

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

Financial Report  
December 31, 2018



# OHIO AUDITOR OF STATE KEITH FABER



Board of Directors  
The MetroHealth System  
2500 MetroHealth Drive  
Cleveland, OH 44109

We have reviewed the *Independent Auditor's Report* of The MetroHealth System, Cuyahoga County, prepared by RSM US LLP, for the audit period January 1, 2018 through December 31, 2018. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The MetroHealth System is responsible for compliance with these laws and regulations.

A handwritten signature in cursive script that reads "Keith Faber".

Keith Faber  
Auditor of State  
Columbus, Ohio

April 16, 2019

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RSM US LLP

## Independent Auditor's Report

To the Board of Trustees of  
The MetroHealth System  
Cleveland, Ohio

### Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and the discretely presented component unit of The MetroHealth System (the System), a component unit of Cuyahoga County, Ohio, as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the System's basic financial statements as listed in the table of contents.

### Management's Responsibility for the Financial Statements

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 opinions 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 opinions.

### Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of The MetroHealth System as of December 31, 2018, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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## Independent Auditor's Report (Continued)

### Emphasis of Matter

As disclosed in Note 8 to the financial statements, the System adopted the reporting and disclosure requirements of GASB Statement No. 75 – *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*. The implementation of this statement results in a restatement of opening net position. Our opinion is not modified with respect to this matter.

### Other Matters

#### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 3–11 as well as the pension and other postemployment benefit related data on pages 51-53 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 Information*

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the System's basic financial statements. The accompanying Schedule of Expenditures of Federal Awards as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 20, 2019 on our consideration of the System'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 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 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 System's internal control over financial reporting and compliance.

*RSM US LLP*

Cleveland, Ohio  
March 20, 2019



**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

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**Management's Discussion and Analysis**

This section of The MetroHealth System's (the System) annual financial report presents management's discussion and analysis (MD&A) of the System's financial performance and provides an overall review of the System's financial position and activities as of and for the year ended December 31, 2018. This discussion should be read in conjunction with the accompanying financial statements and footnotes. The discussion and analysis, while covering two years, is designed to focus on current year activities.

**Operating Highlights**

- Total surgical volumes increased 4.0% in 2018.
- Emergency room visits increased 3.7% in 2018.
- Case Mix Index increased 3.3% in 2018.
- Outpatient visits and patient days remained consistent in 2018.

**Overview of the Financial Statements**

The System is the public health care system for Cuyahoga County, Ohio (the County). The System includes the MetroHealth Medical Center, a short-term acute care and long-term rehabilitation facility; The Elisabeth Severance Prentiss Center for Skilled Nursing Care; and a network of urban and suburban health care sites.

The System is organized and operated by its board of county hospital trustees (the Board) pursuant to Chapter 339 of the Ohio Revised Code. Members of the Board are appointed by the County Executive together with the senior judges of the Probate and Common Pleas Courts of the County, subject to confirmation by the County Council.

In accordance with Governmental Accounting Standards Board (GASB) Codification Section 2100: *Defining the Financial Reporting Entity*, the System's financial statements are included, as a discretely presented component unit, in the County's Consolidated Annual Financial Report (CAFR). A copy of the CAFR can be obtained from Cuyahoga County Fiscal Officer, Reserve Square, 2079 East 9<sup>th</sup> Street, Cleveland, Ohio 44115.

In accordance with GASB Codification Section 2100: *Defining the Financial Reporting Entity*, and Section 2600: *Reporting Entity and Component Unit Presentation and Disclosure*, The MetroHealth Foundation, Inc. (Foundation) is presented as a discretely presented component unit in a separate column in the System's financial statements to emphasize that it is legally separate from the System. The Foundation is a not-for-profit organization supporting the System through fundraising. The Foundation is not included in the following Management's Discussion and Analysis section but is included in greater detail in the financial statements and footnotes. In addition, MetroHealth Holdings LLC, MHS Purchasing LLC, and Select Assurance Captive LLC are presented as blended component units whose financial activity is included with the activities of the System.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

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**Overview of the Financial Statements (Continued)**

The System's financial statements consist of three statements – Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; and Statement of Cash Flows. These financial statements and related notes provide information about the activities of the System. The System is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting. Revenue is recognized in the period in which it is earned, and expenses are recognized in the period in which they are incurred.

The Statement of Net Position and the Statement of Revenues, Expenses and Changes in Net Position report the System's total net position and is one measure of the System's financial health. Over time, increases or decreases in the System's net position can be an indicator of whether its financial health is improving or deteriorating. Included in deferred outflows and deferred inflows is the impact of the recognition of GASB Statement No. 68, *Accounting and Financial Reporting for Pensions – an amendment of GASB Statement No. 27* and GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*. These should be considered when evaluating the overall changes in net position. Other nonfinancial factors, such as changes in the System's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients, and local economic factors should also be considered to assess the overall financial health of the System.

The Statement of Cash Flows reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from defined types of activities. It provides answers to such questions as to what sources provided and expended cash during the reporting period.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

**The System's Net Position**

A summary of the System's Statement of Net Position as of December 31, 2018 and 2017 is presented in Table 1.

**Table 1  
The MetroHealth System  
Statements of Net Position**

	<b>2018</b>	<b>As Restated 2017</b>
<b>Assets:</b>		
Current assets	\$ 227,027	\$ 210,271
Investments	403,152	373,189
Restricted assets	768,454	827,606
Capital assets	448,987	398,749
Other assets	20,917	16,307
<b>Total assets</b>	<b>1,868,537</b>	<b>1,826,122</b>
<b>Deferred outflows of resources</b>	<b>169,127</b>	<b>319,917</b>
<b>Liabilities:</b>		
Current liabilities	169,387	173,523
Long-term liabilities	2,057,466	2,267,996
<b>Total liabilities</b>	<b>2,226,853</b>	<b>2,441,519</b>
<b>Deferred inflows of resources</b>	<b>151,863</b>	<b>14,212</b>
<b>Net position (deficit):</b>		
Net investment in capital assets	131,656	141,331
Restricted, debt service payments	15,205	14,822
Restricted, capital asset use	2,250	2,250
Restricted, program activities	1,062	1,055
Unrestricted	(491,225)	(469,150)
<b>Total net position (deficit)</b>	<b>\$ (341,052)</b>	<b>\$ (309,692)</b>

Significant changes in the System's total assets, deferred outflows of resources, total liabilities, deferred inflows of resources, and net position occurred beginning in 2015 as a result of the implementation of GASB Statement No. 68 and GASB Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date – an amendment of GASB Statement No. 68*. Under the standards, the net pension liability and asset equals the System's proportionate share of each plan's collective present value of estimated future pension benefits attributable to active and inactive employees' past service minus the plan assets available to pay those benefits.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

**The System's Net Position (Continued)**

In 2018, The System implemented GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, further impacting System's deferred outflows of resources, total liabilities, deferred inflows of resources, and net position. Other postemployment benefits (OPEB) consist primarily of postemployment healthcare and under the new standard, the net OPEB liability equals the System's proportionate share of the plan's collective present value of estimated future OPEB benefits attributable to active and inactive employees' past service minus the plan assets available to pay those benefits.

The GASB Statement No. 68 and GASB Statement No. 75 adjustments are recorded on an annual basis using the results from the Ohio Public Employees Retirement System (OPERS) actuary reports. In Ohio, employer contributions to the State's cost-sharing multi-employer retirement systems are established by statute. These contributions are payable to the retirement systems one month in arrears and constitute the full legal claim on the System for pension and OPEB funding. Although the liabilities recognized under GASB Statements No. 68 and 75 meet the GASB definition of a liability in its conceptual framework for accounting standards, in Ohio there is no legal means to enforce the underfunded liability of the pension system as against the public employer. Additionally, there are no cash flows associated with the recognition of net pension and net OPEB liabilities, deferrals and expenses beyond the requirement to make statutory contributions. End users of the financial statements will gain a clearer understanding of the System's actual financial condition by excluding the pension and OPEB related amounts from the recorded net position, as shown below in Table 2.

**Table 2  
The MetroHealth System**

	<b>2018</b>	<b>As Restated 2017</b>
<b>Net position (deficit):</b>		
Net position (deficit), as reported in the Statement of Net Position	\$ (341,052)	\$ (309,692)
Plus:		
Net pension liability	497,132	726,077
Net OPEB liability	392,047	364,647
Deferred inflows related to pensions	122,658	14,212
Deferred inflows related to OPEB	29,205	-
Less:		
Net pension asset	(6,657)	(2,658)
Deferred outflows related to pensions	(137,796)	(310,612)
Deferred outflows related to OPEB	(28,851)	(5,683)
<b>Total net position, excluding pension and OPEB related amounts</b>	<b>\$ 526,686</b>	<b>\$ 476,291</b>

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

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**The System's Net Position (Continued)**

In Ohio, the employee shares the obligation of funding pension and other postemployment benefits with the employer. Both employer and employee contribution rates are capped by State statute. A change in these caps requires action of both Houses of the General Assembly, and approval of the Governor. Benefit provisions are also determined by State statute. Additional information on the standards and their impact is available in the notes to the financial statements.

Total assets increased by \$42,415 from 2017, related to investments and capital asset purchases. Investments increased by \$29,963 from 2017. Capital asset purchases were made with operating cash, bond project funds and investment sales. Restricted assets decreased by \$59,152 from 2017 due to bond project fund draws and debt service payments.

In 2018, deferred outflows of resources decreased by \$150,790, deferred inflows of resources increased by \$137,651, and total liabilities decreased by \$214,666. Fluctuations in the balances are primarily attributed to the GASB Statement No. 68 pension adjustment and implementation of the GASB Statement No. 75 OPEB adjustment.

In 2018, the System's overall net position decreased by \$31,360 from 2017. However, the GASB Statement No. 68 actuarial pension adjustment of \$48,317, the GASB Statement No. 75 actuarial OPEB adjustment of \$33,437 and related prior year ending balance restatement of \$358,964 (Note 8) drove this overall decrease, as the strong operating results prior to the GASB adjustments had a positive impact of \$50,395 on net position.

**Capital Assets, Debt and Transformation**

**Capital Assets**

The System had \$448,987 and \$398,749 invested in capital assets, net of accumulated depreciation at December 31, 2018 and 2017, respectively. Capital assets increased by \$50,238 related to costs associated with the construction of the View Road parking garage, and main campus transformation and design services costs. The System acquired or constructed capital assets in the amount of \$94,941 and \$65,668 during 2018 and 2017, respectively.

**Debt**

The System had \$1,059,037 and \$1,061,323, in bonds and capital lease obligations outstanding at December 31, 2018 and 2017, respectively.

**Transformation**

The System has embarked on a large-scale transformation project that includes a reconstruction of its aging main campus. Many of the existing hospital structures were constructed more than 60 years ago and, for decades, have been repaired, rehabilitated or replaced episodically. It was determined that the cost to maintain and utilize the existing structures is greater than the costs to be incurred to replace those components with new facilities that are sized, configured and equipped to more effectively, efficiently and reliably deliver care.

In 2018, the System completed construction on a new 1,500-space parking garage and began demolition of the Southpoint (existing) parking garage. Once the demolition and site preparations are complete, construction of a new hospital is planned to begin in early 2019, with completion planned for 2022.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

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**Operating Results and Changes in the System's Net Position**

The System's annual results, as presented in Table 3 below, are measured for the purposes of System management, the System's Board of Trustees and a wide range of other users of the audited financial statements as they enhance the usefulness of the statements, and the understandability of the System's financial and operating performance. The presentation of the County funding, and the GASB Statement No. 68 pension and GASB Statement No. 75 OPEB adjustments in Table 3 below will provide the end users of the audited financial statements a clearer understanding of the System's actual financial condition.

County funding of \$32,400 in 2018 and 2017 has been recorded within total operating revenues. The county funding is sustained through the Health and Human Services tax levies which aid our most vulnerable citizens: children, seniors, families and people in crisis across Cuyahoga County. The System makes an integral contribution to meeting the health, safety and welfare needs of County residents through the provision of health care services and its participation in community health programs. The county funding is therefore included in the other revenue category within the total operating revenues as it supports MetroHealth's principal ongoing operations as a public health system and is deemed by the System as a direct exchange with the County for the ongoing provision of health care services to County residents.

The GASB Statement No. 68 actuarial pension adjustment and the GASB Statement No. 75 actuarial OPEB adjustment that are non-cash transactions, have been presented in the non-operating section of the financial statements below as separate line items within the Change in Net Position. While the liabilities recognized under GASB Statements No. 68 and 75 meet the GASB definition of a liability in its conceptual framework for accounting standards, in Ohio there is no legal means to enforce the underfunded liability of the pension system as against the public employer, and there are no cash flows associated with the related expenses. The Ohio Revised Code (section 145.48) provides statutory authority for employee and employer contributions and rates are capped by State statute. For the years ended December 31, 2018 and 2017, the employee contribution rate was 10.0% of covered payroll and the System was required to contribute 14.0% of covered payroll for all covered benefits. As such, the System's pension and OPEB plan cash contributions are presented in the operating expenses which represent the System's statutorily required contributions for 2018 and 2017.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
December 31, 2018  
(Dollars in Thousands)**

**Operating Results and Changes in the System's Net Position (Continued)**

**Table 3  
The MetroHealth System  
Statements of Revenues, Expenses and Changes in Net Position**

	<b>Years Ended December 31,</b>	
	<b>2018</b>	<b>2017 (Restated)</b>
Operating Revenues		
Net patient service revenue	\$ 1,022,382	\$ 963,776
County funding	32,400	32,400
Other revenue	139,445	126,383
<b>Total operating revenues and county funding</b>	<b>1,194,227</b>	<b>1,122,559</b>
Operating Expenses		
Salaries and wages	608,117	578,015
OPERS contributions	75,348	70,779
Other employee benefits	64,810	65,079
Purchased services	80,180	69,058
Medical supplies	79,357	70,374
Pharmaceuticals	85,983	81,829
Plant operations	40,215	38,617
Non-medical supplies	13,805	15,314
Other expenses	37,100	33,415
Insurance	7,479	9,209
Depreciation and amortization	44,475	41,807
<b>Total operating expenses, excluding pension and OPEB actuarial adjustments</b>	<b>1,136,869</b>	<b>1,073,496</b>
<b>Operating income, excluding pension and OPEB actuarial adjustments</b>	<b>57,358</b>	<b>49,063</b>
Non-Operating Revenues (Expenses)		
Net investment income	1,075	1,494
Other non-operating revenue	5,215	4,858
Debt issuance expense	-	(6,980)
Noncapital grants and donations	3,918	3,594
Grant expenses and support	(3,912)	(3,254)
Interest expense	(13,485)	(12,770)
<b>Total non-operating revenues (expenses)</b>	<b>(7,189)</b>	<b>(13,058)</b>
<b>Income before pension and OPEB actuarial adjustments, and capital grants and gifts</b>	<b>50,169</b>	<b>36,005</b>
OPERS actuarial pension adjustment	(48,317)	(125,482)
OPERS actuarial OPEB adjustment	(33,437)	-
Capital grants and gifts	225	3,241
<b>Change in net position</b>	<b>(31,360)</b>	<b>(86,236)</b>
Total net position (deficit) - beginning of year - restated	(309,692)	135,508
Cumulative effect of implementing GASB Statement No. 75	-	(358,964)
Total net position (deficit) - end of year	<b>\$ (341,052)</b>	<b>\$ (309,692)</b>

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Management's Discussion and Analysis  
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(Dollars in Thousands)**

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**Operating Results and Changes in the System's Net Position (Continued)**

In 2018, net patient service revenue increased 6.1% from 2017 levels. The net patient revenue increase is mainly attributed to growth in emergency department volumes, patient acuity, surgical volumes, and revenue from participation in the Care Innovation and Community Improvement Program (CICIP).

