



# ECMCC Board of Director's Meeting

March 25, 2025

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA  
REGULAR MEETING OF THE BOARD OF DIRECTORS OF  
ERIE COUNTY MEDICAL CENTER CORPORATION  
MARCH 25, 2025

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON MARCH 25, 2025
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
  - A) **Chief Executive Officer & President**
  - B) **Chief Financial Officer**
  - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Eugenio Russi)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Buildings and Grounds** (by Ronald Bennett)
  - D) **Human Resources Committee** (by Michael Seaman)
  - E) **Quality Improvement and Patient Safety Committee** (by Benjamin Swanekamp)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
FEBRUARY 25, 2025 MINUTES OF THE  
BOARD OF DIRECTORS MEETING  
HYBRID MEETING HELD

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

Excused: Michael Hoffert, Jennifer Persico

Also

Present: Donna Brown\*, Samuel Cloud, MD, Anthony J. Colucci, III\*, Peter Cutler\*, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Stacy Roeder, Jonathan Swiatkowski

\*virtual

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**I. Call to Order**

The meeting was called to order at 4:50 pm by Chair, Eugenio Russi.

**II. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the January 28, 2025 regular meeting of the Board of Directors were unanimously approved.

**III. Action Items**

Resolution Approving the Amended 2025 Capital Budget of the Corporation

Moved by Michael Seaman and seconded by Reverend Kinzer Pointer

**Motion approved unanimously**

Resolution of the Board of Director's Approving Items for Annual Review

Moved by Reverend Pointer Kinzer and seconded by Reverend Mark Blue

**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for February

Moved by Reverend Mark Blue and seconded by Michael Seaman

**Motion approved unanimously**

**IV. Reports from the Corporation's Leadership Team**

**Chief Executive Officer and President**

Dr. Thomas Quatroche reported that there were zero (0) patient safety indicator occurrences during the month of January. Hospital acquired infections were higher than the CMS goal for 2025. Human Experience scores reflected the hospital meeting

statewide standards. Dr. Quatroche reviewed several events held for and in honor of the employees. The hospital will be hosting several employee events to celebrate Black History Month. ECMC Foundation announced this year's Springfest honorees: Physician Honoree, Jennifer Pugh, MD; Nursing Honoree, Thameena Z. Hunter, MS, RN; and Community Honoree, Susan M. Gonzalez. The Foundation held its annual Springfest luncheon and will hold the Springfest Auction and Basket Raffle on April 8, 2025. There have been 101 new hires year-to-date. The SNUG program received a \$2.8 million grant.

### **Chief Financial Officer**

Jonathan Swiatkowski reviewed the January 2025 Key Statistics. January saw throughput and length of stay being higher than budget. A downturn in inpatient surgeries had a significant impact on the budget. However, discharges, outpatient surgeries and acute case mix index were higher than both budget and last year. Mr. Swiatkowski reported an operating loss of \$4.5M. Mr. Swiatkowski updated the board on DHS/IGT payment status, VAPAP, NYS Budget and Federal Policy. A summary of the preliminary financial results through January 31, 2025 was reviewed and the full set of these materials are received and filed.

## **V. Standing Committees**

- a. **Executive Committee:** Eugenio Russi reported on the most recent Executive Committee meeting.
- b. **Finance Committee:** Mr. Seaman had nothing more to report from the Finance Committee.
- c. **MWBE Committee:** Reverend Mark Blue reported that the hospital continues to offer community businesses opportunities to work.
- d. **Quality Improvement and Patient Safety Committee:** Reverend Kinzer Pointer updated the group on the February committee meeting.

All reports except that of the Performance Improvement Committee are received and filed.

## **VI. Recess to Executive Session – Matters Made Confidential by Law**

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 4:53 p.m. to consider matters made confidential by law, including strategic planning.

Motion approved unanimously

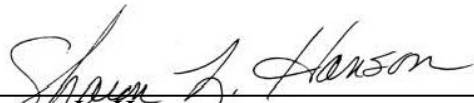
## **VII. Reconvene in Open Session**

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:26 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

**VII. Adjournment**

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:27 p.m.

  
\_\_\_\_\_  
Sharon L. Hanson  
Corporation Secretary

**Resolution Approving the Amended  
2025 Capital Budget of the Corporation**

Approved February 25, 2025

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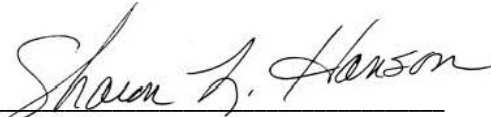
WHEREAS, the Corporation has previously submitted its 2025 Operating and Capital Budget as required by New York Public Authorities Law. It was previously submitted and approved not later than ninety (90) days before the commencement of the Corporation's fiscal year, on January 1; and

WHEREAS, consistent with New York law and regulations, an approved budget was publicly filed not later than September 30, 2024; and

WHEREAS, the Corporation's management team has prepared an Amended Capital Budget for the year 2025 and has presented this amended budget, and the assumptions upon which it is based, to the Finance Committee of the Board of Directors on February 17, 2025 and the Finance Committee is recommending approval of the Amended Capital Budget as presented;

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The 2025 Amended Capital Budget of the Corporation as presented to the Board of Directors on February 25, 2025 is approved.
2. The Corporation is directed to timely file this amended budget in accordance with applicable law and regulation.
3. This resolution shall take effect immediately.

  
\_\_\_\_\_  
Sharon L. Hanson  
Corporation Secretary

## A Resolution of the Board of Directors Approving Items for Annual Review

Approved February 25, 2025

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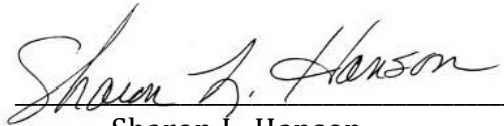
WHEREAS, pursuant to New York Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is required to annually review and approve its procurement guidelines, property disposal guidelines, investment policy, and mission statement (collectively, the "Items for Annual Review"); and

WHEREAS, the Governance Committee of the Board has reviewed the Items for Annual Review and wishes to recommend their approval to the Board; and

WHEREAS, the Board wishes to approve the Items for Annual Review in the form presented;

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The Board of Directors of the Corporation approve the Items for Annual Review in the form presented.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.



Sharon L. Hanson  
Corporation Secretary

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## MEMORANDUM

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To: ECMCC Board of Directors

FROM: Joseph T. Giglia, II

SUBJECT: Policies requiring Board review

DATE: February 13, 2025

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Under New York Public Authorities Law, the ECMCC Board of Directors is required to annually review and approve a number of items on an annual basis. Additionally, ECMCC is required to present any proposed changes to its By-Laws to the Board prior to their approval.

