
Provision of Compliance and Incident Management Electronic Tools	07/31/2021 - 07-30-2022
Provision of website management services.	12/28/2021 - 12/27/2022

Provision of Ambulance Services	03/01/2021 - 02/28/2022
Provision of Emergency Security Services	12/29/2021 - 12/28/2022
Provision of Emergency Department and Inpatient with HCAHPS, and Quality Performer Services	01/01/2022 - 12/31/2022
Provision of Medisolv Quality and Patient Safety Reporting System, including CMS Interoperability (Meaningful Use) reporting	01/01/2022 - 12/31/2022
Emergency Engineering Services for Boiler Plant	01/06/2022 - 01/05/2023
Modification for continued provision of Rehabilitation Staffing/Recruitment	12/18/2021 - 12/17/2022
Modification to decrease NTE \$ amount by \$34,350.00 on contract for the provision of neurology on-call services to decrease the base term funding request, to reflect reduced call coverage provided by contractor.	01/01/2021 - 12/31/2021
Provision of neurology on-call services	01/01/2022 - 12/31/2022
Modification of NTE amount (decreased by \$38,150.00) on contract for the provision of neurology on-call services to decrease the base term funding request, to reflect reduced call coverage provided by contractor.	01/01/2021 - 12/31/2021
Provision of neurology on-call services	01/01/2022 - 12/31/2022
Provision of EEG coverage for the Hospital Emergency Department and Inpatient Units	01/20/2022 - 01/19/2023
Provision of legal services for preparation and representation of the Hospital in litigation matters.	01/21/2022 - 02/20/2022
Modification exercises an additional one (1) month of Option Year One (1) for a period for the provision of psychiatric services, in which Contractor employs board-certified psychiatrists and other mental health professionals to the Hospital to provide direct patient care, on-call and consultation services, administrative oversight and management and related virtual intake and coordination services.	02/01/2022 - 02/28/2022
Clinical Practicum in the Hospital's Nursing Department	01/26/2022 - 01/25/2023
Provision of court reporting, videography, videoconferencing, interpretation, and trial support services	01/26/2022 - 01/25/2023
Provision of water softener treatment and services for hospital's plant operation	01/26/2022 - 01/25/2023

Provision of fire alarm panel system.	01/26/2022 - 01/25/2023
Provision of professional services from Essential Surgical Care	02/01/2022 - 01/31/2023
Provision of Education System for the Hospital	02/01/2022 - 01/31/2023
Provision of board-certified psychiatrists and other mental health professionals and assists the Hospital in the operation and management of certain of its behavioral health programs.	02/01/2022 - 02/28/2022
Rental Agreement takes the place of the four (4) individual leases and also covers the MPS Printer and the Copier on-going maintenance and support.	2/1/2022 - 9/30/2022
Settlement Agreement	N/A

**(263) CONTRACTS/
FEBRU**

DATE OF EXECUTION	CONTRACT NO.	CONTRACTOR/VENDOR
2/3/20	HBS Facilities Consultant Agreement (no contract #)	Healthcare Building Solutions (HBS)
2/3/20	HBS Facilities Consultant Agreement (no contract #)	Healthcare Building Solutions (HBS)
2/19/20	NFPHC-IT-19-0006	Imprivata - PC Connection Sales Corporation
2/26/20	NFPHC-ITC-20-C-0001	JBN Corporation
2/27/20	No contract #	Premier, Inc.
2/27/20	NFPHCNUR-20-C-011	Atlas MedStaff
2/27/20	NFPHCADM-18-PC-0006	Taghi Kimyai-Asadi, MD
3/6/20	NFPHC-20-C-56	Dr. Asghar Shaigany, MD
3/12/20	NFHPC-C-20-0008	Krueger-Gilbert Health Physics LLC
3/13/20	NFPHC-BS-C-0014	ThyssenKrupp Elevator Service
3/18/20	NFPHCPHAR-C-19-0001	Aseptic Enclosures
3/26/20	NFPHC-ITC-20-C-0001	JBN Corporation
3/26/20	NFPHCSEC-20-C-0002	ICS Protective Services Security Services (Armed Security Guard Contracts)
3/26/20	NFPHCCMO-19-C-0001	Essential Surgical Care
3/30/20	NFPHC-19-C-0023	Change Healthcare
3/31/20	NFPHC-19-C-47	Cynthia Morgan MD
4/9/20	NFPHC-SNF-C-20-0030	Temporary Help Inc. (THI)
4/17/20	NFPHCRHAB-19-C-0001	Clinical Connection Inc. (CCI)
4/20/20	NFPHC-FACSS-C-20-0041	Triangle Manifold Services (TMS)

4/20/20	NFPHC-SPD-C-20-0025	CINTAS Corporation No. 2
4/21/20	NFPHC-FACSS-C-20-0042	Bay Engineering Services LLC
4/24/20	NFPHC-PRO-C-20-0028	ChemTreat
4/27/20	NFPHC-IT-C-20-0046	Navin, Haffty & Associates LLC
5/5/20	NFPHC-FIN-C-20-0032	Addison Group
5/8/20	NFPHC-059015	Mindray DS USA Inc.
5/14/20	NFPHC-2018-156	Premium Critical Care LLC
5/20/20	NFPHC-RAD-C-20-66	Cardinal Health
5/28/20	NFPHC-PRO-C-20-0060	RSC Electric & Mechanical
5/28/20	NFPHC-EVS-C-20-0072	Handcraft Linens & Launderers
5/28/20	NFPHC – 250	Musa M. Momoh MD
6/30/20	NFPHC-Patient Access-C-20-0101	Change Healthcare
7/13/20	NFPHC-C-Infection Control-0090	Compass Clinical Consulting d/b/a TIERI Healthcare
7/16/20	NFPHC – Hos- C-0082	Networking for Future
7/16/20	NFPHCMSIC-C-20-0001	Kirby Bates Associates (KBA) Intl MSA
7/16/20	NFPHCPA-19-249	Khosrow Davachi, MD PC
7/16/20	NFPHC-20-C-56	Dr. Asgar Shaigany
7/17/20	NFPHCRSK-19 -C-00013	Whiteford, Taylor & Preston LLP
7/20/20	NFPHC-IT-2018-Darktrace-0002	E-Logic Inc.
7/20/20	NFPHCRAD 19-C – 0001	Washington Imaging Associates d/b/a Progressive Radiology
7/20/20	NFPHCANTH-19-C-001	Northium Health LLC
7/23/20	NFPHCHR-NUR-20-C-0001	Payscale Contract

7/23/20	NFPHC -NUR	Supplemental Health Contract
7/23/20	NFPHC-C- HOS-0091	Cardinal Health
7/30/20	HBS Facilities Consultant Agreement (no contract #)	Healthcare Building Solutions (Decision Resources Inc.)
7/30/20	NFPHC-IT-C-20-0061	UpToDate (Wolters Kluwer)
7/31/20	NFPHC-IT-C-20-0046	Navin Haffty
8/3/20	NFPHCREHAB-18-C-0001	Rehabilitation Services Incorporated (RSI)
8/3/20	NFPHCRAD 19-C-0001	Washington Imaging Associates of Maryland d/b/a Progressive Radiology
8/6/20	NFPHCAMB-19-C-0001	Procure Ambulance of Maryland
8/11/20	NFPHC-OGC-20-C-0004	Michael Austin, Esq.
8/12/20	NFPHCPE – 20 – C – 0104	Dr. Javad Khalilzadh
8/13/20	NFPHCPA-20-C-253	Dr. William Brownlee
8/17/20	Letter Contract	Carlton Fields Law Firm
8/17/20	Amendment to MSA	Cardinal Healthcare
8/18/20	NFPHCOTH-19-C-260	Precision Orthopedics and Sports Medicine
8/27/20	NFPHCITM-20-C-00024	3M Health Information Systems
8/27/20	NFPHCANTH-19-C-001	Northium Health LLC
8/31/20	Academic Affiliation Agreement	Washington Adventist University
9/1/20	NFPHC- 2018-435-A	GW Medical Faculty Associates (ED)
9/1/20	NFPHC- 2018-436-A	GW Medical Faculty Associates (Inpatient Hospitalists)
10/7/20	N/A	PG Community College
10/19/20	NFPHCOGC-00875851	Thomson Reuters - West Publishing Corporation
10/28/20	NFPHC-MM-21-LOA-00001	ICU Medical Supplies

10/29/20	N/A	Children's Hospital
10/30/20	NFPHCMS-20-C-7875A0B	GE Precision Healthcare LLC
10/30/20	NFPHC-OGC-20-C-0004	Michael Austin
10/30/20	N/A	DC Office of Contracting and Procurement
11/4/20	N/A	Sign Language USA LLC
11/12/20	NFPHC-IT-C-19-0022	Merge Healthcare Solutions
11/13/20	NFPHC-OGC-21-LC-00003	Carlton Fields
11/16/20	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C
11/16/20	NFPHCEVS-19-C-0001	Curtis Bay Medical Waste Services
11/16/20	N/A	MedStar Family Choice, Inc.
11/17/20	N/A	Health Service for Children With Special Needs, Inc. (HSCNS)
11/23/20	N/A	Northern Virginia Community College
11/24/20	NFPHC 2019-465 Mod 4	Mazars USA LLP
11/24/20	NFPHC 2019-465 Mod 5	Mazars USA LLP
11/24/20	N/A	Walden University
11/24/20	N/A	Children's Hospital d/b/a Children's National Hospital
11/25/20	NFPHC-IT-21-C-00017	3M Health Information Systems, Inc.
11/25/20	NFPHC-IT-21-C-00018	3M Health Information Systems, Inc.
12/9/20	N/A	TigerConnect, Inc.
12/11/20	N/A	Robert Half International
12/14/20	N/A	District of Columbia Behavioral Health (DCBH)
12/16/20	N/A	CareFirst BlueCross BlueShield

12/16/20	N/A	Ramco Systems Corporation
12/17/20	NFPHC-IT-21-SA-00016	Abbott Rapid Diagnostics Informatics, Inc.
12/17/20	NFPHCPA-20-C-253 MOD 1	William J. Brownlee, III, MD
12/17/20	NFPHCP A-19-249 MOD 2	Khosrow Davachi, M.D.
12/18/20	N/A	Manufactures Alliance Insurance Corporation
12/21/20	NFPHC-COM-20-C-0009	Rivendell International Inc.
12/22/20	N/A	Trinity Washington University
12/23/20	Lease	Children's National Hospital
12/23/20	N/A	Cardinal Health
12/28/20	N/A	Vision Benefits of America (VBA)
12/28/20	N/A	Entercom Communications Corp.
12/30/20	NFPHC-SPD-C-20-0025 MOD 1	Cintas Corporation No. 2
12/30/20	NFPHC-OGC-20-C-0004 MOD 3	Michael Austin, Esq.
12/31/20	NFPHC-NSD-21-C-00027	Maxim Healthcare Staffing, Inc.
1/8/21	NFPHC-ITFA-21-C-00010	Ramco Systems Corporation
1/18/21	NFPHCPA-19-C-0002 Mod 1	Press Ganey Associates LLC
1/22/21	NFPHCHR-18a-C-0023 Mod 2	Intelligent Medical Objects (IMO)
1/22/21	NFPHCNUR-19-C-003 Mod 1	Contemporary Nursing Solutions
1/27/21	NFPHC-FIN-20-0004 Mod 1	Dixon Hughes Goodman LLP
1/27/21	NFPHC-OGC-20-C-0004 Mod 4	Michael Austin Esq.
1/27/21	NFPHC-PROC-21-SA-00032	Cardinal Health 200 LLC
1/27/21	NFPHC 2018-465 Mod 3C	Mazars USA LLP

1/27/21	NFPHC 2018-465 Mod 4C	Mazars USA LLP
1/27/21	NFPHC 2018-465 Mod 5C	Mazars USA LLP
1/28/21	Lease Agreement	Children's National Hospital
2/2/21	N/A	Walden University
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)
2/3/21	N/A	CareFirst Blue Cross Blue Shield (BCBS)
2/10/21	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C
2/15/21	N/A	Aetna Health Inc. dba Aetna Better Health of Maryland
2/16/21	N/A	Aetna Network Services LLC
2/18/21	NFPHC-MS-21-PA-00028	Dr. Ermias Mekonnen OBA Capital Stroke Neurology Inc.
2/18/21	NFPHC-MS-21-PA-00029	Taghi Kimyai-Asadi, MD
2/19/21	NFPHCIT-19-C-004 Mod 2	Deco Recovery Management LLC
2/25/21	N/A	CareFirst BCBS Community Health
2/25/21	N/A	CareFirst BCBS Community Health
2/26/21	NFPHC 2018-465 Mod 7	Mazars USA LLC
3/1/21	Facilities Consultant Agreement Modification 10	Healthcare Building Solutions
3/30/21	Lease Agreement	Children's National Hospital
3/30/21	Modification 3 (no contract # assigned)	Navex Global Inc.
4/2/21	NFPHC-230(V)	Vizient Inc.
4/15/21	NFPHC-IT-19-C-0011 Mod 2	UpToDate, Inc. (Wolter Kluwers)
4/16/21	NFPHC-LAB-21-C-00043	Qiagen LLC

4/21/21	NFPHC-IT-21-C-00040	ICAD Inc.
4/21/21	N/A	Chamberlain University
4/28/21	Lease Agreement	Children's National Hospital
4/29/21	N/A	PITT Electric Inc. & Construction
5/7/21	NFPHCIT-19-C-0026 Mod 2	First Databank Inc.
5/7/21	N/A	Fisher Phillips LLP
5/20/21	NFPHC-2017-114 Mod 3	Kiwi-Tek LLC
5/21/21	NFPHC-NSD-21-C-00027 Mod 1	Maxim Healthcare Staffing Services, Inc.
5/24/21	NFPHC-MTM-21-C-0001	PITT Electric Inc. & Construction
5/25/21	NFPHC-HIM-21-C-00023	Aquity Solutions LLC
5/25/21	NFPHCFIN-C-20-0005	SSA Consulting Inc.
5/26/21	NFPHC-CCBA-20-C-001 Mod 1	Khoobchandani Law PLLC
5/26/21	NFPHC-IT-21-SA-00016 Mod 1	Abbott Rapid Diagnostics Informatics, Inc.
5/26/21	NFPHC-IT-21-C-00036	District of Columbia Hospital Association (DCHA)
5/26/21	NFPHC-IT-21-C-00004	Medical Group Management Association (MGMA)
5/26/21	NFPHCIT-19-C-0019 Mod 1	National Decision Support Company (NDSC)
5/26/21	NFPHCFIN-19-C-0001 Mod 1	nThrive Revenue Systems LLC
5/28/21	N/A	Chelica Thompson
5/28/21	N/A	Riviera Finance
6/23/21	Settlement	Waldon Studios Architects
6/23/21	Settlement	DECO Recovery Management, LLC
6/28/21	Lease	Children's National Hospital

6/30/21	NFPHCIT-19-C-0016 MOD 1	Dr. First Inc.
7/7/21	NFPHC-NSD-21-C-00027 Mod 2	Maxim Healthcare Staffing Services, Inc.
7/9/21	NFPHC-NSD-21-C-00027 Mod 3	Maxim Healthcare Staffing Services, Inc.
7/29/21	Settlement	Curtis Power Solutions, LLC
7/29/21	NFPHC SLA-C-20.0001 MOD 1	Coast to Coast Hospitality
8/18/21	Settlement	Clotilda Choh
8/18/21	Settlement	Estate of Robert Nathaniel Barner
8/19/21	NFPHCNUR-19-C-003 Mod 2	Contemporary Healthcare Solutions
8/19/21	Settlement	Thompson Coburn LLP
8/19/21	Settlement	Nossaman LLP
8/23/21	Academic Affiliation Agreement	Walden University
8/27/21	NFPHC 20 C 104	Dr. Javid Khalilizadh
8/30/21	NFPHCHR-21-C-0043	Kronos. Inc ., a UKG Company
8/31/21	Lease	Children's National Hospital
8/31/21	NFPHC-MS-21-PA-00052	Dr. Lisa Fitzpatrick
9/1/21	Service Agreement	Relias LLC
9/10/21	NFPHC-MS-21-PA-00060	Dr. Wilton Nedd
9/14/21	NFPHC-Patient Access-C-20-0101 MOD 2	Change Healthcare
9/14/21	NFPHCITM-20-C-00024	3M Health Information Systems, Inc.
9/14/21	NFPHC-MS-21-PA-00063	Dr. Cynthia Morgan
9/15/21	N/A	GWU School of Nursing
9/17/21	NFPHCPA-19-249 MOD 2	Khosrow Davachi, MD

9/17/21	NFPHCRSK-20-C-00010 MOD 1	Capitol Insurance Services
9/20/21	BAA	MFA Lab Pathology
9/20/21	NFPHC-IT-21-C-00063	Summit Healthcare Service, Inc.
9/20/21	NFPHC-OGC-21-C-00031	Contract Guardian
9/20/21	NFPHFIN-19-C-0004 Amendment #3	Management Health Solutions, Inc. d/b/a SYFT
9/20/21	NFPHC-IT-C-19-0022 MOD 2	Merge Healthcare Solutions
9/20/21	N/A	GWU School of Nursing
9/23/21	NFPHC-MS-21-C-00051	Medical Faculty Associates, Inc.
9/29/21	NFPHC-MS-21-PA-00064	William J. Brownlee MD
9/29/21	NFPHC-IT-21-C-00054	Premier, Inc.
10/1/21	NFPHC-2018-435-A Mod 5	Medical Faculty Associates, Inc.
10/1/21	NFPHC-2018-436-A Mod 5	Medical Faculty Associates, Inc.
10/6/21	NFPHCSUPP-20-C-2 Mod 4	Morrison Management Specialist, Inc.
10/6/21	NFPHCANTH-19-C-001 Mod 2	Northium Health LLC
10/6/21	N/A	District of Columbia Hospital Association (DCHA)
10/8/21	N/A	Children's Hospital d/b/a Children's National Hospital
10/8/21	N/A	Children's Hospital d/b/a Children's National Hospital
10/8/21	NFPHC-IT-22-C-00006	Bear Communication, Inc., d/b/a BearCom
10/8/21	NFPHC-MS-21-C-00014 Mod 1	Axis Healthcare Group, P.C.
10/13/21	NFPHC-EVS-22-C-00011	AI's Twin Air, LLC
10/13/21	NFPHC-19-C-86 Mod 3	Hearts Consultants, LLC
10/13/21	NFPHC-19-C-0023 Mod 2	Change Healthcare

10/13/21	NFPHC-MS-21-PA-00053	Musa M. Momoh, M.D./Edomed Medical Associates
10/13/21	NFPHC2019 – 250 Mod 1	Musa M. Momoh, M.D.
10/14/21	NFPHC-MS-21-C-00062 Mod 1	Essential Surgical Contract
10/14/21	NFPHC-OPS-21-C-00038 Mod 1	Mazars USA LLP
10/14/21	NFPHCRAD 19-C – 0001 Mod 4	Washington Imaging Associates of Maryland, LLC D/B/A Progressive Radiology
10/14/21	NFPHC-OGC-22-C-00010	Seyfarth Shaw, LLP
10/14/21	NFPHC-IT-21-C-00062	Centennial Computer Corporation
10/14/21	NFPHCIT-19-C-0015	Park Place International LLC d/b/a CloudWave
10/14/21	NFPHCOTH-19-C-260 Mod 3	Precision Orthopedics and Sports Medicine
10/14/21	NFPHCOTH-19-C-260 Mod 4	Precision Orthopedics and Sports Medicine
10/14/21	NFPHC-2018-156 Mod 4	Premium Critical Care, LLC
10/14/21	NFPHC-MS-21-PA-00047	Asghar Shaigany MD LLC
10/14/21	NFPHC-EVS-C-20-0072	Handcraft Cleaners & Launderers, Inc.
10/14/21	NFPHCPA-19-C-182	Ali Tehrani-Rezazadeh MD
10/14/21	NFPHC-19-C-86 Mod 2	Hearts Consultants, LLC
10/28/21	NFPHC-EVS-22-C00018	ServPro Contract
10/28/21	NFPHCMS-20-C-7875A0B	GE Precision Contract
10/28/21	NFPHC-OGC-22-LC-00021	Carlton Fields PC
10/28/21	NFPHCRSK-20-C-0008 Mod 2	Miles & Stockbridge PC
10/28/21	NFPHC-EVS-22-SA-00013	NAC Mechanical Services
10/28/21	NFPHC-EVS-22-C-00017	Otis Elevator Company
10/28/21	NFPHC-EVS-21-C-00061	PITT Electric Inc. & Construction

11/1/21	NFPHC-IT-22-C-00012	Darktrace Holdings Limited
11/1/21	NFPHCFIN-19-C-0001	nThrive Revenue Systems LLC
11/12/21	NFPHC-IT-22-C-00009	Point Click Care
11/12/21	NFPHC-RD-22-C-00010	Metro Renovations
11/18/21	NFPHC-MS-21-PA-00047 Mod 1	Asghar Shaigany, MD
11/22/21	Lease Agreement	Laboratory Corporation of America
11/24/21	NFPHC-OGC-22-C-00042	Carlton Fields P.A.
12/2/21	NFPHC-RAD-22-C-00040	FUJIFILM Medical Systems U.S.A., Inc.
12/6/21	NFPHC-MS-22-C-00043	Maxim Healthcare Staffing Services
12/6/21	NFPHC-NSD-21-C-00027 Mod 5	Maxim Healthcare Staffing Services
12/15/21	NFPHC-RSK-21-C-00064 Mod 1	Kierman Trebach LLP
12/16/21	N/A	Prince George's Community College
12/20/21	NFPHC-MS-22-C-00048	Diversified Clinical Services, LLC ("Healogics")
12/20/21	NFPHC-IT-22-C-00047	3M Health Information Systems, Inc.
12/20/21	NFPHC-IT-21-00039	Medical Information Technology, Inc.
12/20/21	NFPHC-MS-21-C-00014 Mod 2	Axis Healthcare Group, P.C.
12/20/21	NFPHC-FIN-20-0004 Mod 2	Dixon Hughes Goodman LLP ("DHG")
12/23/21	NFPHC-OGC-22-C-00033	Alan Gray LLC
12/23/21	NFPHC-OGC-22-C-00031	Armstrong, Donohue, Ceppos, Vaughan, & Rhodes
12/28/21	NFPHC-PFS-22-C-00007	Ability Network Inc.
12/28/21	NFPHCHR-18a-C-0023 Mod 3	Intelligent Medical Objects (IMO)
12/28/21	NFPHC-MS-22-C-00008	Vesper Medical Transportation of Maryland LLC

12/28/21	NFPHC-RSK-INV-30417	NAVEX Global, Inc.
12/28/21	NFPHC-CMPR-22-C-00045	Rivendell International Inc.
12/28/21	NFPHCAMB-19-0001 Mod 2	Procure Ambulance of Maryland
12/29/21	NFPHC-SS-22-C-00001	Iwill Protective Security LLC
12/29/21	NFPHCPA-19-C-0002	Press Ganey Associates, LLC.
1/5/22	NFPHC-IT-22-C-00027	Medisolve Inc.
1/6/22	NFPHC-BPS-C-22-0010	RSC Electrical & Mechanical
1/10/22	NFPHCRHAB-19-C-0001 Mod 3	Critical Connections Inc.
1/14/22	NFPHC-MS-21-PA-00029 Mod 1	Taghi Kimyai-Asadi, MD
1/14/22	NFPHC-MS-21-PA-00028 Mod 1	Dr. Ermias Mekonnen d/b/a Capital Stroke Neurology Inc.
1/18/22	NFPHC-MS-22-C-00049	Taghi Kimyai-Asadi, MD
1/18/22	NFPHC-MS-22-C-00053	Dr. Ermias Mekonnen d/b/a Capital Stroke Neurology Inc.
1/20/22	NFPHC-MS-22-C-00044	Ceribell, Inc.
1/21/22	NFPHC-OGC-22-C-00056	Carlton Fields P.A.
1/26/22	Academic Affiliation & COVID Addendum	Trinity Washington University
1/26/22	NFPHC-OGC-22-C-00037	Planet Depos LLC
1/26/22	NFPHC-EVS-22-C-00035	ChemTreat Inc.
1/26/22	NFPHC-EVS-22-C-00034	Ark Systems Inc.
1/27/22	NFPHC-MS-22-C-00041	Essential Surgical
1/28/22	NFPHC-MS-21-C-00014 Mod 3	Axis Healthcare Group, P.C
1/31/22	Service Agreement	Relias LLC
2/4/22	NFPHC-MS-21-C-00014 Mod 3	Axis Healthcare Group, P.C.,

2/4/22	NFPHC-IT-22-00050	Meridian Imaging Solutions, a Konica Minolta Company
2/4/22	Settlement	Catherine Fitzgerald

AGREEMENTS APPROVED FOR EXECUTION JANUARY 2020 TO FEBRUARY 2022

VALUE	SCOPE
\$30,000.00	Modification to exercise first 4 months of OY3 and provides funding for additional Site Engineering Work related to the parking structure project.
\$100,000.00	Modification to exercise last 5 months of OY2 and funding for additional Site Engineering Work related to the parking structure project.
\$80,439.10	Contract for provision of proximity card-based authentication management, self-service password reset, and single sign-on services to Hospital end-users.
\$988,576.00	Contract for provision of IT Closets Renovations.
\$189,600.00	Modification to amend Core Agreement of performance Suite Solution Subscription Agreement
\$120,000.00	Contract for provision of specialty and non-specialty temporary nurses
\$90,000.00	Modification for provision of Neurological outpatient clinic and on-call services
\$169,266.34	Contract for provision of gastroenterology outpatient clinic and gastroenterology on-call services
\$83,064.52	Contract for provision of health physics and radiation safety services
\$50,460.00	Contract for provision of elevator maintenance service
\$264,664.00	Modification to extend provision of Pharmacy Equipment Rental for additional 4 months until pharmacy is complete.
\$988,576.00	Contract for the provision for the IT Closets Renovations.
\$250,000.00	Contract for provision of security guards
\$200,000.00	Contract for provision of on-call professional medical clinical services in the specific specialty of Surgery (the "Specialty") to be provided by Contractor on an independent contractor basis
\$7,985.41	Contract for provision of resolution of Gap License - Under this contract Contractor is providing software updates to the 2020 Review Manager version and add psychiatry module to the licensed InterQual Charge Healthcare System to effectively manage inpatient psychiatry (PHU)
\$173,520.00	Provision of Physician Consultation services for the Case Management/Performance Improvement Department.
\$450,000.00	Contract for provision of temporary SNF Staffing during COVID-19
\$150,000.00	Modification for provision of Rehabilitation Staffing and Recruitment
\$135,440.00	3rd Floor Medical Gas System Project - COVID-19 (Modification for the installation of Medical Air, Flow Meters and Vacuum Regulators to the 3rd floor)

\$71,198.40	Contract for provision of scrubs for hospital staff under the COVID-19 emergency.
\$275,715.00	Contract for installation of eight (8) negative pressure fans
\$34,494.00	Contract for provision of chemical treatment services on UMC cooling water equipment, boiler equipment and closed loop equipment
\$330,000.00	Contract for provision of Meditech Consultants- COVID-19
\$200,000.00	Contract for provision of Temporary Staffing Services
\$754,469.43	Contract for provision of 32 High Acuity Monitors (PO 059015)
\$685,600.00	Modification to continue 24/7 on-site and on-call intensive care unit - COVID-19
\$0.00	Modification to continue to receive Medical Supplies - Patient Recovery Products
\$362,302.50	Contract for provision to repair boiler and update licenses for all DOEE Title V requirements
\$442,877.47	Contract for provision of Linen Services
\$36,575.04	Contract for provision of Chair Department of Medicine
\$152,338.88	Contract for provision of Patient Access Services Software
\$12,000.00	Agreement to perform an on-site infection control assessment and validation, to assist the Hospital with The Joint Commission survey readiness and compliance
\$770,728.66	Contract for provision of network engineering re-design of the Hospital infrastructure
\$130,900.00	Contract for provision of Temporary staffing of an infection control specialist for a 13-week engagement.
\$60,000.00	Agreement for emergency COVID-19 dialysis nursing coverage on an as needed basis for up to 3 months
\$139,500.00	Modification to exercise option term 1 of the definitized contract for provision of gastroenterology outpatient clinic and gastroenterology on-call services.
\$350,000.00	Modification to exercise option year to continue provision of legal services to the hospital
\$80,400.00	Modification to exercise option year for provision of Darktrace software and hardware equipment
\$442,012.50	Modification to exercise option year to continue provision of radiology services
\$1,660,945.83	Modification to exercise option year for provision of 24hr anesthesia service, vascular access, and infusion service
\$24,900.00	Contract for provision of compensation review for clinical and non-clinical positions under union bargaining agreements

\$150,000.00	Contract for the provision of Registered Nurses for hospital nursing units
\$0.00	Sequential Compression System License Agreement with Royalty-Free Option
\$0.00	Modification for no cost 3 month extension of OY3 for additional Site Engineering Work related to the parking structure project.
\$9,853.00	Content License Agreement renewal
\$26,320.00	Contract for the provision of Meaningful Use Stage 3 assistance services to the Hospital.
\$350,000.00	Modification to exercise OY2 for provision of therapy professionals.
\$442,012.50	Modification to exercise the next six (6) months of OY2 of Contract for a total OY2 period of six months for Diagnostic and Interventional Radiology.
\$75,000.00	Contract for provision of Ambulance Services
\$10,000.00	Contract for provision of legal services for a period of sixty (60) days. The Contractor's title under this Contract shall be "Special Counsel".
\$90,000.00	Contract for provision of gastroenterological on-call services for the Hospital for additional 10 months.
\$6,750.00	Contract for provision of surgical call coverage.
\$33,450.00	120 Day Letter Contract for the provision of legal services to represent the hospital in physician hearing.
\$0.00	3rd Amendment to Master Agreement and Preferred Rebate Agreement
\$160,712.50	Modification to exercise additional 3 months of option year 1 for provision of on-call professional medical services in the specialty of Orthopedics.
\$166,937.87	Contract to renewal of 3M coding software license
\$1,660,945.83	Mod to exercise option year for provision of 24hr anesthesia service, vascular access, and infusion service
\$0.00	Academic Affiliation Agreement with COVID Addendum for clinical rotations at the Hospital
\$8,815,524.00	Modification 4 seeks to exercise OY3 for Emergency Department services at the Hospital
\$6,456,906.00	Modification 4 seeks to exercise OY3 for Inpatient Hospitalists services at the Hospital
\$0.00	Academic Affiliation Agreement
\$3,684.00	Subscription for legal research software product: WEST PROFLEX – General Counsel Essentials on Westlaw. Subscription rate: \$307.00 per month for 12 months
\$350,000.00	This is a Letter of Amendment, to allow the Hospital to purchase needed IV supplies from the Contractor.