The System's patient volumes increased when compared to 2017 levels. The System's patient days increased 0.3%, discharges increased 0.5%, inpatient surgeries increased 7.4%, outpatient surgical volumes increased 2.8%, and emergency visits increased by 3.7%. Outpatient visits and deliveries decreased by 0.6% and 4.4%, respectively, from 2017 results.

The System's level of uncompensated care continues to reflect the System's status as a safety net facility in Cuyahoga County. The Hospital Care Assurance Program (HCAP) and Upper Payment Limit (UPL) program, components of net patient revenue, decreased by 23.8% from 2017 levels. This excludes retrospective adjustments which are recognized through estimated amounts due to third-party payors. HCAP and UPL programs are discussed in further detail in the System's financial statement notes.

Other operating revenue increased 10.3% from 2017 primarily due to increased pharmacy revenue, partially offset by lower revenue from risk-based insurance contracts related to patient population wellness metrics. County funding remained consistent from 2017 to 2018 at \$32,400.

Total operating expenses, excluding pension and OPEB actuarial adjustments increased by 5.9% from 2017 primarily due to increased salaries and wages, other employee benefits, pharmaceuticals and medical supplies. The increase in pharmaceuticals and medical supply expense was due to a growth in volume as well as an increase in pricing.

In 2018, salaries and wages increased 5.2% from the prior year. This increase is attributed to a growth in FTE's because of health system expansion and a general 2.0% wage increase. In 2018, employee benefits increased 3.2% as compared to the prior year as a result of the increase in salaries and wages coupled with an increase in health insurance expense.

In 2018, total non-operating revenues and expenses decreased \$5,869. The increased 2017 non-operating expenses were a result of the issuance of the Series 2017 Bonds. Non-operating revenues and expenses include net investment income, net appreciation (depreciation) in the fair value of investments, noncapital grants and donations, interest expense, debt issuance expense and other non-operating revenue.

Capital grants and gifts decreased from \$3,241 in 2017 to \$225 in 2018 due to several large capital contributions received in 2017.

Operating Income, excluding pension and OPEB actuarial adjustments was \$57,358 in 2018 as compared to \$49,063 in 2017, an increase of 16.9%. Income before pension and OPEB actuarial adjustments, and capital grants and gifts was \$50,169 in 2018 versus \$36,005 in 2017, a 39.3% increase. The increase in financial improvement is due to increased volumes, expanded pharmacy operations, CICIP program revenues, and debt issuance expenses recognized in 2017 which did not recur in 2018.



**The MetroHealth System  
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**Economic Factors and Next Year's Budget**

Several factors and uncertainties that are contained in the budget are:

- As a safety net adult Disproportionate Share Hospital (DSH), the System benefits from the State of Ohio's decision, effective beginning in 2014, to adopt the Medicaid expansion provisions of the Affordable Care Act (ACA), with previously uninsured patients now insured through Medicaid. As of this writing, it does not appear that components of the ACA which benefited the hospital, such as Medicaid expansion, are at immediate risk in the foreseeable future based on failed attempts to repeal and replace the ACA in recent years.
- As of this writing, a 2019 HCAP payment model has not been issued. The System expects 2019 HCAP revenue to be similar to 2018, which had a net gain of \$6,045 after assessments. The expectation and opinions of trade associations and other advocates, is that the 2020-2021 biennial State budget will contain provisions for the continuance of the HCAP Program in both years.
- Medicaid hospital Upper Payment Limit (UPL) distributions for State Fiscal Year (SFY) 2019 have declined from approximately \$31,100 in SFY 2018 to approximately \$25,300 in SFY 2019. As of this writing, there is not a UPL model for SFY 2020 but the Ohio Hospital Association (OHA), in cooperation with the hospitals, is looking at options to mitigate the statewide UPL payment declines.
- Medicare DSH/uncompensated care payments are expected to increase approximately \$700 or about 5% in 2019 when compared with 2018. This is the result of the Federal government adding approximately one and a half billion dollars to the national uncompensated care pool in the Federal Fiscal Year (FFY) 2019 Inpatient Prospective Payment System (IPPS) final rules. Medicare reductions associated with value-based purchasing and readmissions appear to have leveled off and should be consistent with 2018, according to estimates by the Association of American Medical Colleges (AAMC) and the OHA.
- The Care Innovation and Community Improvement Program (CICIP) was authorized through the State's 2018-2019 biennial budget, which ends on June 30, 2019. If the program is to continue beyond June 30, 2019, it must once again be part of the State's next biennial budget (2020-2021), and approved by the legislature.
- The County has approved 2019 funding for the System of \$32,400, consistent with the 2018 funding amount.

**Contacting the System's Financial Management**

This financial report is designed to provide our patients, suppliers, taxpayers and creditors with a general overview of the System's finances and to show the System's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Vice President of Finance by telephoning (216) 778-7800.

**The MetroHealth System**  
**(A Component Unit of Cuyahoga County)**

**Statement of Net Position**  
**December 31, 2018**  
**(Dollars in Thousands)**

	<b>The MetroHealth System</b>	<b>Component Unit The MetroHealth Foundation, Inc.</b>
<b>Assets</b>		
Current Assets		
Cash and cash equivalents	\$ 19,523	\$ 3,218
Accounts receivable	147,313	6,858
Allowance for uncollectible accounts	(22,516)	(963)
	<u>124,797</u>	<u>5,895</u>
Other receivables	51,229	417
Supplies	16,552	-
Prepaid expenses	14,926	-
<b>Total current assets</b>	<u>227,027</u>	<u>9,530</u>
Noncurrent Assets		
Investments:		
General	375,191	31,458
Academic funds	27,961	-
	<u>403,152</u>	<u>31,458</u>
Restricted Assets		
Cash and cash equivalents	1,157	-
Special purpose investments	-	20,853
Under bond indenture agreements	767,297	-
	<u>768,454</u>	<u>20,853</u>
Capital Assets		
Land and construction in progress	124,506	-
Land improvements	13,633	-
Buildings and fixed equipment	721,149	-
Equipment	448,153	-
	<u>1,307,441</u>	<u>-</u>
Accumulated depreciation	(858,454)	-
	<u>448,987</u>	<u>-</u>
Other Assets		
Net pension asset	6,657	-
Other assets	14,260	463
	<u>20,917</u>	<u>463</u>
<b>Total assets</b>	<u>1,868,537</u>	<u>62,304</u>
<b>Deferred Outflows of Resources</b>		
Deferred outflows related to pensions	137,796	-
Deferred outflows related to OPEB	28,851	-
Deferred amounts on debt refundings	2,480	-
<b>Total deferred outflows of resources</b>	<u>169,127</u>	<u>-</u>

See Notes to Financial Statements.

**The MetroHealth System**  
**(A Component Unit of Cuyahoga County)**

**Statement of Net Position**  
**December 31, 2018**  
**(Dollars in Thousands)**

	<u>The MetroHealth System</u>	<u>Component Unit The MetroHealth Foundation, Inc.</u>
<b>Liabilities</b>		
Current Liabilities		
Accounts payable	\$ 54,716	\$ 59
Accrued payroll and related liabilities	49,383	-
Contribution payable to the Public Employees Retirement System	8,613	-
Accrued interest payable	20,700	-
General and professional liabilities	15,542	-
Estimated amounts due to third-party payors	2,101	-
Accrued vacation and sick leave	6,697	-
Current installments of long-term debt	1,930	-
Other current liabilities	9,705	2,797
<b>Total current liabilities</b>	<u>169,387</u>	<u>2,856</u>
Long-Term Liabilities, less current installments		
General and professional liabilities	34,862	-
Estimated amounts due to third-party payors	30,408	-
Accrued vacation and sick leave	45,910	-
Net pension liability	497,132	-
Net OPEB liability	392,047	-
Long-term debt	1,057,107	-
<b>Total long-term liabilities</b>	<u>2,057,466</u>	<u>-</u>
<b>Total liabilities</b>	<u>2,226,853</u>	<u>2,856</u>
<b>Deferred Inflows of Resources</b>		
Deferred inflows related to pensions	122,658	-
Deferred inflows related to OPEB	29,205	-
	<u>151,863</u>	<u>-</u>
<b>Net Position (Deficit)</b>		
Net investment in capital assets	131,656	-
Restricted, debt service payments	15,205	-
Restricted, capital asset use	2,250	-
Restricted, program activities	1,062	29,935
Restricted, nonspendable	-	16,730
Unrestricted	(491,225)	12,783
<b>Total net position (deficit)</b>	<u>\$ (341,052)</u>	<u>\$ 59,448</u>

See Notes to Financial Statements.

**The MetroHealth System**  
**(A Component Unit of Cuyahoga County)**

**Statement of Revenues, Expenses, and Changes in Net Position**  
**Year Ended December 31, 2018**  
**(Dollars in Thousands)**

	<u>The MetroHealth System</u>	<u>Component Unit The MetroHealth Foundation, Inc.</u>
Operating Revenues		
Net patient service revenue	\$ 1,022,382	\$ -
Other revenue	139,445	-
<b>Total operating revenues</b>	<u>1,161,827</u>	<u>-</u>
Operating Expenses		
Salaries and wages	608,117	-
Pension expense - Note 9	120,585	-
OPEB expense - Note 9	36,517	-
Other employee benefits	64,810	-
Purchased services	80,180	-
Medical supplies	79,357	-
Pharmaceuticals	85,983	-
Plant operations	40,215	-
Non-medical supplies	13,805	-
Other expenses	37,100	-
Insurance	7,479	-
Depreciation and amortization	44,475	-
<b>Total operating expenses</b>	<u>1,218,623</u>	<u>-</u>
<b>Operating loss</b>	(56,796)	-
Non-Operating Revenues (Expenses)		
County funding	32,400	-
Net investment income (loss)	1,075	(3,700)
Other non-operating revenue	5,215	221
Noncapital grants and donations	3,918	10,063
Grant expenses and support	(3,912)	(8,321)
Interest expense	(13,485)	-
<b>Total non-operating revenues (expenses)</b>	<u>25,211</u>	<u>(1,737)</u>
<b>(Loss) income before capital grants and gifts</b>	(31,585)	(1,737)
Capital grants and gifts	225	-
<b>Change in net position</b>	(31,360)	(1,737)
Total net position (deficit) - beginning of year - restated - Note 9	<u>(309,692)</u>	<u>61,185</u>
Total net position (deficit) - end of year	<u>\$ (341,052)</u>	<u>\$ 59,448</u>

See Notes to Financial Statements.

**The MetroHealth System**  
**(A Component Unit of Cuyahoga County)**

**Statement of Cash Flows**  
**Year Ended December 31, 2018**  
**(Dollars in Thousands)**

<b>Cash Flows From Operating Activities</b>	
Patient service revenue	\$ 1,000,498
Other operating cash receipts	141,975
Payments to suppliers	(356,895)
Payments for compensation and benefits	(750,744)
<b>Net cash flows provided by operating activities</b>	<u>34,834</u>
<b>Cash Flows From Noncapital Financing Activities</b>	
County funding	32,400
Restricted grants, donations and other	7,243
Specific purpose funds expenses	(3,912)
Interest payments on long-term debt	(8,044)
<b>Net cash flows provided by noncapital financing activities</b>	<u>27,687</u>
<b>Cash Flows From Capital and Related Financing Activities</b>	
Capital grants	225
Acquisitions and construction	(70,736)
Proceeds from sale of assets	21
Principal payments on long-term debt	(2,119)
Interest payments on long-term debt	(47,265)
Build America Bond receipts	2,017
<b>Net cash flows used in capital and related financing activities</b>	<u>(117,857)</u>
<b>Cash Flows From Investing Activities</b>	
Payments for investment purchases and reinvestments	(525,234)
Proceeds from investment sales and maturities	548,668
Interest received	27,560
<b>Net cash flows provided by investing activities</b>	<u>50,994</u>
<b>Net decrease in cash and cash equivalents</b>	(4,342)
<b>Cash and cash equivalents</b>	
Beginning	<u>25,022</u>
Ending	<u>\$ 20,680</u>

(Continued)

(A Component Unit of Cuyahoga County)

**Statement of Cash Flows (Continued)**  
**Year Ended December 31, 2018**  
**(Dollars in Thousands)**

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Reconciliation of Operating Loss to Net Cash Flows	
Provided by Operating Activities	
Operating loss	\$ (56,796)
Adjustments to reconcile operating loss to net cash flows provided by operating activities	
Depreciation and amortization	44,475
Provision for bad debts	51,465
Changes in assets, deferred outflows, liabilities and deferred inflows:	
Increase in patient accounts receivable	(48,431)
Increase in other assets	(29,283)
Decrease in deferred outflows of resources	143,966
Decrease in self-insurance liabilities	(9,155)
Decrease in accounts payable and other liabilities	(4,606)
Increase in other long-term liabilities	1,411
Decrease in net pension liability	(228,945)
Increase in net OBEP liability	33,083
Increase in deferred inflows of resources	137,650
	<hr/>
<b>Net cash flows provided by operating activities</b>	<b><u><u>\$ 34,834</u></u></b>

Noncash Investing, Capital and Financing Activities:

The System held investments at December 31, 2018, with a fair value of \$418,356.

During 2018, the net change in the fair value of these investments was an increase of \$30,345.

In 2018, the System entered into a capital lease, acquiring capital assets of \$1,336.

In 2018, the System capitalized interest income of \$20,193 and interest expense of \$41,465.

Included in accounts payable at December 31, 2018 is \$12,869 of invoices related to unpaid capital acquisitions.

See Notes to Financial Statements.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies**

**Reporting entity:** The accompanying financial statements of the MetroHealth System (System) include the MetroHealth Medical Center, a short-term acute care and long-term rehabilitation facility, the Elisabeth Severance Prentiss Center for Skilled Nursing Care, and a network of urban and suburban primary care health sites.

The System is the public health care system for Cuyahoga County, Ohio (the County). It is organized and operated by its board of county hospital trustees (the Board) pursuant to Chapter 339 of the Ohio Revised Code. Members of the Board are appointed by the County Executive together with the senior judges of the Probate and Common Pleas Courts of the County, subject to confirmation by the County Council. To support the general operations of the System, the County approved funding of \$32,400 for 2018. The County has also approved funding of approximately \$32,400 for 2019. The System is exempt from federal income taxes as a governmental entity.

In accordance with GASB Codification Section 2100: *Defining the Financial Reporting Entity*, the System's financial statements are included, as a discretely presented component unit, in the County's Comprehensive Annual Financial Report (CAFR). A copy of the CAFR can be obtained from Cuyahoga County Fiscal Officer, 2079 East 9<sup>th</sup> Street, Cleveland, Ohio 44115.