A summary of these items, attached to this correspondence and already reviewed and approved by various Board Committees, is as follows:

1. **By-Laws (pp. 2-22).** Changes to ECMCC's By-Laws, reflected in redline, were approved by the Governance Committee in November 2024 and are presented here for further Board review.
2. **Disposal of Property Guidelines (pp. 23-29).** The current policy, governing the process and procedures under which ECMCC may dispose of property, was revised in March 2017, and remains compliant with current law. The Guidelines were reviewed by the Governance Committee in November 2024 and no further changes have been made.
3. **Investment Policy (pp. 30-52).** The policy, governing ECMCC's investment guidelines, objectives, and processes, was last revised and approved by the Investment Committee in October 2024. Changes have been made to Appendix B, Fund Allocations and Benchmarks.
4. **Mission Statement (pp. 53-54).** Adopted in 2015, no changes have been made to ECMCC's mission statement.
5. **Procurement Guidelines (pp. 55-83).** Numerous changes to these guidelines, which set forth the processes under which ECMCC purchases goods and services, are reflected in redline, and were reviewed and approved by the Governance Committee in November 2024.

Please review the documents included with this correspondence in preparation for discussion at the February 25 Board Meeting.



ERIE COUNTY  
MEDICAL CENTER  
CORPORATION

DISPOSAL OF PROPERTY  
GUIDELINES

Revised  
MARCH 28, 2017

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ERIE COUNTY MEDICAL CENTER CORPORATION

DISPOSAL OF PROPERTY GUIDELINES

I. STATEMENT OF PURPOSE

These Guidelines are adopted pursuant to the provisions Article 9, Title 5-A “Disposal of Property by Public Authorities” of the Public Authorities Law of the State of New York. These Guidelines set forth Erie County Medical Center Corporation’s [“ECMCC’s”] operative policy and instructions regarding the use, awarding, monitoring and reporting of contracts for the disposal of property, and the designation of a Contracting Officer (hereinafter defined) who shall be responsible for ECMCC’s compliance with, and enforcement of, the Guidelines.

These Guidelines shall be consistent with ECMCC’s procurement contract guidelines, Article 10-C of the Public Authorities Law of the State of New York [the “ECMCC Act”], Article 5-A of the General Municipal Law, New York Public Authorities Law Article 9, Title 5-A and other applicable law for the disposition of property.

II. DEFINITION OF TERMS

For purposes of these Guidelines, the following terms shall have the following meanings:

- a. “Contracting Officer” means the ECMCC employee as appointed by resolution of the ECMCC Board of Directors to be responsible for the disposition of property.
- b. “Dispose” or “disposal” means transfer of title or any other beneficial interest in personal or real property in accordance with these Guidelines.
- c. “ECMCC” shall mean Erie County Medical Center Corporation.
- d. “ECMCC Act” means Article 10-C of the New York Public Authorities Law.
- e. “Property” shall mean personal property in excess of five thousand dollars in value, real property, and any inchoate or other interest in such property, to the extent that such interest may be conveyed to another person for any purpose, excluding an interest securing a loan or other financial obligation of another party.

### III. ANNUAL REVIEW, APPROVAL AND DISTRIBUTION

The Board of Directors shall annually review and approve these Guidelines, and any amendments thereto, by no later than March 31<sup>st</sup> each year. On or before March 31<sup>st</sup> each year, the Contracting Officer shall 1) file with the New York Office of the State Comptroller a copy of these Guidelines, as most recently approved by the Board of Directors, and 2) post on the ECMCC website a copy of these Guidelines, as most recently approved by the Board of Directors. A copy of the then-current Disposal of Property Guidelines shall be continuously maintained on the ECMCC website.

### IV. CONTRACTING OFFICER'S RESPONSIBILITIES

Section 1. Administration. The ECMCC Contracting Officer shall be responsible for implementing these Guidelines and enforcing ECMCC's compliance therewith. In addition to the foregoing, the Contracting Officer shall be the person responsible for performing the following duties on behalf of ECMCC:

- a. maintain adequate inventory controls and accountability systems for all property under ECMCC's control;
- b. periodically inventory such property to determine which property shall be disposed of;
- c. produce a written report of such property in accordance with the requirements set forth below; and
- d. transfer or dispose of such property as promptly as possible in accordance with the procedures set forth below.

Section 2. Publication. In addition to his/her responsibilities under Article II above, the Contracting Officer shall publish, not less frequently than annually, a report listing all ECMCC property. Such report shall consist of a list and full description of all real and personal property disposed of during such period. The report shall contain the price received by ECMCC and the name of the purchaser for all such property sold by ECMCC during such period. The Contracting Officer shall deliver copies of such report to the State Comptroller, the Director of the Budget, the Commissioner of General Services, and the New York State Legislature.

Section 3. Reporting. The Contracting Officer shall report to the ECMCC Chief Financial Officer and shall provide such reports at such times and in such manner as may be requested by the Chief Financial Officer or the finance committee of the Board of Directors.

### V. DISPOSAL OF PROPERTY

Section 1. Supervision and Direction. Except as otherwise provided herein, the Contracting Officer shall have supervision and direction over the disposition of ECMCC property.

Section 2. Custody and Control. The custody and control of the property of ECMCC, pending its disposition, and the disposal of such property, shall be performed by ECMCC or by the Commissioner of General Services when so authorized under New York Public Authorities Law Article 9, Title 5-A and these Guidelines.

Section 3. Method of Disposition. Except as otherwise provided herein, ECMCC may dispose of property for not less than the fair market value of such property by sale, exchange, or transfer, for cash, credit, or other property, with or without warranty, and upon such other terms and conditions as the Contracting Officer deems proper, and it may execute such documents for the transfer of title or other interest in property and take such other action as it deems necessary or proper to dispose of such property under the provisions of these Guidelines. Any property, including any interest therein, which because of its unique nature is not subject to fair market pricing, shall be disposed of only after an appraisal of the value of such property has been made by an independent appraiser and such appraisal is included in the record of the transaction. In engaging an appraiser, the Contracting Officer shall comply with ECMCC's procurement contract guidelines.

Section 4. Sales by the Commissioner of General Services. When it shall be deemed advantageous to the State of New York, ECMCC may enter into an agreement with the Commissioner of General Services where he/she may dispose of ECMCC property under terms and conditions agreed to by ECMCC and the Commissioner of General Services. In disposing of any such property, the Commissioner of General Services shall be bound by the terms of New York Public Authorities Law Article 9, Title 5-A and in such instances, references therein to the contracting officer shall be deemed to refer to such commissioner.