\$0.00	Amendment to extend the initial term of both the lease and PSA for an additional 30-day calendar extension to allow parties sufficient time to enter into a new lease agreement and PSA
\$571,144.08	Continuation of services per original agreement
\$15,000.00	Modification for continued provision of legal services
\$0.00	Acknowledgement/Acceptance sheet for continuation Goods or Services Agreement
\$16,555.00	Settlement agreement
\$65,269.40	Continued provision of Tape Conversion Services
\$199,000.00	120-day Letter Contract for the provision of legal services for contracts attorney
\$739,753.93	Provision of board-certified psychiatrists and other mental health professionals and assists the Hospital in the operation and management of certain of its behavioral health programs.
\$260,000.00	Modification for continued provision of Biomedical Waste Removal for the Hospital.
\$0.00	Hospital & Provider Participation Agreements
\$0.00	Participation Agreement Physician Group Services
\$0.00	Clinical Affiliation Agreement
\$155,162.28	Modification 4 inserts and exercises a fourth option period of contract for Hospital operation services
\$853,409.04	Modification 5 exercises a fifth option period under OY3 of the contract for Hospital operation services
\$0.00	Academic Affiliation Agreement and COVID-19 Addendum
\$0.00	2nd Amendment to original lease agreement and purchased services agreement
\$9,700.00	License agreement for Fluency for Imaging (FFI) Perpetual Solution software.
\$8,340.00	Agreement for Perpetual Software Support Services for the Fluency for Imaging (FFI) Perpetual Solution software.
\$0.00	Business Associates Agreement (BAA)
\$0.00	Business Associates Agreement (BAA)
\$0.00	FY21 Acute Psychiatric Care MOU
\$0.00	Community Health Plan Hospital Participation Agreement

\$0.00	Business Associates Agreement (BAA)
\$9,195.93	Provision of RALS interface license and associated support services
\$33,750.00	Modification for the provision of Surgical Call services for the Hospital
\$19,200.00	Modification for the provision of professional medical services in the specialty of Dialysis ("Specialty").
\$1,558,062.00	Plan selection form
\$50,000.00	Design and maintenance of hospital website
\$0.00	Academic Affiliation Agreement
\$0.00	3rd Amendment to extend lease for an additional thirty (30) days
\$0.00	Letter of Agreement ("LOA") regarding that certain Preferred Rebate Program Agreement dated August 1, 2020 (SA2 Agreement).
Rates stipulated in agreement	Extension of vision care benefits contract
\$4,878.33	Settlement agreement
\$63,000.00	Amendment to the Contract is to allow for the rental of an automated garment distribution system.
\$20,000.00	Provision of legal services
\$300,000.00	Provision of supplemental staffing in nursing specifically in the ICU and ER Department.
\$8,000.00	This contract is for a 30-day Pilot Program, consisting of the provision of tablets to OMC, with the COVID-19 Pandemic Control Solution software, designed for the performance of "safe entry, prescreening, and facial recognition processing for employees and guests of the Hospital.
\$75,251.18	Modification to exercise Option Year 1 of the Base Contract, with an effective date of May 1, 2019 with an execution date of May 16, 2019.
\$35,618.00	Modification for continued provision of subscription and implementation of IMO enhanced terminology platform.
\$300,000.00	Modification for continued provision for specialty and non-specialty temporary assignment nurses.
\$250,000.00	Contract & BAA for cost report services and various other reimbursement services.
\$22,500.00	Modification to extend legal services
\$75,000.00	Supply Assurance Program Agreement for the provision of Exam Gloves.
\$795,222.06	Modification 3C to insert and exercise 3rd option period.

\$155,165.28	Modification 4C to insert and exercise 4th option period.
\$834,013.38	Modification 5C to insert and exercise 5th option period.
\$0.00	3rd Amendment to extend lease for an additional thirty (30) days
\$0.00	Academic Affiliation Agreement -2021 Addendum
\$0.00	Hospital Participation Agreement
\$0.00	Professional Group Agreement
\$0.00	Amendment to Hospital Participation Agreement
\$739,753.93	Amendment to contract for the provision of psychiatric services and assist the Hospital in the operation and management of certain BHU health programs by providing qualified psychiatrists and other mental health professionals that provide direct patient care, on-call and consultation
\$0.00	New "in-network" contract for the hospital
\$0.00	Provider Agreement
\$63,000.00	Provision of neurology on-call services for the Hospital
\$63,000.00	Provision of neurology on-call services for the Hospital
\$600,000.00	Modification to exercise OY2 for the provision of eligibility services
\$0.00	Plan PCP Agreement
\$0.00	Plan Specialist Agreement
\$581,869.80	Modification to exercise a thirty (30) day option period under the OY3 of the contract for the provision of hospital operator services
\$197,200.00	Financial Advisory Service Membership
\$0.00	6th Amendment to extend lease for an additional thirty (30) days
\$86,223.50	Continued provision of Compliance and Incident Management Electronic Tools
\$0.00	Modification to exercise option year to extend the term of the group purchasing program Contract.
\$54,831.00	Agreement is for the continued provision of UpToDate Anywhere, which consists of the UpToDate online database, software, and user documentation (the "Licensed Materials").
\$450,762.00	Contract for the purchase of COVID-19 Testing Kits.

\$28,950.00	Contract for the provision of Mammography Software.
\$0.00	Academic Affiliation Agreement & COVID Addendum
\$0.00	6th Amendment to extend lease for an additional thirty (30) days
\$23,750.00	Settlement agreement for invoice no. Ext-UMC01042021 for the 4-month extension for use of 8 - 40ft storage containers to store the Hospitals' PPE
\$17,635.00	Provision of Medication Decision Management software
\$33,984.50	Settlement for legal services performed - Willie "Bill" Robinson case
\$150,000.00	Provision of as needed PRN Coding support services.
\$600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department .
\$47,500.00	Provision of eight (8) - 40ft Storage Containers for hospital's PPE
\$40,000.00	Provision of medical transcription services
\$185,000.00	Provision of Contractor to review the current state of CDM processes and ascertain that all recommendations from its previous assessment have been implemented. In addition, SSAC will review the current charge entry processes in place in all revenue producing clinical areas and
\$60,000.00	Provision of legal services for union matters
\$12,096.00	Provision of Rouché Glucose Devices.
\$20,171.00	Participation in the information technology data collection and analytics service program, with the District of Columbia Hospital Association.
\$3,860.00	Provision of medical group management software
\$14,000.00	Modification for continued provision of Clinical Decision Support Mechanism.
\$53,760.00	Modification for continued provision of the CDM Master and Knowledge Sources Modules to the Hospital's Finance Department
\$38,000.00	Settlement and release of any and all claims that Thompson may have against NFPHC
\$133,950.00	Settlement for security guard services provided by Pact Pro LLC
\$173,745.03	Provision of Architect Services
\$220,000.00	Provision of professional self-pay eligibility vendor authorized to work in a specific department to assist all UMC self-pay patients who are serviced and has no insurance payer source with a governmental product based on their ability to pay.
\$0.00	8th Amendment to extend lease for an additional thirty (30) days

\$24,656.00	Modification to add two Product Addendums for the Electronic Prescribing of Controlled Substances Gold (EPCS Gold) and for Prescription Drug Monitoring Program (PDMP) to the First Facility Master Services Agreement, entered into between the parties on September 6
\$2,600,000.00	Modification to increase NTE amount for the remainder of the contract for the provision of supplemental staffing in nursing specifically in the ICU and ER Department through December 9
\$0.00	Modification to reflect new rates, as set forth in the enclosed amendment. All other terms and condition of the Contract shall remain in effect.
\$5,225.00	Provision of generator maintenance and service
\$275,000.00	Provision of sign language services
\$0.00	Union Settlement
\$150,000.00	Confidential Settlement
\$700,000.00	Modification to increase total contract amount and to reflect new price schedule for OY1
\$5,128.50	Provision of legal services related to Julian Craig v. UMC
\$1,180.50	Provision of legal services related to Julian Craig v. UMC
\$0.00	2021 - 2022 Academic Affiliation Agreement & COVID Addendum
\$82,000.00	Provision of gastroenterological on-call services for the Hospital
\$58,950.00	Provision of payroll processing
\$0.00	9th Amendment to extend lease for an additional thirty (30) days
\$66,560.00	Provision of medical services, consisting of four (4) hours of infectious disease coverage per week in the mobile unit and four (4) hours of infectious disease coverage per week in the Care Center
\$41,575.04	Provision of Surgical Vascular Access+G3:G9
\$100,000.00	Provision of Surgical Vascular Access services
\$150,000.00	Provision of Patient Access Services Software (Relay Analytics)
\$170,751.10	Renewal of coding software license for the term of August 25, 2021 to August 24, 2022
\$100,000.00	Provision of Physician Advisor for Case Management and Social Work
\$0.00	2021 - 2022 Academic Affiliation Agreement COVID Addendum
\$19,200.00	Provision of Dialysis Services

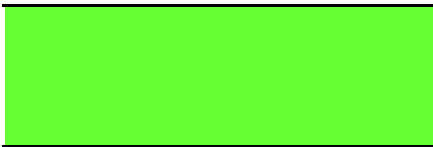
\$0.00	Provision of Employee Benefits Consulting, Property & Casualty and 401(K) Brokerage Services for the Hospital for an additional twelve (12) month period.
\$0.00	Business Associate Agreement
\$101,630.00	Provision of upgrading, license and maintenance, and outsourcing staff support to accomplish interoperability with all third party systems.
\$20,940.00	Provision and use of Contract Management Software
\$35,000.00	Provision of inventory count services
\$65,269.40	Provision of PACs license and support services
\$0.00	2021 - 2022 Academic Affiliation Agreement
\$190,107.96	Provision of laboratory director services.
\$121,500.00	Provision of surgical call coverage
\$177,878.00	Provision of the Performance Suite Solutions Subscription for cost accounting and patient analytics, cost accounting outsourcing, and budgeting and financial reporting services.
\$8,565,524.00	Modification to exercise next Option Year for the provision of Emergency Department Services at the Hospital
\$6,456,906.96	Modification to exercise next Option Year for the provision of inpatient Hospitalist Services at the Hospital
\$1,529,784.00	Modification to exercise Option Year 2 for the management of the Food and Nutrition program at the Hospital
\$1,660,945.83	Modification to exercise next Option Year for the provision of 24-hour anesthesia service, vascular access, and infusion services at the Hospital
N/A	Data Use Agreement
N/A	Lease Agreement
N/A	Purchased Service Agreement
\$173,630.59	Provision of enhanced Cellular Coverage to the Hospital.
\$123,292.32	Modification to exercise two (2) months of Option Year One (1) for the continued provision of psychiatric services
\$100,000.00	Master Service Agreement for the provision of HVAC and Plumbing services.
\$153,300.00	Provision of direct and/or consultative cardiology clinical duties and on-call cardiology services.
\$31,832.19	Modification to allow for the continued provision of InterQual Software by exercising "Term 3"

\$36,575.04	Provision of medical director services for the respiratory therapy service line
\$36,575.04	Modification to exercise Option Year One (1) for the continued Chairperson services for the Department of Medicine
\$244,166.44	Modification services to exercise Option Year 1 for the provision of surgical administrative and clinical services (including call coverage and clinic hours).
\$6,231,189.00	Modification exercises Option Year 1 for the provision of hospital administration.
\$442,012.50	Modification for the continued provision of Radiology services
\$75,000.00	Provision of legal services
\$229,633.00	Provision of technical support/and maintenance updates/upgrades for MEDITECH licensed software
\$364,520.00	Modification to exercise the next option year for the provision of Hosting Services
\$312,425.00	Modification to exercise next option year for the provision of orthopedic services
\$624,850.00	Modification to exercise next option year for the provision of orthopedic services
\$985,600.00	Modification to exercise Option Year 3 of the Contract for the provision of 24/7 on-site and on-call intensive care unit services (ICU) coverage for the Hospital.
\$259,560.00	Provision of gastroenterology outpatient clinic and gastroenterology on-call services
\$350,000.00	Provision of Linen Services.
\$217,539.12	Modification to exercise Option Year (1) for the provision of urological clinical services.
\$76,650.00	Provision of direct and/or consultative cardiology clinical duties and on-call cardiology services.
\$30,000.00	Provision of Emergency Water Intrusion, Water Restoration, and Abatement services to the Hospital.
\$417,357.96	Provision of Medical equipment
\$126,300.00	90 Day Letter Contract for Transactional Services
\$50,000.00	Provision of legal services
\$50,000.00	Provision of HVAC Maintenance and Service
\$50,356.20	Provision of elevator maintenance service and repair
\$66,178.10	Provision Power Telematics Generator Remote Monitoring System

\$78,792.00	Provision of Enterprise Immune System and training for the Hospital
\$53,760.00	Provision of the CDM Master and Knowledge Sources Modules to the Hospital's Finance Department.
\$12,303.24	Provision of "maintenance mode" services for the patient records of the recently closed skilled nursing facility (SNF).
\$92,500.00	Provision of the Fluoroscopy: AC/Humidifier Installation.
\$201,240.00	Provision of gastroenterology outpatient clinic and gastroenterology on-call services.
\$26,487.00 (Annual Rent)	Lease agreement for Suite 207 @ 1328 Southern Ave SE, Washington, DC
\$14,400.00	Provision of legal (Litigation) services
\$32,670.00	Provision of diagnostic and therapeutic equipment
\$500,000.00	Provision of Respiratory Therapists
\$143,865.62	Provision of Nursing Staff (15 days of OY1)
\$800,000.00	Provision of legal services for additional 8 months
N/A	Academic Affiliation Agreement & COVID Addendum
\$433,000.00	Provision of Wound Care Management Services
\$8,340.00	Provision of Perpetual Software Support Services for the Fluency for Imaging (FFI) Perpetual Solution software
\$276,500.00	Provision of licensed software
\$124,292.30	Provision of psychiatric services
\$250,000.00	Provision of Medicare Cost Reporting and Supplemental Information
\$50,000.00	Provision of third-party administrative services
\$175,000.00	Provision of legal representation for the Hospital
\$50,000.00	Provision of Direct Data Entry (DDE) of claims into the Medicare Claims System.
\$34,240.87	Provision of subscription and implementation of IMO enhanced terminology platform
\$50,000.00	Provision of emergency and non-emergency medical transportation services to Hospital, including Advanced Life Support, Basic Life Support, and Critical Care ambulance services

\$90,534.69	Provision of Compliance and Incident Management Electronic Tools
\$20,000.00	Provision of website management services.
\$125,000.00	Provision of Ambulance Services
\$50,000.00	Provision of Emergency Security Services
\$77,508.72	Provision of Emergency Department and Inpatient with HCAHPS, and Quality Performer Services
\$16,200.00	Provision of Medisolv Quality and Patient Safety Reporting System, including CMS Interoperability (Meaningful Use) reporting
\$75,000.00	Emergency Engineering Services for Boiler Plant
\$190,000.00	Modification for continued provision of Rehabilitation Staffing/Recruitment
\$97,350.00	Modification to decrease NTE \$ amount by \$34,350.00 on contract for the provision of
\$24,850.00	neurology on-call services to decrease the base term funding request, to reflect reduced call coverage provided by contractor.
\$100,000.00	Modification to decrease NTE \$ amount (decreased by \$38,150.00) on contract for the provision of
\$100,000.00	neurology on-call services to decrease the base term funding request, to reflect reduced call coverage provided by contractor.
\$100,000.00	Provision of neurology on-call services
\$29,400.00	Provision of neurology on-call services
\$96,000.00	Provision of EEG coverage for the Hospital Emergency Department and Inpatient Units
\$10,000.00	Provision of legal services for preparation and representation of the Hospital in litigation matters.
N/A	Clinical Practicum in the Hospital's Nursing Department
\$50,000.00	Provision of court reporting, videography, videoconferencing, interpretation, and trial support services
\$34,494.00	Provision of water softener treatment and services for hospital's plant operation
\$5,000.00	Provision of fire alarm panel system.
\$880,383.00	Provision of professional services from Essential Surgical Care
\$61,146.15	Modification exercises an additional one (1) month of Option year One (1) for a period for the
\$39,600.00	provision of psychiatric services, in which Contractor employs board-certified psychiatrists and other mental health professionals to the Hospital to provide direct patient care, on-call and
\$39,600.00	Provision of Education System for the Hospital
\$61,146.15	Provision of board-certified psychiatrists and other mental health professionals and assists the Hospital in the operation and management of certain of its behavioral health programs.

\$198,163.12	Rental Agreement takes the place of the four (4) individual leases and also covers the MPS Printer and the Copier on-going maintenance and support.
\$10,000.00	Settlement Agreement



TERM
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10/01/2019 - 03/01/2020
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2/1/2022 - 9/30/2022
N/A

(12) SETTLEMENT A

DATE OF EXECUTION	CONTRACTOR/VENDOR	\$ AMOUNT
11/4/20	Sign Language USA LLC	\$16,555.00
12/28/20	Entercom Communications Corp.	\$4,878.33
4/29/21	PITT Electric Inc. & Construction	\$23,750.00
5/7/21	Fisher Phillips LLP	\$33,984.50
5/28/21	Chelica Thompson	\$38,000.00
5/28/21	Riviera Finance	\$133,950.00
6/23/21	Waldon Studios Architects	\$173,745.03
6/23/21	DECO Recovery Management, LLC	\$220,000.00
8/18/21	Clotilda Choh	\$0.00
8/18/21	Estate of Robert Nathaniel Barner	\$150,000.00
8/19/21	Thompson Coburn LLP	\$5,128.50
8/19/21	Nossaman LLP	\$1,180.50

AGREEMENTS EXECUTED IN FY2021

SERVICES
Provision of sign language services
Provision of radio advertisement for a local station WPGC 95.5
Settlement agreement for invoice no. Ext-UMC01042021 for the 4-month extension for use of 8 - 40ft storage containers to store the Hospitals' PP
Provision of legal services performed - Willie "Bill" Robinson case
Settlement and release of any and all claims that Thompson may have against NFPHC
Security guard services provided by Pact Pro LLC
Provision of Architect Services
Provision of professional self-pay eligibility vendor authorized to work in a specific department to assist all UMC self-pay patients who are serviced ; has no insurance payer source with a governmental product based on their ability to pay.
Union Settlement
Confidential Settlement
Provision of legal services related to Julian Craig v. UMC
Provision of legal services related to Julian Craig v. UMC

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Financial Statements
(With Independent Auditors' Report)**

September 30, 2020 and 2019

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Component Unit of the District of Columbia)**

September 30, 2020 and 2019

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INDEPENDENT AUDITORS' REPORT

To the Mayor, Members of the Council of the Government of the District of Columbia,
the Board of Directors of Not-For-Profit Hospital Corporation and
Inspector General of the Government of the District of Columbia
Washington, D.C.

Report on the Financial Statements

We have audited the accompanying financial statements of the Not-For-Profit Hospital Corporation, commonly known as United Medical Center (the Medical Center), a blended component unit of the Government of the District of Columbia, as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

The Medical Center's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Medical Center as of September 30, 2020, and the changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Prior Period Financial Statements*

The financial statements of the Medical Center as of and for the year ended September 30, 2019 were audited by other auditors. Those auditors expressed an unmodified opinion on those statements in their report dated January 2, 2020.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 13, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 6, 2021, on our consideration of the Medical Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control over financial reporting and compliance.



Washington, D.C.
January 6, 2021

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2020 and 2019**

Overview of the Financial Statements

Management's discussion and analysis (MD&A) is intended to serve as an introduction to the Medical Center's basic financial statements. The Medical Center's financial statements consist of three statements: statements of net position; statements of revenues, expenses, and changes in net position; and statements of cash flows. These financial statements and related notes provide information about the activities of the Medical Center, including resources held by the Medical Center but restricted for specific purposes by contributors, grantors, or enabling legislation.

1. Statements of Net Position

The statement of net position is designed to present information on all of the Medical Center's assets and liabilities. The difference between assets and liabilities is reported as net position. The Statements of Net Position also provides the basis for evaluating the capital structure of the Medical Center and assessing its liquidity and financial flexibility. Over time, an increase or decrease in the Medical Center's net position is one indicator of whether its financial health is improving or deteriorating. It is recommended that one considers additional nonfinancial factors, such as changes in the Medical Center's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Medical Center.

2. Statements of Revenues, Expenses and Changes in Net Position

The Statement of Revenues, Expenses and Changes in Net Position presents changes to the Medical Center's net position during the most recent period. This statement measures the success of the Medical Center's operations during the years ending September 30, 2020 and 2019, and can be used to assess profitability and credit worthiness. Activities are reported as either operating or non-operating. Operating revenues are generally earned by providing goods or services to various customers, patients and related parties. Operating expenses are incurred to acquire or procure the goods and services to carry out the Medical Center's mission. Non-operating revenues and expenses result from activities other than providing goods and services related to patient care. All changes in net position are reported as soon as the underlying events giving rise to the change occurred, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will result in cash flows only in future fiscal periods (e.g., uncollected patient receivables and earned but unused vacation leave). The utilization of capital assets is reflected in the Statement of Revenues, Expenses and Changes in Net Position as depreciation and amortization expense, which depreciates or amortizes the cost of a long-lived asset over its expected useful life.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2020 and 2019**

3. *Statements of Cash Flows*

The final required statement is the Statement of Cash Flows. The Statements of Cash Flows reports cash receipts, cash payments, and net changes in cash resulting from operating, noncapital financing, and capital and related financing activities. The Statements of Cash Flows describes the sources of cash, for what the cash was used, and the change in cash balance during the reporting period. The Statement of Cash Flows aids in the assessment of the Medical Center's ability to generate future net cash flows and to meet obligations and commitments as they come due. The primary source of operating cash flows was service revenues received from patients and their public and private insurance providers. Uses of these cash sources include payments as wages and fringe benefits to employees and payments to suppliers and contractors for goods and services procured by the Medical Center.

4. *Notes to the Financial Statements*

The notes to the financial statements provide additional information that is essential for a complete understanding of the data provided in the basic financial statements. The notes to the financial statements commence on page 17 of this report.

Fiscal Year 2020 Financial Highlights

- The Medical Center's total assets exceed its liabilities as of September 30, 2020 and 2019, by \$88.9 million and \$91.9 million, respectively.
- The Medical Center's change in net position was (\$3.0) million and (\$2.6) million for the years ended September 30, 2020 and 2019, respectively. The negative change in net position was primarily due to a 7% increase in operating expenses due to unbudgeted Coronavirus (COVID-19) expenses.
- The Medical Center's operating loss includes \$13.2 million and \$11.4 million of depreciation expense for the years ended September 30, 2020 and 2019, respectively.
- The Medical Center's operating loss decreased by \$12.8 million primarily due to District subsidies.
- The Medical Center received \$34.7 million and \$37.4 million grants and subsidies from the District of Columbia (the District) in fiscal years 2020 and 2019, respectively.
 - During fiscal year 2020, a District grant of \$25.8 million was for continued operating support, and a subsidy of \$8.9 million was for capital related costs.
 - During fiscal year 2019, a District grant and subsidies of \$35.4 million were for continued operating support, and \$2 million was for capital related costs.
- The Medical Center's total liabilities increased from \$30.3 million to \$55.9 million during fiscal year 2020, mainly due to accrued salaries and deferred liabilities for COVID-19 payments.
- The Medical Center's net working capital (current assets minus current liabilities) decreased from \$31.8 million to \$28.0 million during fiscal year 2020.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2020 and 2019**

Fiscal Year 2019 Financial Highlights

- The Medical Center's total assets exceed its liabilities as of September 30, 2019 and 2018, by \$91.9 million and \$94.5 million, respectively.
- The Medical Center's change in net position was (\$2.6) million and (\$10.9) million for the years ended September 30, 2019 and 2018, respectively. The positive change in net position was primarily due to a \$17.5 million received from the reinstatement of the disproportionate share revenue.
- The Medical Center's operating loss increase includes \$11.4 million and \$11.7 million of depreciation expense for the years ended September 30, 2019 and 2018, respectively.
- The Medical Center's operating loss decreased by \$12.6 million primarily as a result of reinstatement of disproportionate share revenues.
- The Medical Center received \$37.4 million and \$41.0 million subsidy from the District of Columbia (the District) in fiscal years 2019 and 2018, respectively.
 - During fiscal year 2019, \$2 million of the subsidy received was for capital related assets, \$35.4 million was for continued operating support.
 - During fiscal year 2018, \$8.8 million of the subsidy received was for capital related costs, \$32.2 million was for continued operating support.
- The Medical Center's total liabilities decreased from \$31.8 million to \$30.3 million during fiscal year 2019.
- The Medical Center's net working capital (current assets minus current liabilities) increased from \$27.9 million to \$31.8 million during fiscal year 2019.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
 UNITED MEDICAL CENTER
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**Management’s Discussion and Analysis
 September 30, 2020 and 2019**

Financial Analysis of the Medical Center as a Whole

The statement of net position provides the perspective of the Medical Center as a whole. The table below provides a summary of the Medical Center’s total assets, liabilities and net position as of September 30, 2020, 2019, and 2018:

	Condensed Statements of Net Position		
	2020	2019	2018
Assets:			
Current assets	\$ 75,130,678	\$ 53,903,856	\$ 54,515,023
Non-current assets:			
Capital assets, net	<u>69,722,079</u>	<u>68,253,650</u>	<u>71,822,908</u>
Total non-current assets	<u>69,722,079</u>	<u>68,253,650</u>	<u>71,822,908</u>
Total assets	<u>144,852,757</u>	<u>122,157,506</u>	<u>126,337,931</u>
Liabilities:			
Current liabilities	<u>47,094,247</u>	22,128,617	26,592,681
Non-current liabilities	<u>8,848,383</u>	<u>8,128,775</u>	<u>5,232,247</u>
Total liabilities	<u>55,942,630</u>	<u>30,257,392</u>	<u>31,824,928</u>
Net Position:			
Net investment in capital assets	<u>69,722,079</u>	68,253,650	71,822,908
Restricted for capital projects	<u>17,012,140</u>	14,035,736	22,463,844
Unrestricted	<u>2,175,908</u>	9,610,728	226,251
Total net position	<u>\$ 88,910,127</u>	<u>\$ 91,900,114</u>	<u>\$ 94,513,003</u>

2020 – The net position, over a period of time, can serve as a useful indicator of an organization’s financial position. As of September 30, 2020 and 2019, the Medical Center’s assets exceeded liabilities by \$88.9 million and \$91.9 million, respectively.

Capital assets reported on the financial statements represent the largest portion of the Medical Center’s assets. As of September 30, 2020 and 2019, capital assets represent 48.1% and 55.9% of total assets, respectively. Capital assets include land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. Net capital assets increased by \$1.5 million during the fiscal year 2020. The Medical Center’s annual depreciation and amortization was \$13.2 million in fiscal year 2020, an increase of \$1.7 million from the previous year. The Medical Center uses these capital assets to provide medical care to citizens of the District Wards 7 and 8 and the adjoining Prince Georges County, Maryland.

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**Management’s Discussion and Analysis
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The next largest portion of the Medical Center’s assets is current assets, which is mostly comprised of cash and cash equivalents and net patient receivables. As of September 30, 2020 and 2019, current assets represented 51.9% and 44.1%, respectively of total assets. Total current assets increased by \$21.2 million. The increase was mainly due to the \$21.5 million increase in the Medical Center’s cash.