Furthermore, in accordance with GASB Codification Section 2100: *Defining the Financial Reporting Entity*, and Section 2600: *Reporting Entity and Component Unit Presentation and Disclosure*, The MetroHealth Foundation, Inc. (Foundation) is included as a discretely presented component unit in a separate column in the System's financial statements to emphasize that it is legally separate from the System. The Foundation is a not-for-profit organization supporting the System. The Foundation acts primarily as a fundraising organization to supplement the resources that are available to the System in support of its programs. Although the System does not control the timing or the amount of receipts from the Foundation, the majority of resources, or income thereon, which the Foundation holds and invests, is restricted to support the activities of the System. Because these restricted resources held by the Foundation can only be used by, or for the benefit of the System, it is considered a component unit of the System. Complete financial statements of the Foundation can be obtained by writing to The MetroHealth Foundation, 2500 MetroHealth Drive, Cleveland, Ohio 44109.

In addition, MetroHealth Holdings LLC, MHS Purchasing LLC, and Select Assurance Captive LLC are presented as blended component units whose financial activity is included within the activities of the System. The System is the sole member of MetroHealth Holdings LLC, MHS Purchasing LLC, and Select Assurance Captive LLC. Although these entities are legally separate from the System, they are reported as if they were part of the System because their sole purpose is to support the System's mission and operations.

CCH Development Corporation (CCH), was formed on August 1, 2017, for the benefit of, and to support the System's community through economic and community development. CCH is a legally separate nonprofit corporation, exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The System appoints the voting majority of CCH's Board, however the System does not have a financial benefit/burden relationship and is not able to impose its will on CCH. CCH's activity and relationship to the System will be reevaluated on an ongoing basis.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies (Continued)**

**Basis of accounting:** The System reports only “business-type” activities, which requires the following financial statements and management discussion and analysis:

- Management’s Discussion and Analysis
- Basic Financial Statements including a Statement of Net Position, Statement of Revenues, Expenses, and Changes in Net Position, and Statement of Cash Flows, for the System as a whole
- Notes to Financial Statements

The System is accounted for as a proprietary fund (enterprise fund) using the flow of economic resources measurement focus and the accrual basis of accounting. With this measurement focus, all assets and deferred outflows of resources and all liabilities and deferred inflows of resources associated with the System’s operations are included in the Statement of Net Position. Revenue is recognized in the period in which it is earned, and expenses are recognized in the period in which incurred.

The System's fiscal year is the calendar year. Pursuant to Ohio law, the System submits a budget to the County by November 1 of each year. The fundamental purpose of the budget is to plan for an expected level of operations and to provide management with a tool to control deviation from such a plan. The budget is prepared on an accrual basis.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of all assets and deferred outflows of resources and all liabilities and deferred inflows of resources and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Statement of revenues, expenses, and changes in net position:** The System recognizes as operating revenues those transactions that are major or central to the provision of health care services. Operating revenues include those revenues received for direct patient care, grants received from organizations as reimbursement for patient care, and other incidental revenue associated with patient care. Operating expenses include those costs associated with providing patient care including costs of professional care, operating the hospital facilities, administrative expenses, and depreciation and amortization. Non-operating revenues include County funding, investment income and special purpose grants and donations, primarily research. Non-operating expenses include interest expense and expenses from special purpose funds for research related activities.

**Net patient service revenue:** 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, estimated allowances for uncollectible accounts and uncompensated care allowances. Retroactive adjustments are recorded on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Net patient service revenue is reported net of a provision for uncollectible accounts of \$51,465 in 2018.



**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies (Continued)**

The System has agreements with third-party payors that provide for payment at amounts different from established charge rates. A summary of the basis of payment by major third-party payors follows:

**Medicare and Medicaid:** Inpatient acute care, behavioral medicine, rehabilitation, skilled nursing and outpatient services rendered to Medicare and Medicaid program beneficiaries are paid at prospectively-determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The System also receives reimbursement for medical education costs, disproportionate share and unreimbursed Medicare bad debts which are reimbursed at interim rates with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor (MAC). The System's classification of patients under the Medicare and Medicaid programs and the appropriateness of their admission are subject to an independent review. Differences between the estimated amounts recorded at interim and final settlements are reported in the Statement of Revenues, Expenses, and Changes in Net Position in the year of settlement. The System recorded favorable adjustments to net patient revenue of \$3,168 in 2018, due to prior year retroactive adjustments of amounts previously estimated and changes in estimates.

Net revenue from the Medicare and Medicaid programs accounted for approximately 29% and 34%, respectively, of the System's net patient service revenue for the year ended December 31, 2018. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Management believes that adequate provision has been made in the financial statements for any adjustments that may result from final settlements. The System believes that it is compliant with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that would have a material effect on the financial statements.

**Other payors:** The System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements includes prospectively-determined rates-per-discharge, discounts from established charges, and prospectively-determined per diem rates.

**Upper payment limit:** In September 2001, the State of Ohio Supplemental Upper Payment Limit program for Public Hospitals (UPL) was approved by the Centers for Medicare and Medicaid Services (CMS). This program provides access to available federal funding up to 100% of the Medicare upper payment limits for inpatient hospital services rendered by Ohio Public Hospitals to Ohio Medicaid consumers. At December 31, 2018, \$5,388 was due to the System and recorded in the Statement of Net Position in other receivables. The amount recorded in net patient service revenue for UPL by the System was \$28,463 in 2018. The State of Ohio discontinued the Program's required contributing match for participants as of June 30, 2009. Effective July 1, 2009, the State began assessing a franchise fee to hospitals to fund health care programs, including the UPL program. The System incurred franchise fee expense of \$14,041 in 2018 and recorded in other expenses in the Statement of Revenues, Expenses, and Changes in Net Position. The System's franchise fee liability payable to the State of Ohio at December 31, 2018 was \$3,590.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies (Continued)**

**Disproportionate share:** As a public health care provider, the System renders services to residents of the County and others regardless of ability to pay. The System is classified as a disproportionate share provider by the Medicare and Medicaid programs due to the volume of low-income patients it serves. Accordingly, the System receives additional payments from these programs resulting from this status totaling \$21,127 for 2018. These amounts are included in net patient service revenue and include Hospital Care Assurance (HCAP) revenue of \$10,564 in 2018, reduced by HCAP assessments recorded by the System of \$4,519 in 2018. At December 31, 2018, the System had an HCAP receivable of \$5,282, and an HCAP payable of \$2,259. The receivable and payable are included in other receivables and other current liabilities, respectively, in the Statement of Net Position.

**Care Innovation and Community Improvement Program:** The Care and Innovation and Community Improvement Program (CICIP), established by House Bill 49, provides for each participating nonprofit hospital agency and public hospital agency to receive supplemental payments under the Medicaid program for physician and other professional services that are covered by the Medicaid program and provided to Medicaid recipients. The amount of the supplemental payments is equal to the difference between the Medicaid rates for the services and the average commercial rates for the services. Participating nonprofit and public hospital agencies are responsible for the State share of the program's costs and the Medicaid Director may terminate or adjust the amount of supplemental payments if funding for the program is inadequate. As the program develops, specific duties and goals to benefit Medicaid recipients will be defined.

For 2018, the System recorded CICIP program revenue of \$26,275 which is included in net patient service revenue. At December 31, 2018, the System had a CICIP receivable of \$8,066, CICIP prepaid assessments of \$8,102, and a CICIP payable of \$440. The receivable, prepaid assessment and payable are included in the Statement of Net Position in other receivables, prepaid expenses and other current liabilities, respectively.

**Charity care:** Throughout the admission, billing, and collection processes, certain patients are identified by the System as qualifying for charity care. The System provides care to these patients without charge or at amounts less than its established rates. The charges foregone for charity care provided by the System, totaling \$158,386, which represents 4.7% of gross charges in 2018, are not reported as revenue. The System accepts certain indigent Ohio residents and all residents from the County regardless of their ability to pay.

**Grants:** The System receives financial assistance from federal and state agencies in the United States in the form of grants. The expenditure of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audit by the grantor agencies.

Other such audits could be undertaken by federal and state granting agencies and result in the disallowance of claims and expenditures; however, in the opinion of management, any such disallowed claims or expenditures will not have a material effect on the overall financial position of the System.

**Cash and cash equivalents:** The System considers cash in its commercial checking accounts to be cash and cash equivalents.

**Supplies:** Medical and pharmaceutical supplies are stated at the lower of cost or market value on a first-in first-out basis.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies (Continued)**

**Investments:** The System generally records its investments at fair value in accordance with GASB Statement No. 72 – *Fair Value Measurement and Application*. Changes in unrealized gains and losses on investments are included in net investment income in the Statement of Revenues, Expenses, and Changes in Net Position.

**Restricted assets:** Restricted assets are cash and cash equivalents and investments whose use is limited by legal requirements. Investments under bond indenture agreements represent amounts required by debt instruments to pay bond principal and interest and approved projects. Restricted cash and cash equivalents and special purpose investments represent monies received from donors or grantors to be used for specific purposes, primarily research. The System has elected to use restricted assets before unrestricted assets when an expense is incurred for a purpose for which both resources are available.

**Fundraising revenues:** Gifts, grants, and program income result from fundraising activities of the Foundation. Though donations are solicited for the Foundation, donors occasionally make their gifts directly to the System.

**Contributions:** The Foundation recognizes contributions as revenue in the period in which the pledge (promise to give) is received. The Foundation recognizes donated services as contributions if the services (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Foundation.

**Annuity payment obligations:** The Foundation has entered into gift annuity agreements which include provisions requiring the Foundation to pay periodic fixed payments to beneficiaries during their lifetimes. Charitable gift annuities differ from other charitable giving options in that the annuity is a general obligation of the Foundation. Accordingly, if the assets of the gift are exhausted as a result of required payments to beneficiaries, unrestricted assets of the Foundation will be utilized to fund future payments.

**Income taxes:** The Foundation is an Ohio nonprofit corporation and was granted tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and is exempt from income tax on related income pursuant to Section 501(a) of the Code. The Foundation is required to pay taxes on unrelated business income earned by the Foundation.

**Capital assets:** Capital assets are stated at cost and contributed capital assets are stated at their acquisition value at the date of contribution. Expenditures for equipment must exceed \$5 per unit and expenditures for renovations must exceed \$25 in order for them to be capitalized. Expenditures that substantially increase the useful lives of existing assets are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation and amortization of assets recorded under capital lease (straight-line method) are provided in amounts sufficient to amortize the cost of the related assets over their estimated useful lives. The following are the most commonly used estimated useful lives:

Buildings	25-40 years
Building improvements	5-20 years
Equipment	3-15 years
Land improvements	5-15 years
Vehicles	4 years

The asset and accumulated depreciation are removed from the related accounts when the asset is disposed. Any income or loss resulting from this disposal is recorded in the Statement of Revenues, Expenses, and Changes in Net Position.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 1. Summary of Significant Accounting Policies (Continued)**

**Pensions:** For purposes of measuring the net pension liability or asset, deferred outflows of resources and deferred inflows of resources related to pensions, pension expense, and information about the fiduciary net position of the Ohio Public Employees Retirement System (OPERS) Traditional, Combined and Member-Directed Plans and additions to/deductions from OPERS fiduciary net position have been determined on the same basis as they were reported by OPERS. For this purpose, benefit payments (including refunds of employee contributions) were recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

**Other postemployment benefits (OPEB):** For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, OPEB expense, and information about the fiduciary net position of the OPERS OPEB plan and additions to/deductions from OPERS fiduciary net position have been determined on the same basis as they were reported by OPERS. For this purpose, benefit payments (including refunds of employee contributions) were recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

**Net position:** The System classifies its net position into three categories as follows:

Net investment in capital assets – consists of capital assets, net of accumulated depreciation and reduced by outstanding balances for bonds, other debt and deferred inflows and outflows of resources that are attributable to the acquisition, construction or improvement of those assets.

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

Unrestricted – consists of the remaining net position that does not meet the previously listed criteria.

**Bond premiums and discounts:** The System uses the effective interest method to calculate bond premiums and discounts. Amortization related to bond premiums and discounts in 2018 was \$1,503 and is recorded as a reduction to interest expense in the Statement of Revenues, Expenses, and Changes in Net Position.

**Cost of borrowing:** Interest costs incurred on debt during the construction or acquisition of assets are capitalized as a component of the capital asset's cost. The total interest cost capitalized is offset by the interest income earned on the invested bond proceeds during the same period. Capitalized interest expense for 2018 totaled \$41,465. Capitalized interest income for 2018 totaled \$20,193.

**Concentrations of credit risk:** Financial instruments that potentially subject the System to concentrations of credit risk consist principally of cash and cash equivalents, patient accounts receivable, and investments.

The System places its cash and cash equivalents with high credit quality financial institutions. The System's investments include money market funds, U.S. Treasury bills and notes, U.S. agency obligations, commercial paper, and corporate bonds.

Concentration of credit risk relating to patient accounts receivable is limited to some extent by the diversity and number of the System's patients and payors. Patient accounts receivable consist of amounts due from government programs, commercial insurance companies, private pay patients, and other group insurance programs. Medicaid, Medicare, and Medical Mutual of Ohio accounted for approximately 24%, 30% and 13% of the System's net patient accounts receivable. Excluding these payors, no other payor source represents more than 10.0% of the System's patient accounts receivable. The System maintains a provision for uncollectible accounts based on the expected collectability of patient accounts receivable.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 2. Changes in Accounting Principles and Recent Accounting Pronouncements**

GASB has issued the following statements that have been recently implemented by the System:

GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* – The primary objective of this Statement is to improve accounting and financial reporting by state and local governments for postemployment benefits other than pensions (other postemployment benefits or OPEB). This Statement is effective for periods beginning after June 15, 2017. The System implemented the provisions of this Statement for the year ending December 31, 2018. There was a significant impact to the financial statements as a result of the application of this standard.

GASB Statement No. 85, *Omnibus 2017* – The objective of this Statement is to address practice issues that have been identified during implementation and application of certain GASB Statements. This Statement addresses a variety of topics including issues related to blending component units, goodwill, fair value measurement and application, and postemployment benefits (pensions and other postemployment benefits). The requirements of this Statement are effective for reporting periods beginning after June 15, 2017. There was no significant impact to the financial statements as a result of the application of this standard.

GASB Statement No. 86, *Certain Debt Extinguishment Issues* - The primary objective of this Statement is to improve consistency in accounting and financial reporting for in-substance defeasance of debt by providing guidance for transactions in which cash and other monetary assets acquired with only existing resources are placed in an irrevocable trust for the sole purpose of extinguishing debt. This Statement also improves accounting and financial reporting for prepaid insurance on debt that is extinguished and notes to financial statements for debt that is defeased in substance. The requirements of this Statement are effective for reporting periods beginning after June 15, 2017. There was no significant impact to the financial statements as a result of the application of this standard.

GASB has recently issued the following statements not yet implemented by the System:

GASB Statement No. 83, *Certain Asset Retirement Obligations* – This Statement establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. A government that has legal obligations to perform future asset retirement activities related to its tangible capital assets should recognize a liability based on the guidance in this Statement. This Statement is effective for reporting periods beginning after June 15, 2018. The System has not yet determined the impact this Statement will have on the financial statements.

GASB Statement No. 84, *Fiduciary Activities* – The objective of this Statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. This Statement is effective for reporting periods beginning after December 15, 2018. The System has not yet determined the impact this Statement will have on the financial statements.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 2. Changes in Accounting Principles and Recent Accounting Pronouncements (Continued)**

GASB Statement No. 87, *Leases* - The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019. The System has not yet determined the impact this Statement will have on the financial statements, however, expects the impact to be material.