Section 5. Validity of Instruments. A deed, bill of sale, lease, or other instrument executed by or on behalf of ECMCC, purporting to transfer title or any other interest in property of ECMCC under these Guidelines shall be conclusive evidence of compliance with the provisions of New York Public Authorities Law Article 9, Title 5-A concerning title or other interest of any bona fide grantee or transferee.

Section 6. Bids for Disposal.

Except as provided in Section 7 below, all disposals, or contracts for disposal, of property shall be made after publicly advertising for bids as follows:

- a. the Contracting Officer shall advertise for bids prior to disposal or contract for disposal of property by publishing notice thereof in at least one newspaper of general circulation, and the Contracting Officer shall have the discretion to advertise for bids through such additional methods, and on such terms and conditions as shall permit full and free competition consistent with the value and nature of the property;
- b. all bids shall be publicly disclosed at the time and place stated in the advertisement; and

- c. the award shall be made with reasonable promptness by written notice from the Contracting Officer to the responsible bidder whose bid, conforming to the invitation for bids, will be most advantageous to the state and ECMCC, price and other factors considered; provided, that all bids may be rejected when it is in the public interest to do so.

Section 7. Disposal by Negotiation; Explanatory Statement.

a. Disposals and contracts for disposal of property may be negotiated or made by public auction without regard to Section 6 above, but subject to obtaining such competition as is feasible under the circumstances, if, in the opinion of the Contracting Officer:

- 1) the personal property involved is of a nature and quantity which, if disposed of under Section 6 above, would adversely affect the state or local market for such property, and the estimated fair market value of such property and other satisfactory terms of disposal can be obtained by negotiation;
- 2) the fair market value of the property does not exceed fifteen thousand dollars;
- 3) bid prices after advertising therefor are not reasonable, either as to all or some part of the property, or have not been independently arrived at in open competition;
- 4) the disposal will be to the state or any political subdivision, and the estimated fair market value of the property and other satisfactory terms of disposal are obtained by negotiation;
- 5) the disposal is for an amount less than the estimated fair market value of the property, the terms of such disposal are obtained by public auction or negotiation, the disposal of the property is intended to further the public health, safety or welfare or an economic development interest of the state or a political subdivision (to include but not limited to, the prevention or remediation of a substantial threat to public health or safety, the creation or retention of a substantial number of job opportunities, or the creation or retention of a substantial source of revenues, or where the ECMCC Act permits), the purpose and the terms of such disposal are documented in writing by the Contracting Officer and approved by resolution of the ECMCC Board of Directors; or
- 6) such action is otherwise authorized by applicable law.

b. The Contracting Officer shall prepare an explanatory statement describing the

circumstances of each disposal by negotiation of any of the following:

- 1) any personal property which has an estimated fair market value in excess of fifteen thousand dollars;
- 2) any real property that has an estimated fair market value in excess of one hundred thousand dollars, except that any real property disposed of by lease or exchange shall only be subject to paragraphs 3 and 4 of this subparagraph;
- 3) any real property disposed of by lease for a term of five years or less, if the estimated fair annual rent is in excess of one hundred thousand dollars for any of such years;
- 4) any real property disposed of by lease for a term of more than five years, if the total estimated rent over the term of the lease is in excess of one hundred thousand dollars; or
- 5) any real property or real and related personal property disposed of by exchange, regardless of value, or any property, any part of the consideration for which is real property.

Each such statement shall be transmitted to the State Comptroller, the Director of the Budget, the Commissioner of General Services, and the New York State Legislature not less than ninety days in advance of such disposal, and a copy thereof shall be preserved in the files of ECMCC.

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# Erie County Medical Center Corporation

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## Statement of Investment Policy and Guidelines

Drafted: December 12, 2006

Revised: April 15, 2014

December 2014

September 2015

October 2016

December 2019

March 2020

March 2021

October 2022

November 2023

October 2024



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## **I. INTRODUCTION**

In accordance with Public Authorities Law §2925 and its associated regulations, Public Authorities Law § 3636, and the Investment Guidelines for Public Authorities issued by the New York State Comptroller, an investment program involving public funds must include four basic ingredients – legality, safety, liquidity and reasonable return.

It is the responsibility of each public authority to determine and evaluate its own risk in all its investment transactions with due regard to prudent business principles and practices and diligence under the circumstances then prevailing that a knowledgeable and prudent investor would act. The financial resources of the public authority should be properly managed to achieve investment income consistent with sound investment practice.

This document defines the investment policies, objectives, and guidelines applicable to the Erie County Medical Center Corporation’s (“Corporation”) Investment Funds. It was developed by the Corporation’s Investment Committee (“Committee”) in conjunction with its Investment Management Consultant.

The purpose of this document is threefold. First, it will constitute the investment plan for these assets. Second, it will serve as a communication tool between the Committee and its investment manager(s). Third, these guidelines will provide a framework to measure the ongoing progress of the recommended structure, and as such should be reviewed annually and revised as necessary to reflect changes in available investment opportunities and market conditions or as a result of any recommendations from the periodic evaluation of the performance of the investment program or any audits of the investment program.

## **II. GENERAL INVESTMENT GUIDELINES AND OBJECTIVES**

### **General Investment Return Objective**

The long-term objective of the Corporation’s Investment Funds is to generate returns which are sufficient to meet current and expected future financial requirements. To accomplish this, the Corporation seeks to earn the greatest total return possible, consistent within its general risk tolerance, eligible asset classes, and asset allocation strategies outlined in this document.

### **General Investment Risk Objective**

Permanent loss of capital is the most significant risk to achievement of the Funds’ objectives. The Committee will seek to avoid such losses through a robust approach to risk assessment. Risk considerations will be viewed from a total portfolio perspective rather than at the individual investment level.

Risk tolerance can be defined by the *ability* and *willingness* to take risk. Several factors influence the ability to take risk, including the Investment Funds’ purpose, time horizon, liquidity needs, and any other unique factors such as their effect on organizational debt covenants, where applicable. Variables that affect the Corporation’s willingness to take risk include market or economic conditions, valuation and interest rate levels, and the Corporation’s strategic plans or operating environment.

It is recognized that volatility is a widely-used measure of risk in the short term and that market fluctuations may result in varying levels of interim performance. It is expected that volatility will be managed through specific asset allocation strategies and diversification based upon the appropriate investment time horizon. Diversification shall exist at multiple levels of the investment program, including asset class, sub-asset class, risk factor, investment manager type, and underlying exposures of each investment manager (e.g. prudent levels of sector and company/issuer diversification).