Current liabilities represent 84.2% and 73.1 % of the Medical Center’s total liabilities as of September 30, 2020 and 2019, respectively. Current liabilities increased by \$25.0 million or 113% as of September 30, 2020 compared to the balance as of September 30, 2019. The change in current liabilities was primarily due to deferred revenue from stimulus payments.

The following table reflects the change in net position for the years ended September 30, 2020 and 2019:

Changes in Net Position

Balance as of September 30, 2018	\$ 94,513,003
Decrease in net position	<u>(2,612,889)</u>
Balance as of September 30, 2019	91,900,114
Decrease in net position	<u>(2,989,987)</u>
Balance as of September 30, 2020	<u><u>\$ 88,910,127</u></u>

2019 – As of September 30, 2019 and 2018, the Medical Center’s assets exceeded liabilities by \$91.9 million and \$94.5 million, respectively.

Capital assets reported on the financial statements represent the largest portion of the Medical Center’s assets. As of September 30, 2019 and 2018, capital assets represent 55.9% and 56.8% of total assets, respectively. Capital assets include land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. Net capital assets decreased by \$3.6 million during the fiscal year 2019. The Medical Center’s annual depreciation and amortization was \$11.4 million in fiscal year 2019, a decrease of \$301 thousand from the previous year.

The next largest portion of the Medical Center’s assets is current assets, which is mostly comprised of cash and cash equivalents and net patient receivables. As of September 30, 2019 and 2018, current assets represented 44.1% and 43.2%, respectively of total assets. Total current assets decreased by \$611 thousand. The decrease was mainly due to the \$4.4 million decrease in the Medical Center’s accounts receivable, inventory and prepaid expenses offset by \$3.8 million increase in cash.

Current liabilities represent 73.1% and 83.6% of the Medical Center’s total liabilities as of September 30, 2019 and 2018, respectively. Current liabilities decreased by \$4.5 million or 16.8% as of September 30, 2019 compared to the balance as of September 30, 2018. The change in current liabilities was primarily due to the timing of vendor payments.

NOT-FOR-PROFIT HOSPITAL CORPORATION
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Management's Discussion and Analysis
September 30, 2020 and 2019

The statements of revenues, expenses and changes in net position presents information showing how the Medical Center's net position changed during the years ended September 30, 2020, 2019, and 2018. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. The following table presents condensed financial information from the statements of revenues, expenses and changes in net position for the years ended September 30, 2020, 2019, and 2018:

**Condensed Schedule of Revenues, Expenses, and
Changes in Net Position**

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Revenues:			
Operating revenues:			
Net patient service revenue	\$ 74,862,287	\$ 80,155,923	\$ 89,118,289
Disproportionate share revenues	9,755,008	14,294,933	-
Other operating revenues	63,591,171	30,624,204	23,351,168
Total operating revenues	<u>148,208,466</u>	<u>125,075,060</u>	<u>112,469,457</u>
Nonoperating revenues (expenses):			
Subsidy from District of Columbia	8,857,036	22,049,421	25,827,149
Total nonoperating revenues	<u>8,857,036</u>	<u>22,049,421</u>	<u>25,827,149</u>
Total revenues	<u>157,065,502</u>	<u>147,124,481</u>	<u>138,296,606</u>
Expenses:			
Operating expenses:			
Salaries and benefits	71,545,793	71,373,855	73,716,805
Supplies	17,270,823	13,604,157	15,889,851
Depreciation and amortization	13,155,749	11,448,837	11,749,872
Other expense	58,083,124	53,310,521	47,836,939
Total operating expenses	<u>160,055,489</u>	<u>149,737,370</u>	<u>149,193,467</u>
Change in net position	<u>(2,989,987)</u>	<u>(2,612,889)</u>	<u>(10,896,861)</u>
Net position, beginning of year	<u>91,900,114</u>	<u>94,513,003</u>	<u>105,409,864</u>
Net position, end of year	<u>\$ 88,910,127</u>	<u>\$ 91,900,114</u>	<u>\$ 94,513,003</u>

2020 – The Medical Center's total operating revenues were \$148.2 million and \$125.1 million for the years ended September 30, 2020 and 2019. Revenues from patient care services represent 50.5% and 64.1% of total operating revenues, respectively. The Medical Center receives approximately 76.5% of its patient service revenue from governmental payors (primarily Medicare and Medicaid) and the remainder from various other nongovernmental payors.

Net patient service revenue, net of provision for bad debt, decreased 6.6% in fiscal year 2020 compared to the prior fiscal year due to corresponding decreases in patient care activities.

NOT-FOR-PROFIT HOSPITAL CORPORATION
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The Medical Center’s total costs were \$160.1 million and \$149.7 million for the years ended September 30, 2020 and 2019, an increase of \$10.3 million. The increase was primarily due to the supplies and labor costs incurred in preparation for the anticipated COVID-19 surge.

2019 – The Medical Center’s total operating revenues were \$125.1 million and \$112.5 million for the years ended September 30, 2019 and 2018. Revenues from patient care services represent 64.1% and 79.2% of total operating revenues, respectively. The Medical Center receives approximately 90.1% of its patient service revenue from governmental payors (primarily Medicare and Medicaid) and the remainder from various other nongovernmental payors.

Net patient service revenue, net of provision for bad debt, decreased 12.0% in fiscal year 2019 compared to the prior fiscal year due to corresponding decreases in patient care activities.

The Medical Center’s total costs were \$149.7 million and \$149.2 million for the years ended September 30, 2019 and 2018, an increase of \$0.5 million.

Capital and Debt Administration

Capital Assets

The Medical Center’s capital assets as of September 30, 2020, 2019 and 2018 amount to \$69.7 million, \$68.3 million and \$71.8 million (net of accumulated depreciation and amortization), respectively. This investment in capital assets includes land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. The following table summarizes the Medical Center’s capital assets net of accumulated depreciation and amortization as of September 30, 2020, 2019, and 2018, respectively:

Asset Category:	2020	2019	2018
Land	\$ 8,100,000	8,100,000	\$ 8,100,000
Construction in progress	1,577,339	840,142	417,147
Land improvements	275,787	298,968	322,157
Buildings and improvements	45,083,218	45,743,923	49,045,816
Equipment	10,829,222	10,220,160	12,472,530
Equipment under capital lease obligations	-	-	3,899
Software	3,856,513	3,050,457	1,461,359
Capital assets, net	\$ 69,722,079	\$ 68,253,650	\$ 71,822,908

See notes 1 and 4 to the basic financial statements for additional disclosure on capital assets.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Management’s Discussion and Analysis
 September 30, 2020 and 2019**

Long-term Liabilities

As of September 30, 2020, 2019 and 2018, the Medical Center had total long-term liabilities outstanding of \$8.8 million, \$8.1 million, and \$5.2 million respectively. The following table summarizes the Medical Center’s long-term debt, which is presented in more detail in Note 5 of the basic financial statements:

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Estimated third party settlements	\$ 7,219,040	6,011,826	2,815,770
Other liabilities	<u>1,629,343</u>	<u>2,116,949</u>	<u>2,416,477</u>
Total noncurrent liabilities	\$ 8,848,383	\$ 8,128,775	\$ 5,232,247

Economic Factors

- COVID-19 Pandemic** – On March 11, 2020 Mayor Bowser of the District of Columbia (the District) declared public health emergency due to the COVID-19 pandemic. As a part of this declaration of public health emergency the Medical Center began coordinating with other agencies regarding preparation to meet the surge requirements mandated by the District. On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and the CARES Act provides funding to providers during this time of pandemic. The Surgeon General, on March 17, 2020, advised a halt to all hospital elective procedures to ensure resources are available to treat patients with coronavirus (COVID-19). In addition to halting all hospital elective procedures, the District of Columbia Department of Health (DC Health) recommended that all elective medical procedures, non-urgent hospital and outpatient visits, and non-urgent dental procedures be postponed to preserve health care capacity as the community mitigation strategies worked to flatten the epidemic curve. The Medical Center adhered to every regulation imposed by Federal or the District. The Medical Center experienced the impact of COVID-19 most of FY20 and into FY21 as the surge continues. We are not sure of the amount of impact in FY21. Various vaccines are becoming available and the Medical Center will participate fully in the process.
- Pricing Transparency** – The Centers for Medicare & Medicaid Services’ (CMS) fiscal year 2019 Inpatient Prospective Payment System (IPPS) final rule, instituted new price transparency requirements for all hospitals. Effective January 1, 2019, hospitals must make available to the public a listing of their standard charges via the internet. Additionally, IPPS hospitals must also post their standard charge for each Diagnostic Related Group (DRG). The hospital successfully met this requirement on December 23, 2018 by posting the Medical Center’s Charge Master to its website as well as to the CMS website.

Effective January 1, 2021, hospitals are required to meet further requirements of posting a comprehensive machine-readable file with all items and services and display a list of 300 shoppable services of which 70 were provided by CMS and 270 are the choice of the hospital in a consumer-friendly format. If this deadline is not achieved CMS will impose a \$300 a day penalty. The Medical Center is on track to meet this deadline and does not expect to incur any penalties.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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- ***The Patient Protection and Affordable Care Act of 2010*** – The uncertainty of the Affordable Care Act (ACA) will continue to have a profound economic impact on the nation's healthcare system and on the Medical Center in particular. Among the numerous provisions of the Act, those with the greatest effect on the Medical Center include the Medicaid population expansion and the individual mandate, both of which enlarged the Medical Center's insured population and concomitantly shrink its uninsured population; and the decrease of associated Medicare disproportionate share hospital (DSH) payments. However, it is uncertain how future congressional actions may impact the ACA. Other legislation that may impact the Medical Center include Medicare prospective payment system rate changes; and the resurgence in Medicare and Medicaid programs use of Recovery Audit Collectors (RAC) to recover allegedly improper payments.
- ***The American Recovery and Reinvestment Act of 2009*** – The American Recovery and Reinvestment Act of 2009 (ARRA) mandated a reduction to the applicable percentage of increase to the Inpatient Prospective Payment System payment rate for eligible hospitals that are not meaningful Electronic Health Record (EHR) users. The hospital successfully demonstrated meaningful use of Certified EHR Technology during calendar year 2018. Beginning October 1, 2019, the hospital will receive the full Medicare market basket rate increase. The United Medical center has continued to meet the measures for 2019 and is on track to meet the measures for 2020.
- ***Medicare Sequestration*** – On April 1, 2013, a provision of the Budget Control Act of 2011 requiring mandatory across-the-board reductions in Federal spending commenced (commonly referred to as sequestration). The provision included a 2% reduction to Medicare payments made to healthcare providers, including payments made under the meaningful use incentive program. The payment reduction is effective until 2023, however it is not possible to determine how future congressional actions to reduce the federal deficit will impact the Medical Center's revenues.
- ***Pay for Performance*** – The Affordable Care Act mandated programs that affect reimbursement through evaluation of the quality of care and cost of care provided to patients at the federal level; however, there are an increasing number of programs arising from state, including the District Medicaid and private interests. These programs provide incentives (and/or penalties) for reporting performance data and those that provide incentives (and/or penalties) based on benchmarking performance data against other providers regionally and nationally. The pay for performance programs will continue into the future and the Medical Center is aggressively monitoring and enhancing its quality performance programs in an effort to maintain incentive dollars.
- ***Certain Significant Risks and Uncertainties*** – Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. There is a reasonable possibility that estimates could change by material amounts. Management periodically reviews recorded amounts receivable from or payable to third-party payors and may adjust these balances as new information becomes available. In addition, revenue received under certain third-party agreements is subject to audit. Adjustments resulting from such audits and management reviews of unaudited years and open claims are reflected as adjustments to revenue in the year that the adjustment becomes known.

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- ***District of Columbia Universal Paid Leave*** – The D.C. Council gave final approval in December 2017, to a plan that will provide private-sector workers paid family and medical leave benefits. The bill, which passed by a veto-proof margin of 9 to 4, guarantees eight weeks of paid time off to new parents, six weeks to workers caring for ailing family members and two weeks of personal sick time. To pay for it, the District will levy a new 0.62 percent payroll tax on employers small and large to generate \$250 million annually, which will be distributed by a new arm of the city government. Under the plan approved by the council, the city would reimburse employees for 90 percent of their first \$900 in weekly pay and 50 percent of their remaining weekly pay, with a cap of \$1,000 per week. New legislation was introduced in June 2018, *Universal Paid Leave Pay Structure Amendment Act of 2018*, to amend certain provisions of the existing plan.

Effective July 1, 2019, the District began collecting taxes from employers for the Universal Paid Leave program. The Medical Center is in compliance.

Effective July 1, 2020, the District began administering the previously mentioned paid family leave benefits of eight weeks to bond with a new child, six weeks to care for a family member with a serious health condition, and two weeks to care for your own serious health condition.

- ***Medicaid Disproportionate Share Revenues*** – The Medicaid program pays the Medical Center Disproportionate Share (DSH) payments for servicing certain low income patients. The Medical Center received \$10.7 million in DSH payments in fiscal year 2020. The Medical Center continues to receive DSH payments and expects to receive those payments for the foreseeable future based on new regulations.
- ***District of Columbia Minimum Wage Increase*** – The “Fair Shot Minimum Wage Amendment Act of 2017” signed into law on June 27, 2018 after unanimous passage by the D.C. Council. Under the new law, the minimum wage will progressively increase to \$15.00 per hour on July 1, 2020, then increasing each successive year starting in 2021 in proportion to the increase in the Consumer Price Index (CPI). Beginning July 1, 2020, the minimum wage in the District of Columbia increased from \$14.00 per hour to \$15.00 per hour for all workers, regardless of size of employer. The Medical Center has adjusted the wages of all eligible employees to reflect this mandate.
- ***Joint Commission*** – The Joint Commission is an accreditation body that performs surveys on a triannual basis. The Medical Center entered into their survey window for re-accreditation in fiscal year 2020. The re-accreditation survey began on November 10, 2020, pushed in to fiscal year 2021 due to COVID-19, and continued until November 13, 2020. The Medical Center received positive feedback from the surveyors with minimal findings to address and is awaiting final recertification. The next Joint Commission survey will be in 2023.
- ***Skilled Nursing Facility*** – In May 2020, the Medical Center Board approved the Skilled Nursing Facility's temporary closure for the safety of the residents due to the severity of the COVID-19 pandemic. The residents received temporary placement at other facilities. As of this date, measures are in process for the permanent placement of all residents, at the completion of which the Skilled Nursing Facility will receive approval for permanent closure.

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Requests for Information

This financial report is designed to provide a general overview of the Medical Center's financial activities and to demonstrate the Medical Center's accountability for the funds it receives. Questions concerning any of the information provided in this report or requests for additional information should be addressed to:

The Office of the Chief Financial Officer
Not-for-Profit Hospital Corporation
United Medical Center
1310 Southern Avenue, S.E.
Washington, DC 20032
(202) 574-6993

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Statements of Net Position
 September 30, 2020 and 2019**

ASSETS	2020	2019
Current assets:		
Cash	\$ 53,401,936	31,932,976
Patient receivables, net of allowances for estimated uncollectibles	14,651,297	18,294,792
Inventories	6,023,594	1,272,822
Prepaid expenses and other assets	1,053,851	2,403,266
Total current assets	75,130,678	53,903,856
Capital assets, net	69,722,079	68,253,650
Total assets	144,852,757	122,157,506
LIABILITIES AND NET POSITION		
Current liabilities:		
Accounts payable and accrued expenses	18,773,451	12,129,367
Accrued salaries and benefits	11,837,726	8,588,223
Other liabilities	16,483,070	1,411,027
Total current liabilities	47,094,247	22,128,617
Estimated settlements due to third party payors, net of current portion	7,219,040	6,011,826
Other long-term liabilities	1,629,343	2,116,949
Total noncurrent liabilities	8,848,383	8,128,775
Total liabilities	55,942,630	30,257,392
Net position:		
Net investment in capital assets	69,722,079	68,253,650
Restricted for:		
Expendable		
Capital projects	17,012,140	14,035,736
Unrestricted	2,175,908	9,610,728
Total net position	\$ 88,910,127	\$ 91,900,114

The accompanying notes are an integral part of these financial statements.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Statements of Revenues, Expenses, and Changes in Net Position
 For the Years Ended September 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Operating revenues:		
Patient service revenue, net of contractual allowance and other adjustments	\$ 89,687,243	\$ 94,836,067
Provision for bad debts	<u>(14,824,956)</u>	<u>(14,680,144)</u>
Net patient service revenue, less provision for bad debts	74,862,287	80,155,923
Disproportionate share revenues	9,755,008	14,294,933
Grant revenues	855,860	479,092
District Grants	25,822,415	15,366,723
Federal Grants	23,056,284	-
Other operating revenues	<u>13,856,612</u>	<u>14,778,389</u>
Total operating revenues	<u>148,208,466</u>	<u>125,075,060</u>
Operating expenses:		
Salaries and wages	55,996,871	57,259,309
Employee benefits	15,548,921	14,114,546
Contract labor	4,181,479	3,164,214
Supplies	17,270,823	13,604,157
Professional fees	19,902,630	19,796,325
Purchased services	20,441,753	18,337,525
Depreciation and amortization	13,155,749	11,448,837
Utilities	3,493,578	3,139,148
Insurance	3,460,339	3,055,069
Rent and leases	399,372	945,338
Repairs and maintenance	4,045,279	3,090,924
Other expenses	<u>2,158,694</u>	<u>1,781,978</u>
Total operating expenses	<u>160,055,489</u>	<u>149,737,370</u>
Operating loss	<u>(11,847,023)</u>	<u>(24,662,310)</u>
Nonoperating revenues (expenses):		
District Subsidy - operating	-	20,000,000
Total nonoperating revenues	<u>-</u>	<u>20,000,000</u>
Change in net position before District Capital Subsidy	(11,847,023)	(4,662,310)
District subsidy- capital	<u>8,857,036</u>	<u>2,049,421</u>
Changes in net position	<u>(2,989,987)</u>	<u>(2,612,889)</u>
Net position, beginning of year	<u>91,900,114</u>	<u>94,513,003</u>
Net position, end of year	<u>\$ 88,910,127</u>	<u>\$ 91,900,114</u>

The accompanying notes are an integral part of these financial statements.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Statements of Cash Flows
For the Years Ended September 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 79,712,996	\$ 102,259,421
Payments to employees and fringe benefits	(57,526,784)	(71,098,420)
Payments to suppliers and contractors	(68,296,289)	(72,169,960)
Other receipts and payments, net	<u>73,346,179</u>	<u>30,624,204</u>
Net cash provided by (used in) operating activities	<u>27,236,102</u>	<u>(10,384,755)</u>
Cash flows from noncapital financing activities:		
Proceeds from District of Columbia	-	20,000,000
Net cash from noncapital financing activities	<u>-</u>	<u>20,000,000</u>
Cash flows from capital and related financing activities:		
Cash received in contribution from the District of Columbia	8,857,036	2,049,421
Repayment of capital lease obligations	-	-
Purchase of capital assets	<u>(14,624,178)</u>	<u>(7,879,579)</u>
Net cash used in capital and related financing activities	<u>(5,767,142)</u>	<u>(5,830,158)</u>
Net increase in cash and cash equivalents	21,468,960	3,785,087
Cash, beginning of year	<u>31,932,976</u>	<u>28,147,889</u>
Cash, end of year	<u>\$ 53,401,936</u>	<u>\$ 31,932,976</u>
	<u>2020</u>	<u>2019</u>
Reconciliation of operating loss to net cash used in operating activities:		
Operating loss	\$ (11,847,023)	\$ (24,662,310)
Adjustments to reconcile operating loss to net cash flows from operating activities:		
Depreciation and amortization	13,155,749	11,448,837
Provision for bad debts	14,824,956	14,680,144
Effect of changes in noncash operating assets and liabilities:		
Patient receivables, net	(11,181,461)	(10,067,635)
Inventories	(4,750,772)	246,746
Prepaid expenses and other assets	1,349,415	(463,001)
Accounts payable and accrued expenses	6,644,084	(2,508,537)
Accrued salaries and benefits	3,249,503	275,435
Estimated settlements due to third party payors	1,207,214	3,196,056
Other liabilities	<u>14,584,437</u>	<u>(2,530,490)</u>
Net cash from operating activities	<u>\$ 27,236,102</u>	<u>\$ (10,384,755)</u>

The accompanying notes are an integral part of these financial statements.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to the Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Reporting Entity

The Not-For-Profit Hospital Corporation (the Hospital Corporation), commonly known as United Medical Center (the Medical Center) is a 330-bed facility that serves as the primary community healthcare provider to the Southeast area of the District of Columbia (the District). The Medical Center provides inpatient, outpatient, psychiatric, skilled nursing, and emergency care services for residents of the District primarily located in Ward 7 and Ward 8.

The Medical Center was created as an independent instrumentality of the District government. The primary purposes of the Hospital Corporation are to receive the land, improvements on the land, equipment, and other assets of the Medical Center, to operate and take all actions necessary to ensure the continued operations of the Medical Center; and to sell or otherwise transfer all or part of the Medical Center and site, if and when a buyer is identified.

For financial reporting purposes, the Medical Center is reported as a blended component unit of the District. Consistent with the authoritative guidance of the Governmental Accounting Standards Board (GASB), the Medical Center is a legally separate entity, and the District appoints a voting majority of the Medical Center's board. The Medical Center also depends on financial resources flowing from, or associated with, the District, a related entity and the District is able to impose its will on the Medical Center. Funds flowing from the District to the Medical Center are subject to changes to the District's laws and appropriations.

The Medical Center owns and operates a 120-bed Skilled Nursing Facility (SNF). As a distinct part of the Medical Center, the SNF provides short or long-term residential care, 24 hours a day. Residents receive a full range of services from a team of skilled healthcare professionals. Net revenues from resident services and operating expense of the SNF are included in the financial statements of the Medical Center.

The GASB establishes standards for external financial reporting for all state and local government entities. These standards require a statement of net position, a statement of revenues, expenses and change in net position and a statement of cash flows. They also require the classification of net position into three components—net investment in capital assets; amounts that are restricted; and amounts that are unrestricted. These classifications are defined as follows:

- *Net investment in capital assets* – This component consists of capital assets, net of accumulated depreciation, reduced by outstanding balances of bonds, mortgages, notes or other borrowings that are attributable to the acquisition, construction, or improvement of those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the acquisition, construction, or improvements of those assets or related debt are included in this component. If there are significant unspent related debt proceeds or deferred inflows of resources at the end of the reporting period, the portion of the debt or deferred inflows of resources attributable to the unspent proceeds is not included in the calculation of net investment in capital assets. Instead, that portion of the debt or deferred inflows of resources is included in the same component as the unspent amount.

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**Notes to Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(a) Reporting Entity *(continued)*

- *Restricted* – This component consists of restricted assets reduced by liabilities and deferred inflows of resources related to those assets. Assets may be restricted through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. Restricted assets are either expendable or nonexpendable. Nonexpendable assets are those that are required to be retained in perpetuity. It is the policy of the Medical Center to use restricted resources first, followed by unrestricted, when expenses are incurred for purposes for which any of these resources are available. Therefore, the Medical Center considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted net position is available.
- *Unrestricted* – This component is the net amount of the assets, deferred outflows of resources, liabilities, and deferred inflows of resources that are not included in the determination of net investment in capital assets or the restricted component of net position.

The accounting policies and practices of the Medical Center conform to accounting principles generally accepted in the United States of America (US GAAP) applicable to an enterprise fund of a government medical center. The financial statement presentation and significant accounting policies adopted by the Medical Center conform to the general practice within the healthcare industry, as published by the American Institute of Certified Public Accountants in its audit and accounting guide, *Health Care Entities*.

(b) Enterprise Fund Accounting

The Medical Center uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis of accounting using the economic resources measurement focus.

(c) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates. Significant items subject to such estimates and assumptions include the useful lives of fixed assets; allowances for doubtful accounts and contractual allowances and other contingencies.

(d) Cash and Cash Equivalents

The Medical Center considers all highly-liquid, temporary investments with original maturities of three months or less to be cash equivalents. Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily converted to cash. Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss. The Medical Center has not experienced such losses on these funds.

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**Notes to Financial Statements
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1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(e) Inventories

Inventories, which primarily consist of medical supplies and pharmaceuticals, are valued at the lower of cost or market with cost determined generally on the first-in-first-out basis.

(f) Revenue Recognition

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement are subject to negotiation, audit, and/or final determination by the third-party payors. As a result, there is at least a possibility that recorded estimates could change in the near term. Variances between preliminary estimates of net patient service revenue and final third-party settlements are included in net patient service revenue in the year in which the settlement or change in estimate occurs.

Patient accounts receivable are recorded net of estimated contractual allowances and amounts estimated to be uncollectible. The total estimated allowance for contractual and doubtful accounts as of September 30, 2020 and 2019 was approximately \$60.5 million and \$46.0 million, respectively.

The Medical Center receives subsidies from the District to support general operations and for capital asset acquisitions. This non-operating revenue is recorded when capital contributions are made by the District, which is recorded as non-operating revenues in the accompanying statements of revenues, expenses, and changes in net position. The Medical Center also receives funding to defray the costs of management related operating expenses, and the funding of emergency department physicians and hospitalists. These amounts are recognized as revenues when related expenses are incurred and are recorded in District grants revenues in the accompanying statements of revenues, expenses, and changes in net position.

Amounts received under grants and the District outpatient access are recognized as revenue when the related expenses are incurred or when the requirements are met.

(g) Disproportionate Share Hospital Revenues

Disproportionate Share Hospital Revenue (DSH) is funding received by the Medical Center for the treatment of indigent patients. DSH revenue is recognized as operating revenue in the year to which it is applied. The Medical Center recognized \$9.8 million and \$14.3 million in Medicaid DSH revenues for the years ended September 30, 2020 and 2019, respectively.

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**Notes to Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(h) Fair Market Value of Financial Instruments

The carrying amounts of the Medical Center's financial instruments that include cash equivalents, patient receivables, and accounts payable, as reported in the accompanying statements of net position, approximate their fair market value.

(i) Capital Assets

The Medical Center defines capital assets as classes of assets with an initial aggregate cost of more than \$5,000 and estimated useful lives in excess of one year. Land, land improvements, buildings and improvements, equipment, software, and construction in progress are stated at cost at the date of acquisition, estimated historical cost (if actual cost records are not available) or fair market value at the date of donation. When assets are sold or otherwise disposed of, the asset and related accumulated depreciation are removed from the accounts, and any remaining gain or loss is charged to operations. Repairs and maintenance are charged to expense when incurred. Capital assets are depreciated or amortized using the straight line method over the estimated useful lives of the assets.

All capital assets other than land and construction in progress are depreciated or amortized utilizing the straight-line method of depreciation over the following estimated useful lives of the assets:

Land improvements	5-25 years
Buildings and building improvements	5-40 years
Building fixtures	5-20 years
Equipment	3-15 years
Computers	5 years
Software	3-5 years

(j) Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both the reported claims and claims incurred but not yet reported. These amounts are included as a component of other long-term liabilities in the statements of net position.

(k) Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge and does not pursue collection of amounts determined to qualify as charity care. These amounts are not reported as revenue. The Medical Center maintains records to identify and monitor the level of charity care provided. The criteria used for charity service considers family income, net worth, and other eligibility criteria at time of application. The Medical Center provided approximately \$508 thousand and \$1 million of charity care during the years ended September 30, 2020 and 2019, respectively, based on the cost to charge ratio.

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**Notes to Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(l) Operating Revenues and Expenses

The Medical Center's statement of revenues, expenses, and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues generally result from transactions associated with providing health care services - the Medical Center's principal activity. Operating expenses are incurred to provide healthcare services, financing and administrative costs. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

(m) Meaningful Use Incentives

Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians and certain other professionals when they adopt, implement or upgrade certified Electronic Health Record (EHR) technology and become "meaningful users," as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Incentive payments are paid out over varying transitional schedules depending on the type of incentive (Medicare and Medicaid) and recipient (hospital or eligible provider). Eligible hospitals can attest for both Medicare and Medicaid incentives. For Medicare incentives, eligible hospitals receive payments over four years. For Medicaid incentives, eligible hospitals receive payments based on the relevant State adopted payment structure. Revenue recognition occurs when certain clinical measurements have been attested to. These amounts are included as a component of grant revenue in the accompanying statements of revenues, expenses, and changes in net position. The Medical Center will continue to monitor compliance with EHR technology to avoid future payment penalties.

(n) Risk Management

The Medical Center is exposed to various risks of loss from torts, theft of, damage to, and destruction of assets, business interruption, errors and omissions, employee injuries and illnesses, natural disasters, medical malpractice, and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage.

(o) Net Patient Service Revenues

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center's inpatient services, outpatient services, and physician services are recognized when the services are rendered based on billable charges.

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**Notes to Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(o) Net Patient Service Revenues *(continued)*

The Medical Center's policy is to write-off patient receivables when they are identified as uncollectible. Patient accounts receivable are reduced by an allowance for uncollectible accounts to reserve for accounts, which are expected to become uncollectible in future years. In evaluating the collectability of accounts receivable, the Medical Center utilizes a methodology that considers payor experience by age category.