GASB Statement No. 88, *Certain Disclosures Related to Debt, Including Direct Borrowings and Direct Placements* – The objective of this Statement is to improve the information that is disclosed in notes to governmental financial statements related to debt, including direct borrowings and direct placements. It also clarifies which liabilities governments should include when disclosing information related to debt. The requirements of this Statement are effective for reporting periods beginning after June 15, 2018. The System has not yet determined the impact this Statement will have on the financial statements.

GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period* - The objectives of this Statement are (1) to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and (2) to simplify accounting for interest cost incurred before the end of a construction period. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019 and should be applied prospectively. The System has not yet determined the impact this Statement will have on the financial statements, however, expects the impact to be material.

GASB Statement No. 90, *Majority Equity Interests* – The primary objectives of this Statement are to improve the consistency and comparability of reporting a government's majority interest in a legally separate organization and to improve the relevance of financial statement information for certain component units. The requirements of this Statement are effective for reporting periods beginning after December 15, 2018. The System has not yet determined the impact this Statement will have on the financial statements.

**Note 3. Deposits and Investments**

**Deposits**

All monies are deposited with the System's banks or trust companies as designated by the Board of Trustees. Funds not needed for immediate expenditure may be deposited in interest bearing or non-interest bearing accounts.

*Guaranteed investment contracts (GICs)*: The System entered into two distinct investment contracts with separate banks yielding guaranteed fixed interest rates for its Series 2017 Bond Project and Capitalized Interest Payment Funds. Deposits totaling \$830,670 were made into the two accounts on the bond settlement date of May 25, 2017. The Capitalized Interest Payment Fund has a fixed interest rate of 2.60% with earned interest payments posting semiannually through the agreement maturity date on February 14, 2023. The agreement has a schedule of required withdrawals that cannot be accelerated. The Bond Project Fund bears a fixed interest rate of 2.54% with earnings reinvested each February 15 and August 15. The agreement terminates with respect to the funds at the earlier of the March 31, 2024 maturity date or the date the Bonds are no longer outstanding under the Indenture. The agreement may be extended by mutual written agreement. As of December 31, 2018, the Capitalized Interest Payment Fund and the Bond Project Fund had balances of \$125,234 and \$626,859, respectively.

**The MetroHealth System  
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**Note 3. Deposits and Investments (Continued)**

The GICs are classified as deposits and are eligible holdings in accordance with the Twelfth Supplemental Trust Indenture enacted May 1, 2017 between the County, acting by and through the System's Board of Trustees, and the bond trustee.

*Custodial Credit Risk:* Custodial credit risk is the risk that, in the event of bank failure, the System's deposits might not be recovered. FDIC insurance through December 31, 2018 for funds held in interest bearing accounts is \$250 per depositor per category of legal ownership. The System's investment policy does not address custodial credit risk and the deposits are not collateralized other than FDIC coverage. The System's bank deposits at December 31, 2018 totaled \$844,647 and were subject to the following categories of custodial credit risk:

Uncollateralized	\$ 843,897
Amount insured	750
<b>Total bank balances</b>	<b><u><u>\$ 844,647</u></u></b>

**Investments**

**The System:** The System's investment policy was established in accordance with the provisions of Sections 339.06 and 339.061 of the Ohio Revised Code (ORC). The investment portfolio consists of both a Reserve Portfolio and a Non-Reserve Portfolio. Per section 339.061 of the Ohio revised code, at least 25% of the average amount of the System's investment portfolio over the course of the preceding fiscal year needs to be invested as a "reserve" in specific types of low-risk investment instruments. Investments in the Non-Reserve Portfolio have a long-term time horizon and are not needed for operations for at least seven years. The System is still in the process of transferring funds to the Non-Reserve Portfolio.

The System's investment policy authorizes the System to invest in the following investments within the Reserve Portfolio:

- Securities and obligations of the U.S. Treasury and other direct issuances of federal government agencies or instrumentalities.
- No-load money market mutual funds investing exclusively in the previously listed items, rated in the highest category at the time of purchase by at least one nationally recognized statistical rating organization (NRSRS); and repurchase agreements made through eligible institutions mentioned in section 135.32 of the ORC, secured by the previously listed items.
- Time certificates of deposit or savings accounts and deposit accounts in any eligible institution mentioned in section 135.32 of the ORC.
- Municipal and state bonds of Ohio or any political subdivisions of Ohio
- The Ohio subdivision's fund as provided in Section 135.45 of the ORC.

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 3. Deposits and Investments (Continued)**

- Commercial paper notes that constitutes unsecured short-term debt on an entity defined in Division (D) of Section 1705.01 of the ORC and matures no later than 270 days from purchase date, the aggregate value of the commercial paper does not exceed 10% of the aggregate value of the outstanding paper of the entity, the paper is rated by a least two NRSRS and is rated in the highest classification and the entity has assets exceeding \$500,000, and total combined investments in commercial paper and bankers acceptances does not exceed 40% of the System's average aggregate Reserve Portfolio, and the investment in commercial paper of a single issuer does not exceed in the aggregate 5% of the Reserve Portfolio.
- Bankers acceptances of banks that are insured by the FDIC, that mature no later than 180 days from purchase, are eligible for purchase by the Federal Reserve System, and the total combined investments in banker's acceptances and commercial paper does not exceed 40% of the System's average aggregate Reserve Portfolio.
- Notes issued by corporations incorporated in the United States and operating in the United States, the notes are rated in the second highest or higher category by at least two NRSRS at the time of purchase, mature in two years or less from the date of purchase, not to exceed 15% of the System's total average Reserve Portfolio.
- Securities lending agreements with any eligible institution mentioned in section 135.32 of the Revised Code that is a member of the federal reserve system or federal home loan bank or with any recognized United States securities dealer, under the terms of which agreements the System lends securities and the eligible institution or dealer agrees to simultaneously exchange similar securities or cash, equal value for equal value.
- Debt interests rated at the time of purchase in the three highest categories by two NRSRS and issued by foreign nations diplomatically recognized by the U.S. government, where the investment made does not exceed 1% of a country's total average portfolio.
- A current unpaid or delinquent tax line of credit authorized under section (G) of the section 135.341 of the Revised Code, provided that all of the conditions for entering into such a line of credit under that division are met.

The System's investment policy authorizes the System to invest in the following investments within the Non-Reserve Portfolio:

- Any permissible investments previously described within the Reserve Portfolio.
- Fixed income investments that emphasize high quality (BBB- rating or higher) and the single issuer, excluding the US Treasury and Federal Government Agencies, does not exceed 10% of the market value of the Non-Reserve Portfolio. Permissible fixed income investments are U.S. government and U.S. government agency securities, corporate notes and bonds, mortgage backed securities, preferred stock, fixed income securities of foreign governments and corporations, guaranteed investment contracts (GIC), and fixed income mutual funds and comingled pools.



**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 3. Deposits and Investments (Continued)**

- Equity investments of domestic and international common stocks, real estate investment trusts (REITs), convertible notes and bonds, convertible preferred stocks, and equity mutual funds or comingled pools. Stocks must emphasize companies with total market capitalizations exceeding \$100 million and any individual commitment at the time of purchase should not represent more than 10% nor should a sector group exceed 50% of the portfolio's market value. International equity investments are limited to 20% of the Non-Reserve Portfolio balance, must be made through mutual funds or comingled structures, and cannot be weighed more than 50% to a single country. Cash equivalents are to be considered temporary and should not exceed 10% of a manager's portfolio.

As of December 31, 2018, the fair values of the System's investments and their ratings by Standard and Poor's were as follows:

	Total	Investment Maturities	
		Less than 1 year	1-5 years
U.S. Treasury Notes			
AA+	\$ 55,092	\$ 17,475	\$ 37,617
Federal Home Loan Mortgage Corporation, Federal National Mortgage Association, Government National Mortgage Association, Federal Home Loan Banks and Federal Farm Credit Banks			
AA+	192,705	43,556	149,149
Corporate Bonds			
AA+	2,995	2,995	-
Money Market Mutual Funds			
AAA	38,777	38,777	-
<b>Total investments</b>	<b>\$ 289,569</b>	<b>\$ 102,803</b>	<b>\$ 186,766</b>

Deposits of \$71,863 and unrated investments of \$56, 924 are included in investments in the Statement of Net Position at December 31, 2018.

The System's carrying amounts of the deposits and investments at December 31, 2018 are as follows:

Deposits	\$ 844,636
Investments	346,493
<b>Total deposits and investments</b>	<b>\$ 1,191,129</b>

The difference between bank balances and financial statement carrying amounts represent outstanding checks payable and normal reconciling items.

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**Notes to Financial Statements  
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**Note 3. Deposits and Investments (Continued)**

The System categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The System has the following as of year ended December 31, 2018:

**Investments Measured at Fair Value**

	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<b>Investments by fair value level</b>			
Debt Securities			
U.S. Treasury securities	\$ 55,092	\$ -	\$ 55,092
U.S. Agency securities	192,705	-	192,705
Corporate bonds	2,995	-	2,995
<b>Total debt securities</b>	<b>250,792</b>	<b>-</b>	<b>250,792</b>
Money market mutual funds	38,777	38,777	-
Mutual funds	49,953	49,953	-
Domestic equities (Note 12)	6,971	-	6,971
<b>Total investments measured at fair value</b>	<b>\$ 346,493</b>	<b>\$ 88,730</b>	<b>\$ 257,763</b>

Mutual funds classified in Level 1 of the fair value hierarchy are valued using prices quoted in active markets for those securities. Debt securities classified in Level 2 of the fair value hierarchy are valued using a matrix pricing technique. Matrix pricing is used to value securities based on the securities' relationship to benchmark quoted prices. Domestic equities classified in Level 2 of the fair value hierarchy are valued using prices quoted in active markets for similar assets.

*Interest Rate Risk:* The System's investment policy limits investment portfolios to maturities of five years or less. At December 31, 2018, the System's investments all have effective maturity dates of less than five years.

*Credit Risk:* The System's investment policy limits the System to commercial paper investments with ratings only in the highest category and emphasizes high-quality fixed income investments within the Non-Reserve Portfolio, with an average portfolio rating of BBB- or higher. At December 31, 2018, the System held no commercial paper investments.

*Custodial Credit Risk:* For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the System will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The System's investment policy does not address custodial credit risk. For the year ended December 31, 2018, the System is not exposed to custodial credit risk as it relates to its investment portfolio.

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**Notes to Financial Statements  
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(Dollars in Thousands)**

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**Note 3. Deposits and Investments (Continued)**

*Concentration of Credit Risk:* Concentration of credit risk is the risk of loss attributable to the magnitude of investments in any single issuer. This does not apply to debt securities explicitly guaranteed by the United States Treasury which are deemed to be "risk-free". The System's investment policy requires that the portfolio be structured to diversify investments to reduce the risk of loss resulting from over-concentration of assets in a specific maturity, a specific issuer or a specific type of security.

Investment policy asset class allocation guidelines, for the System's total investment portfolio and the Non-Reserve Portfolio are as follows:

<u>Asset Class</u>	<u>Total System Portfolio</u>		<u>Non-Reserve Portfolio</u>	
	<u>Minimum %</u>	<u>Maximum %</u>	<u>Minimum %</u>	<u>Maximum %</u>
Fixed income / cash and cash equivalents	60%	100%	0%	100%
Domestic equity	0%	30%	0%	100%
International equity	0%	10%	0%	20%

The overall investment portfolio is kept within the above specified ranges through portfolio rebalancing and cash flow considerations. Rebalancing is implemented not less than quarterly to maintain the asset allocation ranges.

The System's investment policy requires further diversification by limiting exposure to any one issuer, excluding U.S. government issued or backed securities, in the Non-Reserve Fund to 10% of the portfolio. Combined commercial paper notes and banker's acceptances is limited to 40% of the Reserve Portfolio balance. Investments of U.S. corporate notes is limited to 15% of the Reserve Portfolio.

As of December 31, 2018, The System holds 29% in Federal National Mortgage Association (Fannie Mae) issues.

**The Foundation:** As of December 31, 2018, the fair values of the Foundation's investments were as follows:

Money market funds	\$ 2,524
Pooled investment fund	2,355
Mutual funds	45,050
Common stock	23
Limited partnerships interests	2,359
<b>Total investments</b>	<b>\$ 52,311</b>

The Foundation's net investment income for the year ended December 31, 2018 consisted of the following:

Interest and dividends	\$ 1,056
Net realized and unrealized gains (losses)	(4,667)
Less: investment management fees	(89)
	<b>\$ (3,700)</b>

**The MetroHealth System  
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**Note 4. Capital Assets**

The following summarizes changes in the capital assets of the System for the year ended December 31, 2018:

	Beginning Balance	Additions	Reductions/ Transfers	Ending Balance
Capital assets not being depreciated				
Land	\$ 15,632	\$ -	\$ -	\$ 15,632
Construction in progress	68,274	93,180	(52,580)	108,874
<b>Total non-depreciated capital assets</b>	<b>83,906</b>	<b>93,180</b>	<b>(52,580)</b>	<b>124,506</b>
Depreciable capital assets				
Land improvements	13,711	-	(78)	13,633
Buildings and fixed equipment	692,815	28,772	(438)	721,149
Equipment	423,597	25,569	(1,013)	448,153
<b>Total depreciable capital assets</b>	<b>1,130,123</b>	<b>54,341</b>	<b>(1,529)</b>	<b>1,182,935</b>
Less accumulated depreciation				
Land improvements	(10,480)	(527)	-	(11,007)
Buildings and fixed equipment	(458,768)	(20,140)	291	(478,617)
Equipment	(346,032)	(23,808)	1,010	(368,830)
<b>Total accumulated depreciation</b>	<b>(815,280)</b>	<b>(44,475)</b>	<b>1,301</b>	<b>(858,454)</b>
<b>Total depreciable capital assets, net</b>	<b>314,843</b>	<b>9,866</b>	<b>(228)</b>	<b>324,481</b>
<b>Total capital assets, net</b>	<b>\$ 398,749</b>	<b>\$ 103,046</b>	<b>\$ (52,808)</b>	<b>\$ 448,987</b>

Total depreciation and amortization expense related to capital assets for 2018 was \$44,475.