#### **Asset Allocation Process**

It is recognized that asset allocation is a key determinant of investment return variability. The Committee expects the asset allocation policies to reflect and be consistent with the investment objectives and risk tolerances expressed throughout this document. These policies are designed to increase the likelihood of achieving return objectives over a full market cycle and within acceptable risk parameters.

The Investment Committee and Management, with assistance from the Investment Management Consultant, shall engage in a thorough process to determine appropriate policy asset allocations for the Funds. The Investment Management Consultant shall recommend a policy asset allocation for each Fund and formulate forward-looking return and volatility projections based on its capital markets expectations.

Individual Fund objectives and constraints that serve as key inputs to determining policy asset allocation can be found in Appendix A of this document.

#### **Performance Evaluation**

Total Fund performance against objectives shall be viewed from a long-term perspective, generally a full market cycle (approximately 7+ years). This can be augmented with comparisons over rolling periods such as 3 or 5 years. The investment performance of the Funds, as well as their asset class components, shall be measured against commonly accepted performance benchmarks as shown in the Appendix B.

#### **Permissible Investments**

The asset allocation of the Funds is expected to include a wide range of asset classes. The addition or removal of asset classes will necessitate deliberation by the Investment Committee, Management, and Investment Consultant regarding the merits of an asset class from an organizational and total portfolio context. A list of asset classes currently included in the Corporation's Fund allocations can be found in Appendix B.

### **III. DELEGATION OF AUTHORITY AND RESPONSIBILITIES**

#### **Board of Directors and Investment Committee**

The Board of Directors is charged by law with the responsibility for the management of the assets of the Corporation. The Board of Directors shall discharge its duties solely in the interest of the Corporation, with the care, skill, prudence and diligence under the circumstances then prevailing. In this regard, the Board of Directors, the Investment Committee, and Corporation management shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation, and they shall require the same standard of prudence from investment managers and consultants they engage to assist them.

Within the broad framework of policy set by the Board of Directors, the Investment Committee shall have direct responsibility for the oversight and management of the invested assets of the Corporation and for the establishment of investment policies and procedures. Such oversight shall include:

- A. Establishing reasonable and consistent investment objectives, policies and guidelines which will direct the investment of the Corporation's assets.
- B. Determining the Corporation's risk tolerance and investment horizon and communicating these to the appropriate parties.

- C. Designating an appropriate Corporation individual as “Investment Officer” whose responsibility it will be to proscribe and maintain a control structure to protect investment assets from loss, theft, and misuse.
- D. Developing and enacting proper control procedures (for example, replacing Investment Manager(s) due to fundamental change in investment management process, or failure to comply with established guidelines).
- E. Advising and communicating with the Board of Directors as necessary with respect to investment matters.
- F. Recommending to the Board of Directors proposed changes and revisions to this Investment Policy.
- G. Reviewing any independent audits of the investment program if requested to do so by the Corporation’s Audit Committee.
- H. Prudently and diligently selecting qualified investment professionals in compliance with the Corporation’s procurement requirements, including Investment Management Consultants, Investment Managers, and Custodians. Additional specialists such as attorneys, auditors, and others may be employed by the Board of Directors, acting on its own or through its Investment Committee, to assist in meeting its responsibilities and obligations to administer Corporation assets prudently.
- I. Regularly evaluating the performance of the Investment Manager(s) to assure adherence to policy guidelines and monitoring investment objective progress.

**Responsibilities of the Investment Managers**

Investment Manager

The Corporation enters into agreements with selected investment managers who provide day-to-day investment management services to the Corporation. Each investment manager will have discretion to purchase, sell or hold the specific securities that will be used to meet the Corporation’s investment objectives. Such appointments do not relieve the Committee from the responsibilities of overseeing the investment program.

Adherence to Investment guidelines

The investments are to be managed in accordance with the guidelines expressed herein, or expressed by separate written instructions, when deviation is deemed prudent and desirable by the Investment Committee. Written instructions amending this document must be authorized by the Investment Committee of the Board (Committee) and should be communicated through the Chief Investment Officer.

Discretionary Authority

The Investment Managers are expected to exercise complete investment discretion within the boundaries of the restrictions outlined in this Statement of Investment Policy and Guidelines.

Such discretion includes decisions to buy, hold, or sell equity or fixed-income securities (including cash equivalents) in amounts and proportions reflective of each manager’s current investment strategy. However, the Committee is aware that its decision to invest in a commingled account and/or mutual fund may relieve the manager from strict adherence to all elements of the policy. In such case, the manager’s strategy shall be dictated by its fund prospectus or other relevant governing documents.

#### Realized Gains/Losses

In addition to investment income, fiscal year net realized gains/losses are an important element of the Corporation's budgeting process. Specifically, the Corporation requires that its investment managers communicate, in advance, any intentions to realize fiscal year losses in excess of \$250,000.

#### Reporting

The Investment Managers shall provide, on a timely basis, quarterly reports containing portfolio activity, valuations at market, and quarterly strategy updates.

#### Compliance with Prudence and Diversification Measures

As a fiduciary, each investment manager is expected to diversify the portfolio to minimize the risk of large losses. The manager is expected to invest the assets with care, skill, prudence, and diligence under the circumstances then prevailing. In this regard, the manager shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation. Furthermore, the investment manager is expected to acknowledge its intention to comply with the Statement of Investment Policy and Guidelines as it currently exists or as modified by the Committee in the future.

#### **Responsibilities of the Trustee / Custodian**

The Trustee/Custodian will be selected by the Investment Committee and will provide full custodian services. It will maintain possession of securities owned by the Corporation, collect dividend and interest payments, and redeem maturing securities, and effect receipt and delivery following purchases and sales. The Trustee/Custodian may also perform regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts. In addition, the custodian will provide monthly documentation of portfolio activity and portfolio value.

The Trustee/Custodian is responsible for the safekeeping of Corporation assets, assuring protection from loss, theft or misuse, and timely/reliable auditing of earnings and transactions. Specific responsibilities of the Trustee/Custodian include:

1. Maintaining possession of securities owned by the Corporation, collecting dividend and interest payments, redeeming maturing securities, and effecting receipt and delivery following purchases and sales.
2. Performing regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts.
3. Providing monthly documentation of portfolio activity and portfolio value.
4. Furnishing to the Corporation's Investment Officer a copy of its "SSAE 16 Report" from its independent auditors on an annual basis.

#### Safekeeping Accounts

Securities purchased should be delivered against payment and held in a custodian safekeeping account in investment accounts segregated from the custodian's own assets.