A summary discussion of the payment agreements with major third-party payors is as follows:

Medicare

Payments to the Medical Center from Medicare for inpatient acute and psychiatric services are made on a prospective basis. Under this program, payments are made at a predetermined specified rate for each discharge, based on a patient's diagnosis, weighted by an acuity factor. The Medical Center is paid a disproportionate share adjustment for servicing certain low income patients. Outpatient services are paid at prospectively determined rates per procedure under a methodology, which utilizes ambulatory payment classifications (APCs). Similar to the inpatient rates, outpatient rates vary according to the procedures performed. Other outpatient services are based on fee schedules. Additional payments are made to the Medical Center for the cost of cases that have an unusually high cost in comparison to national averages. The Medical Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor (MAC). In addition, the Medical Center receives payments for residents in the Skilled Nursing Facility (SNF) who are covered by Medicare. The Medicare program pays the per diem prospective payment rates, which cover all routine services, ancillary services, and capital-related costs for a resident's Part A stay. The program pays different rates for residents according to case-mix adjustments, which are based on residents' Resource Utilization Groups, or RUGs score.

Medicaid

The Medical Center is paid by Medicaid based on All Patient Refined Diagnosis-Related Group (APR-DRG) at a predetermined specified rate for each discharge, subject to a weight or acuity factor, based on patient's diagnosis. Outpatient services are reimbursed based on Enhanced Ambulatory Payment Groups (EAPGs). EAPGs group together procedure and medical visits that share similar clinical characteristics, resource utilization patterns and cost so that the payment is based on the relative intensity of the entire visit. Beginning February 1, 2018, the District's Medicaid program reimbursed skilled nursing facility care based on a prospective per diem rate based on severity of illness and resource needs using a residents' Resource Utilization Group (RUG) score / Health Insurance Prospective Payment System (HIPPS) and now requires documentation.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
September 30, 2020 and 2019**

1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

(o) Net Patient Service Revenues *(continued)*

Health Insurance Prospective Payment System rate codes represent specific sets of patient characteristics (or case-mix groups) health insurers use to make payment determinations under several prospective payment systems. Case-mix groups are developed based on research into utilization patterns among various provider types. For the payment systems that use HIPPS codes, clinical assessment data is the basic input. A standard patient assessment instrument is interpreted by case-mix grouping software algorithms, which assign the case mix group. For payment purposes, at least one HIPPS code is defined to represent each case-mix group. These HIPPS codes are reported on claims to insurers.

Other Insurance Carriers

The Medical Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily or procedure rates. The CareFirst agreement contains a “most-favored nations” clause which means CareFirst would reimburse the Medical Center at or a rate that is lower than the other third-party commercial payors.

(p) Income Taxes

The principal operations of the Medical Center, as an instrumentality of the District, are recognized as exempt from income tax under the applicable income tax regulations of the Internal Revenue Code and the District. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

(q) New Pronouncements

The GASB issued statements No. 83, *Certain Asset Retirement Obligations*, GASB No. 84, *Fiduciary Activities*, GASB No. 85, *Omnibus 2018*, and GASB No. 87, *Leases*. These statements may have a material effect on the Medical Center’s financial statements once implemented. The Medical Center will be analyzing the effects of these pronouncements and plans to adopt them, as applicable, by their effective date.

2. CASH AND CASH EQUIVALENTS

The Medical Center’s cash is held in various bank accounts. These accounts were established and approved by the Office of the Chief Financial Officer (OCFO), Office of Finance and Treasury (OFT) for the District. As of September 30, 2020 and 2019, total cash and cash equivalents held was \$53.4 million and \$31.9 million, respectively, of which \$17.0 million and \$14.0 million, respectively, was set aside for capital expenditures from the District capital subsidy. Interest earned in this account for the years ended September 30, 2020 and 2019 was \$231 thousand and \$44.6 thousand, respectively.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
 UNITED MEDICAL CENTER
 (A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
 September 30, 2020 and 2019**

2. CASH AND CASH EQUIVALENTS (continued)

The Medical Center maintains cash and cash equivalents balances and securities at several financial institutions. The cash balance at each financial institution is insured under the Federal Deposit Insurance Corporation (FDIC) up to \$250 thousand and securities are insured up to \$500 thousand under Securities Investor Protection Corporation (SIPC). At times, the balances on deposit and securities will exceed the balance insured by the FDIC and SIPC. The total deposits held are collateralized at 102%. The Medical Center has a sweep investment account that is a repurchase sweep investment and is in accordance with the District Financial Institutions and Deposit Act of 1997 and the investment policy. The District's investment policy limits investments to obligations of the United States and agencies thereof, prime commercial paper, banker's acceptances and repurchase agreements fully collateralized in obligations of the United States government and agency securities. As of September 30, 2020 and 2019, there were no deposits exposed to custodial credit risk.

3. ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND ACCRUED EXPENSES

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Medical Center as of September 30, 2020 and 2019, consisted of these amounts:

	<u>2020</u>	<u>2019</u>
Patient Accounts Receivable:		
Receivable from patients and their insurance carriers	\$ 13,118,367	\$ 10,568,299
Receivable from Medicare	1,764,254	6,594,715
Receivable from Medicaid	<u>3,037,887</u>	<u>10,474,947</u>
Total patient accounts receivable	17,920,508	27,637,961
Less allowance for uncollectible amounts	<u>3,269,211</u>	<u>9,343,169</u>
Patient accounts receivable, net	<u>\$ 14,651,297</u>	<u>\$ 18,294,792</u>
	<u>2020</u>	<u>2019</u>
Accounts Payable and Accrued Expenses:		
Payable to employees	\$ 10,094,767	\$ 7,934,466
Payable to suppliers	18,773,451	12,129,367
Payable to payroll taxing authorities and others	<u>1,742,959</u>	<u>653,757</u>
Total accounts payable and accrued expenses	<u>\$ 30,611,177</u>	<u>\$ 20,717,590</u>

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2020 and 2019**

4. CAPITAL ASSETS AND DEPRECIATION

Capital asset additions, and balances for the year ended September 30, 2020, were as follows:

Asset Class	September 30, 2019	Additions	Transfers	September 30, 2020
Non-depreciable:				
Land	\$ 8,100,000	\$ -	\$ -	\$ 8,100,000
Construction in progress	840,142	737,197	-	1,577,339
Total Non-depreciable	8,940,142	737,197	-	9,677,339
Depreciable and amortizable:				
Land improvements	1,205,674	-	-	1,205,674
Buildings and improvements	76,395,058	5,906,659	-	82,301,717
Equipment	40,116,015	5,472,523	-	45,588,538
Equipment under capital lease obligations	1,567,602	-	-	1,567,602
Software	11,750,790	2,507,799	-	14,258,589
Total depreciable and amortizable	131,035,139	13,886,981	-	144,922,120
Less: accumulated depreciation and amortization for:				
Land improvements	(906,706)	(23,181)	-	(929,887)
Buildings and improvements	(30,651,135)	(6,567,364)	-	(37,218,499)
Equipment	(29,895,855)	(4,863,461)	-	(34,759,316)
Equipment under capital lease obligations	(1,567,602)	-	-	(1,567,602)
Software	(8,700,333)	(1,701,743)	-	(10,402,076)
Total accumulated depreciation and amortization	(71,721,631)	(13,155,749)	-	(84,877,380)
Capital assets, net	\$ 68,253,650	\$ 1,468,429	\$ -	\$ 69,722,079

Capital asset additions, and balances for the year ended September 30, 2019, were as follows:

Asset Class	September 30, 2018	Additions	Transfers	September 30, 2019
Non-depreciable:				
Land	\$ 8,100,000	\$ -	\$ -	\$ 8,100,000
Construction in progress	417,147	422,995	-	840,142
Total Non-depreciable	8,517,147	422,995	-	8,940,142
Depreciable and amortizable:				
Land improvements	1,205,674	-	-	1,205,674
Buildings and improvements	73,966,488	2,428,570	-	76,395,058
Equipment	37,944,788	2,171,227	-	40,116,015
Equipment under capital lease obligations	1,567,602	-	-	1,567,602
Software	8,894,003	2,856,787	-	11,750,790
Total depreciable and amortizable	123,578,555	7,456,584	-	131,035,139
Less: accumulated depreciation and amortization for:				
Land improvements	(883,517)	(23,189)	-	(906,706)
Buildings and improvements	(24,920,672)	(5,730,463)	-	(30,651,135)
Equipment	(25,472,258)	(4,423,597)	-	(29,895,855)
Equipment under capital lease obligations	(1,563,703)	(3,899)	-	(1,567,602)
Software	(7,432,644)	(1,267,689)	-	(8,700,333)
Total accumulated depreciation and amortization	(60,272,794)	(11,448,837)	-	(71,721,631)
Capital assets, net	\$ 71,822,908	\$ (3,569,258)	\$ -	\$ 68,253,650

**NOT-FOR-PROFIT HOSPITAL CORPORATION
 UNITED MEDICAL CENTER
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**Notes to Financial Statements
 September 30, 2020 and 2019**

5. LONG-TERM LIABILITIES

A schedule of the Medical Center’s long-term liabilities as of September 30, 2020 and 2019, were as follows:

	2019	Additions	Reductions	2020	Amounts due in one year
Estimated third party settlements	\$ 6,011,826	\$ 1,516,293	\$ (309,079)	\$ 7,219,040	\$ -
Other liabilities	2,116,949	-	(487,606)	1,629,343	-
Total noncurrent liabilities	\$ 8,128,775	\$ 1,516,293	\$ (796,685)	\$ 8,848,383	\$ -

	2018	Additions	Reductions	2019	Amounts due in one year
Estimated third party settlements	\$ 2,815,770	\$ 5,454,679	\$ (2,258,623)	\$ 6,011,826	\$ -
Other liabilities	2,416,477	-	(299,528)	2,116,949	-
Total noncurrent liabilities	\$ 5,232,247	\$ 5,454,679	\$ (2,558,151)	\$ 8,128,775	\$ -

6. THIRD PARTY SETTLEMENTS

The Medical Center is reimbursed for serving a disproportionate share of low income patients, reimbursable Medicare bad debt, a high percentage of End-Stage Rental Disease (ESRD) beneficiaries, and certain other items at a tentative rate with final settlement determined after the Medical Center’s submission of annual reports and audits thereof by State and Federal agencies and through their contractors. Cost Reports for the Medicare program have been final settled for all years through 2016. Medicaid DSH survey results remain unsettled for fiscal years 2016 through 2019 and are subject to final audit. Results of cost report and DSH audit settlements, as well as the Medical Center’s estimates for settlements, of all fiscal years through 2020 are reflected in the accompanying financial statements.

7. MEDICAL MALPRACTICE CLAIMS

The Medical Center is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Medical Center and are currently in various stages of litigation. Additional claims may be asserted against the Medical Center arising from services provided to patients through September 30, 2020. The Medical Center purchases professional and general liability insurance to cover medical malpractice claims. The liability recorded as of September 30, 2020 and 2019, within the line item other long term liabilities in the statements of net position, represents estimated costs associated with litigating and settling claims.

8. COMPENSATED ABSENCES

The Medical Center’s accumulated leave policy allows employees to accumulate unused leave at various limits depending on employee’s classification and years of service. Effective January 1, 2015 the accrual rate changed for non-union employees to a basic maximum of 352 hours. The International Union of Operating Engineers (IUOE) and the United Federation of Special Police and Security Officers (UFSPSO) unions accepted the new rates, however, the 1199 Service Employees International Union (SEIU) and District of Columbia Nursing Association (DCNA)’s accrual rate remains the same as the original rate.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
September 30, 2020 and 2019**

8. COMPENSATED ABSENCES *(continued)*

Prior to January 1, 2015 non-union employees were generally allowed to accrue accumulated leave up to a maximum of 480 hours. Employees who had unused hours over 352 effective January 1, 2015, were grandfathered. These employees had a two year window to utilize the hours over 352 or receive \$0.50 on the dollar cash out. Unused hours at the end of the second year will be forfeited. Most employees used up excess vacation prior. All employees opted to take excess vacation prior to implementation of payout.

The accrued accumulated leave balance is payable to employees in those cases where (1) employee did not take scheduled time off to meet operational needs, and the employee's request is approved by the Vice President and Chief Executive Officer, or (2) upon qualified separation of employment.

The Medical Center's accumulated leave policy allows regular full-time and part-time employees paid leave benefits. The Medical Center records accumulated leave as an expense and related liability as the benefit accrues to employees based on salary rates and accumulated leave hours. The policy of the Medical Center is to permit employees to accumulate earned but unused paid time off benefits. There is no liability for unpaid disability reserve leave as the amounts do not vest and are not payable upon termination of the employee. All vacation pay is accrued when earned.

As of September 30, 2020 and 2019, \$3.2 million and \$2.9 million, respectively, was recorded as accrued vacation, within the line item accrued salaries and benefits in the statements of net position.

9. RETIREMENT PLANS

During the current fiscal year, the Medical Center administered two types of retirement plans available to its employees.

(a) Defined Contribution Plan

The Medical Center maintains a defined contribution plan in accordance with Internal Revenue Code (IRC) Section 401(a) covering substantially all employees. It provides matching contributions up to 3% of employees' compensation by the Medical Center for the fiscal years ended September 30, 2020 and 2019. Participants vest in their accounts at a rate of 20% for each year of service, with 100% vesting after 5 years of service. For the fiscal years ended September 30, 2020 and 2019, the Medical Center's contributions to the 401(a) defined contribution plan were \$594 thousand and \$567 thousand, respectively. Forfeitures may be used first to reduce the Medical Center's contribution, and then to pay any expenses payable to the plan.

The forfeited contributions as of September 30, 2020 and 2019, were \$14 thousand and \$17 thousand, respectively. The Medical Center contracts with ICMA-RC, as its third-party administrator for this plan.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
 September 30, 2020 and 2019**

9. RETIREMENT PLANS *(continued)*

(b) Deferred Compensation Plan

The Medical Center offers its employees a deferred compensation plan in accordance with IRC Section 457(b), which allows employees in calendar years 2020 and 2019 to defer up to \$19.5 thousand and \$19.0 thousand of compensation under the IRS annual limitations, respectively. The participants are fully vested in their contributions to the 457(b) plan at all times. The Medical Center does not contribute to the deferred compensation plan. This plan is also administered by ICMA-RC.

10. COMMITMENTS AND NONCANCELABLE OPERATING LEASES

The Medical Center is committed under various non-cancelable operating leases, all of which are related to equipment and software leases. There are no future minimum lease payments under operating leases as of September 30, 2020.

11. TRANSACTIONS WITH RELATED PARTIES

The Medical Center receives payments from the District for services provided to Medicaid-eligible residents of the District. The Medical Center also receives grant funding for certain expenditure needs and covering additional costs of providing services to certain at-risk populations of the District.

The following is a summary of related party transactions included in the accompanying financial statements as of September 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
<i>Patient receivables, net</i>		
Accounts receivable due from DC Medicaid	\$ 4,743,909	\$ 9,713,649
<i>Patient service revenues</i>		
Net patient revenue - DC Medicaid	24,622,465	23,325,893
<i>DSH revenues - the District Medicaid</i>	10,755,008	17,466,346
<i>Grant Revenues</i>		
Other revenue - DC Medicaid Meaningful Use Grant	-	159,249
<i>District Grants</i>		
Funding for union retro accrual	-	-
Funding for mangement related expenses	7,098,812	6,760,773
Funding for ED physicians and hospitalists	8,814,300	7,500,000
The District outpatient access payments	2,523,070	1,105,950
Direct subsidy - operating	-	20,000,000
<i>Direct subsidy - capital</i>	8,857,036	2,049,421
<i>Purchased services</i>		
<i>Provider fees</i>	(402,793)	(366,150)

**NOT-FOR-PROFIT HOSPITAL CORPORATION
 UNITED MEDICAL CENTER
 (A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
 September 30, 2020 and 2019**

12. CONCENTRATIONS OF CREDIT RISK

The Medical Center grants credit without collateral to its patients, most of who are local residents and insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Medicare	26%	27%
Medicaid	13%	21%
HMO Medicare/Medicaid	20%	21%
HMO/PPO	9%	8%
Commercial/Other	7%	6%
Self Pay	25%	17%
Total	<u>100%</u>	<u>100%</u>

13. COMMITMENTS AND CONTINGENCIES

Litigation Matters

The Medical Center is named as a party in legal proceedings and investigations that occur in the normal course of the Medical Center’s operations. Although the ultimate outcome of the legal proceedings and investigations is unknown, the Medical Center is vigorously defending its position in each case.

Collective Bargaining Agreements

The Medical center has four main collective bargaining agreements in effect with unions representing certain employees, all of which are under negotiation and are targeted to be updated in FY 2021.

14. SUBSEQUENT EVENTS

The Medical Center has evaluated subsequent events from the statement of net position date through January 6, 2021, the date these financial statements were available for issue, noting no additional events that affect the financial statements as of September 30, 2020 or require additional disclosure.



**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

INDEPENDENT AUDITOR'S REPORT

To the Mayor, Members of the Council of the Government of the District of Columbia,
the Board of Directors of Not-For-Profit Hospital Corporation and
Inspector General of the Government of the District of Columbia
Washington, D.C.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Not-For-Profit Hospital Corporation, commonly known as United Medical Center (the Medical Center), blended component unit of the Government of the District of Columbia, as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements, and have issued our report thereon dated January 6, 2021.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Medical Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express

such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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



Washington, D.C.
January 6, 2021

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Financial Statements
(With Independent Auditor's Report)**

September 30, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Mayor, Members of the Council of the Government of the District of Columbia,
the Board of Directors of Not-For-Profit Hospital Corporation and
Inspector General of the Government of the District of Columbia
Washington, D.C

Report on the Financial Statements

We have audited the accompanying financial statements of Not-For-Profit Hospital Corporation, commonly known as United Medical Center (the Medical Center), a blended component unit of Government of the District of Columbia as of and for the years ended September 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

The Medical Center's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Medical Center as of September 30, 2021 and 2020, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 15 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 3, 2022, on our consideration of the Medical Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Medical Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control over financial reporting and compliance.

Washington, D.C.
January 3, 2022

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2021 and 2020**

Overview of the Financial Statements

The following is a discussion and analysis of Not for Profit Hospital Corporation's, commonly known as United Medical Center (the Medical Center), financial performance for the years ended September 2021, and 2020, with 2019 included for comparative purposes. We encourage readers to consider the information presented here in conjunction with additional information furnished in our financial statements, including the accompanying notes to the basic financial statements, which begin on page 16. All amounts are reported in whole dollars unless otherwise stated.

Management's discussion and analysis (MD&A) is intended to serve as an introduction to the Medical Center's basic financial statements. The Medical Center's financial statements consist of three statements: Statements of Net Position; Statements of Revenues, Expenses, and Changes in Net Position; and Statements of Cash Flows. These financial statements and related notes provide information about the activities of the Medical Center, including resources held by the Medical Center but restricted for specific purposes by contributors, grantors, or enabling legislation.

1. Statements of Net Position

The statement of net position is designed to present information on all of the Medical Center's assets and liabilities. The difference between assets and liabilities is reported as net position. The Statements of Net Position also provides the basis for evaluating the capital structure of the Medical Center and assessing its liquidity and financial flexibility. Over time, an increase or decrease in the Medical Center's net position is one indicator of whether its financial health is improving or deteriorating. It is recommended that one considers additional nonfinancial factors, such as changes in the Medical Center's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Medical Center.

2. Statements of Revenues, Expenses and Changes in Net Position

The Statement of Revenues, Expenses and Changes in Net Position presents changes to the Medical Center's net position during the most recent period. This statement measures the success of the Medical Center's operations during the years ending September 30, 2021 and 2020, and can be used to assess profitability and credit worthiness. Activities are reported as either operating or non-operating. Operating revenues are generally earned by providing goods or services to various customers, patients and related parties. Operating expenses are incurred to acquire or procure the goods and services to carry out the Medical Center's mission. Non-operating revenues and expenses result from activities other than providing goods and services related to patient care. All changes in net position are reported as soon as the underlying events giving rise to the change occurred, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will result in cash flows only in future fiscal periods (e.g., uncollected patient receivables and earned but unused vacation leave). The utilization of capital assets is reflected in the Statement of Revenues, Expenses and Changes in Net Position as depreciation and amortization expense, which depreciates or amortizes the cost of a long-lived asset over its expected useful life.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2021 and 2020**

3. *Statements of Cash Flows*

The final required statement is the Statement of Cash Flows. The Statements of Cash Flows reports cash receipts, cash payments, and net changes in cash resulting from operating, noncapital financing, and capital and related financing activities. The Statements of Cash Flows describes the sources of cash, for what the cash was used, and the change in cash balance during the reporting period. The Statement of Cash Flows aids in the assessment of the Medical Center's ability to generate future net cash flows and to meet obligations and commitments as they come due. The primary source of operating cash flows was service revenues received from patients and their public and private insurance providers. Uses of these cash sources include payments as wages and fringe benefits to employees and payments to suppliers and contractors for goods and services procured by the Medical Center.

4. *Notes to the Financial Statements*

The notes to the financial statements provide additional information that is essential for a complete understanding of the data provided in the basic financial statements.

Fiscal Year 2021 Financial Highlights

- The Medical Center's total assets exceed its liabilities as of September 30, 2021 and 2020, by \$79.3 million and \$89.9 million, respectively.
- The Medical Center's change in net position was (\$9.6) million and (\$3.0) million for the years ended September 30, 2021 and 2020, respectively. The negative change in net position was primarily due to a \$5.2 million decrease in grant revenue.
- The Medical Center's operating loss includes \$14.8 million and \$13.2 million depreciation expense for the years ended September 30, 2021 and 2020, respectively.
- The Medical Center's operating loss increased by \$614 thousand primarily due to lower patient activity.
- The Medical Center received \$42.8 million and \$34.7 million of grants and subsidies from the District of Columbia (the District) in fiscal years 2021 and 2020, respectively. In addition to the above subsidies and grants there were also federal grants of \$4.1 million in 2021 and \$23.1 million in 2020.
 - During fiscal year 2021, a District grant of \$40.0 million was for continued operating support, and a subsidy of \$2.8 million was for capital related costs.
 - During fiscal year 2020, a District grant of \$25.8 million was for continued operating support, and a subsidy of \$8.9 million was for capital related costs.
- The Medical Center's total liabilities decreased from \$55.9 million to \$47.1 million during fiscal year 2021.
- The Medical Center's net working capital (current assets minus current liabilities) increased from \$28.0 million to \$37.4 million during fiscal year 2021.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Management's Discussion and Analysis
September 30, 2021 and 2020**

Fiscal Year 2020 Financial Highlights

- The Medical Center's total assets exceed its liabilities as of September 30, 2020 and 2019, by \$88.9 million and \$91.9 million, respectively.
- The Medical Center's change in net position was (\$3.0) million and (\$2.6) million for the years ended September 30, 2020 and 2019, respectively. The negative change in net position was primarily due to a 7% increase in operating expenses due to unbudgeted Coronavirus (COVID-19) expenses.
- The Medical Center's operating loss includes \$13.2 million and \$11.4 million of depreciation expense for the years ended September 30, 2020 and 2019, respectively.
- The Medical Center's operating loss decreased by \$12.8 million primarily due to District subsidies.
- The Medical Center received \$34.7 million and \$37.4 million grants and subsidies from the District of Columbia (the District) in fiscal years 2020 and 2019, respectively.
 - During fiscal year 2020, a District grant of \$25.8 million was for continued operating support, and a subsidy of \$8.9 million was for capital related costs.
 - During fiscal year 2019, a District grant and subsidies of \$35.4 million were for continued operating support, and \$2 million was for capital related costs.
- The Medical Center's total liabilities increased from \$30.3 million to \$55.9 million during fiscal year 2020, mainly due to accrued salaries and deferred liabilities for COVID-19 payments.

The Medical Center's net working capital (current assets minus current liabilities) decreased from \$31.8 million to \$28.0 million during fiscal year 2020.

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Financial Analysis of the Medical Center as a Whole

The statement of net position provides the perspective of the Medical Center as a whole. The table below provides a summary of the Medical Center’s total assets, liabilities and net position as of September 30, 2021, 2020, and 2019:

Condensed Statements of Net Position

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Assets:			
Current assets	\$ 64,080,835	\$ 75,130,678	\$ 53,903,856
Non-current assets:			
Capital assets, net	<u>62,295,931</u>	<u>69,722,079</u>	<u>68,253,650</u>
Total non-current assets	<u>62,295,931</u>	<u>69,722,079</u>	<u>68,253,650</u>
Total assets	<u>126,376,766</u>	<u>144,852,757</u>	<u>122,157,506</u>
Liabilities:			
Current liabilities	<u>26,644,080</u>	47,094,247	22,128,617
Non-current liabilities	<u>20,454,624</u>	8,848,383	8,128,775
Total liabilities	<u>47,098,704</u>	<u>55,942,630</u>	<u>30,257,392</u>
Net Position:			
Net investment in capital assets	<u>62,295,931</u>	69,722,079	68,253,650
Restricted for capital projects	<u>10,489,609</u>	17,012,140	14,035,736
Unrestricted	<u>6,492,522</u>	2,175,908	9,610,728
Total net position	<u>\$ 79,278,062</u>	<u>\$ 88,910,127</u>	<u>\$ 91,900,114</u>

2021 - The net position, over a period of time, can serve as a useful indicator of an organization’s financial position. As of September 30, 2021 and 2020, the Medical Center’s assets exceeded liabilities by \$79.3 million and \$88.9 million, respectively.

Capital assets reported on the financial statements represent the largest portion of the Medical Center’s assets. As of September 30, 2021 and 2020, capital assets represent 49.4% and 48.1% of total assets, respectively. Capital assets include land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. Net capital assets decreased by \$7.4 million during the fiscal year 2021. The Medical Center’s annual depreciation and amortization was \$14.8 million in fiscal year 2021, an increase of \$1.6 million from the previous year. The Medical Center uses these capital assets to provide medical care to citizens of the District Wards 7 and 8 and the adjoining Prince Georges County, Maryland.

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The next largest portion of the Medical Center’s assets is current assets, which is mostly comprised of cash and net patient receivables. As of September 30, 2021 and 2020, current assets represented 50.7% and 51.9%, respectively of total assets. Total current assets decreased by \$11.0 million. The decrease was mainly due to \$9.8 million of unused fiscal year 2020 DC COVID-19 stimulus remitted to DC Government in fiscal year 2021.

Current liabilities represent 56.6% and 84.2 % of the Medical Center’s total liabilities as of September 30, 2021 and 2020, respectively. Current liabilities decreased by \$20.5 million or 43% as of September 30, 2021 compared to the balance as of September 30, 2020. The change in current liabilities was primarily due to a decrease in deferred revenue from COVID stimulus and payments to vendors.

The following table reflects the change in net position for the years ended September 30, 2021 and 2020:

Changes in Net Position

Balance as of September 30, 2019	\$ 91,900,114
Decrease in net position	<u>(2,989,987)</u>
Balance as of September 30, 2020	88,910,127
Decrease in net position	<u>(9,632,065)</u>
Balance as of September 30, 2021	<u>\$ 79,278,062</u>

2020 - The net position, over a period of time, can serve as a useful indicator of an organization’s financial position. As of September 30, 2020 and 2019, the Medical Center’s assets exceeded liabilities by \$88.9 million and \$91.9 million, respectively.

Capital assets reported on the financial statements represent the largest portion of the Medical Center’s assets. As of September 30, 2020 and 2019, capital assets represent 48.1% and 55.9% of total assets, respectively. Capital assets include land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. Net capital assets increased by \$1.5 million during the fiscal year 2020. The Medical Center’s annual depreciation and amortization was \$13.2 million in fiscal year 2020, an increase of \$1.7 million from the previous year.

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The next largest portion of the Medical Center's assets is current assets, which is mostly comprised of cash and net patient receivables. As of September 30, 2020 and 2019, current assets represented 51.9% and 44.1%, respectively of total assets. Total current assets increased by \$21.2 million. The increase was mainly due to the \$21.5 million increase in the Medical Center's cash.

Current liabilities represent 84.2% and 73.1 % of the Medical Center's total liabilities as of September 30, 2020 and 2019, respectively. Current liabilities increased by \$25.0 million or 113% as of September 30, 2020 compared to the balance as of September 30, 2019. The change in current liabilities was primarily due to deferred revenue from stimulus payments.

The following table reflects the change in net position for the years ended September 30, 2021 and 2020:

**Condensed Schedule of Revenues, Expenses, and
Changes in Net Position**

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Revenues:			
Operating revenues:			
Net patient service revenue	\$ 67,949,493	\$ 74,862,287	\$ 80,155,923
Disproportionate share revenues	15,954,293	9,755,008	14,294,933
Other operating revenues	53,669,774	63,591,171	30,624,204
Total operating revenues	<u>137,573,560</u>	<u>148,208,466</u>	<u>125,075,060</u>
Nonoperating revenues (expenses):			
Subsidy from District of Columbia	2,829,099	8,857,036	22,049,421
Total nonoperating revenues	<u>2,829,099</u>	<u>8,857,036</u>	<u>22,049,421</u>
Total revenues	<u>140,402,659</u>	<u>157,065,502</u>	<u>147,124,481</u>
Expenses:			
Operating expenses:			
Salaries and benefits	63,889,334	71,545,792	71,373,855
Supplies	14,261,039	17,270,823	13,604,157
Depreciation and amortization	14,771,375	13,155,749	11,448,837
Other expense	57,112,976	58,083,125	53,310,521
Total operating expenses	<u>150,034,724</u>	<u>160,055,489</u>	<u>149,737,370</u>
Change in net position	(9,632,065)	(2,989,987)	(2,612,889)
Net position, beginning of period	88,910,127	91,900,114	94,513,003
Net position, end of period	<u>\$ 79,278,062</u>	<u>\$ 88,910,127</u>	<u>\$ 91,900,114</u>

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2021 – The Medical Center’s total operating revenues were \$137.6 million and \$148.2 million for the years ended September 30, 2021 and 2020. Revenues from patient care services represent 49.4% and 50.5% of total operating revenues, respectively. The Medical Center receives approximately 84.6% of its patient service revenue from governmental payors (primarily Medicare and Medicaid) and the remainder from various other nongovernmental payors.