**The MetroHealth System  
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**Note 5. Long-Term Debt**

Information regarding the System's long-term debt activity and balances as of and for the year ended December 31, 2018 is as follows:

	Beginning Balance	Additions	Payments/ Reductions	Ending Balance	Due Within One Year
Hospital Facilities Revenue Bonds, Series 2009B, bear interest at 8.2% and mature in varying amounts through 2040.	\$ 75,000	\$ -	\$ -	\$ 75,000	\$ -
Hospital Revenue Bonds, Series 2017, bear fixed interest rates ranging from 4.0% to 5.5%, and mature in varying amounts through 2057.	945,660	-	-	945,660	-
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 3.0% and matures through 2019.	81	-	(65)	16	16
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 3.1% and matures through 2019.	490	-	(324)	166	166
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 2.9% and matures through 2019.	426	-	(253)	173	173
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 3.0% and matures through 2020.	614	-	(228)	386	277
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 3.0% and matures through 2020.	539	-	(210)	329	217
Equipment obligation, RBS Asset Finance, as defined in the respective lease agreement, bears interest at 3.4% and matures through 2021.	836	-	(229)	607	217
Equipment obligation, Citizens Asset Finance, as defined in the respective lease agreement, bears interest at 5.1% and matures through 2025.	-	1,336	(94)	1,242	154
Loan obligation, Key Government Finance, Inc., as defined in the respective loan agreement, bears interest at 0% and matures through 2019.	1,420	-	(710)	710	710
Loan obligation, Cuyahoga County Sanitary Engineering, as defined in the respective loan agreement, bears interest at 4.5% and matures through 2018.	6	-	(6)	-	-
	1,025,072	1,336	(2,119)	1,024,289	1,930
Unamortized discounts and premiums	36,251	-	(1,503)	34,748	-
<b>Long-term debt</b>	<b>\$ 1,061,323</b>	<b>\$ 1,336</b>	<b>\$ (3,622)</b>	<b>\$ 1,059,037</b>	<b>\$ 1,930</b>

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 5. Long-Term Debt (Continued)**

Effective January 28, 2010, Cuyahoga County, acting by and through the Board of Trustees of The MetroHealth System, issued \$75,000 of Hospital Facilities Revenue Bonds, Taxable Series 2009B, (The MetroHealth System), (Build America Bonds – Direct Payment). Proceeds from the Series 2009B have been and will be used to pay for costs of hospital facilities, including three medical helicopters, the acquisition, construction and equipping of additional multi-specialty ambulatory centers in strategic locations, and additional scheduled equipment purchases and facilities renovations; funding the Bond Reserve Fund for the Series 2009B Bonds; and certain bond issuance costs. The Bonds bear interest at a fixed rate of 8.223% per annum and mature at various dates through 2040. As a qualified Build America Bond Issue, per terms of the federal government's American Recovery and Reinvestment Act of 2009, the System will apply to receive direct payments semiannually from the Secretary of the United States Treasury in the amount of 35% of the corresponding bond interest paid. Payments received from the Treasury are recorded in other non-operating revenue.

Effective May 25, 2017, Cuyahoga County, acting by and through the Board of Trustees of The MetroHealth System, issued \$945,660 of Hospital Revenue Bonds, Series 2017, (The MetroHealth System), (Series 2017 Bonds). Proceeds from the Series 2017 Bonds were used to refund the principal amounts of the Series 2015 Bonds maturing on February 1, 2018 through February 1, 2035, the Series 2012 Bonds principal amounts maturing on March 1, 2018 through March 1, 2033, and the Series 2011 Bonds principal amounts maturing on February 15, 2018 through February 15, 2019, payoff a loan associated with a capital lease, establish a bond interest payment fund, pay certain bond issuance costs, payoff a revolving line of credit which was drawn to fully refund the remaining Series 1997 Bonds, maturing on February 15, 2020 through February 15, 2027, and pay settlement costs associated with the early termination of two interest rate swap agreements. The remaining bond proceeds are being used to fund the System's transformation project. The Series 2017 Bonds mature in varying amounts from February 15, 2023 through February 15, 2057 and the interest rates are fixed and range between 4.0% and 5.5%. So long as the Series 2017 Bonds are outstanding, the System is required to be in compliance with certain financial and performance-related covenants.

The 2017 bond refundings resulted in a difference between the reacquisition price and the net carrying amount of the old debt of \$4,311. The unamortized difference (\$2,480 at December 31, 2018), reported in the accompanying financial statements as a deferred outflow of resources, is being amortized as an increase to interest expense through the year 2029.

The Series 2009B and 2017 Bonds were each issued pursuant to a supplemental trust bond indenture agreement between the County, acting by and through the System's Board of Trustees, and the bond trustee. The Series 2009B and 2017 Bonds are special obligations issued by the County payable solely from the revenue derived from the operation of the System and other monies available to the System's Board of Trustees. Accordingly, the bond proceeds and indebtedness have been recorded as assets and liabilities of the System.

The Twelfth Supplemental Trust Indenture provides for the establishment of a bond reserve fund and maintenance of certain special funds, which are maintained under the control of the bond trustee, and are used for payment of principal and interest on the bonds when due. To satisfy the bond reserve fund requirement Cuyahoga County has entered into an Irrevocable Letter of Credit for an amount not to exceed \$63,322, expiring on May 22, 2020. In the event there is a draw on the Letter of Credit, the System is required to repay Cuyahoga County in accordance with the terms of the payment agreement. Additionally, Cuyahoga County is responsible for payment of the annual Letter of Credit Fee, up to a maximum of \$350 per year, with any amount over the maximum to be paid by the System. As of December 31, 2018, there were no draws on the Letter of Credit.

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 5. Long-Term Debt (Continued)**

The System leases various buildings and equipment under capital leases which expire at various dates through 2046. The assets and liabilities under capital lease obligations are recorded at the lower of the present value of minimum lease payments or the fair value of the asset. Depreciation of the assets under capital lease is included in depreciation expense for the year ended December 31, 2018.

Following is a summary of property held under capital leases at December 31:

Equipment	\$ 10,166
Buildings	8,706
	<u>18,872</u>
Accumulated depreciation	<u>(7,812)</u>
	<u>\$ 11,060</u>

The revenue bonds, leases and loan payment requirements for years subsequent to December 31, 2018, are as follows:

	Total Lease Obligations		Total Loan Obligations		Total Hospital Revenue Bonds	
	Principal	Interest	Principal	Interest	Principal	Interest
2019	\$ 1,220	\$ 89	\$ 710	\$ -	\$ -	\$ 55,197
2020	640	63	-	-	-	55,197
2021	331	44	-	-	-	55,197
2022	195	32	-	-	-	55,197
2023	205	22	-	-	10,845	54,925
2024-2028	328	13	-	-	63,200	265,688
2029-2033	-	-	-	-	80,595	247,342
2034-2038	-	-	-	-	103,910	220,429
2039-2043	-	-	-	-	134,200	184,497
2044-2048	-	-	-	-	173,085	145,004
2049-2053	-	-	-	-	225,575	92,513
2054-2057	-	-	-	-	229,250	25,206
	<u>\$ 2,919</u>	<u>\$ 263</u>	<u>\$ 710</u>	<u>\$ -</u>	<u>1,020,660</u>	<u>\$ 1,456,392</u>
Unamortized premiums					<u>34,748</u>	
<b>Total hospital revenue bonds, net</b>					<u><u>\$ 1,055,408</u></u>	

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 6. Other Long-Term Liabilities**

**Amounts due to third-party payors:** The System has agreements with third-party payors that provide for payment of amounts different from established rates. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and are adjusted in future periods, as final settlements are determined. See Note 1, net patient service revenue, for additional information. As of December 31, 2018, the total liability for amounts due to third-party payors was \$32,509. Amounts classified as 'due within one year' are based on historical communications and estimated timing of recoupment requests from third-party payors.

**Accrued vacation and sick leave:** System employees earn vacation and sick leave at varying rates depending on job classification and years of service. Employees can accumulate up to one and a half years of their earned vacation leave. All accumulated, unused vacation time is paid upon separation if the employee has completed 90 days of employment with the System. There is no limit on the amount of sick time earned. Upon retirement, employees with a minimum of 10 years of service have sick leave balances paid out at 50% of eligible hours at their current rate of pay. Depending on the employee's hire date the maximum payout is either 240 hours or 800 hours. As of December 31, 2018, the total liability for accrued vacation and sick leave was \$52,607. Amounts classified as 'due within one year' are based on historical usage patterns.

**Other long-term liabilities:** The following summarizes changes in other long-term liabilities for the year ended December 31, 2018:

	Beginning Balance	Additions	Deletions	Ending Balance	Due Within One Year
Amounts due to third-party payors	\$ 33,622	\$ 4,645	\$ (5,758)	\$ 32,509	\$ 2,101
Accrued vacation and sick leave	50,276	59,329	(56,998)	52,607	6,697
	<u>\$ 83,898</u>	<u>\$ 63,974</u>	<u>\$ (62,756)</u>	<u>\$ 85,116</u>	<u>\$ 8,798</u>

**Risk management:** The System is exposed to various risks of loss related to torts; theft of or destruction of assets; errors and omissions; injuries to employees; and natural disasters. The System is self-insured for professional liability, employee health and worker's compensation but maintains commercial policies for property and casualty, automobile and aircraft (helicopter and fixed wing) insurance. The System manages certain insurance risks through Select Assurance Captive LLC (Select). See Note 11 for additional information. For 2018, coverage through Select included professional liability, worker's compensation and medical stop loss. The System also maintains excess coverage for professional liability and employee health claims. For professional liability and worker's compensation, professional actuarial consultants have been retained to determine funding requirements. Amounts funded for professional liability have been placed in an irrevocable self-insurance trust account, which is being administered by a trustee. For the employee health claims, a historical analysis has been performed of incurred but not reported claims to determine the liability at December 31, 2018. Settled claims have not exceeded insurance coverage in any of the past three years.

During the normal course of its operations, the System has become a defendant in various legal actions. In the opinion of legal counsel and the System administration, the disposition of the pending cases will not have a material adverse effect of the financial condition or operations of the System. Losses from asserted claims and from unasserted claims identified under the System's incident reporting systems are recorded based on estimates that incorporate the System's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors.



**The MetroHealth System  
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Year Ended December 31, 2018  
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**Note 6. Other Long-Term Liabilities (Continued)**

The liability for estimated self-insured claims includes estimates of the ultimate costs for both reported claims and incurred but not reported claims for 2018 and 2017 as follows:

	2018				
	Beginning Balance	Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Worker's compensation	\$ 8,135	\$ 703	\$ (1,458)	\$ 7,380	\$ 1,744
Professional liability	51,425	4,976	(13,377)	43,024	13,798
Employee health	2,162	27,945	(29,219)	888	888
	<u>\$ 61,722</u>	<u>\$ 33,624</u>	<u>\$ (44,054)</u>	<u>\$ 51,292</u>	<u>\$ 16,430</u>

  

	2017				
	Beginning Balance	Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Worker's compensation	\$ 7,707	\$ 2,391	\$ (1,963)	\$ 8,135	\$ 1,621
Professional liability	50,385	6,292	(5,252)	51,425	14,870
Employee health	1,616	28,306	(27,760)	2,162	2,162
	<u>\$ 59,708</u>	<u>\$ 36,989</u>	<u>\$ (34,975)</u>	<u>\$ 61,722</u>	<u>\$ 18,653</u>

The liabilities recorded for worker's compensation and professional liability at December 31, 2018 are discounted liabilities. A discount rate of 1.5% was used. The undiscounted liabilities are approximately \$818 and \$2,545 higher for worker's compensation and professional liability, respectively.

**Note 7. Operating Leases**

The System has entered into operating lease agreements for medical and office space, which expire through 2031. Contract terms range between one and fifteen years and contain rent escalation clauses and renewal options for additional periods ranging from one to five years.

Minimum rental commitments under operating leases extending beyond one year at December 31, 2018, are as follows:

2019	\$ 5,149
2020	4,966
2021	4,508
2022	4,138
2023	4,135
2024-2028	17,509
2029-2031	8,849
<b>Total</b>	<u><u>\$ 49,254</u></u>

Rent expense totaled \$5,878 in 2018.

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 8. Benefit Plans**

**Pension:** Employee retirement benefits are available for substantially all employees under three separate retirement plans administered by the Ohio Public Employees Retirement System (OPERS). The plans are the Traditional Pension Plan — a cost-sharing, multiple-employer defined benefit pension plan; the Member-Directed Plan — a defined contribution pension plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20% per year). Under the Member-Directed Plan, members accumulate retirement assets equal to the value of member and (vested) employer contributions plus any investment earnings; and the Combined Plan — a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan. OPERS provides retirement, disability, survivor and death benefits, and annual cost-of-living adjustments to members of the Traditional Pension and Combined Plans. Participants in the Member-Directed Plan do not qualify for ancillary benefits. Chapter 145 of the Ohio Revised Code assigns the authority to establish and amend benefits to the OPERS Board of Trustees. The Ohio Public Employees Retirement System issues a stand-alone financial report and may be obtained by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 800-222-7377.

**Legislation:** Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members were categorized into three groups with varying provisions of the law applicable to each group. Members who were eligible to retire under law in effect prior to SB 343 or will be eligible to retire no later than five years after January 7, 2013, comprise transition Group A. Members who have 20 years of service credit prior to January 7, 2013, or will be eligible to retire no later than 10 years after January 7, 2013, are included in transition Group B. Group C includes those members who are not in either of the other groups and members who were hired on or after January 7, 2013. Please see the Plan Statement in the OPERS 2017 CAFR for additional details.

Benefits in the Traditional Pension Plan for members are calculated on the basis of age, final average salary (FAS), and service credit. Members in transition Groups A and B are eligible for retirement benefits at age 60 with 60 contributing months of service credit or at age 55 with 25 or more years of service credit. Group C is eligible for retirement at age 57 with 25 years of service or at age 62 with 5 years of service. For Groups A and B, the annual benefit is based on 2.2% of final average salary multiplied by the actual years of service for the first 30 years of service credit and 2.5% for years of service in excess of 30 years. For Group C, the annual benefit applies a factor of 2.2% for the first 35 years and a factor of 2.5% for the years of service in excess of 35. FAS represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career. Refer to the age-and-service tables located in the OPERS 2017 CAFR Plan Statement for additional information regarding the requirements for reduced and unreduced benefits. Members who retire before meeting the age and years of service credit requirement for unreduced benefit receive a percentage reduction in the benefit amount. The base amount of a member's pension benefit is locked in upon receipt of the initial benefit payment for calculation of annual cost-of-living adjustment.

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**Note 8. Benefit Plans (Continued)**

Benefits in the Combined Plan consist of both an age-and-service formula benefit (defined benefit) and a defined contribution element. The defined benefit element is calculated on the basis of age, FAS, and years of service. Eligibility regarding age and years of service in the Combined Plan is the same as the Traditional Pension Plan. The benefit formula for the defined benefit component of the plan for members in transition Groups A and B applies a factor of 1.0% to the member's FAS for the first 30 years of service. A factor of 1.25% is applied to years of service in excess of 30. The benefit formula for transition Group C applies a factor of 1.0% to the member's FAS for the first 35 years of service. A factor of 1.25% is applied to years in excess of 35. Persons retiring before age 65 with less than 30 years of service credit receive a percentage reduction in benefit. The defined contribution portion of the benefit is based on accumulated member contributions plus or minus any investment gains or losses on those contributions.

Defined contribution plan benefits are established in the plan documents, which may be amended by the OPERS Board. Member-Directed Plan and Combined Plan members who have met the retirement eligibility requirements may apply for retirement benefits. The amount available for defined contribution benefits in the Combined Plan consists of the members' contributions plus or minus the investment gains or losses resulting from the members' investment selections. Combined Plan members wishing to receive benefits must meet the requirements for both the defined benefit and defined contribution plans. Member-Directed participants must have attained the age of 55, have money on deposit in the defined contribution plan and have terminated public service to apply for retirement benefits. The amount available for defined contribution benefits in the Member-Directed Plan consists of the members' contributions, vested employer contributions and investment gains or losses resulting from the members' investment selections. Employer contributions and associated investment earnings vest over a five-year period, at a rate of 20% each year. At retirement, members may select one of several distribution options for payment of the vested balance of their individual OPERS accounts. Options include the purchase of a monthly annuity from OPERS (which includes joint and survivor options), partial lump-sum payments (subject to limitations), a rollover of the vested account balance to another financial institution, receipt of entire account balance, net of taxes withheld, or a combination of these options.