#### Collateralization

As it pertains to demand deposits, time deposits, or certificates of deposit, the Corporation will seek to ensure New York State Public Authorities collateralization guidelines are followed for such assets through its relationship with custodial banking institutions. Given the nature of vehicles utilized in the Corporation's investment portfolios (i.e. pooled funds), it is not anticipated that collateralization guidelines shall apply to such funds. However, in the event it is deemed necessary that any of the Corporation's investment assets shall be collateralized, the Corporation shall ensure compliance.

## **Responsibilities of the Investment Management Consultant**

### Generally

The Investment Management Consultant may assist the Investment Committee in: establishing investment policy, objectives, and guidelines, including investment time horizon risk tolerance and total return objectives; selecting one or more investment managers; reviewing and evaluating such manager's performance over time; measuring and evaluating investment performance; and other tasks as deemed appropriate.

The Investment Management Consultant's role is to provide investment advice to the Investment Committee concerning the investment management of Corporation assets. Such advice will be consistent with the investment objectives, policies, guidelines and constraints as established in this statement. Specific responsibilities of the Investment Consultant include:

1. Assisting in the development and periodic review of investment policy, objectives, risk tolerance, and guidelines and making recommendations to the Committee.
2. Conducting investment manager searches where appropriate and making recommendations as required.
3. Monitoring the performance of the Investment Manager(s) and providing the Committee periodic reports so that it may determine the Corporation's progress toward its investment objectives and adherence to its investment program compliance.
4. Monitoring the total fees, commissions, and other charges paid in rendering investment services to the Corporation, at least annually.
5. Communicating matters of policy, manager research, and manager performance to the Committee and making recommendations where appropriate.
6. Reviewing Corporation investment history, historical capital markets performance and the contents of this investment policy statement with any newly appointed members of the Committee.
7. Providing "due diligence" on investment managers such as any qualitative change to investment management organizations: Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.
8. Providing current Statement of Investment Policy and Guidelines to existing, replacement and additional Investment Managers when changes occur. This applies to any strategy with a separately-managed account (SMA) format and excludes commingled formats such as mutual funds.
9. Maintaining timely and appropriate communications with the Chief Financial Officer, Chief Investment Officer and Chairman of the Committee relative to matters of substance regarding:
  - A. Changes in investment forecast, investment strategies, or changes in portfolio structure;
  - B. Changes in ownership, organization, financial conditions, and key personnel within the investment management organization.

### Communication

The Committee encourages, and the Investment Management Consultant is responsible for, frequent and open communication with the Committee on all significant matters pertaining to the

investment of the Corporation's assets. These communications would generally be addressed to the Chief Investment Officer. In this manner, the Consultant will advise the Committee of any major changes in investment outlook, investment strategy, asset allocation, portfolio structure, market value of the investments, managers and other substantive matters affecting the assets under their advisement. The Consultant will advise the Committee promptly of any significant changes in the ownership, organization structure, financial condition, or senior personnel of their organization.

All documents, exhibits, and other written material, etc., which will be used during review meetings between the Committee and the Consultant, should be submitted to the Committee, at least one week in advance of these meetings. It is expected that these meetings will take place periodically at the Committee's direction.

The Committee recognizes that the Statement of Investment Policy and Guidelines requires periodic re-examination and perhaps revision if it is to continue to serve as a working document to encourage effective investment management. Whenever the Consultant believes that the Statement should be altered, it is the responsibility of the Consultant to initiate written communication with the Committee through the Chief Investment Officer.

#### **IV. ADMINISTRATION AND REPORTING**

##### **Policy Review**

This document shall be reviewed by the Investment Committee annually and the results of the review reported to the Board of Directors.

##### **Portfolio Rebalancing**

Since asset allocation is the most critical component of portfolio returns, it is desirable to rebalance when necessary to minimize deviations from policy allocations.

The Funds shall be rebalanced in the event any individual asset class allocation differs from its policy by more than 20% of the target weight, but with a minimum deviation threshold of 2% of the total portfolio value. For example, if the policy asset allocation for an asset class is 20% of the total portfolio, then the portfolio's actual asset allocation must be below 16% or above 24% before rebalancing is required (20% rule). If, however, the policy asset allocation for an asset class is 3% of the total portfolio, then the portfolio's actual allocation must be either below 1% or above 5% before rebalancing is required (2% rule). This approach is designed to keep the portfolios reasonably in line with their target policies while avoiding excessive rebalancing.

This rebalancing policy may be suspended or altered based on assessment of market, operational, or other relevant considerations subject to Investment Committee approval.

The Investment Management Consultant shall be responsible for making rebalancing recommendations to Management who, in turn, shall be responsible for providing the necessary instructions to the Custodian. Investment Committee approval is not required. From time-to-time, it may be deemed appropriate to forego portfolio rebalancing.

##### **Compliance with the Law**

All actions undertaken or contemplated by this document shall follow appropriate law and applicable state statutes.

##### **Annual Investment Reporting**

The Corporation shall submit an annual investment report to the Division of the Budget with copies to the Office of the State Comptroller, the Senate Finance Committee, and the Assembly Ways and Means Committee. Such report shall include:

1. Investment guidelines and any amendments to such guidelines since the last investment report;
2. An explanation of the investment guidelines and amendments;
3. The results of the annual independent audit;
4. The investment income record of the Corporation; and
5. A list of total fees, commissions or other charges paid to each investment banker, broker, agent, dealer and advisor rendering investment associated services to the Corporation since the last investment report.

#### **Conflicts of Interest**

All persons responsible for investment decisions or who are involved in the management of the portfolios or who are consulting to, or providing any advice or service whatsoever to Corporation's Investment Funds shall disclose in writing at the beginning of any discussion or consideration by the Investment Committee, any relationships, material beneficial ownership, or other material interest(s) which the person has or may reasonably be expected to have, with respect to any investment issue under consideration. The Investment Committee may require such persons to remove themselves from the decision-making process.

#### **Operating Procedures**

Investments should be made in accordance with the following Operating Procedures:

1. The investment selection process should utilize competitive quotations or negotiated prices, except in the purchase of government securities at their initial value.
2. Each disbursement of funds (and corresponding receipt and securities) or delivery of securities (and corresponding receipt of funds) should be based upon proper written authorization. If the authorization is initially given verbally, there should be written or telegraphic confirmation from the Investment Officer to the Custodian.
3. Payment of funds should only be made upon delivery of securities. Written confirmation of delivery should be obtained from the Custodian.
4. The process of initiating, reviewing and approving requests to buy and sell investments should be documented and retained for audit purpose. Dealer limits should be established and reviewed regularly.
5. Custodians must have prior authorization from ECMCC to deliver obligations and collateral. All transactions must be confirmed in writing to the authority. Delivery of obligations sold should only be made upon receipt of funds.
6. Custodial banks should be required to report whenever activity has occurred in ECMCC's custodial account.
7. There should be at least monthly verifications of both the principal amount and the market values of all investments and collateral. Appropriate listings should be obtained from the Custodian and compared against ECMCC's records.