Net patient service revenue, net of provision for bad debt, decreased 9.2% in fiscal year 2021 compared to the prior fiscal year due to decreases in patient care activities.

The Medical Center’s total costs were \$150.0 million and \$160.0 million for the years ended September 30, 2021 and 2020, a decrease of \$10.0 million. The decrease was primarily due to a decrease of supplies and labor costs since the COVID-19 surge of fiscal year 2020.

2020 – The Medical Center’s total operating revenues were \$148.2 million and \$125.1 million for the years ended September 30, 2020 and 2019. Revenues from patient care services represent 50.5% and 64.1% of total operating revenues, respectively. The Medical Center receives approximately 76.5% of its patient service revenue from governmental payors (primarily Medicare and Medicaid) and the remainder from various other nongovernmental payors.

Net patient service revenue, net of provision for bad debt, decreased 6.6% in fiscal year 2020 compared to the prior fiscal year due to corresponding decreases in patient care activities.

The Medical Center’s total costs were \$160.1 million and \$149.7 million for the years ended September 30, 2020 and 2019, an increase of \$10.3 million. The increase was primarily due to the supplies and labor costs incurred in preparation for the anticipated COVID-19 surge.

Capital and Debt Administration

Capital Assets

The Medical Center’s capital assets as of September 30, 2021, 2020 and 2019 amount to \$62.3 million, \$69.7 million and \$68.3 million (net of accumulated depreciation and amortization), respectively. This investment in capital assets includes land, land improvements, buildings and improvements, equipment, software, equipment under capital lease obligations, and construction in progress. The following table summarizes the Medical Center’s capital assets net of accumulated depreciation and amortization as of September 30, 2021, 2020, and 2019, respectively:

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Asset Category:			
Land	\$ 8,100,000	8,100,000	\$ 8,100,000
Construction in progress	1,931,199	1,577,339	840,142
Land improvements, net	252,606	275,787	298,968
Buildings and improvements, net	41,387,378	45,083,218	45,743,923
Equipment, net	7,517,703	10,829,222	10,220,160
Software, net	3,107,045	3,856,513	3,050,457
Capital assets, net	<u>\$ 62,295,931</u>	<u>\$ 69,722,079</u>	<u>\$ 68,253,650</u>

See notes 1 and 4 to the basic financial statements for additional disclosure on capital assets.

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Long-term Liabilities

As of September 30, 2021, 2020 and 2019, the Medical Center had total long-term liabilities outstanding of \$20.5 million, \$8.8 million, and \$8.1 million respectively. The following table summarizes the Medical Center’s long-term debt, which is presented in more detail in Note 5 of the basic financial statements:

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Estimated third party settlements	18,762,191	7,219,040	6,011,826
Other liabilities	1,692,433	1,629,343	2,116,949
Total noncurrent liabilities	\$ 20,454,624	\$ 8,848,383	\$ 8,128,775

Economic Factors

- COVID-19 Pandemic*** – On March 11, 2020 Mayor Bowser of the District of Columbia (the District) declared public health emergency due to the COVID-19 pandemic. As a part of this declaration of public health emergency the Medical Center began coordinating with other agencies regarding preparation to meet the surge requirements mandated by the District. On March 27, 2020 The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and the CARES Act provides funding to providers during this time of pandemic. The Surgeon General, on March 17, 2020, advised a halt to all hospital elective procedures to ensure resources are available to treat patients with coronavirus (COVID-19). In addition to halting all hospital elective procedures, the District of Columbia Department of Health (DC Health) recommended that all elective medical procedures, non-urgent hospital and outpatient visits, and non- urgent dental procedures be postponed to preserve health care capacity as the community mitigation strategies worked to flatten the epidemic curve. The Medical Center adhered to every regulation imposed by Federal or the District. The Medical Center experienced the impact of COVID-19 most of FY20 and into FY21 as the surge continued. The Medical Center will continue to monitor the impact of the ongoing COVID-19 pandemic. The Medical Center has required that all staff receive the COVID-19 vaccination, unless an approved exemption is received.
- Health Resources & Services Administration (HRSA) Provider Relief Fund (PRF) distribution Phase 3 and 4-*** In FY20 the Medical Center received \$27.2M in stimulus from the first phases of the distribution. HRSA has also made available \$20 billion and \$25 billion in Phase 3 and Phase 4 respectively and the distribution portals were opened in FY21. The Medical Center has applied for both phase 3 and phase 4 distributions, but have not received any notification of qualification for additional stimulus payments at this time.
- HRSA PRF Reporting*** – HRSA required all providers that received stimulus payments to report information through the Provider Relief Funding Reporting Portal. The information reported in the portal was for payments received April 10, 2020 to June 30, 2020 with a deadline to use the funds by June 30, 2021 and reporting deadline of September 30, 2021. This deadline was later extended to November 30, 2021. The Medical Center had to report for a total of \$18.6M dollars of payments received and all payments received were used and the reporting was completed prior to November 30, 2021. There are 3 more reporting periods as follows: Period 2 for payments received July 1, 2020 to December 21, 2020, Period 3 for payments received January 1, 2021 to

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June 30, 2021, Period 4 for payments received July 1, 2021 to December 21, 2021. The Medical Center will report for payments received in period 2 for the total of \$8.5M with the reporting deadline being March 31, 2022.

- **HRSA COVID-19 Coverage Assistance Fund-** The Health Resources and Services Administration's (HRSA) COVID-19 Coverage Assistance Fund (CAF) will cover the costs of administering COVID-19 vaccines to patients whose health insurance does not cover vaccine administration fees, or does but typically has patient cost-sharing. While patients cannot be billed directly for COVID-19 vaccine fees, costs to health care providers on the front lines for administering COVID-19 vaccines to underinsured patients will now be fully covered through CAF, subject to available funding. The Medical Center has applied and has been approved for the CAF as of November 24, 2021.
- **Fiscal Management Board-** In 2020 a legislation to cap District Subsidy for the Medical Center went into effect which require that if an operating subsidy in excess of the current \$15M statutory limit the legal authority of the Corporation's Board of Directors has expired and a Fiscal Management Board would govern the Corporation. In May 2021 an additional subsidy of \$25M was needed and the Fiscal Management Board was put into place. The board now consists of The Chief Financial Officer of the District of Columbia, or designee, who serves as the chair; The Deputy Mayor of Health and Human Services, or designee; A citizen member of ward 7 or 8; A citizen member appointed by Mayor who has experience serving as the City Administrator of the District of Columbia; An individual with expertise in hospital management or finance appointed by the Mayor; and One representative from each of the two unions maintaining the largest collective bargaining units.
- **Pricing Transparency** – The Centers for Medicare & Medicaid Services' (CMS) fiscal year 2019 Inpatient Prospective Payment System (IPPS) final rule, instituted new price transparency requirements for all hospitals. Effective January 1, 2019, hospitals must make available to the public a listing of their standard charges via the internet. Additionally, IPPS hospitals must also post their standard charge for each Diagnostic Related Group (DRG). The hospital successfully met this requirement on December 23, 2018 by posting the Medical Center's Charge Master to its website as well as to the CMS website.

Effective January 1, 2021, hospitals were required to meet further requirements of posting a comprehensive machine-readable file with all items and services and display a list of 300 shoppable services of which 70 were provided by CMS and 270 are the choice of the hospital in a consumer-friendly format. If this deadline is not achieved CMS will impose a \$300 a day penalty. The Medical Center completed this requirement and all files were listed on the website by the effective date.

A letter was received in October 2021 from the District of Columbia Office of the Attorney General regarding the compliance of the CMS requirement. The Medical Center responded that we were in compliance of meeting all requirements. An update to the information posted for the price transparency requirement is in on track to be completed prior to January 1, 2022.

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- ***The Patient Protection and Affordable Care Act of 2010*** – The uncertainty of the Affordable Care Act (ACA) will continue to have a profound economic impact on the nation's healthcare system and on the Medical Center in particular. Among the numerous provisions of the Act, those with the greatest effect on the Medical Center include the Medicaid population expansion and the individual mandate, both of which enlarged the Medical Center's insured population and concomitantly shrink its uninsured population; and the decrease of associated Medicare disproportionate share hospital (DSH) payments. However, it is uncertain how future congressional actions may impact the ACA. Other legislation that may impact the Medical Center include Medicare prospective payment system rate changes; and the resurgence in Medicare and Medicaid programs use of Recovery Audit Collectors (RAC) to recover allegedly improper payments.
- ***The American Recovery and Reinvestment Act of 2009*** – The American Recovery and Reinvestment Act of 2009 (ARRA) mandated a reduction to the applicable percentage of increase to the Inpatient Prospective Payment System payment rate for eligible hospitals that are not meaningful Electronic Health Record (EHR) users. The hospital successfully demonstrated meaningful use of Certified EHR Technology during calendar year 2018 to 2020 and is on track to meet the measures for 2021.
- ***Medicare Sequestration*** – On April 1, 2013, a provision of the Budget Control Act of 2011 requiring mandatory across-the-board reductions in Federal spending commenced (commonly referred to as sequestration). The provision included a 2% reduction to Medicare payments made to healthcare providers, including payments made under the meaningful use incentive program. The payment reduction is effective until 2023, however it is not possible to determine how future congressional actions to reduce the federal deficit will impact the Medical Center's revenues.

Due to the COVID-19 Pandemic the 2% reduction to Medicare payments was halted. The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the sequestration payment adjustment from May 1 through December 31, 2020. The Consolidated Appropriations Act, 2021, extended the suspension period to March 31, 2021. An Act to Prevent Across-the-Board Direct Spending Cuts, and for Other Purposes, signed into law on April 14, 2021, extends the suspension period to December 31, 2021.

- ***Pay for Performance*** – The Affordable Care Act mandated programs that affect reimbursement through evaluation of the quality of care and cost of care provided to patients at the federal level; however, there are an increasing number of programs arising from state, including the District Medicaid and private interests. These programs provide incentives (and/or penalties) for reporting performance data and those that provide incentives (and/or penalties) based on benchmarking performance data against other providers regionally and nationally. The pay for performance programs will continue into the future and the Medical Center is aggressively monitoring and enhancing its quality performance programs in an effort to maintain incentive dollars.

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- ***Certain Significant Risks and Uncertainties*** – Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. There is a reasonable possibility that estimates could change by material amounts. Management periodically reviews recorded amounts receivable from or payable to third-party payors and may adjust these balances as new information becomes available. In addition, revenue received under certain third-party agreements is subject to audit. Adjustments resulting from such audits and management reviews of unaudited years and open claims are reflected as adjustments to revenue in the year that the adjustment becomes known.
- ***District of Columbia Universal Paid Leave*** – The D.C. Council gave final approval in December 2017, to a plan that will provide private-sector workers paid family and medical leave benefits. The bill, which passed by a veto-proof margin of 9 to 4, guarantees eight weeks of paid time off to new parents, six weeks to workers caring for ailing family members and two weeks of personal sick time. To pay for it, the District will levy a new 0.62 percent payroll tax on employers small and large to generate \$250 million annually, which will be distributed by a new arm of the city government. Under the plan approved by the council, the city would reimburse employees for 90 percent of their first \$900 in weekly pay and 50 percent of their remaining weekly pay, with a cap of \$1,000 per week. New legislation was introduced in June 2018, *Universal Paid Leave Pay Structure Amendment Act of 2018*, to amend certain provisions of the existing plan.

Effective July 1, 2019, the District began collecting taxes from employers for the Universal Paid Leave program. The Medical Center is in compliance.

Effective July 1, 2020, the District began administering the previously mentioned paid family leave benefits of eight weeks to bond with a new child, six weeks to care for a family member with a serious health condition, and two weeks to care for your own serious health condition.

- ***District of Columbia Minimum Wage Increase*** – The “Fair Shot Minimum Wage Amendment Act of 2017” signed into law on June 27, 2018 after unanimous passage by the D.C. Council. Under the new law, the minimum wage will progressively increase to \$15.00 per hour on July 1, 2020, then increasing each successive year starting in 2021 in proportion to the increase in the Consumer Price Index (CPI). Beginning July 1, 2020, the minimum wage in the District of Columbia increased from \$14.00 per hour to \$15.00 per hour for all workers, regardless of size of employer. The Medical Center has adjusted the wages of all eligible employees to reflect this mandate.

Effective July 1, 2021, the minimum wage in the District of Columbia increased from \$15.00 per hour to \$15.20 per hour for all workers, regardless of size of employer. The Medical Center has adjusted the wages of all eligible employees to reflect this mandate and will continue to follow any new regulations concerning this matter.

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- **Medicaid Disproportionate Share Revenues** – The Medicaid program pays the Medical Center Disproportionate Share (DSH) payments for servicing certain low income patients. The Medical Center received \$23.8 million in DSH payments in fiscal year 2021. This amount does include \$3,876,054 received due to a CMS waiver which allowed an additional FY16 distribution. The Medical Center continues to receive DSH payments and expects to receive those payments for the foreseeable future based on new regulations.
- **Disproportionate Share Hospital (DSH) Payment Increase-** In the third quarter of the FY21 the DSH payments increased to \$7,491,481 per quarter. This is an increase from the previous \$2,079,494 per quarter received previously. These increases are based on the DSH tools submitted every year.
- **Joint Commission** – The Joint Commission is an accreditation body that performs surveys on a triannual basis. The Medical Center entered into their survey window for re-accreditation in fiscal year 2020. The re-accreditation survey began on November 10, 2020, pushed in to fiscal year 2021 due to COVID-19, and continued until November 13, 2020. The Medical Center received positive feedback from the surveyors with minimal findings to address and received re-accreditation effective November 14, 2020. The next Joint Commission survey will be in 2023.
- **Department of Health-** The annual Department of Health survey occurred in 2021, but subsequent to September 30, 2021.
- **Skilled Nursing Facility** – In October 2020, the Medical Center Board approved the Skilled Nursing Facility's closure for the safety of the residents due to the severity of the COVID-19 pandemic. The residents received placement at other facilities. As of February 21, 2021 the Skilled Nursing Facility was closed and the FY21 final cost report was filed on July 19th, 2021.
- **Union Negotiations-** The Medical Center has three unions: District of Columbia Nursing Association (DCNA), United Federation of Special Police and Security Officers (UFSPPO), and 1199 SEIU. All collective bargaining agreements were up for renewal in FY21. District of Columbia Nursing Association (DCNA) and United Federation of Special Police and Security Officers (UFSPPO) were renewed successfully prior to September 30, 2021 and 1199 SEIU was also successfully renewed subsequent to September 20, 2021. The related retro payments were made for DCNA and UFSPPO and 1199 retro payments will be made when approval is received from the Council.
- **Permanent Closure of United Medical Center** – The District of Columbia has plans to build a new hospital for Wards 7 and 8, and based on preliminary discussions from the District, United Medical Center will cease to operate on December 31, 2024. By December 31, 2024, the United Medical Center shall cease admitting new patients, cease patient operations, and the Corporation shall dissolve. All of its assets (including cash, accounts receivable, reserve funds, real or personal property, and contract and other rights), positions, personnel, and records, and the unexpended balances of appropriations, allocations, and other funds available or to be made available to it, shall revert to the District. The Office of the Chief Financial Officer shall ensure that the Fiscal Year 2025 year-end audit for the Not-for-Profit Hospital Corporation is executed properly.

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Requests for Information

This financial report is designed to provide a general overview of the Medical Center's financial activities and to demonstrate the Medical Center's accountability for the funds it receives. Questions concerning any of the information provided in this report or requests for additional information should be addressed to:

The Office of the Chief Financial Officer
Not-for-Profit Hospital Corporation
United Medical Center
1310 Southern Avenue, S.E.
Washington, DC 20032
(202) 574-6993

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**Statements of Net Position
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ASSETS	<u>2021</u>	<u>2020</u>
Current assets:		
Cash	\$ 46,040,791	53,401,936
Patient receivables, net of allowances for estimated uncollectibles	9,185,809	14,651,297
Inventories	6,044,847	6,023,594
Prepaid expenses and other assets	2,809,388	1,053,851
Total current assets	64,080,835	75,130,678
Capital assets, net	62,295,931	69,722,079
Total assets	126,376,766	144,852,757
LIABILITIES AND NET POSITION		
Current liabilities:		
Accounts payable and accrued expenses	14,581,947	18,773,451
Accrued salaries and benefits	7,762,242	11,837,726
Other liabilities	4,299,891	16,483,070
Total current liabilities	26,644,080	47,094,247
Estimated settlements due to third party payors, net of current portion	18,762,191	7,219,040
Other long-term liabilities	1,692,433	1,629,343
Total noncurrent liabilities	20,454,624	8,848,383
Total liabilities	47,098,704	55,942,630
Net position:		
Net investment in capital assets	62,295,931	69,722,079
Restricted for:		
Expendable		
Capital projects	10,489,609	17,012,140
Unrestricted	6,492,522	2,175,908
Total net position	\$ 79,278,062	\$ 88,910,127

The accompanying notes are an integral part of these financial statements.

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**Statements of Revenues, Expenses, and Changes in Net Position
 For the Years Ended September 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Operating revenues:		
Patient service revenue, net of contractual allowance and other adjustments	\$ 82,558,942	\$ 89,687,243
Provision for bad debts	<u>(14,609,449)</u>	<u>(14,824,956)</u>
Net patient service revenue, less provision for bad debts	67,949,493	74,862,287
Disproportionate share revenues	15,954,293	9,755,008
Grant revenues	443,710	855,860
District Grants	40,000,000	25,822,415
Federal Grants	4,100,000	23,056,284
Other operating revenues	<u>9,126,064</u>	<u>13,856,612</u>
Total operating revenues	<u>137,573,560</u>	<u>148,208,466</u>
Operating expenses:		
Salaries and wages	50,834,799	55,996,871
Employee benefits	13,054,536	15,548,921
Contract labor	4,717,105	4,181,479
Supplies	14,261,039	17,270,823
Professional fees	20,911,064	19,902,630
Purchased services	18,866,150	20,441,753
Depreciation and amortization	14,771,375	13,155,749
Utilities	3,613,307	3,493,578
Insurance	4,877,041	3,460,339
Rent and leases	301,156	399,372
Repairs and maintenance	3,485,398	4,045,279
Other expenses	<u>341,754</u>	<u>2,158,694</u>
Total operating expenses	<u>150,034,724</u>	<u>160,055,489</u>
Operating loss	<u>(12,461,164)</u>	<u>(11,847,023)</u>
Change in net position before District Capital Subsidy	<u>(12,461,164)</u>	<u>(11,847,023)</u>
District subsidy- capital	<u>2,829,099</u>	<u>8,857,036</u>
Changes in net position	<u>(9,632,065)</u>	<u>(2,989,987)</u>
Net position, beginning of year	<u>88,910,127</u>	<u>91,900,114</u>
Net position, end of year	<u>\$ 79,278,062</u>	<u>\$ 88,910,127</u>

The accompanying notes are an integral part of these financial statements.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Statements of Cash Flows
For the Years Ended September 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 84,958,133	\$ 79,712,996
Payments to employees and fringe benefits	(67,964,819)	(57,526,784)
Payments to suppliers and contractors	(89,462,398)	(68,296,289)
Other receipts and payments, net	<u>69,624,067</u>	<u>73,346,179</u>
Net cash from operating activities	<u>(2,845,017)</u>	<u>27,236,102</u>
Cash flows from capital and related financing activities:		
Cash received in contribution from the District of Columbia	2,829,099	8,857,036
Purchase of capital assets	<u>(7,345,227)</u>	<u>(14,624,178)</u>
Net cash used in capital and related financing activities	<u>(4,516,128)</u>	<u>(5,767,142)</u>
Net (decrease) in cash	<u>(7,361,145)</u>	21,468,960
Cash, beginning of year	<u>53,401,936</u>	<u>31,932,976</u>
Cash, end of year	<u>\$ 46,040,791</u>	<u>\$ 53,401,936</u>

	<u>2021</u>	<u>2020</u>
Reconciliation of operating loss to net cash (used in), provided by, operating activities:		
Operating loss	\$ (12,461,164)	\$ (11,847,023)
Adjustments to reconcile operating loss to net cash (used in), provided by, operating activities:		
Depreciation and amortization	14,771,375	13,155,749
Provision for bad debts	14,609,449	14,824,956
Effect of changes in noncash operating assets and liabilities:		
Patient receivables, net	(9,143,961)	(11,181,461)
Inventories	(21,253)	(4,750,772)
Prepaid expenses and other assets	(1,755,537)	1,349,415
Estimated settlements due to third party payors	11,543,151	6,644,084
Accounts payable and accrued expenses	(4,191,504)	3,249,503
Accrued salaries and benefits	(4,075,484)	1,207,214
Other liabilities	<u>(12,120,089)</u>	<u>14,584,437</u>
Net cash (used in), provided by, operating activities	<u>\$ (2,845,017)</u>	<u>\$ 27,236,102</u>

The accompanying notes are an integral part of these financial statements.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES**

(a) Reporting Entity

The Not-For-Profit Hospital Corporation (the Hospital Corporation), commonly known as United Medical Center (the Medical Center) is a 210-bed facility that serves as the primary community healthcare provider to the Southeast area of the District of Columbia (the District). The Medical Center provides inpatient, outpatient, psychiatric, and emergency care services for residents of the District primarily located in Ward 7 and Ward 8.

The Medical Center was created as an independent instrumentality of the District. The District of Columbia has plans to build a new hospital for Wards 7 and 8, and based on preliminary discussions from the District, United Medical Center will cease to operate on December 31, 2024. By December 31, 2024, the United Medical Center shall cease admitting new patients, cease patient operations, and the Corporation shall dissolve. All of its assets (including cash, accounts receivable, reserve funds, real or personal property, and contract and other rights), positions, personnel, and records, and the unexpended balances of appropriations, allocations, and other funds available or to be made available to it, shall revert to the District. The Office of the Chief Financial Officer shall ensure that the Fiscal Year 2025 year-end audit for the Not-for-Profit Hospital Corporation is executed properly.

For financial reporting purposes, the Medical Center is reported as a blended component unit of the District. Consistent with the authoritative guidance of the Governmental Accounting Standards Board (GASB), the Medical Center is a legally separate entity, and the District appoints a voting majority of the Medical Center's board. The Medical Center also depends on financial resources flowing from, or associated with, the District, a related entity and the District is able to impose its will on the Medical Center. Funds flowing from the District to the Medical Center are subject to changes to the District's laws and appropriations.

In October 2020, the Medical Center Board approved the Skilled Nursing Facility's closure for the safety of the residents due to the severity of the COVID-19 pandemic. The residents received placement at other facilities. As of February 21, 2021 the Skilled Nursing Facility was closed and the FY21 final Medicare cost report was filed on July 19th, 2021.

In May 2020, the 120-bed Skilled Nursing Facility (SNF) officially ceased operation but did not officially close until February 21, 2021. Net revenues from resident services and operating expenses of the SNF were fully recognized in 2020 and are not included in the financial statements of the Medical Center in 2021.

A review of the criteria for reporting discontinued operations under Accounting Standards Codification (ASC) 205-20, Presentation of Financial Statements – Discontinued Operations guided the decision that the disposal by other than sale of the Skilled Nursing Facility did not meet the reporting criteria of a strategic shift on the entity's operations and financial results but would require disclosure for a disposal that did not qualify for reporting as a discontinued operation.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

The GASB establishes standards for external financial reporting for all state and local government entities. These standards require a statement of net position, a statement of revenues, expenses and change in net position and a statement of cash flows. They also require the classification of net position into three components—net investment in capital assets; amounts that are restricted; and amounts that are unrestricted. These classifications are defined as follows:

(a) Reporting Entity (continued)

Net investment in capital assets – This component consists of capital assets, net of accumulated depreciation, reduced by outstanding balances of bonds, mortgages, notes or other borrowings that are attributable to the acquisition, construction, or improvement of those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the acquisition, construction, or improvements of those assets or related debt are included in this component. If there are significant unspent related debt proceeds or deferred inflows of resources at the end of the reporting period, the portion of the debt or deferred inflows of resources attributable to the unspent proceeds is not included in the calculation of net investment in capital assets. Instead, that portion of the debt or deferred inflows of resources is included in the same component as the unspent amount.

- Restricted – This component consists of restricted assets reduced by liabilities and deferred inflows of resources related to those assets. Assets may be restricted through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. Restricted assets are either expendable or nonexpendable. Nonexpendable assets are those that are required to be retained in perpetuity. It is the policy of the Medical Center to use restricted resources first, followed by unrestricted, when expenses are incurred for purposes for which any of these resources are available. Therefore, the Medical Center considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted net position is available.
- Unrestricted – This component is the net amount of the assets, deferred outflows of resources, liabilities, and deferred inflows of resources that are not included in the determination of net investment in capital assets or the restricted component of net position.

The accounting policies and practices of the Medical Center conform to accounting principles generally accepted in the United States of America (US GAAP) applicable to an enterprise fund of a government medical center. The financial statement presentation and significant accounting policies adopted by the Medical Center conform to the general practice within the healthcare industry, as published by the American Institute of Certified Public Accountants in its audit and accounting guide, *Health Care Entities*.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2021 and 2020**

**1. Description of Reporting Entity and Summary of Significant
Accounting Policies (CONTINUED)**

(b) Enterprise Fund Accounting

The Medical Center uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis of accounting using the economic resources measurement focus.

(c) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates. Significant items subject to such estimates and assumptions include the useful lives of fixed assets; allowances for doubtful accounts and contractual allowances and other contingencies.

(d) Cash and Cash Equivalents

The Medical Center considers all highly-liquid, temporary investments with original maturities of three months or less to be cash equivalents. Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily converted to cash. Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss. The Medical Center has not experienced such losses on these funds. The Medical Center held no investments in cash equivalents on September 30, 2021 and September 30, 2020.

(e) Inventories

Inventories, which primarily consist of medical supplies and pharmaceuticals, are valued at the lower of cost or market with cost determined generally on the first-in-first-out basis.

(f) Revenue Recognition

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement are subject to negotiation, audit, and/or final determination by the third-party payors. As a result, there is at least a possibility that recorded estimates could change in the near term. Variances between preliminary estimates of net patient service revenue and final third-party settlements are included in net patient service revenue in the year in which the settlement or change in estimate occurs.

Patient accounts receivable is recorded net of estimated contractual allowances and amounts estimated to be uncollectible. The total estimated allowance for contractual and doubtful accounts as of September 30, 2021 and 2020 was approximately \$82.1 million and \$60.5 million, respectively.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

(f) Revenue Recognition (Continued)

The Medical Center receives subsidies from the District to support general operations and for capital asset acquisitions. This non-operating revenue is recorded when capital contributions are made by the District, which is recorded as non-operating revenues in the accompanying statements of revenues, expenses, and changes in net position. The Medical Center also receives funding to defray the costs of management related operating expenses, and the funding of emergency department physicians and hospitalists. These amounts are recognized as revenues when related expenses are incurred and are recorded in District grants revenues in the accompanying statements of revenues, expenses, and changes in net position.

Amounts received under grants and the District outpatient access are recognized as revenue when the related expenses are incurred or when the requirements are met.

(g) Disproportionate Share Hospital Revenues

Disproportionate Share Hospital Revenue (DSH) is funding received by the Medical Center for the treatment of indigent patients. DSH revenue is recognized as operating revenue in the year to which it is applied. The Medical Center recognized approximately \$16.0 million and \$9.8 million in Medicaid DSH revenues for the years ended September 30, 2021 and 2020, respectively.

(h) Fair Market Value of Financial Instruments

The carrying amounts of the Medical Center's financial instruments that include cash equivalents, patient receivables, and accounts payable, as reported in the accompanying statements of net position, approximate their fair market value.

(i) Capital Assets

The Medical Center defines capital assets as classes of assets with an initial aggregate cost of more than \$5,000 and estimated useful lives in excess of one year. Land, land improvements, buildings and improvements, equipment, software, and construction in progress are stated at cost at the date of acquisition, estimated historical cost (if actual cost records are not available) or fair market value at the date of donation. When assets are sold or otherwise disposed of, the asset and related accumulated depreciation are removed from the accounts, and any remaining gain or loss is charged to operations. Repairs and maintenance are charged to expense when incurred. Capital assets are depreciated or amortized using the straight line method over the estimated useful lives of the assets.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

(i) Capital Assets (Continued)

All capital assets other than land and construction in progress are depreciated or amortized utilizing the straight-line method of depreciation over the following estimated useful lives of the assets:

Land improvements	5-25 years
Buildings and building improvements	5-40 years
Building fixtures	5-20 years
Equipment	3-15 years
Computers	5 years
Software	3-5 years

(j) Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both the reported claims and claims incurred but not yet reported. These amounts are included as a component of other long-term liabilities in the statements of net position.