**Other benefits:** Once a benefit recipient retiring under the Traditional Pension Plan has received benefits for 12 months, an annual cost-of-living adjustment is provided on the member's base benefit. Members retiring under the Combined Plan receive a cost-of-living adjustment on the defined benefit portion of their benefit. The cost-of-living increase varies somewhat but is generally defined as Consumer Price Index (CPI) not to exceed 3%. A death benefit of between five hundred and twenty-five hundred dollars, determined by the number of years of service credit of the retiree, is paid to the beneficiary of a deceased retiree or disability benefit recipient under the Traditional Pension Plan and Combined Plan. Death benefits are not available to beneficiaries of Member-Directed Plan participants.

The Ohio Revised Code provides statutory authority for employee and employer contributions. Both employee and employer contribution rates are capped by State statute. For the years ended December 31, 2018 and 2017, the employee contribution rate was 10.0% of covered payroll and the System was required to contribute 14.0% of covered payroll for all covered benefits, including OPEB. A change in these caps requires action of both Houses of the General Assembly, and approval by the Governor. For years 2018 and 2017, member and employer contribution rates were consistent across all three plans. The System's contributions to OPERS for the year ended December 31, 2018 were \$75,286 equal to the statutorily required contributions for each year, made up of \$61,686 for the Traditional Pension Plan, \$2,826 for the Combined Plan, and \$10,774 for the Member Directed Plan.

**The MetroHealth System  
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**Note 8. Benefit Plans (Continued)**

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

**Pensions:** At December 31, 2018, the System reported a liability of \$497,132 for its proportionate share of the net pension liability related to the Traditional Pension Plan and an asset of \$6,657, for its proportionate share of the net pension asset related to the Combined and Member-Directed Plans. The net pension liability and asset were measured as of December 31, 2017 and the total pension liability/asset used to calculate the net pension liability/asset was determined by an actuarial valuation as of that date. The System's proportion of the net pension liability/asset was based on the System's contributions to the pension plan relative to contributions of all participating employers contributed to the Plan during the measurement period (year ended December 31, 2017). Although the pension liability recognized in accordance with GASB Statement No. 68 meets the definition of a liability in its conceptual framework for accounting standards, in Ohio there is no legal means to enforce the unfunded liability of the pension system as against the public employer, and there are no cash flows associated with the recognition of net pension liabilities, deferrals and expense beyond the requirement to make statutory contributions.

At December 31, 2017, the System's proportion was 3.17% for the Traditional Pension Plan, which was a decrease of .03% from its proportion measured as of December 31, 2016, and 4.54% for the Combined Plan, which was a decrease of .13% from its proportion measured as of December 31, 2016, and 13.47% for the Member-Directed Plan, which was a decrease of .37% from its proportion measured as of December 31, 2016.

For the year ended December 31, 2018, the System recognized pension expense for the Traditional Pension Plan of \$112,687, the Combined Plan of \$730 and the Member-Directed Plan of \$10,248.

At December 31, 2018, the System reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Traditional Pension Plan	Combined Plan	Member- Directed Plan	Total
<b>Deferred Outflow of Resources</b>				
Difference between expected and actual experience	\$ 507	\$ -	\$ 915	\$ 1,422
Changes in assumptions	59,410	541	56	60,007
Changes in proportionate share of contributions	11,376	30	-	11,406
System contributions subsequent to the measurement date	61,485	2,861	615	64,961
	<u>\$ 132,778</u>	<u>\$ 3,432</u>	<u>\$ 1,586</u>	<u>\$ 137,796</u>

	Traditional Pension Plan	Combined Plan	Member- Directed Plan	Total
<b>Deferred Inflow of Resources</b>				
Net difference between projected and actual earnings on pension plan investments	\$ 106,729	\$ 976	\$ 132	\$ 107,837
Difference between expected and actual experience	9,797	1,843	-	11,640
Changes in proportionate share of contributions	2,918	237	26	3,181
	<u>\$ 119,444</u>	<u>\$ 3,056</u>	<u>\$ 158</u>	<u>\$ 122,658</u>

**The MetroHealth System  
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**Note 8. Benefit Plans (Continued)**

At December 31, 2018, the Traditional Pension Plan reported \$61,485, the Combined Plan reported \$2,861, and the Member-Directed Plan reported \$615, as deferred outflows of resources related to pensions resulting from System contributions subsequent to the measurement date and will be recognized as a reduction of the net pension liability (asset) in the subsequent fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

	Traditional Pension Plan	Combined Plan	Member-Directed Plan
Year ending December 31:			
2019	53,569	(342)	101
2020	(10,936)	(369)	98
2021	(46,928)	(588)	80
2022	(43,856)	(565)	83
2023	-	(222)	123
Thereafter	-	(399)	328
<b>Total</b>	<b>\$ (48,151)</b>	<b>\$ (2,485)</b>	<b>\$ 813</b>

**Actuarial Assumptions – OPERS Traditional Pension Plan and Combined Plan**

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and cost trends. Actuarially determined amounts are subject to continual review or modification as actual results are compared with past expectations and new estimates are made about the future.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employers and plan members) and include the types of benefits provided at the time of each valuation. The total pension liability (Traditional Plan) and pension asset (Combined Plan) were determined by actuarial valuations as of December 31, 2017, using the actuarial assumptions applied to all prior periods included in the measurement in accordance with the requirements of GASB Statement No. 67. Key methods and assumptions used in the latest actuarial valuations are presented below and pertain to both the Traditional Pension Plan and the Combined Plan.

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**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

Key methods and assumptions used in the valuation of the total pension liability is as follows at December 31:

<b>Actuarial Information</b>	<b>Traditional Pension Plan</b>	<b>Combined Plan</b>	<b>Member-Directed Plan</b>
Valuation Date	December 31, 2017	December 31, 2017	December 31, 2017
Experience Study	5-Year Period Ended December 31, 2015	5-Year Period Ended December 31, 2015	5-Year Period Ended December 31, 2015
Actuarial Cost Method	Individual entry age	Individual entry age	Individual entry age
<b>Actuarial Assumptions</b>			
Investment Rate of Return	7.50%	7.50%	7.50%
Wage Inflation	3.25%	3.25%	3.25%
Projected Salary Increases	3.25%-10.75% (includes wage inflation at 3.25%)	3.25%-8.25% (includes wage inflation at 3.25%)	3.25%-8.25% (includes wage inflation at 3.25%)
Cost-of-living Adjustments	Pre-1/7/13 Retirees: 3.0% Simple Post-1/7/13 Retirees: 3.0% Simple through 2018, then 2.15% Simple	Pre-1/7/13 Retirees: 3.0% Simple Post-1/7/13 Retirees: 3.0% Simple through 2018, then 2.15% Simple	Pre-1/7/13 Retirees: 3.0% Simple Post-1/7/13 Retirees: 3.0% Simple through 2018, then 2.15% Simple

OPERS pre-retirement mortality rates are based on the RP-2014 Employees mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010 respectively. Post-retirement mortality rates are based on the RP-2014 Healthy Annuitant mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010 respectively. Post-retirement mortality rates for disabled retirees are based on the RP-2014 Disability mortality table for males and females, adjusted for mortality improvement back to the observation period base of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Mortality rates for a particular calendar year are determined by applying the MP-2015 mortality improvement scale to the above described tables.

The discount rate used to measure the total pension liability was 7.5% for both the Traditional Pension Plan and the Combined Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be sufficient to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for both the Traditional Pension Plan and the Combined Plan was applied to all periods of projected benefit payments to determine the total pension liability.

The allocation of investment assets within the Defined Benefit portfolio is approved by the Board of Trustees as outlined in the annual investment plan. Plan assets are managed on a total return basis with a long-term objective of achieving and maintaining a fully funded status for the benefits provided through the defined benefit pension plans. The table below displays the Board-approved asset allocation policy for 2017 and the long-term expected real rates of return for both the Traditional Pension Plan and the Combined Plan.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

The OPERS Board approved asset allocation policy and long-term expected real rates of return is as follows at December 31, 2017:

Asset Class	Target Allocation for 2017	Weighted Average Long-Term Expected Real Rate of Return
		(Arithmetic)
Fixed Income	23.00 %	2.20 %
Domestic Equities	19.00	6.37
Real Estate	10.00	5.26
Private Equity	10.00	8.97
International Equities	20.00	7.88
Other Investments	18.00	5.26
Total	100.00 %	5.66 %

The long-term expected rate of return on defined benefit investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected real rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation.

OPERS manages investments in three investment portfolios: the Defined Benefit portfolio, the Health Care portfolio, and the Defined Contribution portfolio. The Defined Benefit portfolio contains the investment assets for the Traditional Pension Plan, the defined benefit component of the Combined Plan and the annuitized accounts of the Member-Directed Plan. Within the Defined Benefit portfolio, contributions into the plans are all recorded at the same time, and benefit payments all occur on the first of the month. Accordingly, the money-weighted rate of return is considered to be the same for all plans within the portfolio. The annual money-weighted rate of return expressing investment performance, net of investment expenses and adjusted for the changing amounts actually invested, for the Defined Benefit portfolio was 16.82% for 2017.

Detailed information about the pension plan's fiduciary net position is available in the separately issued OPERS financial report. Additional information supporting the preparation of the Schedules of Collective Pension Amounts and Employer Allocations (including the disclosures of the net pension liability (asset) required supplementary information on the net position liability (asset), and the unmodified audit opinion on the combined financial statements) is located at OPERS 2017 CAFR. This CAFR is available at [www.opers.org](http://www.opers.org) or by contacting OPERS at: OPERS, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling (800) 222-7377.

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

The following table presents the December 31, 2018 net pension liability (asset) calculated using the discount rate of 7.5%, and the expected net pension liability (asset) if it were calculated using a discount rate that is 1.0% lower or 1.0% higher than the current rate.

<b>Sensitivity of Net Pension Liability/(Asset) to Changes in the Discount Rate</b>			
<b>Net Pension Liability/(Asset)</b>	<b>1% Decrease 6.5%</b>	<b>Current Discount Rate 7.5%</b>	<b>1% Increase 8.5%</b>
Traditional Pension Plan	\$882,779	\$497,132	\$175,618
Combined Plan	(\$3,363)	(\$6,187)	(\$8,135)
Member-Directed Plan	(\$269)	(\$470)	(\$674)

The Member-Directed Plan is a defined contribution plan in which at retirement, members have the option to convert their defined contribution account to a defined benefit annuity. The purchased defined benefit annuities under this plan were immaterial to the System and immaterial from a GASB 68 perspective to the System's financial statements as of December 31, 2018.

For the year ended December 31, 2018, the System implemented the provisions of GASB Statement No. 75 – *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*. Among other changes, this Statement changes the manner in which governments account for their proportionate share of the net OPEB liability and deferred outflows of resources relating to contributions made by government employers. As a result of implementing this Statement, the System was required to restate net position to the earliest period presented. The effect of the restatement on net position is as follows:

Net position as previously reported, December 31, 2017	\$ 49,272
Adjustment for net OPEB liability and deferred outflows of resources - contributions subsequent to the measurement date	<u>(358,964)</u>
<b>Net (deficit) position as restated, December 31, 2017</b>	<b><u>\$ (309,692)</u></b>

Net position was not restated for other OPEB related deferred outflows and deferred inflows, as permitted by the Standard.

**Post-retirement benefits:** OPERS maintains a cost-sharing, multiple-employer defined benefit post-employment health care trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement to qualifying benefit recipients of both the Traditional Pension and the Combined plans. This trust is also used to fund health care for Member-Directed Plan participants, in the form of a Retiree Medical Account (RMA). At retirement or refund, Member-Directed Plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

In order to qualify for health care coverage, age-and-service retirees under the Traditional Pension and Combined plans must have 20 or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Postemployment Benefit based on criteria established by GASB. Please see the Plan Statement in the OPERS 2017 CAFR for details.



**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

The Ohio Revised Code permits, but does not require, OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the OPERS Board of Trustees (OPERS Board) in Chapter 145 of the Ohio Revised Code.

OPERS issues a stand-alone financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml#CAFR>, by writing to OPERS, 277 East Town Street, Columbus, OH 43215-4642, or by calling 614-222-5601 or 800-222-7377.

The Ohio Revised Code provides the statutory authority requiring public employers to fund health care through their contributions to OPERS. A portion of each employer's contribution to OPERS may be set aside to fund OPERS health care plans.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2017, State and Local employers contributed, at a combined rate for pension and OPEB, 14.0% of earnable salary and Public Safety and Law Enforcement employers contributed 18.1%. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. The portion of employer contributions allocated to health care for members in the Traditional Pension Plan and Combined Plan was 0.0% during calendar year 2018. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited for Member-Directed Plan participants for 2018 was 4.0%. The System's contributions for 2018 used to fund post-retirement healthcare benefits was \$3,078, which is included in the System's contractually required contribution of \$75,286 for the year ended December 31, 2018.

**OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB**

At December 31, 2018, the System reported a liability of \$392,047 for its proportionate share of the OPERS collective net OPEB liability. The net OPEB liability was measured as of December 31, 2017, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation performed as of December 31, 2016 and update procedures were used to roll forward the total OPEB liability to the measurement date. The System's proportion of the net OPEB liability was based on contributions to the OPEB plan relative to contributions of all participating employers contributed to the Plan during the measurement period (year ended December 31, 2017). Although the liabilities recognized under GASB Statements No. 68 and 75 meet the GASB definition of a liability in its conceptual framework for accounting standards, in Ohio there is no legal means to enforce the underfunded liability of the pension system as against the public employer. Additionally, there are no cash flows associated with the recognition of net pension and net OPEB liabilities, deferrals and expenses beyond the requirement to make statutory contributions.

At December 31, 2017, the System's proportionate share of the OPERS net OPEB liability was 3.61%.

For the year ended December 31, 2018, the System recognized OPEB expense of \$33,437.

**The MetroHealth System  
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**Note 8. Benefit Plans (Continued)**

At December 31, 2018, the System reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	<b>Deferred Outflows of Resources</b>	<b>Deferred Inflows of Resources</b>
Net difference between projected and actual earnings on OPEB plan investments	\$ -	\$ 29,205
Change in assumptions	28,545	-
Difference between expected and actual experience	306	-
	<u>\$ 28,851</u>	<u>\$ 29,205</u>

Net deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year ending December 31:	
2019	\$ 6,492
2020	6,493
2021	(6,038)
2022	(7,301)
<b>Total</b>	<u>\$ (354)</u>

**Actuarial Assumptions – OPEB Liability Valuation**

<b>Key Methods and Assumptions Used in Valuation of Total OPEB Liability</b>	
Actuarial Information	
Actuarial Valuation Date	December 31, 2016
Rolled-Forward Measurement Date	December 31, 2017
Experience Study	5-Year Period Ended December 31, 2015
Actuarial Cost Method	Individual entry age normal
Actuarial Assumptions	
Single Discount Rate	3.85%
Investment Rate of Return	6.50%
Municipal Bond Rate	3.31%
Wage Inflation	3.25%
Projected Salary Increases	3.25%-10.75% (includes wage inflation at 3.25%)
Health Care Cost Trend Rate	7.5% initial, 3.25% ultimate in 2028

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

OPERS pre-retirement mortality rates are based on the RP-2014 Employees mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010 respectively. Post-retirement mortality rates are based on the RP-2014 Healthy Annuitant mortality table for males and females, adjusted for mortality improvement back to the observation period base year of 2006. The base year for males and females was then established to be 2015 and 2010 respectively. Post-retirement mortality rates for disabled retirees are based on the RP-2014 Disability mortality table for males and females, adjusted for mortality improvement back to the observation period base of 2006. The base year for males and females was then established to be 2015 and 2010, respectively. Mortality rates for a particular calendar year are determined by applying the MP-2015 mortality improvement scale to the above described tables.