A record of investments shall be maintained by the Investment officer. The records should identify the security, the fund for which held, the place where kept, date of disposition and amount realized and the market value and custodian of collateral.



### **Annual Independent Audits**

ECMCC shall require an annual independent audit of all investments. The annual investment audit:

1. shall determine whether: ECMCC complies with its own investment policies; investment assets are adequately safeguarded; adequate accounts and records are maintained which accurately reflect all transactions and report on the disposition of authority investment assets; and a system of adequate internal controls is maintained;
2. shall determine whether ECMCC complied with the applicable laws, regulations and State Comptroller's Investment Guidelines; and
3. should be designed to the extent practical to satisfy both the common interests of ECMCC and the public officials accountable to others.

A written audit report should be prepared presenting the results of the annual independent audit of all investments and should include:

1. a description of the scope and objectives of the audit;
2. a statement that the audit was made in accordance with generally accepted government auditing standards;
3. a description of any material weaknesses found in the internal controls;
4. a description of all non-compliance with the authority's own investment policies as well as applicable laws, regulations and the State Comptroller's Investment Guidelines;
5. a statement of positive assurance of compliance on the items tested and negative assurance on those items not tested; and
6. a statement on any other material deficiency or finding identified during the audit not covered in (5) above.

The audit report shall be filed within 90 days after the close of the authority's fiscal year with the Coordinator of Public Authority Programs, Office of the State Comptroller, A.E. Smith Office Building, Albany, New York, 12236.

## **V. INVESTMENT MANAGER SELECTION AND GUIDELINES**

### **Investment Manager Selection**

The selection of Investment Managers must be based on prudent due diligence procedures and, when applicable, the Corporation's procurement requirements. Each Investment Manager must be registered with the Securities and Exchange Commission under the Investment Advisors Act of 1940 as Registered Investment Advisors or documented as exempt by the same laws.

The Investment Management Consultant shall assist in establishing criteria and identifying suitable candidates, which shall be periodically presented for the Investment Committee's consideration. At a minimum, selection criteria will include historical risk and return, correlation to asset class and investment style, experience of investment professionals, depth of research capability, strength of investment process, diversification of portfolios, assets under management, and consideration of the investment manager as a going concern. Applying these criteria, the Investment Committee shall establish an approved list of Investment Managers on a periodic basis.

### **Investment Manager Contracts and Guidelines**

The Corporation intends to use the investment manager guidelines set forth in this document as a framework to help the Investment Managers achieve their investment objectives at a level of risk deemed acceptable. The policies and restrictions are designed to minimize interfering with Investment Managers' efforts to attain overall objectives and to minimize excluding them from appropriate investment objectives. This document allows the Investment Managers discretion over the diversification of assets for the purposes of increasing investment returns and/or reducing risk exposure. When appropriate, Investment Managers are given responsibility to shift the allocation of assets among industry sectors and individual securities to pursue opportunities presented by changes within the capital markets.

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Corporation, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types. For these types of pooled investment vehicles, it may not be practical to have a written contract between the Corporation and Investment Manager. Rather, it is expected that execution of subscription documents, limited partnership agreements, or any other relevant documentation will serve to secure the Corporation's financial interest in an Investment Manager's strategy. In addition, for purchase of mutual fund shares it is expected that the Trustee / Custodian will document the Corporation's financial interest in an Investment Manager's strategy while executing its duties.

For separately-managed account structures (SMAs), specific restrictions for an Investment Manager shall be identified in the Investment Management Agreement or other governing document for the account. In addition, the Investment Manager shall maintain procedures sufficient to secure the Corporation's financial interest in an investment, including, where applicable, appropriate collateral requirements. SMA Investment Managers shall also acknowledge receipt of this IPS in writing.

## **VI. INVESTMENT MANAGER PERFORMANCE MEASUREMENT**

The performance for each Investment Manager shall be reported and measured against commonly accepted performance benchmarks as shown in Appendix B. It is expected that Investment Managers with actively-managed strategies shall outperform their benchmarks on an absolute and/or risk-adjusted basis over meaningful time frames, preferably full market cycles. For functional purposes, full market cycles are defined as seven years or longer. In addition, it is preferred that such Investment Managers rank favorably within an applicable peer universe over meaningful time frames such as rolling 3- to 5-year periods. While not the sole determinant, if an active manager exhibits underperformance over a full market cycle, its inclusion in the portfolio(s) shall be revisited along with the merits of active management within the manager's asset class, in general.

As mentioned above, when considering removal of an Investment Manager, performance shall not be the sole determinant. Rather, it shall be based upon a more comprehensive review including an understanding of the reasons for underperformance, continued suitability within the portfolio, and whether or not better options exist.

## **VII. ALLOWABLE AND PROHIBITED INVESTMENTS**

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Investment Committee, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types.

For separately-managed account structures (SMAs), specific guidelines for investment managers are outlined below.

**Allowable Investments**

A. Fixed Income and Cash Equivalents

1. Instruments and Credit Quality

- a. Instruments issued and fully guaranteed by the U.S. Government or any of its agencies and instrumentalities.
- b. Instruments issued by domestic corporations, including corporate notes and floating rate notes, must be rated "Baa"/"BBB" or better at time of purchase by Moody's Investor Service or Standard and Poor's. Asset-backed securities and collateralized mortgage obligations must be rated "Aaa"/"AAA" by the rating agencies. If the domestic corporation has a senior debt rating of "Baa" or better, the issuer's commercial paper rating and/or CD rating must be one of "A1", "P1", or "F1". If the issuer does not have a senior debt rating, the issuer's commercial paper rating and/or CD rating must be any two of "A1", "P1", "F1" or have a letter of credit drawn on the issuer, meeting the above guidelines.
- c. Obligations of domestic banks, including banker's acceptances, certificates of deposit, time deposits, notes, and other debt instruments.
- d. Instruments of countries or foreign corporations rated at least "Aa"/"AA" by appropriate rating organization. Instruments issued by the U.S. agency of a foreign corporation are also permitted, subject to the same quality constraints. Instruments referred to in this section cannot comprise more than 20% of the total combined portfolio, at market.
- e. The following types of Euro issues: banker's acceptances, time deposits, bonds, and floating rate notes of any issue rated "Aa"/"AA" or better by Standard and Poor's or Moody's.
- f. Yankee securities are subject to the quality constraints outlined in section "d" above.
- g. Securities resold under SEC Rule 144A subject to the quality constraints outlined in section "b" above.
- h. Repurchase Agreements are permitted with such government dealers who have and maintain a minimum equity value of \$50 million, as the investment manager shall, in its discretion, determine from time to time. Repurchase Agreements shall be subject to: 102% initial market value collateralization of the loaned amount, collateral market value is priced daily and always maintained above 100% of the loaned amount, and physical custody must be taken by the custodial bank in the form of direct obligations of the United States Government.
- i. This guideline is intended to give the investment manager sufficient latitude to periodically take advantage of bond-quality yield spreads. The average cost-weighted quality shall be no less than 3.0 based on the following scale:

U.S. Government and Agencies	5.0
Aaa Bonds	4.0
Aa Bonds	3.0
A Bonds	2.0
Baa Bonds	1.0

## 2. Maturity

### a. Cash Equivalent Manager

The weighted average maturity of the fund is at the discretion of the investment manager, however, no instrument may have a maturity greater than eighteen months. Issues with maturities greater than six months may not exceed 25% of the value of the portfolio:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with an effective maturity of less than six months.
- (2) A puttable bond may be utilized if the put can be exercised within six months.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than six months. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 25% of the value of the portfolio.

### b. Short-Term Fixed Income Manager

The portfolio's maximum duration should be less than 120% of the Merrill 1-3 Treasury Index, and no instrument with a maturity greater than 5 years is permissible, except that:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with a maturity of less than 5 years.
- (2) A puttable bond may be utilized if the put can be exercised within 5 years.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than three years at the date of purchase and subsequently less than five years. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 15% of the value of the portfolio.

### c. Long-Term Fixed-Income Manager

The portfolio's maximum duration should be less than 135% of the ML (7-10 yrs.) Gov't./Corp. Index.

## 3. Diversification

- a. The manager will maintain prudent diversification across instruments, market sectors, industries, and specific issuers.
- b. Except for issues guaranteed directly or indirectly by the U.S. Government, the combined holdings of securities from one issuer shall not constitute more than 5% of the fund. All letters of credit shall be part of the invested amount of the guarantor for purposes of the 5% rule.

## B. Equities

### 1. Instruments and Credit Quality

- a. The managers will be invested in high-quality common stocks. Convertible bonds, convertible preferred stocks, preferred stocks and non-voting stocks are permitted if

the risk/return characteristics are favorable versus the underlying common equity. American Depositary Receipts are permitted. Specific constraints include the avoidance of restricted issues, which have limited marketability, excluding SEC Rule 144A securities.

- b. There are no qualitative guidelines suggested with regard to domestic equity ratings, rankings, etc., except that prudent standards should be utilized by the investment managers. Convertible bonds will be considered as equity investments and must be rated "Baa"/"BBB" or better by both Moody's and Standard & Poor's.

## 2. Diversification

The investment managers should diversify the equity portfolio in an attempt to minimize the impact of substantial loss in any specific industry or issue. Therefore, no more than the greater of 20% of the total portfolio or two times the appropriate equity market weighting may be invested in any one economic sector as defined by Standard & Poor's for domestic equities or as defined by MSCI for international equities, valued at market. In addition, no more than 5% of the total portfolio may be invested in any one company, valued at cost, and no more than 10% valued at market.

### **Prohibited Investments**

The following categories of securities are not considered appropriate:

- A. Interest only and principal only portions of collateralized mortgage obligations, or similar securities,
- B. Private placements,
- C. Margin trading,
- D. Options and futures, except for hedging purposes

## **APPENDIX A: FUND OBJECTIVES AND CONSTRAINTS**

### **NYS RETIREMENT RESERVE FUND**

#### **Fund Purpose**

The NYS Retirement Reserve Fund provides for short-term NYS pension obligations of the Corporation. This Fund is also sometimes referred to as “General Operating – ECMC” in Fund reporting.

#### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding of the NYS retirement system obligations when excess cash allows for short term investing;
- assure that safety of principal is paramount;
- consistently invest assets in a prudent, diversified, risk-averse manner;
- achieve the acceptable return possible within the specified risk parameters;
- adhere to the established guidelines.

#### **Time Horizon**

The assets are viewed as having a short-term time horizon.

#### **Liquidity Needs**

The Fund’s cash flow is generally positive but it needs to maintain a high degree of liquidity to meet annual obligations.

#### **Overall Risk Tolerance**

The Fund can assume a low risk profile.

#### **Asset Allocation**

Given the nature of the Funds’ objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee’s goal is to minimize risk which favors cash equivalent investments.

## **CAPITAL RESERVE FUND**

### **Fund Purpose**

The Capital Reserve Fund provides for spending needs of the Corporation.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the capital spending needs of the Corporation in excess of operations;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a short-term time horizon.

### **Liquidity Needs**

The Fund needs to maintain a high degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume low risk profile.

### **Asset Allocation**

Given the nature of the Fund's objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

## **RETIREE HEALTH RESERVE FUND**

### **Fund Purpose**

The Retiree Health Reserve Fund provides for intermediate- to long-term spending needs consistent with retiree health expenses.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding and payment of retiree health obligations;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a long-term time horizon.

### **Liquidity Needs**

The Fund's cash flow is generally positive, but it needs to maintain a moderate degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

### **Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio. Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a conservative investment posture that includes equity holdings, but favors fixed-income holdings.



## W/C PROFESSIONAL LIABILITY RESERVE FUND

### **Fund Purpose**

The WC/Professional Liability Reserve Fund provides for intermediate- to long-term spending needs consistent with actuarial determined estimates of workers' compensation and medical malpractice claims.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the payment of workers' compensation and professional liability claims;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a long-term time horizon.

### **Liquidity Needs**

The Fund's cash flow is generally positive, but it needs to maintain a moderate degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

### **Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio. Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a conservative investment posture that includes equity holdings, but favors fixed-income holdings.

## **GENERAL DEPOSITORY & GENERAL OPERATING RESERVE**

### **Fund Purpose**

The General Depository Reserve provides funding and a source of liquidity for operating expenses of the Corporation. The General Operating Reserve provides Delivery System Reform Incentive Payments (DSRIP) to other district members of the Millennium Collaborative Care Performance Provider System (PPS).

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide the necessary funds and liquidity for operating expenses of the Corporation;
- assure that safety of principal is paramount;
- consistently invest assets in a prudent, diversified, risk-averse manner;
- achieve the acceptable return possible within the specified risk parameters;
- transfer excess liquidity assets as determined by management to the General Operating Reserve Fund;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a short time horizon.