(k) Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge and does not pursue collection of amounts determined to qualify as charity care. These amounts are not reported as revenue. The Medical Center maintains records to identify and monitor the level of charity care provided. The criteria used for charity service considers family income, net worth, and other eligibility criteria at time of application. The Medical Center provided approximately \$426 thousand and \$508 thousand of charity care during the years ended September 30, 2021 and 2020, respectively, based on the cost to charge ratio.

(l) Operating Revenues and Expenses

The Medical Center's statement of revenues, expenses, and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues generally result from transactions associated with providing health care services - the Medical Center's principal activity. Operating expenses are incurred to provide healthcare services, financing and administrative costs. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

(m) Meaningful Use Incentives

Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians and certain other professionals when they adopt, implement or upgrade certified Electronic Health Record (EHR) technology and become “meaningful users,” as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Incentive payments are paid out over varying transitional schedules depending on the type of incentive (Medicare and Medicaid) and recipient (hospital or eligible provider). Eligible hospitals can attest for both Medicare and Medicaid incentives. For Medicare incentives, eligible hospitals receive payments over four years. For Medicaid incentives, eligible hospitals receive payments based on the relevant State adopted payment structure. Revenue recognition occurs when certain clinical measurements have been attested to. These amounts are included as a component of grant revenue in the accompanying statements of revenues, expenses, and changes in net position.

(n) Risk Management

The Medical Center is exposed to various risks of loss from torts, theft of, damage to, and destruction of assets, business interruption, errors and omissions, employee injuries and illnesses, natural disasters, medical malpractice, and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. There have been no significant reductions in insurance coverage in FY 2021 or FY2020 from the coverage in FY 2020 or FY 2019. Additionally, the amount of settlements in FY2021, FY2020, and FY2019, did not exceed the insurance coverage in each of these fiscal years

(o) Net Patient Service Revenues

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center’s inpatient services, outpatient services, and physician services are recognized when the services are rendered based on billable charges.

The Medical Center’s policy is to write-off patient receivables when they are identified as uncollectible. Patient accounts receivable is reduced by an allowance for uncollectible accounts to reserve for accounts, which are expected to become uncollectible in future years. In evaluating the collectability of accounts receivable, the Medical Center utilizes a methodology that considers payor experience by age category.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

(o) Net Patient Service Revenues (Continued)

A summary discussion of the payment agreements with major third-party payors is as follows:

Medicare

Payments to the Medical Center from Medicare for inpatient acute and psychiatric services are made on a prospective basis. Under this program, payments are made at a predetermined specified rate for each discharge, based on a patient's diagnosis, weighted by an acuity factor. The Medical Center is paid a disproportionate share adjustment for servicing certain low income patients. Outpatient services are paid at prospectively determined rates per procedure under a methodology, which utilizes ambulatory payment classifications (APCs). Similar to the inpatient rates, outpatient rates vary according to the procedures performed. Other outpatient services are based on fee schedules. Additional payments are made to the Medical Center for the cost of cases that have an unusually high cost in comparison to national averages. The Medical Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor (MAC).

Medicaid

The Medical Center is paid by Medicaid based on All Patient Refined Diagnosis-Related Group (APR-DRG) at a predetermined specified rate for each discharge, subject to a weight or acuity factor, based on patient's diagnosis. Outpatient services are reimbursed based on Enhanced Ambulatory Payment Groups (EAPGs). EAPGs group together procedure and medical visits that share similar clinical characteristics, resource utilization patterns and cost so that the payment is based on the relative intensity of the entire visit.

Other Insurance Carriers

The Medical Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily or procedure rates.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
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**Notes to Financial Statements
September 30, 2021 and 2020**

**1. DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES (continued)**

(p) Income Taxes

The principal operations of the Medical Center, as an instrumentality of the District, are recognized as exempt from income tax under the applicable income tax regulations of the Internal Revenue Code and the District. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

(q) New Pronouncements

GASB issued GASB Statement No. 84, *Fiduciary Activities*, effective for reporting periods beginning after December 15, 2019. The Medical Center implemented GASB Statement No. 84 in FY 2021. However, the implementation of this Statement had no material impact on the Medical Center's fiscal year 2021 financial statements.

GASB issued GASB Statement No. 87, *Leases*, with an initial effective for reporting periods beginning after December 15, 2019. GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the effective dates of Statement 87 to fiscal years beginning after June 15, 2021, and all reporting periods thereafter. GASB also issued GASB Statement No. 91, *Conduit Debt Obligations*, effective for reporting periods beginning after December 15, 2021; GASB Statement No. 92, *Omnibus 2020*, with certain requirements effective upon issuance of the Statement and other requirements were effective for fiscal years beginning after June 15, 2021; GASB Statement No. 93, *Replacement of Interbank Offered Rates*, with certain requirements effective for reporting periods ending after December 31, 2021 and other requirements were effective for fiscal years beginning after June 15, 2021; GASB Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, effective for fiscal years beginning after June 15, 2022; GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, effective for fiscal years beginning after June 15, 2022; and GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans—an amendment of GASB Statements No. 14 and No. 84, and a supersession of GASB Statement No. 32*, effective for fiscal years and reporting periods beginning after June 15, 2021. GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the effective dates of Statement No. 91 to reporting periods beginning after December 15, 2021; and certain requirements of Statements No. 92 and 93 to fiscal years beginning after June 15, 2021, and all reporting periods thereafter. The Medical Center has not completed the process of evaluating the impact that will result from adopting these GASB statements, but does not expect these GASB statements would have a material effect on the financial statements. The Medical Center will be adopting these GASB statements, as applicable, by their effective dates.

**NOT-FOR-PROFIT HOSPITAL CORPORATION
 UNITED MEDICAL CENTER
 (A Blended Component Unit of the District of Columbia)**

**Notes to Financial Statements
 September 30, 2021 and 2020**

2. CASH AND CASH EQUIVALENTS

The Medical Center’s cash is held in various bank accounts. These accounts were established and approved by the Office of the Chief Financial Officer (OCFO), Office of Finance and Treasury (OFT) for the District. As of September 30, 2021 and 2020, total cash and cash equivalents held was \$46.1 million and \$53.4 million, respectively, of which \$10.5 million and \$17.2 million, respectively, was set aside for capital expenditures from the District capital subsidy.

The Medical Center maintains cash and cash equivalents balances and securities at several financial institutions. The cash balance at each financial institution is insured under the Federal Deposit Insurance Corporation (FDIC) up to \$250 thousand and securities are insured up to \$500 thousand under Securities Investor Protection Corporation (SIPC). At times, the balances on deposit and securities will exceed the balance insured by the FDIC and SIPC. The total deposits held are collateralized at 102%. The Medical Center has a sweep investment account that is a repurchase sweep investment and is in accordance with the District Financial Institutions and Deposit Act of 1997 and the investment policy. The District’s investment policy limits investments to obligations of the United States and agencies thereof, prime commercial paper, banker’s acceptances and repurchase agreements fully collateralized in obligations of the United States government and agency securities. As of September 30, 2021 and 2020, there were no deposits exposed to custodial credit risk.

3. ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND ACCRUED EXPENSES

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Medical Center as of September 30, 2021 and 2020, consisted of these amounts:

	<u>2021</u>	<u>2020</u>
Patient Accounts Receivable:		
Receivable from patients and their insurance carriers	\$ 13,657,892	\$ 13,118,367
Receivable from Medicare	2,751,254	1,764,254
Receivable from Medicaid	4,852,096	3,037,887
Total patient accounts receivable	<u>21,261,242</u>	<u>17,920,508</u>
Less allowance for uncollectible amounts	<u>12,075,433</u>	<u>3,269,211</u>
Patient accounts receivable, net	<u>\$ 9,185,809</u>	<u>\$ 14,651,297</u>
	<u>2021</u>	<u>2020</u>
Accounts Payable and Accrued Expenses:		
Payable to employees	\$ 7,868,830	\$ 10,094,767
Payable to suppliers	14,581,947	18,773,451
Payable to payroll taxing authorities and others	<u>(106,588)</u>	<u>1,742,959</u>
Total accounts payable and accrued expenses	<u>\$ 22,344,189</u>	<u>\$ 30,611,177</u>

4. CAPITAL ASSETS AND DEPRECIATION

Capital asset additions, and balances for the year ended September 30, 2021, were as follows:

Asset Class	September 30, 2020	Additions	Transfers	September 30, 2021
Non-depreciable:				
Land	\$ 8,100,000	\$ -	\$ -	\$ 8,100,000
Construction in progress	1,577,339	353,860	-	1,931,199
Total Non-depreciable	<u>9,677,339</u>	<u>353,860</u>	<u>-</u>	<u>10,031,199</u>
Depreciable and amortizable:				
Land improvements	1,205,674	-	-	1,205,674
Buildings and improvements	82,301,717	3,953,624	-	86,255,341
Equipment	45,588,538	1,641,892	-	47,230,430
Equipment under capital lease obligations	1,567,602	-	-	1,567,602
Software	14,258,589	1,395,851	-	15,654,440
Total depreciable and amortizable	<u>144,922,120</u>	<u>6,991,367</u>	<u>-</u>	<u>151,913,487</u>
Less: accumulated depreciation and amortization for:				
Land improvements	(929,887)	(23,181)	-	(953,068)
Buildings and improvements	(37,218,499)	(7,649,465)	-	(44,867,964)
Equipment	(34,759,316)	(4,953,410)	-	(39,712,726)
Equipment under capital lease obligations	(1,567,602)	-	-	(1,567,602)
Software	(10,402,076)	(2,145,319)	-	(12,547,395)
Total accumulated depreciation and amortization	<u>(84,877,380)</u>	<u>(14,771,375)</u>	<u>-</u>	<u>(99,648,755)</u>
Capital assets, net	<u>\$ 69,722,079</u>	<u>\$ (7,426,148)</u>	<u>\$ -</u>	<u>\$ 62,295,931</u>

Capital asset additions, and balances for the year ended September 30, 2020, were as follows:

Asset Class	September 30, 2019	Additions	Transfers	September 30, 2020
Non-depreciable:				
Land	\$ 8,100,000	\$ -	\$ -	\$ 8,100,000
Construction in progress	840,142	737,197	-	1,577,339
Total Non-depreciable	<u>8,940,142</u>	<u>737,197</u>	<u>-</u>	<u>9,677,339</u>
Depreciable and amortizable:				
Land improvements	1,205,674	-	-	1,205,674
Buildings and improvements	76,395,058	5,906,659	-	82,301,717
Equipment	40,116,015	5,472,523	-	45,588,538
Equipment under capital lease obligations	1,567,602	-	-	1,567,602
Software	11,750,790	2,507,799	-	14,258,589
Total depreciable and amortizable	<u>131,035,139</u>	<u>13,886,981</u>	<u>-</u>	<u>144,922,120</u>
Less: accumulated depreciation and amortization for:				
Land improvements	(906,706)	(23,181)	-	(929,887)
Buildings and improvements	(30,651,135)	(6,567,364)	-	(37,218,499)
Equipment	(29,895,855)	(4,863,461)	-	(34,759,316)
Equipment under capital lease obligations	(1,567,602)	-	-	(1,567,602)
Software	(8,700,333)	(1,701,743)	-	(10,402,076)
Total accumulated depreciation and amortization	<u>(71,721,631)</u>	<u>(13,155,749)</u>	<u>-</u>	<u>(84,877,380)</u>
Capital assets, net	<u>\$ 68,253,650</u>	<u>\$ 1,468,429</u>	<u>\$ -</u>	<u>\$ 69,722,079</u>

5. LONG-TERM LIABILITIES

A schedule of the Medical Center's long-term liabilities as of September 30, 2021 and 2020, were as follows:

	2020	Additions	Reductions	2021	Amounts due in one year
Estimated third party settlements	\$ 7,219,040	\$ 11,543,151	\$ -	\$ 18,762,191	\$ -
Other liabilities	1,629,343	218,505	(155,415)	1,692,433	-
Total noncurrent liabilities	\$ 8,848,383	\$ 11,761,656	\$ (155,415)	\$ 20,454,624	\$ -

	2019	Additions	Reductions	2020	Amounts due in one year
Estimated third party settlements	\$ 6,011,826	\$ 1,516,293	\$ (309,079)	\$ 7,219,040	\$ -
Other liabilities	2,116,949	-	(487,606)	1,629,343	-
Total noncurrent liabilities	\$ 8,128,775	\$ 1,516,293	\$ (796,685)	\$ 8,848,383	\$ -

6. THIRD PARTY SETTLEMENTS

The Medical Center is reimbursed for serving a disproportionate share of low income patients, reimbursable Medicare bad debt, a high percentage of End-Stage Renal Disease (ESRD) beneficiaries, and certain other items at a tentative rate with final settlement determined after the Medical Center's submission of annual reports and audits thereof by State and Federal agencies and through their contractors. Cost Reports for the Medicare program have been final settled for all years through 2016. Medicaid DSH is settled for 2017. 2018-2020 Medicaid DSH remain unsettled and are subject to final audit. Results of cost report and DSH audit settlements, as well as the Medical Center's estimates for settlements, of all fiscal years through 2021 are reflected in the accompanying financial statements.

7. MEDICAL MALPRACTICE CLAIMS

The Medical Center is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Medical Center and are currently in various stages of litigation. Additional claims may be asserted against the Medical Center arising from services provided to patients through September 30, 2021. The Medical Center purchases professional and general liability insurance to cover medical malpractice claims. The liability recorded as of September 30, 2021 and 2020, within the line item other long term liabilities in the statements of net position, represents estimated costs associated with litigating and settling claims.

8. COMPENSATED ABSENCES

The Medical Center's accumulated leave policy allows employees to accumulate unused leave at various limits depending on employee's classification and years of service. Effective January 1, 2015 the accrual rate changed for non-union employees to a basic maximum of 352 hours. The United Federation of Special Police and Security Officers (UFSPSO) and the 1199 Service Employees International Union (SEIU) unions remains the same at the original rate of 352 hours. Effective January 13, 2021, District of Columbia Nursing Association (DCNA) accepted new accrual rate to a maximum of 480 hours.

Prior to January 1, 2015 non-union employees were generally allowed to accrue accumulated leave up to a maximum of 480 hours. Employees who had unused hours over 352 effective January 1, 2015, were grandfathered. These employees had a two-year window to utilize the hours over 352 or receive \$0.50 on

8. COMPENSATED ABSENCES (continued)

the dollar cash out. Unused hours at the end of the second year will be forfeited. Most employees used up excess vacation prior. All employees opted to take excess vacation prior to implementation of payout.

The accrued accumulated leave balance is payable to employees in those cases where (1) employee did not take scheduled time off to meet operational needs, and the employee's request is approved by the Vice President and Chief Executive Officer, or (2) upon qualified separation of employment.

The Medical Center's accumulated leave policy allows regular full-time and part-time employees paid leave benefits. The Medical Center records accumulated leave as an expense and related liability as the benefit accrues to employees based on salary rates and accumulated leave hours. The policy of the Medical Center is to permit employees to accumulate earned but unused paid time off benefits. There is no liability for unpaid disability reserve leave as the amounts do not vest and are not payable upon termination of the employee. All vacation pay is accrued when earned.

As of September 30, 2021 and 2020, \$2.6 million and \$3.2 million, respectively, was recorded as accrued vacation, within the line item accrued salaries and benefits in the statements of net position.

9. RETIREMENT PLANS

During the current fiscal year, the Medical Center administered two types of retirement plans available to its employees.

(a) Defined Contribution Plan

The Medical Center maintains a defined contribution plan in accordance with Internal Revenue Code (IRC) Section 401(a) covering substantially all employees. It provides matching contributions up to 3% of employees' compensation by the Medical Center for the fiscal years ended September 30, 2021 and 2020. Participants vest in their accounts at a rate of 20% for each year of service, with 100% vesting after 5 years of service. For the fiscal years ended September 30, 2021 and 2020, the Medical Center's contributions to the 401(a) defined contribution plan were \$542 thousand and \$594 thousand, respectively. Forfeitures may be used first to reduce the Medical Center's contribution, and then to pay any expenses payable to the plan.

The forfeited contributions as of September 30, 2021 and 2020, were \$18 thousand and \$14 thousand, respectively. The Medical Center contracts with MissionSquare (formerly ICMA-RC), as its third-party administrator for this plan.

(b) Deferred Compensation Plan

The Medical Center offers its employees a deferred compensation plan in accordance with IRC Section 457(b), which allows employees in calendar years 2021 and 2020 to defer up to \$19.5 thousand of compensation for regular contributions, an additional \$6.5 thousand catchup contributions for employees who are fifty (50) years and older for a total of \$26.0 thousand and an additional \$19.5 thousand pre-retirement contributions for employees who are within five (5) years of retirement for a total of \$39.0 thousand under the IRS annual limitations. The participants are fully vested in their contributions to the 457(b) plan at all times. The Medical Center does not contribute to the deferred compensation plan. This plan is also administered by MissionSquare.

10. COMMITMENTS AND NONCANCELABLE OPERATING LEASES

The Medical Center is committed under various non-cancelable operating leases, all of which are related to equipment and software leases. There are no future minimum lease payments under operating leases as of September 30, 2021.

11. TRANSACTIONS WITH RELATED PARTIES

The Medical Center receives payments from the District for services provided to Medicaid-eligible residents of the District. The Medical Center also receives grant funding for certain expenditure needs and covering additional costs of providing services to certain at-risk populations of the District.

The following is a summary of related party transactions included in the accompanying financial statements as of September 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
<i>Patient receivables, net</i>		
Accounts receivable due from DC Medicaid	\$ 4,776,836	\$ 4,743,909
<i>Patient service revenues</i>		
Net patient revenue - DC Medicaid	40,676,710	24,622,465
<i>DSH revenues - the District Medicaid</i>	15,954,293	10,755,008
<i>Grant Revenues</i>		
Other revenue - DC Medicaid Meaningful Use Grant	-	-
<i>District Grants</i>		
Funding for union retro accrual	-	-
Funding for mangement related expenses	6,456,900	7,098,812
Funding for ED physicians and hospitalists	8,815,524	8,814,300
The District outpatient access payments	-	2,523,070
Direct subsidy - operating	25,000,000	-
<i>Direct subsidy - capital</i>	2,829,099	8,857,036
<i>Purchased services</i>		
<i>Provider fees</i>	(267,649)	(402,793)

12. CONCENTRATIONS OF CREDIT RISK

The Medical Center grants credit without collateral to its patients, most of who are local residents and insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Medicare	18%	26%
Medicaid	5%	13%
HMO Medicare/Medicaid	32%	20%
HMO/PPO	12%	9%
Commercial/Other	8%	7%
Self Pay	25%	25%
Total	<u>100%</u>	<u>100%</u>

13. COMMITMENTS AND CONTINGENCIES

Litigation Matters

The Medical Center is named as a party in legal proceedings and investigations that occur in the normal course of the Medical Center's operations. Although the ultimate outcome of the legal proceedings and investigations is unknown, the Medical Center is vigorously defending its position in each case. However, the Medical Center recorded litigation liability arising from both the ordinary course of business and claims alleging malpractice amounting to \$1,692,433 and 1,629,343, as of September 30, 2021 and 2020, respectively and have reflected these amounts in the long term liabilities in the statements of net position.

Collective Bargaining Agreements

The Medical Center has three unions: District of Columbia Nursing Association (DCNA), United Federation of Special Police and Security Officers (UFSP), and 1199 SEIU. All collective bargaining agreements were up for renewal in FY21. District of Columbia Nursing Association (DCNA) and United Federation of Special Police and Security Officers (UFSP) were renewed successfully prior to September 30, 2021 and 1199 SEIU was also successfully renewed subsequent to September 20, 2021. The related retro payments were made for DCNA and UFSP and 1199 retro payments will be made when approval is received from the Council.

14. SUBSEQUENT EVENTS

The Medical Center has evaluated subsequent events from the statement of net position date through January 3, 2022, the date these financial statements were available for issue, noting no additional events that affect the financial statements as of September 30, 2021 or require additional disclosure



McConnell Jones

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

INDEPENDENT AUDITOR'S REPORT

To the Mayor, Members of the Council of the Government of the District of Columbia, the Board of Directors of Not-For-Profit Hospital Corporation and Inspector General of the Government of the District of Columbia Washington, D.C.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Not-For-Profit Hospital Corporation, commonly known as United Medical Center (the Medical Center), blended component unit of the Government of the District of Columbia, as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements, and have issued our report thereon dated January 3, 2022.

Internal Control over Financial Reporting

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control

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that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

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

Purpose of this Report

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

Washington, D.C.
January 3, 2022

NOT FOR PROFIT HOSPITAL CORPORATION
FY2020_2021 STATISTICS

Question Numbers	Metric	Fiscal Year	Oct	Nov	Dec	Jan
5	<u>ADMISSIONS</u>	2020	395	398	393	389
		2021	419	306	372	354
12	<u>BEDS</u>	2020	210	210	210	210
		2021	210	210	210	210
12	<u>OBSERVATIONS</u>	2020	261	272	230	262
		2021	146	153	146	147
12	<u>PATIENT DAYS</u>	2020	2,121	2,419	2,279	2,224
		2021	2,105	1,772	2,158	2,575
12	<u>AVERAGE DAILY CENSUS</u>	2020	68.4	80.6	73.5	71.7
		2021	67.9	59.1	69.6	83.1
12	<u>OCCUPANCY</u>	2020	32.6%	38.4%	35.0%	34.2%
		2021	32.3%	28.1%	33.1%	39.6%
12	<u>ALOS</u>	2020	5.8	6.3	5.9	5.5
		2021	5.2	4.9	6.1	7.5
13	<u>SURGICAL PROCEDURES</u>	2020	175	138	156	187
		2021	146	153	146	147
13	<u>EMERGENCY ROOM VISITS</u>	2020	4,194	3,836	4,365	4,386
		2021	3,313	3,037	2,947	2,909
13	<u>OUTPATIENT VISITS</u>	2020	2,559	1,997	1,885	2,330
		2021	2,243	2,033	2,845	3,226
15	<u>GROSS SERVICE REVENUE</u>	2020	26,413.15	25,289.81	25,704.00	27,285.28
		2021	24,496.40	22,336.23	24,055.57	26,365.91

		Oct	Nov	Dec	Jan	
16	OPERATING EXPENSES	2020	10,140.53	10,118.11	10,756.84	11,601.07
		2021	10,870.97	10,581.11	11,893.32	12,222.44
19	OVERTIME		Oct	Nov	Dec	Jan
		2020	398,472	422,539	394,515	385,121
		2021	324,441	438,100	429,161	475,164

Feb	Mar	Apr	May	Jun	Jul	Aug
368	350	392	404	390	384	428
400	385	348	378	337	353	323
210	210	210	210	210	210	210
210	210	210	210	210	210	210
Feb	Mar	Apr	May	Jun	Jul	Aug
261	230	187	177	135	131	124
142	133	151	159	167	176	148
Feb	Mar	Apr	May	Jun	Jul	Aug
2,081	2,132	2,377	2,842	2,516	2,179	2,215
2,429	2,475	2,139	2,334	2,203	2,135	2,009
Feb	Mar	Apr	May	Jun	Jul	Aug
74.3	68.8	79.2	91.7	83.9	70.3	71.5
86.8	79.8	71.3	75.3	73.4	68.9	64.8
Feb	Mar	Apr	May	Jun	Jul	Aug
35.4%	32.7%	37.7%	43.7%	39.9%	33.5%	34.0%
41.3%	38.0%	34.0%	35.9%	35.0%	32.8%	30.9%
Feb	Mar	Apr	May	Jun	Jul	Aug
5.8	5.9	6.5	7.2	6.1	5.5	5.3
5.9	6.3	6.1	6.3	6.2	6.2	6.1
Feb	Mar	Apr	May	Jun	Jul	Aug
167	79	51	64	118	140	156
142	133	151	159	167	176	148
Feb	Mar	Apr	May	Jun	Jul	Aug
3,965	3,737	2,551	2,787	3,080	2,996	3,287
2,716	3,184	3,192	3,399	3,428	3,536	3,396
Feb	Mar	Apr	May	Jun	Jul	Aug
2,006	1,410	682	946	1,404	1,948	1,966
2,645	3,513	2,025	1,912	2,281	2,409	2,186
Feb	Mar	Apr	May	Jun	Jul	Aug
25,224.91	22,521.50	19,442.06	22,463.08	23,646.16	21,672.54	22,945.06
23,588.24	25,507.68	24,549.40	26,329.14	24,718.52	24,775.18	23,158.64

Feb	Mar	Apr	May	Jun	Jul	Aug
11,413.30	11,059.15	13,524.61	15,359.35	13,518.69	11,875.94	12,544.94
12,238.60	12,598.58	11,575.88	11,140.32	10,215.17	10,573.70	10,699.94

Feb	Mar	Apr	May	Jun	Jul	Aug
406,120	458,737	549,866	679,886	382,654	312,887	300,913
393,383	440,162	368,730	318,929	288,289	219,875	263,770

Sep	YTD
365	4,656
314	4,289
210	210
210	210
Sep	YTD
157	2,427
151	1,819
Sep	YTD
2,074	27,459
1,979	26,313
Sep	YTD
69.1	75.2
66.0	72.1
Sep	YTD
32.9%	35.8%
31.4%	34.3%
Sep	YTD
5.5	5.9
6.4	6.1
Sep	YTD
151	1582
151	1819
Sep	YTD
3,174	42,358
3,194	38,251
Sep	YTD
1,793	20,926
2,250	29,568
Sep	YTD
22,507.77	285,115.31
22,424.16	292,305.08

Sep	YTD
6,210.26	138,122.78
9,237.39	133,847.41

Sep	YTD
367,992	5,059,702
307,338	4,267,342

United Medical Center
Hospital Statement of Operations
Fiscal Year 2019

Question 17 A

	Oct	Nov	Dec	Jan	Feb
Revenues:					
Net patient services revenue	8,199	6,073	7,060	8,728	7,130
CNMC revenues	227	193	241	202	250
Other revenues	2,750	2,591	2,959	2,798	2,673
Total Operating Revenues	11,177	8,857	10,261	11,728	10,053
Operating Expenses:					
Salaries and wages	4,133	4,113	4,442	3,960	3,860
Employee benefits	1,044	1,048	1,019	1,412	1,326
Contract labor	255	144	242	227	435
Medical supplies	979	996	1,091	1,322	1,145
Professional fees	1,706	1,852	1,268	1,610	2,109
Purchased services	1,217	1,595	1,913	1,831	1,219
Other expenses	806	370	783	1,238	1,318
Total Operating Expenses	10,141	10,118	10,757	11,601	11,413
Net Income (Loss) From Operations	1,036	(1,261)	(496)	127	(1,361)

al Center
perations - Trend
2020

Dollars in Thousands

Mar	Apr	May	Jun	Jul	Aug	Sep	Total
5,716	5,575	6,754	7,066	6,291	5,514	5,253	79,358
195	147	226	30	117	117	131	2,075
2,587	4,758	16,591	7,444	6,739	7,460	1,901	61,252
8,498	10,479	23,571	14,539	13,147	13,091	7,285	142,685
4,486	4,152	4,863	4,053	4,235	4,164	4,471	50,932
1,178	943	1,007	1,115	1,411	978	1,649	14,129
257	458	368	622	495	394	224	4,120
1,243	3,016	4,286	3,004	1,101	2,918	(4,378)	16,722
1,028	1,600	1,879	1,757	1,722	1,777	1,558	19,866
1,667	1,616	2,077	1,726	2,032	1,387	909	19,189
1,201	1,741	880	1,241	881	928	1,778	13,164
11,059	13,525	15,359	13,519	11,876	12,545	6,210	138,123
(2,561)	(3,046)	8,211	1,021	1,271	546	1,075	4,562