The allocation of investments within the Health Care portfolio is approved by the OPERS Board. Assets are managed on a total return basis with a long-term objective of continuing to offer a sustainable health care program for current and future retirees. OPERS primary goal is to achieve and maintain a fully funded status for benefits provided through the defined pension plans. Health care is a discretionary benefit. The long-term expected rate of return on OPERS Health Care portfolio assets was determined using a building-block method in which best-estimate ranges of future real rates of return were developed for each major asset class. The table below displays the OPERS Board approved asset allocation policy and long-term expected real rates of return is as follows at December 31, 2017:

Asset Class	Target Allocation for 2017	Weighted Average Long-Term Expected Real Rate of Return
		(Arithmetic)
Fixed Income	34.00 %	1.88 %
Domestic Equities	21.00	6.37
REITs	6.00	5.91
International Equities	22.00	7.88
Other Investments	17.00	5.39
Total	100.00 %	4.98 %

A single discount rate of 3.85% was used to measure the OPEB liability on the measurement date of December 31, 2017, which was a decrease in the discount rate used to determine the opening OPEB liability (4.23%). Projected benefit payments are required to be discounted to their actuarial present value using a single discount rate that reflects (1) a long-term expected rate of return on OPEB plan investments (to the extent that the health care fiduciary net position is projected to be sufficient to pay benefits), and (2) tax-exempt municipal bond rate based on an index of 20-year general obligation bonds with an average AA credit rating as of the measurement date (to the extent that the contributions for use with the long-term expected rate are not met). This single discount rate was based on an expected rate of return on the health care investment portfolio of 6.50% and a municipal bond rate of 3.31%. The projection of cash flows used to determine this single discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rate. Based on these assumptions, the health care fiduciary net position and future contributions were sufficient to finance health care costs through 2034. As a result, the long-term expected rate of return on health care investments was applied to projected costs through the year 2034, and the municipal bond rate was applied to all health care costs after that date.

**The MetroHealth System  
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**Notes to Financial Statements  
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**Note 8. Benefit Plans (Continued)**

The following table presents the December 31, 2018 net OPEB liability calculated using the discount rate of 3.85%, and the expected net OPEB liability if it were calculated using a discount rate that is 1.0% lower or 1.0% higher than the current rate.

<b>Sensitivity of Net OPEB Liability to Changes in the Discount Rate</b>			
	<b>1% Decrease 2.85%</b>	<b>Current Discount Rate 3.85%</b>	<b>1% Increase 4.85%</b>
<b>Net OPEB Liability</b>	\$520,851	\$392,047	\$287,845

Changes in the health care cost trend rate may also have a significant impact on the System's net OPEB liability. The following table presents the December 31, 2018 net OPEB liability calculated using the assumed trend rates, and the expected net OPEB liability if were calculated using a health care cost trend rate that is 1.0% lower or 1.0% higher than the current rate.

<b>Sensitivity of Net OPEB Liability to Changes in the Health Care Cost Trend Rate</b>			
	<b>1% Decrease</b>	<b>Current Health Care Cost Trend Rate Assumption</b>	<b>1% Increase</b>
<b>Net OPEB Liability</b>	\$375,105	\$392,047	\$409,547

**Note 9. Restricted, Expendable and Nonexpendable Net Position**

The System has a restricted expendable net position that is restricted by the supplemental trust bond indenture and other external parties for specific purposes. The net position is restricted for the following purposes at December 31, 2018:

Restricted, debt service payments	\$ 15,205
Restricted, capital asset use	2,250
Restricted, program activities	1,062
<b>Total</b>	<u><u>\$ 18,517</u></u>

The Foundation has a restricted expendable net position that is restricted by the donors or grantors to a specific time or purpose. The net position is restricted for the following purposes at December 31, 2018:

Programmatic activities of The MetroHealth System	\$ 19,765
Time restrictions	10,170
<b>Total</b>	<u><u>\$ 29,935</u></u>

The Foundation has restricted, nonexpendable net positions in the amounts of \$16,730 at December 31, 2018 that are restricted in perpetuity, the income from which is expendable to support the programmatic activities of The MetroHealth System.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 10. Related Party Transactions**

The System is the primary beneficiary of The MetroHealth Foundation, Inc. (Foundation). The System received support from the Foundation totaling \$4,320 in 2018 which is recorded in other revenue and capital grants and gifts on the System's Statement of Revenues, Expenses, and Changes in Net Position. The outstanding receivable from the Foundation was \$1,300 at December 31, 2018 which is included in other receivables on the System's Statement of Net Position. The System provided the Foundation in-kind support totaling \$2,310 in 2018. This support covered the direct expenses of the Development Department and indirect expenses for the use of space and support departments such as information services and environmental services.

CCH Development Corporation was formed for the benefit of, and to support the System's community through economic and community development. CCH is a legally separate nonprofit organization and the outstanding promissory note from CCH was \$1,355 at December 31, 2018 and is included in other assets on the System's Statement of Net Position.

**Note 11. Investment in Blended Component Unit**

MetroHealth Holdings LLC (LLC) was formed to acquire and own interests in certain health care businesses. During 2011, the System's 40% equity interest in CCF/MHS Renal Care Company, LTD., a joint venture with The Cleveland Clinic Foundation, which provides renal care (dialysis), was transferred to the LLC. As of June 2015, the System is sole member of the LLC. Because the LLC is considered to be a blended component unit of the System, its financial activity is reflected within the financial activity of the System on these financial statements. At December 31, 2018, the LLC had a balance of \$10,566 which is included in other assets in the System's Statement of Net Position, which essentially represents the LLC's interest in CCF/MHS Renal Care Company LTD. In 2018, the LLC recorded other income of \$2,464 which is included in the System's Statement of Revenues, Expenses, and Changes in Net Position. The LLC holds no other assets, liabilities, equity, revenue or expenses as of and for the year ended December 31, 2018. The LLC received distributions in 2018 of \$1,960.

MHS Purchasing LLC (MHS) was formed during 2012 to own an interest in Premier Purchasing Partners, L.P. (Premier). Premier is a group purchasing organization that provides the group greater bargaining power for cost of materials. Because MHS is considered a blended component unit of the System, its financial activity is reflected within the financial activity of the System on these financial statements. At December 31, 2018, MHS had a balance of \$6,971 which is included in general investments in the System's Statement of Net Position, which essentially represents MHS's interest in Premier. MHS held no other assets, liabilities, equity, revenue or expenses as of and for the year ended December 31, 2018

Effective October 1, 2013, Premier reorganized to convert to a public company. From this reorganization, MHS received proceeds of \$1,221 and Class B units that vest over a seven-year period. As a result of this conversion, MHS recognized a gain of \$1,221, a loss on original investment of (\$643) and a reduction in medical supplies expense of \$306 related to vesting in the Class B units. In 2018, MHS recorded a reduction to medical supplies expense of \$1,675 related to vesting of the Class B units, which is included in the System's Statement of Revenues, Expenses, and Changes in Net Position.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 11. Investment in Blended Component Unit (Continued)**

Select Assurance Captive LLC (Select) was incorporated as a single parent pure captive in the state of Ohio on November 17, 2015 and was issued a certificate of authority allowing it to transact business as a captive insurance company on March 2, 2016. Select was formed to provide self-insured retention reimbursement coverages for the System. Although it is a legally separate entity, the System is the sole member, and therefore Select is a blended component unit of the System. Select's financial activity is reflected within the financial activity of the System in these financial statements.

At December 31, 2018, Select had balances reported in the Statement of Net Position of \$16,606, \$165, \$16,476, \$101 and \$21,307 in Cash, Other Receivables, General Investments, Accounts Payable and General and Professional Liabilities, respectively. In 2018, Select recorded a loss of \$836 which is included in the System's Statement of Revenues, Expenses, and Changes in Net Position. In 2018, Select had \$13,229 of cash provided by premiums received, from the System, and \$18,194 of cash used in the purchase of investments.

**Note 12. Commitments and Contingencies**

**CMS Recovery Audit Contractor Program:** Congress passed the Medicare Modernization Act in 2003, which among other things established a three-year demonstration of the Medicare Recovery Audit Contractor (RAC) program. The RAC program identified and corrected a significant amount of improper overpayments to providers. In 2006, Congress passed the Tax Relief and Health Care Act of 2006, which authorized the expansion of the RAC program to all 50 states by 2010. The Centers for Medicare and Medicaid Services (CMS) has rolled out this program nationally. The System is subject to review and audit as part of this program. Certain amounts could be identified as overpayments and be subject to repayment. Generally, no provision for repayment is recorded until an audit has determined that repayment is necessary. The System is not aware of any material unrecorded liabilities pertaining to this program.

**Purchase Commitments:** As of December 31, 2018, the System had commitments for various projects totaling approximately \$184,778. Projects with large commitments include \$126,942 for construction of a new hospital and central utility plant, \$41,350 for planning and executive services related to the campus transformation project, \$2,419 for construction of a new parking garage and \$1,822 for construction and equipment at the Cleveland Heights and Parma hospitals. These projects are being funded with Series 2017 Bond project funds.

**Regulatory Environment Including Fraud and Abuse Matters:** The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, governmental health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the System is in compliance with fraud and abuse, as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or asserted at this time.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 13. Foundation Liquidity and Functional Expenses**

As the Foundation's basis of presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958: *Financial Statements of Not-for-Profit Organizations*, the entity is required to disclose an assessment of liquidity at year end and a summarization of the costs of program and supporting service activities on both a functional and natural classification basis. See Note 1 for further disclosure regarding the inclusion of the Foundation in the reporting entity.

**Liquidity** - The following table reflects the Foundation's financial assets reduced by amounts not available for general expenditures within one year as of December 31, 2018:

Financial assets:	
Cash and cash equivalents	\$ 3,218
Accounts receivable, net	5,895
Other receivables	417
Investments	52,311
<b>Financial assets, at year-end</b>	<b><u>\$ 61,841</u></b>
Less those not available for general expenditures within one year:	
Promises to give, restricted by donors, supporting the mission of The MetroHealth System	\$ (3,598)
Original donor-restricted gift, amounts required to be maintained in perpetuity by donor and accumulated investment gains	(20,218)
Funds functioning as endowment funds	(3,054)
Board-designated funds	(3,975)
Less: board-designated funds expected to be utilized within one year	450
Subject to expenditure for specified purpose	(13,416)
Investments held in annuity reserves	(635)
	<u>(44,446)</u>
<b>Financial assets available to meet cash needs for general expenditures within one year</b>	<b><u>\$ 17,395</u></b>

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Financial Statements  
Year Ended December 31, 2018  
(Dollars in Thousands)**

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**Note 13. Foundation Liquidity and Functional Expenses (Continued)**

**Functional expenses:** The following table presents the natural classification detail of expenses by function. Certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy on a square footage basis, as well as salaries, wages and benefits, professional services, and other, which are allocated based on time and effort.

	Grantmaking Program	Management and General	Fundraising	Total
Grants and other assistance	\$ 5,102	\$ -	\$ -	\$ 5,102
Salaries, wages and benefits	-	310	1,447	1,757
Purchased services	-	138	562	700
Occupancy and related overhead	-	72	340	412
Other	-	94	256	350
<b>Total expenses</b>	<b>\$ 5,102</b>	<b>\$ 614</b>	<b>\$ 2,605</b>	<b>\$ 8,321</b>

**Note 14. Subsequent Event**

Subsequent to December 31, 2018, the System became the sole member of Recovery Resources, an Ohio nonprofit, exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Recovery Resources' provides services for mental illness, alcoholism, drug and other addictions to individuals, families, organizations, and other social service agencies. No consideration was paid by the System to Recovery Resources.



## **Required Supplementary Information**

**Schedules of Required Supplementary Information**

**Schedule of System's Pension Contributions  
Ohio Public Employees Retirement System (OPERS) Traditional Pension Plan  
Last 10 Fiscal Years\*  
(Dollars in Thousands)**

	2018	2017	2016	2015	2014	2013	2012	2011
Contractually required contributions	\$ 61,686	\$ 54,109	\$ 48,676	\$ 44,022	\$ 42,107	\$ 43,219	\$ 31,696	\$ 32,083
Contributions in relation to the contractually required contributions	(61,686)	(54,109)	(48,676)	(44,022)	(42,107)	(43,219)	(31,696)	(32,083)
Contribution deficiency (excess)	-	-	-	-	-	-	-	-
System's employee covered payroll	440,614	416,221	405,636	366,850	350,890	332,450	316,957	320,829
Contributions as a percentage of employee covered payroll	14.0%	13.0%	12.0%	12.0%	12.0%	13.0%	10.0%	10.0%

**Schedule of System's Pension Contributions  
Ohio Public Employees Retirement System (OPERS) Combined Plan  
Last 10 Fiscal Years\*  
(Dollars in Thousands)**

	2018	2017	2016	2015	2014	2013	2012	2011
Contractually required contributions	\$ 2,826	\$ 2,391	\$ 2,153	\$ 1,832	\$ 1,585	\$ 1,537	\$ 829	\$ 783
Contributions in relation to the contractually required contributions	(2,826)	(2,391)	(2,153)	(1,832)	(1,585)	(1,537)	(829)	(783)
Contribution deficiency (excess)	-	-	-	-	-	-	-	-
System's employee covered payroll	\$ 20,186	\$ 18,393	\$ 17,943	\$ 15,264	\$ 13,207	\$ 11,821	\$ 10,421	\$ 9,843
Contributions as a percentage of employee covered payroll	14.0%	13.0%	12.0%	12.0%	12.0%	13.0%	8.0%	8.0%

**Schedule of System's Pension Contributions  
Ohio Public Employees Retirement System (OPERS) Member-Directed Plan  
Last 10 Fiscal Years\*  
(Dollars in Thousands)**

	2018	2017	2016	2015	2014	2013	2012	2011
Contractually required contributions	\$ 7,696	\$ 7,302	\$ 6,771	\$ 5,558	not available	not available	not available	not available
Contributions in relation to the contractually required contributions	(7,696)	(7,302)	(6,771)	(5,558)	not available	not available	not available	not available
Contribution deficiency (excess)	-	-	-	-	-	-	-	-
System's employee covered payroll	\$ 76,960	\$ 73,021	\$ 71,273	\$ 58,497	not available	not available	not available	not available
Contributions as a percentage of employee covered payroll	10.0%	10.0%	9.5%	9.5%	14.0%	14.0%	14.0%	14.0%

\* The System has presented as many years as is available.