United Medical Center
Hospital Statement of Operations
Fiscal Year 2019

Question 17 B

	Oct	Nov	Dec	Jan	Feb
Net patient services revenue	6,861	6,523	6,730	5,973	7,337
CNMC revenues	140	169	165	164	177
Other revenues	2,425	2,386	2,729	2,345	2,869
Total Operating Revenues	9,426	9,078	9,625	8,482	10,383
Operating Expenses:					
Salaries and wages	4,424	4,403	4,640	4,114	4,014
Employee benefits	989	1,124	1,257	1,649	1,058
Contract labor	252	84	203	287	936
Medical supplies	1,224	1,186	1,224	1,121	1,293
Professional fees	1,742	1,756	1,696	1,631	2,011
Purchased services	1,080	1,709	1,493	1,481	1,733
Other expenses	1,160	320	1,381	1,939	1,194
Total Operating Expenses	10,871	10,581	11,893	12,222	12,239
Net Income (Loss) From Operations	(1,445)	(1,503)	(2,269)	(3,740)	(1,856)

il Center perations - Trend 2021

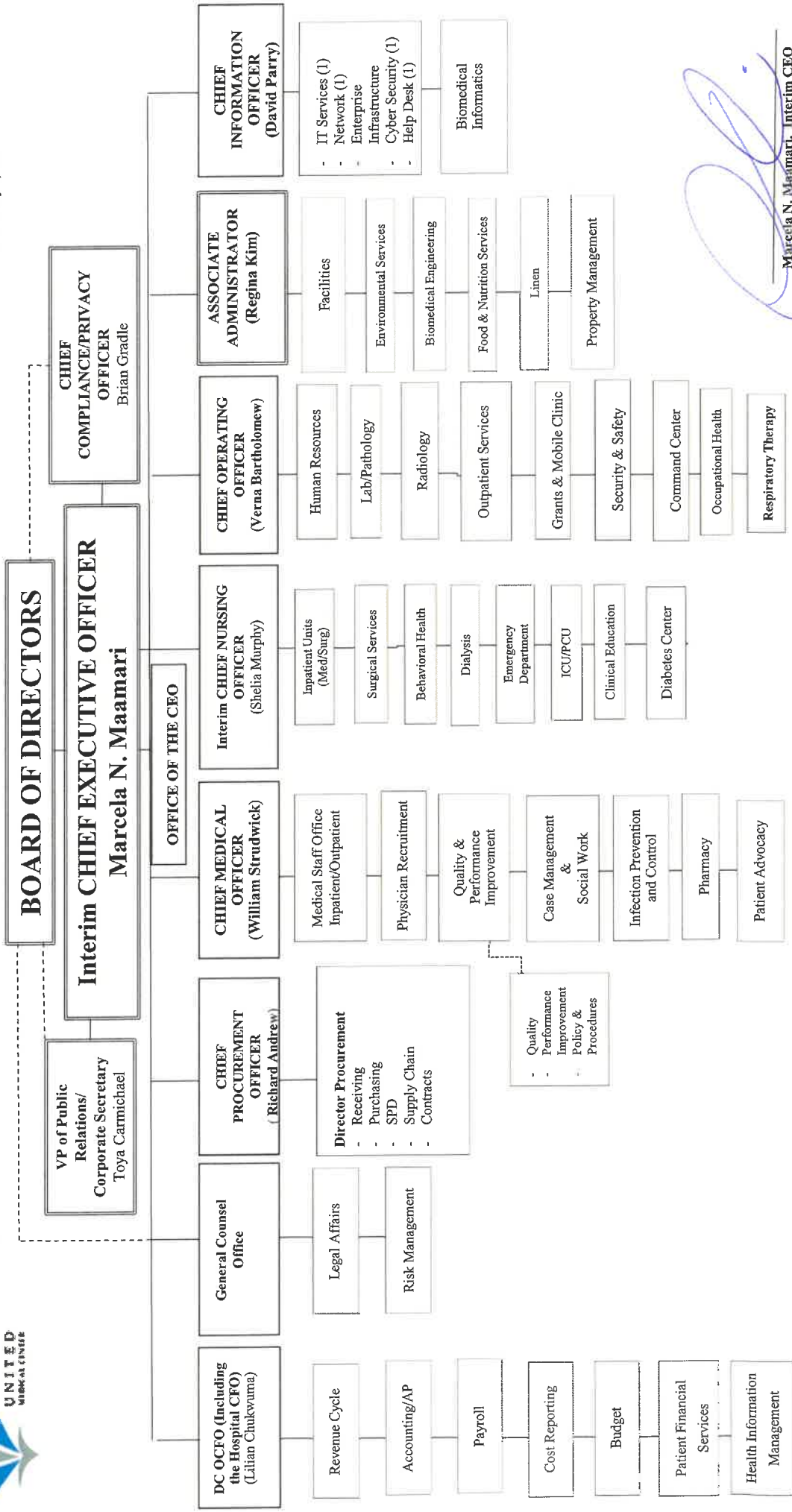
Dollars in Thousands

Mar	Apr	May	Jun	Jul	Aug	Sep	Total
6,373	6,943	9,428	6,500	7,881	6,577	6,763	83,888
74	165	165	160	160	199	386	2,124
2,456	1,875	6,869	6,986	6,908	6,979	6,841	51,669
8,903	8,983	16,462	13,645	14,948	13,756	13,990	137,681
4,377	4,062	4,275	3,861	3,860	3,861	3,685	49,577
1,161	898	977	998	900	1,035	698	12,742
436	837	484	169	510	266	262	4,727
1,529	1,084	1,004	1,248	1,086	1,057	1,227	14,282
1,665	1,858	1,604	1,801	1,670	1,731	1,728	20,893
1,335	2,193	1,611	1,316	1,729	1,567	1,673	18,920
2,095	643	1,185	823	819	1,183	(36)	12,707
12,599	11,576	11,140	10,215	10,574	10,700	9,237	133,847
(3,695)	(2,593)	5,322	3,430	4,375	3,056	4,752	3,833



Not-For-Profit Hospital Corporation
Organizational Chart

February 9, 2022



(Signature)
Marcela N. Maamari, Interim CEO

**NOT FOR PROFIT HOSPITAL CORPORATION
2020 VENDOR LISTING**

Question# 20

VENDOR NUMBER	VENDOR
A00403	1199 SEIU MD/DC TUF PROGRAM
M02373	3M COMPANY
M00382	3M HEALTH INFORMATION SYSTEMS
M01483	AABB
M01195	ABATEMENT TECHNOLOGIES
M00383	ABBOTT LABORATORIES
M00088	ABBOTT LABORATORIES INC
M01484	ABBOTT VASCULAR
A03718	ABDULNASER ALAREQI
M01788	ABILITY NETWORK
M02504	ACCRUENT
M02015	ACELL INC.
M02301	ACIST MEDICAL SYSTEMS
A03703	ACM SERVICES, INC
M02074	ACME PAPER & SUPPLY CO.
A03739	ACQUANETTA FRAZIER, MD
M02506	ADDISON GROUP
A03771	ADOLFO AMAY, JR
M01086	ADVANCED ORTHOPAEDIC SOLUTIONS
A00389	AETNA
M00385	AIR PRODUCTS AND CHEMICALS INC.
M00022	AIRGAS USA, LLC
M02311	ALAN GRAY LLC
M02652	ALASKA STRUCTURES
M02626	ALGERNON FOGLE
A03004	ALI REZAZADEH-TEHRANI, MD
M00035	ALIMED, INC.,
A03782	ALL AMERICAN AMBULANCE
M02661	ALLHEART
M02676	ALLIED PARTY RENTALS
M00371	ALPHA AND OMEGA SERVICES
M02597	AL'S TWIN AIR LLC (CBE)
M01258	ALSCO
A03760	AMAZON CAPITAL SERVICES, INC
M02493	AMBU INC
A03396	AMERICAN ACADEMY NURSE PRACTITIONER
A03619	AMERICAN BOARD OF FOOT & ANKLE
A00282	AMERICAN COLLEGE OF HEALTHCARE
A00390	AMERICAN COLLEGE OF RADIOLOGY
A00284	AMERICAN MEDICAL ASSOCIATION
A03596	AMERICAN SOCIETY FOR HEALTHCARE
M02671	AMERISAN LLC
M02461	AMN HEALTHCARE INC

M00446	ANALYTICS CORP
A03410	ANCC ACCREDITATION
A03751	ANDREW L. MILLER
A03743	ANGELA F. SWIFT
A03742	ANGELA REID
A03755	APIC
M01733	APPLIED STATISTICS & MANAGEMENT, INC
M01989	AQUITY
A03725	ARAGONA & ARAGONA
M01940	ARGON MEDICAL DEVICE, INC
M01875	ARK SYSTEM, INC
M00388	ARMSTRONG MEDICAL INDUSTRIES
M01894	ARROW INTERNATIONAL, INC.,
M00277	ARTHREX, INC
M02641	ASEPTIC ENCLOSURES
A01218	ASGHAR SHAIGANY, MD
A02319	ASHE (AMERICAN SOCIETY HEALTH ENG.)
A03038	ASHEBIR WOLDEBEAGZI, MD
A03736	ATLAS MEDSTAFF LLC
M01171	AVANTE HEALTH SOLUTIONS
M02474	AXIS HEALTHCARE GROUP, PC
M02498	B & B FLOOR SERVICES, LLC (SBE)
M01141	BALTIMORE JANITORIAL SUPPLY CO
M01773	BANKERS BUSINESS MGMT SERVICES. INC
M02640	BARCLAY WATER MANAGEMENT
M00925	BAXTER HEALTHCARE CORPORATION
M02664	BAY ENGINEERING LLC
M00394	BAYER HEALTHCARE
M00411	BEARCOM COMMUNICATIONS DBA
M00008	BECKMAN COULTER INC.,
A03741	BEK TEK, LLC
M00081	BIOMERIEUX
M00367	BIO-RAD LABORATORIES CLINICAL
M02280	BK MEDICAL HOLDING COMPANY, INC
M02712	BML PROPERTY REALTY LLC
M02170	BOND WATER TECHNOLOGIES, INC.
M02270	BONNER KIERNAN TREBACH CROCIATA LLP
M00011	BOSTON SCIENTIFIC CORPORATION
M02569	BRADLEY W. BENNETT
A03695	BRUCE M. ABELL
A02563	BRYANT WARING
M01279	BURLINGTON MEDICAL, LLC
M00019	C R BARD, INC
M00171	C.R, BARD, INC
M00410	C.R. BARD INC
A03735	CAPITAL CONSTRUCTION GROUP, LLC3321
M02152	CAPITAL SERVICES & SUPPLIES INC
A03772	CAPITOL INSURANCE SERVICES

M02369	CARBOFIX ORTHOPEDICS
M00002	CARDINAL HEALTH
A02249	CARDINAL HEALTH 414,LLC
A02301	CAREFIRST BLUECROSS BLUESHIELD
M02468	CAREFUSION
M01556	CAREFUSION 2200, INC.
A03540	CARLTON FIELDS
M02635	CASE MEDICAL INC
A02203	CATHERINE NWOKEAFOR
M00646	CDW GOVERNMENT
M02056	CENTENNIAL COMPUTER CORPORATION
A02787	CENTER FOR MEDICARE & MEDICAID SVCS
M02047	CENTRAL INFUSION ALLIANCE INC
M02681	CEPHEID
M01729	CERTIFIED LANGUAGES INTERNATIONAL
M01762	CHANGE HEALTHCARE
A03719	CHANNELL MORRIS
A03660	CHARLES M. CITRIN
M02637	CHEMTREAT, INC.
A02420	CHERON RUST
M02651	CHESAPEAKE HEALTHCARE PLANNING
M01398	CINTAS CORPORATION 041
M02495	CITRON HYGIENE
M01559	CITY ELECTRIC SUPPLY
M00101	CIVCO MEDICAL INSTRUMENTS/
M02631	CLARK SERVICE GROUP
M02210	CLEAN HARBORS ENVIROMENTAL SERVICES
M02291	CLEARPATH SOLUTIONS GROUP LLC
A03254	CLETUS CHECK
A00809	CLIA LABORATORY PROGRAM
M01025	CLOUDWAVE
M02669	COAST BIOMEDICAL EQUIPMENT
A03740	COAST TO COAST HOSPITALITY, LLC
A03731	COLENE Y DANIEL
M00469	COLLEGE OF AMERICAN PATHOLOGIST
A03613	COLONIAL LIFE
M02644	COLUMBIA ENTERPRISES (SBE)
M01652	COMCAST
M02352	COMPLETE FIRE PROTECTION
A03728	COMPOUND TECHNOLOGIES, INC
A00088	COMPTRROLLER OF MARYLAND
M02544	CONCENTUS.NET
A03699	CONCEPCION L. BASCO
M00478	CONE INSTRUMENTS
M00157	CONMED LINVATEC
M02267	CONTEMPORARY HEALTHCARE SOLUTIONS
A03764	CONTINENTAL CASUALTY COMPANY
M01947	CONTRACT GUARDIAN

M00118	COOK MEDICAL INCORPORATED
M00643	COOPER SURGICAL
M02666	COULMED PRODUCTS GROUP LLC
A03627	CRITICAL CONNECTION, INC
A03712	CROSSING AT CHADDSFORD HOA, INC
M00242	CTSI
M00120	CURBELL MEDICAL PRODUCTS, INC.
A03649	CURTIS BAY MEDICAL WASTE SERVICES
M00692	CURTIS ENGINE EQUIPMENT
M01457	CYGNUS MEDICAL
M02286	CYNTHIA MORGAN MD
A00381	D.C. HOSPITAL ASSOCIATION
A00420	D.C. TREASURER
M02690	DANIEL C OHAI
M01366	DANIELS SHARPSMART, INC.
M02201	DAVIS-ULMER SPRINKLER CO INC
M02617	DAYCON PRODUCTS CO., INC.
M02136	DAYLILY LANDSCAPING (SBE)
A00099	DC CHILD SUPPORT CLEARINGHOUSE
A00370	DC TREASURER
M01724	DC TREASURER
M02355	DC TREASURY
A00166	DC WATER & SEWER AUTHORITY
A00837	DCHCA/TRANSITIONAL CARE CENTER
A00167	DCNA
M01269	DCRA
M02491	DEB USA, INC
A03496	DECISION RESOURCES, INC
M02476	DECO RECOVERY MANAGEMENT LLC
M00945	DECOSTA CONSTRUCTION
A03756	DEIDRA DANIELS
A03754	DENISE WILLIAMS
A00889	DEPARTMENT OF EDUCATION AWG
M00185	DEPUY MITEK
M02643	DEROYAL INDUSTRIES, INC.
A03734	DERRICK LOCKHART
M02510	DEVIN SMITH
M02678	DIGITAL DESIGNED SOLUTIONS LLC
M02709	DILIGENT CORPORATION (DC)
A03356	DIRECT ENERGY BUSINESS
A03659	DISTRICT OF COLUMBIA DEPARTMENT
A03458	DISTRICT OF COLUMBIA PRIMARY CARE
M02343	DIVERSIFIED CLINICAL SERVICES, INC.
A03706	DIVISION OF CHILD SUPPORT
A03689	DIXON HUGHES GOODMAN, LLP
A03711	DOC POWELL
M02594	DOCUSIGN INC.
M02415	DOMINION ELEVATOR INSPECTION

A03590	DOMINIQUE WILLIAMS
A03559	DORETHA POPE
M02408	DR. FIRST.COM, INC
M01074	DRAEGER INC
A03691	DSJ & ASSOCIATES
M01630	E M ADAMS
M00653	E.M.R.
M02586	EBSCO INDUSTRIES INC
M02344	ECLINICAL WORKS
A02996	ECMC
A03648	EDUCATIONAL COMMISSION FOR FOREIGN
M01344	ELECTRIC MOTOR REPAIR CO
M02489	ELI'S CONTRACTOR INC
M02574	E-LOGIC, INC (CBE)
M00844	EMERGENCY CARE RESEARCH INSTITUTE
A03692	EMMA M. BERMUDEZ
M01779	ENCOMPASS GROUP, LLC
M02561	ENTERCOM COMMUNICATIONS CORP
M00741	ENV SERVICES, INC.
M02530	ENVIRONMENT FOR HEALTH ARCHITECTURE
M02562	ENVISE
A03721	ERIK D. FRYE, P.A.
M02648	ESCAPE VELOCITY HOLDINGS INC
A02970	ESSENTIAL SURGICAL CARE, P.C.
M02667	EVERETT SIMPSON
A03765	EVERTON GARRIQUES
A03715	EVITA CHARLES
A03730	EXCEL PHARMACY
A00592	FDA-MQSA PROGRAM
A00029	FEDERAL EXPRESS
M00556	FERGUSON ENTERPRISES #1300
A03698	FILIPINA M. QUIMEN
M02620	FIRE AND LIFE SAFETY AMERICA INC
M02279	FIRST DATA BANK INC
M00772	FISHER & PAYKEL HEALTHCARE
A03745	FISHER & PHILLIPS, LLP
M00040	FISHER HEALTHCARE
M02482	FLEXCARE LLC
A01296	FLEXRN & COMPANY
M01555	FOLLETT
M01198	FORMFAST,INC.
M00507	FORTEC FIBERS INC.
A02182	FRANCIS BARTELS
M00779	FREEDOM MEDICAL, INC.
M00060	FRESENIUS USA MARKETING
M01560	FRIED BROTHERS, INC
M01225	FUJIFILM SONOSITE
M00061	GE HEALTHCARE

M00204	GE HEALTHCARE
M00209	GE HEALTHCARE
M00712	GE HEALTHCARE/OEC
A03722	GELB & GELB
A02899	GLADYS ANOKAM
M01935	GLAXOSMITHKLINE PHARMACEUTICALS
A03694	GLENN G. DRUCKENBROD
M00480	GLOBAL EQUIPMENT COMPANY
M02647	GLOBAL PRINT MASTER (SBE)
A03642	GOLDSTEIN & McCLINTOCK LLP
M02077	GOODE REFRIGERATION
A00374	GREG HAGER
A03665	GREGORY A. COMPTON, MD SOLE MBR
A02088	GREGORY ASKEW
M01731	GRM INFORMATION MANAGEMENT SERVICES
M02684	HANDCRAFT CLEANERS & LAUNDERERS INC
M01558	HARLOFF MEDICAL
M01091	HCPRO/SIMPLIFY COMPLIANCE
A00322	HEALTHCARE COUNCIL OF THE NATIONAL
M00452	HEALTHCARE LOGISTICS
M01192	HEALTHMARK INDUSTRIES CO INC.
A03012	HEART CONSULTANTS, LLC
M01722	HELP DESK TECHNOLOGY
M02289	HEMATECHNOLOGIES
M00415	HENRY SCHEIN
A00746	HFMA
M01425	HILL LABORATORIES
M01102	HILL-ROM
M00421	HOBART SERVICE
M01730	HOLOGIC
M02470	HOWARD MEDICAL
M02285	HURON CONSULTING SERVICES, LLC
M02654	HUTCHINS & HUTCHINS
M02701	I M BORDEN GROUP LLC
A02615	IAN M. LANDE, MD
M00975	IATRIC SYSTEMS INC
M02179	IBM CORPORATION
M02713	ICAD
M02416	ICS PROTECTIVE SERVICES
M00201	ICU MEDICAL, INC.
A02431	IDEA REPS, LTD
M02680	IMSODC
M02549	IN2BONES USA, LLC
M01972	INOVA HEALTH SYSTEM
A00230	INSURANCE REFUNDS
M02121	INTELLIGENT MEDICAL OBJECTS, INC.
M01477	INTERMETRO INDUSTRIES CORPORATION
A00141	INTERNAL REVENUE SERVICE

A00935	INTERNATIONAL UNION OF OPERATING
A03778	ISABEL EASTMAN
M02696	J & B SALES OF NC INC
A03667	J. P. GOLDSMITH, MD, LLC
A03625	JACQUELINE PAYNE-BORDEN
A03744	JAVAD KHALILZADEH, M.D.
M02633	JBN CORPORATION
A03198	JEROME BYAM
A03524	JETHMALANI & NALLASETH PLLC
M02693	JH CONTRACTORS LLC (DC)
M01426	JOHNSON & JOHNSON HEALTHCARE SYSTEM
M02182	JOHNSON CONTROLS
A02913	JOINT COMMISSION RESOURCES
M02492	JONES & ASSOCIATES COMMUNICATIONS
A02994	JOSEPH M SHARNOFF
M02512	JOVAN MOCK
A03006	JP MORGAN CHASE COMMERCIAL CARD
M02627	JS HELD HOLDINGS LLC
A02900	JUDY JENKINS
A03777	JULIA R. ARFAA
A00151	KAISER PERMANENTE
A03680	KARMARDI MILLS
M00549	KCI, USA
M02645	KENNETH EARL BLACKWELL
A03729	KEVON SIMMONS
M02446	K-FORCE INC.
A03770	KGLOBAL, LLC
A03705	KHOOBCHANDANILAW
A02153	KHOSROW DAVACHI, MD
M02521	KIERNAN A SPEIGHT
A03753	KIM BUSSIE
M02458	KIWI-TEK LLC
M00732	KONICA MINOLTA PREMIER FINANCE
M00880	KRONOS
M01462	KRUEGER-GILBERT HEALTH PHYSICS, INC
M02570	KYIA L. THOMPSON
M00644	LAMINAR FLOW CONSULTANTS, INC,
A03757	LAQUANTA MOORE
A03717	LAW OFFICE OF MONICA GUILARTE
A03716	LAW OFFICES OF FRIEDMAN, FRAMME &
M01711	LAWRENCE STREET INDUSTRIES
A03454	LINDA DAVIS-MOON
M02580	LIVEPROCESS
M01197	LONG FENCE
A03708	LYSANDRA VOLTAGGIO
M00681	MAINE STANDARDS
A03500	MARCELA MAAMARI
A02694	MARIATU TARAWALLEY

A03617	MARILYN CORDER
A03282	MARINER-FINANCE, LLC
M00160	MARKET LAB INC.
A00398	MARYLAND CHILD SUPPORT ACCOUNT
M02606	MAXX ORTHOPEDICS INC
A03499	MAZARS USA LLP
P00002	MCKESSON CORPORATION DC#8813
M01351	MCKESSON MEDIAL SURGICAL
M00177	MED PAT & INN-PHONE
M02014	MEDCHI THE MARYLAND STATE MEDICAL
M01229	MEDCOMP
M02670	MEDGYN PRODUCTS INC
M02295	MEDHELP INC
A03532	MEDICAL FACULTY ASSOCIATES, INC
M00561	MEDICAL SUPPLY SYSTEMS (SBE)
M00605	MEDICOMP MEDICAL
A03639	MEDI-DOSE INC.,
M02175	MEDISOLV, INC.
M00466	MEDITECH
M00352	MEDTRONICS / XOMED
M00181	MEDTRONICS USA
M01380	MERGE HEALTHCARE
M00183	MERIT MEDICAL SYSTEMS, INC.,
M00165	MERRY XRAY/SOURCEONE HEALTHCARE
A03547	MICHAEL AUSTIN
A03783	MILES & STOCKBRIDGE P.C.
M01572	MINDRAY NORTH AMERICA
A03561	MIRIAM RIVERA
M01518	MITEL
A03622	MOHAMMED KALAN, M.D.
M02110	MORRISON HEALTHCARE
A03453	MSDC
M02345	MUSA M MOMOH MD
M02668	NAC MECHANICAL SERVICES LLC
A02854	NAMSS
A03763	NANETTE BARRY
M02464	NANOSONICS, INC.
A03752	NATIONAL DECISION SUPPORT COMPANY
M02612	NATIONAL SERVICE CONTRACTORS, INC
M02454	NAVEX GLOBAL, INC.
A00624	NC CHILD SUPPORT
M02692	NETWORKING FOR FUTURE INC (CBE)
M00234	NIHON KOHDEN AMERICA
M02196	NORTHERN MEDICAL PRODUCTS AND
A03673	NORTHRUM HEALTH LLC
M02691	NOVA MEDICAL LLC (DC)
A02920	NOVITAS SOLUTIONS, INC.,
M02675	NOVUM MEDICAL PRODUCTS OF NY LLC

M02710	NOW MARKETING SOLUTIONS C/O (DC)
M01988	NPAS, INC
A03702	NTHRIVE, INC
M00684	OFFICE DEPOT
A03074	OFFICE OF THE CHIEF FINANCIAL
M02418	OFFICE TEAM
A02131	OLAOLU FADAIRO
M02543	OLIVIER LISSOUCK
A03768	OLUWATOYIN OWOEYE
M00217	OLYMPUS AMERICA INC.,
M01190	OMNI LIFE SCIENCE
A03723	OMVP RECORD RETRIEVER
M02540	OPTIV
A03150	OPTUM 360
M00397	OPTUM360
M01389	ORASURE TECHNOLOGIES, INC
A02453	OREE FIORITI
M00140	ORKIN, LLC
M00221	ORTHO-CLINICAL DIAGNOSTICS, INC
M02256	OTIS ELEVATOR
M01728	OVERHEAD DOOR
M02706	PACT PRO LLC (DC)
A03762	PAMELA GERMANY-DAVIS
M02271	PAPERLESS PAY CORPORATION
M00802	PARTS SOURCE INC.
A00229	PATIENT REFUNDS
M01163	PATIENTWORKS CORPORATION
A03696	PATRICK MALONE & ASSOCIATES CLIENT
M02251	PATUXENT ROOFING & CONTRACTING, INC
A03701	PAULINA CORTEZ
A03774	PAYSCALE, INC
M00232	PC CONNECTION
M00575	PERFORMANCE HEALTH
A03324	PEROUTKA, MILLER, KIMA & PETERS,
A03497	PFIZER INC.
M00027	PHILIPS MEDICAL SYSTEMS
M01534	PHILLIPS HEALTHCARE
M01973	PINKERTON C & I
M00693	PITNEY BOWES
M02657	PITT ELECTRIC INC & CONSTRUCTION
M02013	PLANET DEPOS, LLC
A03468	PLANSOURCE BENEFITS ADMINISTRATION
M01654	PM HOOD & DUCT
A03599	PMA COMPANIES/OLD REPUBLIC
M01992	POINTCLICKCARE TECHNOLOGIES, INC
A03704	POLLY GERBER ZIMMERMANN
M00033	POLY SCIENTIFIC
M00839	POSEY PRODUCTS, LLC

M00576	POSITIVE PROMOTIONS, INC
A00018	POTOMAC ELECTRIC POWER COMPANY
M02349	PRECISION DOOR & HARDWARE
M00250	PRECISION DYNAMICS CORP
A03251	PRECISION ORTHOPEDICS
M01651	PRECISION TESTING, INC
M02209	PREMIER HEALTHCARE SOLUTIONS
A02921	PREMIUM CRITICAL CARE SOLUTIONS LLC
M02568	PRESIDIO HOLDINGS INC
M01763	PRESS GANEY ASSOCIATES, INC.
A03645	PROCARE AMBULANCE OF MARYLAND
A03780	PROEHL PRN, LLC.
M02453	PROVIDER TRUST, INC
A03674	PULMONARY&CRITICAL CARE ASSOCIATES
M02090	Q-CENTRIX LLC
M02653	QIAGEN, LLC
M02658	QUALITY BIOMEDICAL
M00807	QUALITY CALIBRATIONS, INC.
M01725	QUEST DIAGNOSTICS
M01678	RADIATION SERVICE ORGANIZATION
M00053	RADIOMETER AMERICA, INC.
A03758	RANDI BARCLAY
M02261	RATH ENTERPRISES, INC.
M02554	RED LION MEDGAS CONSULTANTS INC
A03606	REGAN ZAMBRI LONG PLLC
A03697	REGENERATIVE ORTHOPEDICS & SPORTS
A03631	REGINA KIM
A03575	REHABILITATION SERVICES
A03572	RELIAS LLC
A02715	REMEDI SENIORCARE
M01087	REPROCESSING PRODUCTS CORP (R P C)
A00127	RESERVE ACCOUNT
M00544	RESPITECH
M00055	ROCHE DIAGNOSTICS CORPORATION
M02199	ROGER P KAPLAN ARBITRATOR
M01715	RON'S TROPICAL FISH EXPERTS
M02024	ROTO ROOTER SERVICES CO
M00137	RR DONNELLEY
M02509	RSC ELECTRICAL & MECHANICAL (SBE)
M01768	RUIC
M02526	RYAN AIDEN ELBERT
M01133	S FREEDMAN & SONS, INC
M02448	SAFE LIFE DEFENSE LLC
A03724	SAIONTZ & KIRK
A03747	SALIM ADOFO
A03328	SALMAN CHOCHAN
A03769	SAMUEL BOWMAN
A01039	SCHRIER,TOLIN AND WAGMAN. LLC

M02480	SDI USA INC
M02560	SEAMLESS RECYCLING
M02516	SEAN C JAMISON
M01419	SECHRIST INDUSTRIES
M01960	SERVPRO OF WASHINGTON, DC
M01986	SEYFARTH SHAW LLP
M00842	SHARN INC
A03773	SHC SERVICES INC.
M01672	SHERWIN WILLIAMS
M01734	SIGN LANGUAGE USA INC
M02145	SIZEWISE RENTALS LLC
M02400	SKYE ORTHOBIOLOGICS LLC
A03720	SLOCUMB LAW FIRM
A03688	SMARTSHEET, INC.
M00278	SMITH & NEPHEW
M00073	SMITH & NEPHEW, INC
A03528	SOCIAL SECURITY ADMINISTRATION
M02431	SOLARWINDS INC
M02547	SOUTH RIVER PARTNERS (SBE)
M00401	SPECIALIZED ORTHOPAEDIC SERVICES
M01948	SPECIALTY SURGICAL INSTRUMENTATION
M00822	SPECTRUM TECHNOLOGIES
M01754	SPOT COOLERS
M02450	SSA CONSULTING
M00090	STANLEY ACCESS TECHNOLOGIES, LLC
M00399	STAPLES ADVANTAGE
M01867	STAXI CORPORATION
A03686	STEPHEN L. NELSON JR.
M00749	STERICYCLE, INC.,
M00004	STERIS CORPORATION
A03766	STRYKER CORPORATION
M00094	STRYKER ENDOSCOPY
M00096	STRYKER MEDICAL
M00391	STRYKER SALES CORP.
M02328	SUMMIT HEALTHCARE SERVICES.INC
A02653	SUN LIFE FINANCIAL
M02677	SUNBELT RENTALS
M02662	SUNLINE LLC
M02246	SURGICAL DIRECT INC
M02590	SURVEILLANCE SECURE
M02197	SW MED-SOURCE, INC
M01491	SWISSLOG HEALTHCARE
M01784	SYFT
M02630	SYFT
A03737	SYNERGY ORTHOPEDICS LLC.
M02602	SYSMEX AMERICA, INC
M00099	SYSTEM ONE MEDICAL
A01565	TAHGI K.ASADI, MD

M00599	TATE ENGINEERING SYSTEMS
M02672	TB&A HOSPITAL TELEVISION INC
M01604	TECHNICAL REPAIR SERVICE,LLC
M01847	TEGRIA SERVICES GROUP-US
M02297	TELCEPT HOLDINGS, LLC
M01239	TELEFLEX FUNDING LLC
A00109	TELEHEALTH SERVICES
M01415	TELEHEALTH SERVICES
A02701	TEMPORARY HELP INC
M01481	TERUMO MEDICAL CORPORATION
A03726	THE BIERER LAW GROUP
M01682	THE HAMILTON GROUP (SBE)
A03767	THE HARTFORD GROUP
M01705	THE JOINT COMMISSION
A03713	THE JUDGEMENT GROUP
M00527	THE MORTAN LENS
M01040	THE PLAQUE SHAQUE
M02567	THE WHEELCHAIR MAN COMPANY INC
M01378	THERAPY SYSTEMS
A03750	THOMAS F. GROGAN
M02663	THOMAS SCIENTIFIC LLC
A03727	THOMAS V.MIKE MILLER, JR. P.A.
M00128	THYSSENKRUPP ELEVATOR CORPORATION
A03761	TIER1 HEALTHCARE
M02486	TIGON MEDICAL LLC
M02551	TIMOTHY E HARGROVE
A00121	TIMOTHY P. BRANIGAN
M02457	TISSUE REGENIX WOUND CARE, INC.,
M02522	TODD W CORY
A03746	TOYA CARMICHAEL
M02519	TRACEY T. BARNER
A02843	TRACEY WILLIAMS
A00396	TREASURER OF VIRGINIA
M02167	TREMCO/WEATHERPROOFING TECHNOLOGIES
M02650	TRIANGLE MANIFOLD SERVICES INC
M00130	TRI-ANIM HEALTH SERVICES, INC.
M02558	TRILLIANT SURGICAL
A03690	TRUDY R. KOSLOW M.ED
M02139	TSIG CONSULTING INC
A03779	TUESDE HINES
A03707	TYRONE ANDERSON
M01856	U.S. OFFICE SOLUTIONS (SBE)
A01641	UFSO, INC LOCAL 672
M00567	ULINE
M02566	UNIFORM WAREHOUSE INC
A02922	UNITED HOSPITALISTS MEDICAL
A02314	UP TO DATE
M01443	US ENDOSCOPY NO LONGER A VENDOR

M02018	US IMPLANT SOLUTIONS
M02100	VANGUARD MEDICAL LLC
M02407	VARCO MAC ELECTRICAL
M01471	VASCULAR SOLUTIONS, INC
M01347	VELOCITYEHS/MSDSOONLINE
M01308	VERATHON INC.
A03669	VERITEXT
A02184	VERIZON BUSINESS
M01702	VERIZON BUSINESS
A00129	VERIZON WIRELESS
A03700	VERONICA TISDALE
A03710	VICTORIA LEWIS
A03738	VIRGINIA HOSPITAL CENTER
A00132	VISION BENEFITS OF AMERICA
A03626	W.SCOTT SONNTAG
M02624	WALDON STUDIO ARCHITECTS (SBE)
A00134	WASHINGTON GAS
M02292	WASHINGTON IMAGING ASSOCIATES
M02022	WASHINGTON METROPOLITAN AREA
A02721	WASHINGTON STATE SUPPORT REGISTRY
A03430	WASTESTRATEGIES, LLC
M02682	WAYNE ENTERPRISES LLC
A03332	WC RESEARCH INC
M01499	WERFEN USA LLC
A03658	WHITEFORD, TAYLOR & PRESTON L.L.P
A02295	WILLIAM JAMES BROWNLEE III, MD
A02962	WOLTERS KLUWEER HEALTH
M01075	WOLTERS KLUWER CLINICAL DRUG
A03714	YORK ADAMS TAX BUREAU
A03732	YVETTE BOYD
M02649	Z5 INVENTORY INC
M00146	ZIMMER
M02358	ZIMMET HEALTHCARE SERVICES GROUP
M01552	ZOLL MEDICAL CORPORATION

**NOT FOR PROFIT HOSPITAL CORPORATION
2021 VENDOR LISTING**

Question# 21

VENDOR NUMBER	VENDOR
A00403	1199 SEIU MD/DC TUF PROGRAM
M00382	3M HEALTH INFORMATION SYSTEMS
M01483	AABB
M01484	ABBOTT LABORATORIES
M00383	ABBOTT LABORATORIES
M00088	ABBOTT LABORATORIES INC
A03718	ABDULNASER ALAREQI
M01788	ABILITY NETWORK
M02006	ABMS SOLUTIONS, LLC
M02504	ACCRUENT
M02015	ACELL INC.
M02506	ADDISON GROUP
M01086	ADVANCED ORTHOPAEDIC SOLUTIONS
A00389	AETNA
A00022	AHA CERTIFICATION CENTER
M00385	AIR PRODUCTS AND CHEMICALS INC.
M00022	AIRGAS USA, LLC
M02311	ALAN GRAY LLC
A03792	ALEXIS TURNER
M02626	ALGERNON FOGLE
A03004	ALI REZAZADEH-TEHRANI, MD
M00035	ALIMED, INC.,
A03782	ALL AMERICAN AMBULANCE
M02661	ALLHEART
M02597	AL'S TWIN AIR LLC (CBE)
M02727	ALVIN B LYTLE JR
M02493	AMBU INC
A03396	AMERICAN ACADEMY NURSE PRACTITIONER
A03619	AMERICAN BOARD OF FOOT & ANKLE
A00282	AMERICAN COLLEGE OF HEALTHCARE
A00390	AMERICAN COLLEGE OF RADIOLOGY
A03122	AMERICAN HEALTH CARE ASSOCIATION
A00284	AMERICAN MEDICAL ASSOCIATION
A03794	AMERICAN OSTEOPATHIC INFORMATION
M02671	AMERISAN LLC
A03793	AMERISOURCEBERGEN
M02461	AMN HEALTHCARE INC
M00446	ANALYTICS CORP
A03410	ANCC ACCREDITATION
A03800	ANGELE P. LEMANGA
A03755	APIC
M01733	APPLIED STATISTICS & MANAGEMENT, INC
M01989	AQUITY

M01940	ARGON MEDICAL DEVICES INC
M01875	ARK SYSTEM, INC
M00388	ARMSTRONG MEDICAL INDUSTRIES
M01894	ARROW INTERNATIONAL, INC.,
M00277	ARTHREX, INC
A01218	ASGHAR SHAIGANY, MD
A03038	ASHEBIR WOLDEBEAGZI, MD
M02726	AUTOMATED CONTROL SOLUTIONS LLC
M01171	AVANTE HEALTH SOLUTIONS
M02474	AXIS HEALTHCARE GROUP, PC
M01141	BALTIMORE JANITORIAL SUPPLY CO
M01773	BANKERS BUSINESS MGMT SERVICES.INC
M02640	BARCLAY WATER MANAGEMENT
M00925	BAXTER HEALTHCARE CORPORATION
M02664	BAY ENGINEERING LLC
M00394	BAYER HEALTHCARE
M00008	BECKMAN COULTER INC.,
M02705	BENJI HOLDINGS LLC (DC)
M01543	BIALEK ENVIRONMENTS
M00081	BIOMERIEUX
M00367	BIO-RAD LABORATORIES CLINICAL
M02712	BML PROPERTY REALTY LLC
M02703	BONESUPPORT INC
M02270	BONNER KIERNAN TREBACH CROCIATA LLP
M00011	BOSTON SCIENTIFIC CORPORATION
M02569	BRADLEY W. BENNETT
M02732	BROWN GENERAL CONTRACTING DBA
M01279	BURLINGTON MEDICAL, LLC
M00019	C R BARD, INC
M00171	C.R, BARD, INC
M00410	C.R. BARD INC
M00007	C.R. BARD, INC.,
A03796	CAPITAL STROKE NEUROLOGY, INC/DBA
A03772	CAPITOL INSURANCE SERVICES
M02369	CARBOFIX ORTHOPEDICS
M00002	CARDINAL HEALTH
A02249	CARDINAL HEALTH 414,LLC
A02301	CAREFIRST BLUECROSS BLUESHIELD
M02468	CAREFUSION
M00502	CAREFUSION 2200, INC
M01556	CAREFUSION 2200, INC.
A03540	CARLTON FIELDS
M02715	CARSON W CAIN/MAYNE MEDICAL
M02635	CASE MEDICAL INC
M00646	CDW GOVERNMENT
M02056	CENTENNIAL COMPUTER CORPORATION
A02787	CENTER FOR MEDICARE & MEDICAID SVCS
M02681	CEPHEID

M01729	CERTIFIED LANGUAGES INTERNATIONAL
M01762	CHANGE HEALTHCARE
A03719	CHANNELL MORRIS
M02637	CHEMTREAT, INC.
A02420	CHERON RUST
M01398	CINTAS CORPORATION 041
M02495	CITRON HYGIENE
M01559	CITY ELECTRIC SUPPLY
M02291	CLEARPATH SOLUTIONS GROUP LLC
A00809	CLIA LABORATORY PROGRAM
M01025	CLOUDWAVE
A03740	COAST TO COAST HOSPITALITY, LLC
A03731	COLENE Y DANIEL
M00469	COLLEGE OF AMERICAN PATHOLOGIST
A03613	COLONIAL LIFE
M02644	COLUMBIA ENTERPRISES (SBE)
M01652	COMCAST
A00088	COMPTROLLER OF MARYLAND
M02544	CONCENTUS.NET
M00478	CONE INSTRUMENTS
M00105	CONMED CORPORATION
M00157	CONMED LINVATEC
M02267	CONTEMPORARY HEALTHCARE SOLUTIONS
M01947	CONTRACT GUARDIAN
M00118	COOK MEDICAL INCORPORATED
M02666	COULMED PRODUCTS GROUP LLC
A03784	CRISIS PREVENTION INSTITUTE, INC.
A03627	CRITICAL CONNECTION, INC
A03712	CROSSING AT CHADDSFORD HOA, INC
M00242	CTSI
A03649	CURTIS BAY MEDICAL WASTE SERVICES
M00692	CURTIS ENGINE EQUIPMENT
M01457	CYGNUS MEDICAL
M02286	CYNTHIA MORGAN MD
A00381	D.C. HOSPITAL ASSOCIATION
M02690	DANIEL C OHAI
M02201	DAVIS-ULMER SPRINKLER CO INC
M02617	DAYCON PRODUCTS CO., INC.
A00099	DC CHILD SUPPORT CLEARINGHOUSE
M01724	DC TREASURER
A00370	DC TREASURER
M02355	DC TREASURY
A00166	DC WATER & SEWER AUTHORITY
A00167	DCNA
M01269	DCRA
M02491	DEB USA, INC
M02476	DECO RECOVERY MANAGEMENT LLC
M00945	DECOSTA CONSTRUCTION

M00804	DELL MARKETING, L.P.
M00185	DEPUY MITEK
M02643	DEROYAL INDUSTRIES, INC.
M02709	DILIGENT CORPORATION (DC)
A03356	DIRECT ENERGY BUSINESS
A03659	DISTRICT OF COLUMBIA DEPARTMENT
A03458	DISTRICT OF COLUMBIA PRIMARY CARE
M02343	DIVERSIFIED CLINICAL SERVICES, INC.
M02725	DIXON HUGHES GOODMAN
A03689	DIXON HUGHES GOODMAN, LLP
M02594	DOCUSIGN INC.
A03590	DOMINIQUE WILLIAMS
M02408	DR. FIRST.COM, INC
M01074	DRAEGER INC
M01630	E M ADAMS
M02344	ECLINICAL WORKS
M01344	ELECTRIC MOTOR REPAIR CO
M02489	ELI'S CONTRACTOR INC
M02574	E-LOGIC, INC (CBE)
A03593	EMMANUEL ODEJIMI
M01779	ENCOMPASS GROUP, LLC
M02561	ENTERCOM COMMUNICATIONS CORP
M02530	ENVIRONMENT FOR HEALTH ARCHITECTURE
A02970	ESSENTIAL SURGICAL CARE, P.C.
A03801	EYASU S. WOLDE
M02714	F.C. CLIFFORD INC
A00029	FEDERAL EXPRESS
M02620	FIRE AND LIFE SAFETY AMERICA INC
M02279	FIRST DATA BANK INC
M00772	FISHER & PAYKEL HEALTHCARE
A03745	FISHER & PHILLIPS, LLP
M00040	FISHER HEALTHCARE
M02482	FLEXCARE LLC
M01198	FORMFAST, INC.
M00779	FREEDOM MEDICAL, INC.
M00060	FRESENIUS USA MARKETING
M01560	FRIED BROTHERS, INC
M01194	GE HEALTHCARE
M00209	GE HEALTHCARE
M00061	GE HEALTHCARE
M00712	GE HEALTHCARE/OEC
M02720	GEM EDWARDS INC GEMCO MEDICAL
M00359	GI SUPPLY, INC
M01935	GLAXOSMITHKLINE PHARMACEUTICALS
M00480	GLOBAL EQUIPMENT COMPANY
M02647	GLOBAL PRINT MASTER (SBE)
A00374	GREG HAGER
A02088	GREGORY ASKEW

M01731	GRM INFORMATION MANAGEMENT SERVICES
M02684	HANDCRAFT CLEANERS & LAUNDERERS INC
M01558	HARLOFF MEDICAL
M01091	HCPRO/SIMPLIFY COMPLIANCE
M00769	HD SUPPLY FACILITIES MAINTENANCE
A03343	HEALTHCARE BUILDING SOLUTIONS, INC
A00322	HEALTHCARE COUNCIL OF THE NATIONAL
M00452	HEALTHCARE LOGISTICS
M01192	HEALTHMARK INDUSTRIES CO INC.
A03012	HEART CONSULTANTS, LLC
M01722	HELP DESK TECHNOLOGY
M02289	HEMATECHNOLOGIES
M00415	HENRY SCHEIN
A00746	HFMA
M01425	HILL LABORATORIES
M01730	HOLOGIC
M02470	HOWARD MEDICAL
M02713	ICAD
M00201	ICU MEDICAL, INC.
M02636	IMMIXTECHNOLOGY INC
M02680	IMSODC
M02549	IN2BONES USA, LLC
M02721	INFRASTRUCTURE PARTS AND SERVICES
M02718	INNOVA HEALTH ASSOCIATES LLC
M01972	INOVA HEALTH SYSTEM
A00230	INSURANCE REFUNDS
M02121	INTELLIGENT MEDICAL OBJECTS, INC.
A00141	INTERNAL REVENUE SERVICE
A03778	ISABEL EASTMAN
M02696	J & B SALES OF NC INC
M01449	J. W. DRAPERIES, INC.,
A01856	JACQUELINE ASKEW
A03788	JACQUELYN A. THOMAS-BEY
A03744	JAVAD KHALILZADEH, M.D.
M02633	JBN CORPORATION
M02693	JH CONTRACTORS LLC (DC)
A03795	JO A. BELL
M01426	JOHNSON & JOHNSON HEALTHCARE SYSTEM
A02994	JOSEPH M SHARNOFF
M02512	JOVAN MOCK
A03006	JP MORGAN CHASE COMMERCIAL CARD
A03777	JULIA R. ARFAA
M00549	KCI, USA
M02446	K-FORCE INC.
A03705	KHOOBCHANDANILAW
A02153	KHOSROW DAVACHI, MD PC
M02521	KIERNAN A SPEIGHT
M02458	KIWI-TEK LLC

M00732	KONICA MINOLTA PREMIER FINANCE
M00880	KRONOS
M01462	KRUEGER-GILBERT HEALTH PHYSICS, INC
A03799	LASHANDA SANGUINETTI
A03717	LAW OFFICE OF MONICA GUILARTE
M01711	LAWRENCE STREET INDUSTRIES
M02722	LIFE SAFETY CONSORTIUM LLC
A03340	LILIAN CHUKWUMA
A03797	LISA CEPHAS
M02580	LIVEPROCESS
A03500	MARCELA MAAMARI
A03802	MARIE NYANGONO
A03617	MARILYN CORDER
M00160	MARKET LAB INC.
A03791	MARQUITA LESTER
A00398	MARYLAND CHILD SUPPORT ACCOUNT
M02302	MAXIM STAFFING SOLUTION
M02606	MAXX ORTHOPEDICS INC
A03499	MAZARS USA LLP
P00002	MCKESSON CORPORATION DC#8813
M01351	MCKESSON MEDIAL SURGICAL
M00177	MED PAT & INN-PHONE
M01229	MEDCOMP
M02295	MEDHELP INC
A03532	MEDICAL FACULTY ASSOCIATES, INC
M00561	MEDICAL SUPPLY SYSTEMS (SBE)
A03639	MEDI-DOSE INC.,
M02175	MEDISOLV, INC.
M00466	MEDITECH
M02341	MED-PRO DISTRUBUTORS, LLC FBO:THIRD
M00352	MEDTRONICS / XOMED
M00181	MEDTRONICS USA
A03605	MELINDA JONES
M01380	MERGE HEALTHCARE
M00183	MERIT MEDICAL SYSTEMS, INC.,
M00165	MERRY XRAY/SOURCEONE HEALTHCARE
A03547	MICHAEL AUSTIN
M02027	MICROLINE SURGICAL INC
A03783	MILES & STOCKBRIDGE P.C.
M01572	MINDRAY NORTH AMERICA
M01518	MITEL
M02110	MORRISON HEALTHCARE
M02345	MUSA M MOMOH MD
M02668	NAC MECHANICAL SERVICES
A03763	NANETTE BARRY
M02464	NANOSONICS, INC.
A03803	NATIONAL BLACK NURSES ASSOCIATION
M02612	NATIONAL SERVICE CONTRACTORS, (DC)

M02454	NAVEX GLOBAL, INC.
A00624	NC CHILD SUPPORT
M02692	NETWORKING FOR FUTURE INC (CBE)
M00234	NIHON KOHDEN AMERICA
M02196	NORTHERN MEDICAL PRODUCTS AND
A03673	NORTHRIUM HEALTH LLC
M02691	NOVA MEDICAL LLC (SBE)
M02710	NOW MARKETING SOLUTIONS C/O (DC)
M01988	NPAS, INC
A03702	NTHRIVE, INC
M00684	OFFICE DEPOT
M02418	OFFICE TEAM
M02543	OLIVIER LISSOUCK
M00217	OLYMPUS AMERICA INC.,
A03150	OPTUM 360
M00397	OPTUM360
M01389	ORASURE TECHNOLOGIES, INC
M00140	ORKIN, LLC
M00221	ORTHO-CLINICAL DIAGNOSTICS, INC
M02256	OTIS ELEVATOR
M02706	PACT PRO LLC (DC)
M02271	PAPERLESS PAY CORPORATION
M00802	PARTS SOURCE INC.
M01163	PATIENTWORKS CORPORATION
A03774	PAYSCALE, INC
M00232	PC CONNECTION
M00575	PERFORMANCE HEALTH
A03324	PEROUTKA, MILLER, KIMA & PETERS,
M01534	PHILLIPS HEALTHCARE
M01973	PINKERTON C & I
M00693	PITNEY BOWES
M02657	PITT ELECTRIC INC & CONSTRUCTION
M02013	PLANET DEPOS, LLC
A03468	PLANSOURCE BENEFITS ADMINISTRATION
M01654	PM HOOD & DUCT
A03599	PMA COMPANIES/OLD REPUBLIC
A03786	PMG GRP
M01992	POINTCLICKCARE TECHNOLOGIES, INC
M00033	POLY SCIENTIFIC
M00839	POSEY PRODUCTS, LLC
M00576	POSITIVE PROMOTIONS, INC
A00018	POTOMAC ELECTRIC POWER COMPANY
M00250	PRECISION DYNAMICS CORP
A03251	PRECISION ORTHOPEDICS
M02209	PREMIER HEALTHCARE SOLUTIONS
A02921	PREMIUM CRITICAL CARE SOLUTIONS LLC
M02568	PRESIDIO HOLDINGS INC
M01763	PRESS GANEY ASSOCIATES, INC.

A03645	PROCARE AMBULANCE OF MARYLAND
A03780	PROEHL PRN, LLC.
A03787	PROFORMA
M02453	PROVIDER TRUST, INC
M02090	Q-CENTRIX LLC
M02653	QIAGEN, LLC
M00807	QUALITY CALIBRATIONS, INC.
M01725	QUEST DIAGNOSTICS
M00053	RADIOMETER AMERICA, INC.
M02716	RAMCO SYSTEMS
M02261	RATH ENTERPRISES, INC.
A03697	REGENERATIVE ORTHOPEDICS & SPORTS
A03575	REHABILITATION SERVICES
A03572	RELIAS LLC
A00127	RESERVE ACCOUNT
M00544	RESPITECH
A02587	RICO FREEMAN
M02730	RIVENDELL INTERNATIONAL INC (CBE)
M02711	ROBERT HALF TECHNOLOGY
M01715	RON'S TROPICAL FISH EXPERTS
M00137	RR DONNELLEY
M02509	RSC ELECTRICAL & MECHANICAL(SBE)
M01768	RUIC
M01133	S FREEDMAN & SONS, INC
A03411	SCORPIO DAVIS
M02480	SDI USA INC
M02560	SEAMLESS RECYCLING
M02516	SEAN C JAMISON
M01960	SERVPRO OF WASHINGTON, DC
A03773	SHC SERVICES INC.
M01672	SHERWIN WILLIAMS
M01734	SIGN LANGUAGE USA INC
M00014	SMITH & NEPHEW ORTHOPEDICS
M00073	SMITH & NEPHEW, INC
A03528	SOCIAL SECURITY ADMINISTRATION
M02431	SOLARWINDS INC
M02300	SPACESAVER SYSTEMS INC
M00401	SPECIALIZED ORTHOPAEDIC SERVICES
M01948	SPECIALTY SURGICAL INSTRUMENTATION
M01754	SPOT COOLERS
M02450	SSA CONSULTING
M00090	STANLEY ACCESS TECHNOLOGIES, LLC
M00004	STERIS CORPORATION
M00094	STRYKER ENDOSCOPY
M00096	STRYKER MEDICAL
M00391	STRYKER SALES CORP.
M02328	SUMMIT HEALTHCARE SERVICES.INC
A02653	SUN LIFE FINANCIAL

M02677	SUNBELT RENTALS
M02246	SURGICAL DIRECT INC
M02590	SURVEILLANCE SECURE, INC.
M02197	SW MED-SOURCE, INC
M02704	SYCOM TECHNOLOGIES LLC
M02630	SYFT
M02602	SYSMEX AMERICA, INC
M00099	SYSTEM ONE MEDICAL
A01565	TAHGI K.ASADI, MD
A02832	TAMMY R WINSLOW
M00599	TATE ENGINEERING SYSTEMS
M02505	TECAN US INC
M01604	TECHNICAL REPAIR SERVICE, LLC
M01847	TEGRIA SERVICES GROUP-US
M02297	TELCEPT HOLDINGS, LLC
M01239	TELEFLEX FUNDING LLC
M01415	TELEHEALTH SERVICES
M01481	TERUMO MEDICAL CORPORATION
A02913	THE JOINT COMMISSION
M01705	THE JOINT COMMISSION
M00527	THE MORTAN LENS
M01040	THE PLAQUE SHAQUE
M02567	THE WHEELCHAIR MAN COMPANY INC
M02663	THOMAS SCIENTIFIC LLC
M00128	THYSSENKRUPP ELEVATOR CORPORATION
A00121	TIMOTHY P. BRANIGAN
M02457	TISSUE REGENIX WOUND CARE, INC.,
M02522	TODD W CORY
A03746	TOYA CARMICHAEL
A02843	TRACEY WILLIAMS
A00396	TREASURER OF VIRGINIA
M02167	TREMCO/WEATHERPROOFING TECHNOLOGIES
M02650	TRIANGLE MANIFOLD SERVICES INC
M02558	TRILLIANT SURGICAL
A03779	TUESDE HINES
M02639	TYPENEX MEDICAL LLC
M01856	U.S. OFFICE SOLUTIONS (SBE)
A01641	UFSO, INC LOCAL 672
M00567	ULINE
M02566	UNIFORM WAREHOUSE INC
M00346	UNITED AD LABEL FORMERLY VERIAD
A02922	UNITED HOSPITALISTS MEDICAL
A02314	UP TO DATE, INC
M02018	US IMPLANT SOLUTIONS
M02100	VANGUARD MEDICAL LLC
M02407	VARCO MAC ELECTRICAL
M01347	VELOCITYEHS/MSDSONLINE
M01308	VERATHON INC.

A02184	VERIZON BUSINESS
M01702	VERIZON BUSINESS
A00129	VERIZON WIRELESS
A03662	VERNA V. LAFLEUR
A00132	VISION BENEFITS OF AMERICA
M00413	W.L. GORE & ASSOCIATES
M02624	WALDON STUDIO ARCHITECTS (SBE)
A00134	WASHINGTON GAS
A03785	WASHINGTON HOSPITAL CENTER CORP.
M02292	WASHINGTON IMAGING ASSOCIATES
M02022	WASHINGTON METROPOLITAN AREA
A03430	WASTESTRATEGIES, LLC
M02682	WAYNE ENTERPRISES LLC
M01499	WERFEN USA LLC
A03658	WHITEFORD, TAYLOR & PRESTON LLP
A02295	WILLIAM JAMES BROWNLEE III, MD
A03798	WILLIAM STRUDWICK
A02854	WIN/STAFF
M01858	WSP USA BULIDINGS, INC
A03732	YVETTE BOYD
M00146	ZIMMER



UMC STAFFING IMPROVEMENT PLAN

The following areas have been identified as an area needing improvement and strategy

- ED Nursing
- ICU Nursing
- Medical Surgical Nursing
- Behavioral Health Nursing
- Clinical Laboratory
- Respiratory Care Services
- Medical Imaging / Radiology

Department / Area	Item/ Issue	Action / Plan	Timeline
Respiratory Care	Shortage of regular Full-time staff to meet mandatory staffing needs	<ul style="list-style-type: none"> - Currently utilizing agency staff to meet the minimum safety / regulatory requirements for ventilator/therapist ratios. - Working on reducing price of contractual services with local agency to reduce total expense. - Recruitment of staff for full and part-time positions - UDC student rotation as part of long-term strategy for recruitment of new Respiratory Therapists - <u>Reviewing salary base and obtaining market analysis</u> - <u>Explore feasibility of incentives for bonuses for weekend shifts, and night shift premiums</u> 	Contract in process for local agency with reduced expense and for board approval.
Medical Imaging /Radiology Services	Shortage of regular Full-time staff to meet mandatory staffing needs	<ul style="list-style-type: none"> - Recruitment from clinical rotation students and Indeed marketing and recruitment. - Finalize contracts with staffing agency to ensure coverage for medical emergencies/FMLA/Covid-19 and surges that require additional immediate staffing. - <u>Explore incentives for bonus weekend and night shifts</u> 	Complete contract for Board /Council approvals. April 2022
Clinical Laboratory Services	Shortage of regular Full-time staff to meet mandatory staffing needs	<ul style="list-style-type: none"> - Recruitment of Medical Technologists to fill vacancies. - <u>Development of incentivized salary structure for evening and night shifts.</u> - <u>Market salary analysis for Medical Technologist positions</u> - Completion of staffing agency to fill vacancies to meet minimum mandatory staffing levels 	Complete agency contract and obtain approvals. June 2022
Behavioral Health RN staff	Shortage of FT RN staff	<ul style="list-style-type: none"> - <u>Plan Virtual hiring - recruitment event – New Graduate Preceptor program development</u> - Offer cross-training of existing Medical/Surgical RN staff - Complete contract with staffing agency with options for cancelation and short term staffing with flexing to volume capacity. 	Complete contracts for Board and Council approvals. June 2022
Emergency Dept. RN staff	Shortage of FT Registered Nurse positions	<ul style="list-style-type: none"> - Plan additional Virtual – recruitment event – New graduates and existing nurses ongoing. - Negotiate bonus structure to rewarding attendance compliance with DCNA - Bonus structure for additional weekend and night shifts within the CBA for bonus pay shifts - Need additional techs for the ED 	June 2022
ICU RN staff	Shortage of FT Registered Nurse positions	<ul style="list-style-type: none"> - Plan additional Virtual – recruitment event – New graduates and existing nurses. - Negotiate bonus structure to rewarding attendance compliance with DCNA - Bonus structure for additional weekend and night shifts within the CBA for bonus pay shifts 	April 2022