**Schedules of Required Supplementary Information**

**Schedule of the System's Proportionate Share of the Net Pension Asset/Liability  
Ohio Public Employees Retirement System (OPERS) Traditional Pension Plan  
Last 10 Measurement Dates\*  
(Dollars in Thousands)**

	2017	2016	2015	2014	2013
System's proportion of the net pension liability	3.17%	3.20%	2.95%	2.89%	2.87%
System's proportionate share of the net pension liability	\$ 497,132	\$ 726,077	\$ 510,316	\$ 348,619	\$ 295,647
System's covered-employee payroll	\$ 416,221	\$ 405,636	\$ 366,850	\$ 350,890	\$ 332,450
System's proportionate share of the net pension liability as a percentage of its covered-employee payroll	119.44%	179.00%	139.11%	99.35%	88.93%
Plan fiduciary net position as a percentage of total pension liability	84.66%	77.25%	81.08%	86.45%	not available

**Schedule of the System's Proportionate Share of the Net Pension Asset/Liability  
Ohio Public Employees Retirement System (OPERS) Combined Plan  
Last 10 Measurement Dates\*  
(Dollars in Thousands)**

	2017	2016	2015	2014	2013
System's proportion of the net pension asset	4.54%	4.67%	4.20%	3.78%	3.36%
System's proportionate share of the net pension asset	\$ 6,187	\$ 2,600	\$ 2,046	\$ 1,454	\$ 2,034
System's covered-employee payroll	\$ 18,393	\$ 17,943	\$ 15,264	\$ 13,207	\$ 11,821
System's proportionate share of the net pension asset as a percentage of its covered-employee payroll	33.64%	14.49%	13.41%	11.01%	17.21%
Plan fiduciary net position as a percentage of total pension asset	137.28%	116.55%	116.90%	114.83%	not available

**Schedule of the System's Proportionate Share of the Net Pension Asset/Liability  
Ohio Public Employees Retirement System (OPERS) Member-Directed Plan  
Last 10 Measurement Dates\*  
(Dollars in Thousands)**

	2017	2016	2015	2014	2013
System's proportion of the net pension asset	13.47%	13.84%	12.28%	12.33%	not available
System's proportionate share of the net pension asset	\$ 470	\$ 58	\$ 47	\$ 73	not available
System's covered-employee payroll	\$ 73,021	\$ 71,273	\$ 58,497	not available	not available
System's proportionate share of the net pension asset as a percentage of its covered-employee payroll	0.64%	0.08%	0.08%	not available	not available
Plan fiduciary net position as a percentage of total pension asset	124.46%	103.40%	103.91%	not available	not available

\* The System has presented as many years as information is available.

**Schedules of Required Supplementary Information**

**Schedule of System's OPEB Contributions  
Ohio Public Employees Retirement System (OPERS)  
Last 10 Fiscal Years\*  
(Dollars in Thousands)**

	2018	2017	2016	2015	2014	2013	2012	2011
Contractually required contributions	\$ 3,078	\$ 7,267	\$ 11,679	\$ 10,274	\$ 7,351	\$ 3,442	\$ 13,308	\$ 13,428
Contributions in relation to the contractually required contributions	(3,078)	(7,267)	(11,679)	(10,274)	(7,351)	(3,442)	(13,308)	(13,428)
Contribution deficiency (excess)	-	-	-	-	-	-	-	-
System's employee covered payroll	\$ 537,760	\$ 507,635	\$ 494,852	\$ 440,611	not available	not available	not available	not available
Contributions as a percentage of employee covered payroll	0.6%	1.4%	2.4%	2.3%	not available	not available	not available	not available

**Schedule of the System's Proportionate Share of the Net OPEB Liability  
Ohio Public Employees Retirement System (OPERS)  
Last 10 Fiscal Years\*  
(Dollars in Thousands)**

	2017
System's proportion of the net OPEB liability	3.61%
System's proportionate share of the net OPEB liability	\$ 392,047
System's covered-employee payroll	\$ 507,635
System's proportionate share of the net pension liability as a percentage of its covered-employee payroll	77.23%
Plan fiduciary net position as a percentage of total pension liability	54.14%

\*The System has presented as many years of information as is available.

# **The MetroHealth System (A Component Unit of Cuyahoga County)**

Uniform Guidance Requirements

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Schedule of Expenditures of Federal Awards  
For The Year Ended December 31, 2018**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
<b>U.S. Department of Agriculture:</b>				
Pass-Through Program from the Ohio Department of Health:				
WIC Special Supplemental Nutrition Program for Women, Infants and Children	10.557	1830011WA1118; 1830011WA1219	\$ -	\$ 4,372,521
<b>TOTAL --- U.S. Department of Agriculture Pass-Through Programs . . . .</b>			<b>\$ -</b>	<b>\$ 4,372,521</b>
<b>U.S. Department of Justice:</b>				
Second Chance Act Reentry Initiative				
	16.812	N/A	\$ -	\$ 205,958
<b>TOTAL --- U.S. Department of Justice Direct Program . . . . .</b>			<b>\$ -</b>	<b>\$ 205,958</b>
<b>U.S. Department of Justice:</b>				
Pass-Through Program from the Ohio Attorney General:				
Crime Victim Assistance	16.575	2018-VOCA-109853044; 2018-VOCA-109147373; 2019-VOCA-132131445	\$ -	\$ 584,379
<b>TOTAL --- U.S. Department of Justice Direct Pass-Through Programs . . . . .</b>			<b>\$ -</b>	<b>\$ 584,379</b>
<b>U.S. Department of Health &amp; Human Services:</b>				
Special Projects of National Significance				
	93.928	N/A	\$ 22,902	\$ 475,596
Substance Abuse and Mental Health Services Projects of Regional and National Significance				
	93.243	N/A	\$ -	\$ 465,304
<b>TOTAL - U.S. Department of Health &amp; Human Services - Direct Program . . . . .</b>			<b>\$ 22,902</b>	<b>\$ 940,900</b>
<b>U.S. Department of Health &amp; Human Services:</b>				
Pass-Through Program from Cuyahoga County:				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	5 NU52PS00470304	-	65,536
Pass-Through Program from Ohio Department of Health:				
Paul Coverdell National Acute Stroke Program National Center for Chronic Disease Prevention and Health Promotion				
	93.810	01830014HD1118; 01830014HD1219	-	178,330
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities				
	93.817	1 U3REP150529	-	117,400
HIV Care Formula Grants				
	93.917	01830012RW0616; 01830012RW0717; 01830012RW0818	-	120,579
Pass-Through Program from the Center for Health Affairs:				
National Bioterrorism Hospital Preparedness Program				
	93.889	01860052RP1017; 01860052RP1118; 01860052RP1219	-	57,969
Pass-Through Program from the Cuyahoga County Board of Health:				
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)				
	93.758	01810014IP0818	-	46,794
Injury Prevention and Control Research and State and Community Based Programs				
	93.136	01810014IP0818	-	8,706
HIV Emergency Relief Project Grants				
	93.914	352239/H89HA23812	-	1,427,708
HIV Care Formula Grants				
	93.917	6x07HA000162703	-	255,212
Pass-Through Program from the Ohio Department of Mental Health & Addiction Services:				
Opioid STR				
	93.788	1H79TI080261-01; 1900354	-	81,651
Pass-Through Program from AIDS United:				
Special Projects of National Significance				
	93.928	U90HA29237	-	245,387
Pass-Through Program from the Cleveland Department of Public Health:				
HIV Prevention Activities Health Department Based				
	93.940	CT5005SG 2018-035	-	132,000
Pass-Through Program from the Health Resource & Educational Trust in partnership with AHA:				
DHHS - Unknown (National Implementation of TeamSteps)				
	93.xxx	HHSP2332015000161; HHSP233337004T	-	32,000
<b>TOTAL - U.S. Department of Health &amp; Human Services - Pass-Through Programs . . . . .</b>			<b>\$ -</b>	<b>\$ 2,769,272</b>
<b>Highway Planning and Construction Cluster</b>				
<b>U.S. Department of Transportation:</b>				
Pass-Through Program from State of Ohio Department of Transportation:				
Highway Planning and Construction				
	20.205	61067	\$ -	\$ 3,250
<b>TOTAL - Highway Planning and Construction Cluster . . . . .</b>			<b>\$ -</b>	<b>\$ 3,250</b>
<b>Maternal, Infant and Early Childhood Home Visiting Cluster</b>				
<b>U.S. Department of Health &amp; Human Services:</b>				
Pass-Through Program from Ohio Department of Health:				
Maternal, Infant and Early Childhood Home Visiting Grant Program				
	93.870	01830011MH0218; 01830011MH0319	\$ -	\$ 622,242
<b>TOTAL - Maternal, Infant and Early Childhood Home Visiting Cluster . . . . .</b>			<b>\$ -</b>	<b>\$ 622,242</b>

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Schedule of Expenditures of Federal Awards (Continued)  
For The Year Ended December 31, 2018**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipients	Total Federal Expenditures
<b><u>Aging Cluster</u></b>				
<b>U.S. Department of Health &amp; Human Services:</b>				
Pass-Through Program from the Western Reserve Area Agency on Aging:				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	ADRN – Benefits Assistance	\$ -	\$ 55,575
<b>TOTAL - Aging Cluster . . . . .</b>			<b>\$ -</b>	<b>\$ 55,575</b>
<b><u>Research and Development Cluster</u></b>				
<b>U.S. Department of Defense:</b>				
Pass-Through Program from American Burn Association:				
Military Medical Research and Development	12.420	W81XWH-16-2-0048	\$ -	\$ 12,280
Pass-Through Program from Johns Hopkins University / Bloomberg - DOD / U.S. Army Medical Research:				
Military Medical Research and Development	12.420	W81XWH-15-2-0074	-	13,818
Basic Scientific Research	12.431	W81XWH1020090 W81XWH-09-2-0108 W81XWH-10-2-0134 W81XWH-12-1-0588 W81XWH-16-2-0060	-	28,169
Pass-Through Program from Johns Hopkins University, Bloomberg School of Public Health / NIH-NAIMSD:				
Basic Scientific Research	12.431	ROI AR 064066	-	162
<b>Subtotal - U.S. Department of Defense - Pass Through Programs . . . . .</b>			<b>\$ -</b>	<b>\$ 54,429</b>
<b>U.S. Department of Health &amp; Human Services:</b>				
Pass-Through Program from Duke Clinical Research / USFDA:				
Food and Drug Administration Research	93.103	207574-215728; R18FD005292	\$ -	\$ 77
Pass-Through Program from University of Pittsburgh / NIH-NIAMS:				
Minority Health and Health Disparities Research	93.307	0041119 (124864-20); 5R01MH009118-03	-	21,760
Pass-Through Program from Frontier Science:				
Cancer Treatment Research	93.395	CA21115	-	5,078
Cancer Control	93.399	CA37403	-	5,078
Pass-Through Program from Emmes Corporation / NIH-NINDS:				
Trans-NIH Recovery Act Research Support <b>**RECOVERY**</b>	93.701	NS062835	-	2,404
Pass-Through Program from Duke Clinical Research / NIH-NHLBI:				
Cardiovascular Diseases Research	93.837	IN122; U10HL084904 200464; U10HL084904 177494/223700/226028/ U10HL084904	-	31,745
Allergy and Infectious Diseases Research	93.855	189925/218470; UM1AI104681	-	1,927
DHHS - Unknown (Infants at Risk of Bronchopulmonary Dysplasia)	93.xxx	210424; HH SN-2752010031	-	48,217
Pass-Through Program from University of Alabama / NIH-NHLBI:				
Cardiovascular Diseases Research	93.837	000503570-020, HL120338	-	43,876
Pass-Through Program from Cleveland Medical Devices / NIH-NINDS				
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	2R44NS53116-02	-	1,589
<b>Subtotal - U.S. Department of Health &amp; Human Services - Pass-Through Programs . . . . .</b>			<b>\$ -</b>	<b>\$ 161,751</b>
<b>Executive Office of the President:</b>				
Pass-Through Program from the University of Baltimore:				
Research and Data Analysis	95.007	G1799ONDCP06B	\$ -	\$ 121,621
<b>Subtotal - Executive Office of the President - Pass-Through Programs . . . . .</b>			<b>\$ -</b>	<b>\$ 121,621</b>
<b>TOTAL - Research &amp; Development Cluster . . . . .</b>			<b>\$ -</b>	<b>\$ 337,801</b>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS . . . . .</b>			<b>\$ 22,902</b>	<b>\$ 9,891,898</b>

See notes to schedule of expenditures of federal awards.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Notes to Schedule of Expenditures of Federal Awards  
For the Year Ended December 31, 2018**

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**Note 1. Basis of Presentation**

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of The MetroHealth System (the System) under programs of the federal government for the year ended December 31, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the System, it is not intended to and does not present the financial position, changes in net position, or cash flows of the System.

**Note 2. Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

**Note 3. Indirect Cost Rate**

The System has elected not to use the 10-percent de minimis indirect cost rate due to the fact that the System has an existing approved indirect cost rate.



**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 Board of Trustees of  
The MetroHealth System  
Cleveland, Ohio

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 business-type activities and the discretely presented component unit of The MetroHealth System (the System) as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the System's basic financial statements, and have issued our report thereon dated March 20, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the System'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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System'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 System'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.

*RSM US LLP*

Cleveland, Ohio  
March 20, 2019

**Report on Compliance For Each Major Federal Program and Report on  
Internal Control Over Compliance****Independent Auditor's Report**

To the Board of Trustees of  
The MetroHealth System  
Cleveland, Ohio

**Report on Compliance for Each Major Federal Program**

We have audited The MetroHealth System's (the System) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the System's major federal programs for the year ended December 31, 2018. The System's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of the System's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the System's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the System's compliance.

**Opinion on Each Major Federal Program**

In our opinion, The MetroHealth System complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2018.

## **Report on Internal Control Over Compliance**

Management of the System is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the System's internal control over compliance with the types of requirements that could have a direct and material effect on each of its major federal programs to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the System's internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*RSM US LLP*

Cleveland, Ohio  
March 20, 2019

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Schedule of Findings and Questioned Costs  
Year Ended December 31, 2018**

Section I - Summary of Auditor's Results

*Financial Statements*

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified?
- Significant deficiency(ies) identified?

	Yes	<u>    X    </u>	No
	<u>    Yes    </u>	<u>    X    </u>	None reported

Noncompliance material to financial statements noted?

	Yes	<u>    X    </u>	No
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*Federal Awards*

Internal control over major programs:

- Material weakness(es) identified?
- Significant deficiency(ies) identified?

	Yes	<u>    X    </u>	No
	<u>    Yes    </u>	<u>    X    </u>	None reported

Type of auditor's report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516(a)?

	Yes	<u>    X    </u>	No
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Identification of major programs:

CFDA Number(s)

Name of Federal Program or Cluster

10.557

WIC Special Supplemental Nutrition Program for Women, Infants and Children

16.575

Crime Victim Assistance

Dollar threshold used to distinguish between type A and type B programs:

\$ 750,000

Auditee qualified as a low risk auditee?

	<u>    X    </u>	Yes	<u>            </u>	No
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**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Schedule of Findings and Questioned Costs (Continued)  
Year Ended December 31, 2018**

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Section II - Financial Statement Findings

No matters were reported.

Section III - Findings and Questioned Costs for Federal Awards

No matters were reported.

**The MetroHealth System  
(A Component Unit of Cuyahoga County)**

**Summary Schedule of Prior Year Findings and Questioned Costs  
Year Ended December 31, 2018**

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Section II – Financial Statement Findings

No matters were reported.

Section III – Findings and Questioned Costs for Federal Programs

No matters were reported.

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# OHIO AUDITOR OF STATE KEITH FABER



**THE METROHEALTH SYSTEM**

**CUYAHOGA COUNTY**

## **CLERK'S CERTIFICATION**

**This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.**

*Susan Babbitt*

**CLERK OF THE BUREAU**

**CERTIFIED  
MAY 9, 2019**