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund will assume a very conservative risk profile.

### **Asset Allocation**

Given the nature of the Funds' objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

**DEBT SERVICE and DEBT SERVICE RESERVE FUNDS – 2004 SERIES and  
2011 SERIES**

**Fund Purpose**

The Debt Service Reserve Fund is used to satisfy necessary interest payments. The Debt Service Reserve Fund is held in contingency by the Trustee to offset principal and/or interest payments, if needed. Note, in 2017, Series 2011 was refunded and had a zero balance.

**Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding for debt service coverage;
- consistently invest assets in a prudent, high-quality, diversified manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

**Time Horizon**

The assets are viewed as having a short-to-intermediate time horizon.

**Liquidity Needs**

The assets are viewed as having moderate liquidity needs. The required funds must be available for disbursement on the May 1 and November 1 payment dates for the 2004 Series Funds; and on the First of Each Month for the 2011 Series Funds. Any shortfall would need to come from operations.

**Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

**Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio.

Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a low-to-moderate investment posture which holds a modicum of equity holdings.

## **GNMA BOND RESERVE FUND**

### **Fund Purpose**

The GNMA Bond Reserve Fund originally held bonds used for construction of the Gates Vascular Institute with earnings from the fund paid to the The Grider Initiative, Inc. on an annual basis. The bonds issued for construction of the Gates Vascular Institute have since been redeemed and remaining funds are considered unrestricted. The Fund currently serves as a pledged collateral account in relation to the Corporation's line of credit.

### **Investment Objectives**

The investment objectives of the Fund are to:

- consistently invest assets in a prudent, high-quality, diversified manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having an intermediate-term time horizon.

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund can assume a very conservative risk profile.

### **Asset Allocation**

Given the nature of the Fund's objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

**APPENDIX B: FUND ALLOCATIONS AND BENCHMARKS**

	NYS Retirement Reserve (Gen Op-ECMC)	Capital Reserve	Retiree Health Reserve	WC / PL Reserve	General Operating DSRIP	GNMA Bond Reserve	Policy Benchmark
<b>Growth Assets</b>							
US Large Stocks			11%	11%			S&P 500
US Large Quality Stocks			4%	4%			Vanguard Spliced Dividend Growth Index, S&P 500
US Small / Mid Stocks			4%	4%			Vanguard Spliced Extended Market Index
US Small Value Stocks			2%	2%			Vanguard Spliced Small Cap Value Index
<i>US Stocks</i>	0%	0%	21%	21%	0%	0%	
Intl Large Stocks			9%	9%			FTSE Developed All Cap ex-US
Emerging Market Stocks			5%	5%			Vanguard Spliced Emerging Markets Index
<i>International Stocks</i>	0%	0%	14%	14%	0%	0%	
<i>Total Public Stocks</i>	0%	0%	35%	35%	0%	0%	
<b>Total Growth Assets</b>	0%	0%	35%	35%	0%	0%	
<b>Risk Reduction Assets</b>							
Cash	100%	100%	5%	5%	100%	100%	90-Day T-Bills
US Short Duration Fixed Income			20%	20%			Bloomberg US Govt/Credit: 1-5 Year
US Broad Fixed Income			35%	35%			Bloomberg US Aggregate: Bloomberg US MBS
US Inflation Protected Fixed			5%	5%			Bloomberg Barclays US TIPS
<b>Total Risk Reduction Assets</b>	100%	100%	65%	65%	100%	100%	
<b>Total</b>	100%	100%	100%	100%	100%	100%	

	NYS Retirement Reserve (Gen Op-ECMC)	Capital Reserve	Retiree Health Reserve	WC / PL Reserve	General Operating DSRIP	GNMA Bond Reserve	Policy Benchmark
<b>Growth Assets</b>							
US Large Stocks			12%	12%			S&P 500
US Large Quality Stocks			5%	5%			Vanguard Spliced Dividend Growth Index, S&P 500
US Small / Mid Stocks			5%	5%			Vanguard Spliced Extended Market Index
<i>US Stocks</i>	0%	0%	22%	22%	0%	0%	
Intl Large Stocks			9%	9%			FTSE Developed All Cap ex-US
Emerging Market Stocks			4%	4%			Vanguard Spliced Emerging Markets Index
<i>International Stocks</i>	0%	0%	13%	13%	0%	0%	
<i>Total Public Stocks</i>	0%	0%	35%	35%	0%	0%	
<b>Total Growth Assets</b>	0%	0%	35%	35%	0%	0%	
<b>Risk Reduction Assets</b>							
Cash	100%	100%	5%	5%	100%	100%	90-Day T-Bills
US Short Duration Fixed Income			10%	10%			Bloomberg US Govt/Credit: 1-5 Year
US Broad Fixed Income			45%	45%			Bloomberg US Aggregate: Bloomberg US MBS
US Inflation Protected Fixed			5%	5%			Bloomberg Barclays US TIPS
<b>Total Risk Reduction Assets</b>	100%	100%	65%	65%	100%	100%	
<b>Total</b>	100%	100%	100%	100%	100%	100%	

**Commented [KZ1]:** Note, this table includes the recommended allocations for the Retiree Health Reserve and WC/PL portfolios.

Note: Policy asset allocation was excluded for the General Depository Fund since it is a bank deposit account.

**APPENDIX C: DESIGNATED PARTIES AND PRIMARY CONTACTS**

**Erie County Medical Center Corporation**

Chief Financial Officer  
*Jonathan Swiatkowski – (716) 898-6291*  
Director of Finance and Authorized Investment Decision Maker  
*Vanessa S. Hinderliter – (716) 898-3730*

**Mercer (Investment Consultant)**

*Dan Holmes, Partner – (314) 446-5307*  
*Kyle Zotta, CFA, CAIA, Principal – (314) 982-5726*

**M&T Bank**

*Joshua P. Heim, VP Government Banking – (716) 848-7318*

**Wilmington Trust (Custodian)**

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# Mission

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

# Vision

## **ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:**

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

The difference between  
healthcare and true care™





# Core Values

## **ACCESS**

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

## **EXCELLENCE**

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

## **DIVERSITY**

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

## **FULFILLING POTENTIAL**

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

## **DIGNITY**

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

## **PRIVACY**

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

## **FAIRNESS and INTEGRITY**

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

## **COMMUNITY**

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

## **COLLABORATION**

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

## **COMPASSION**

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

## **STEWARDSHIP**

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

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# Erie County Medical Center Corporation

## Procurement Guidelines

Effective March 1, ~~2021~~2024

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**I. STATEMENT OF PURPOSE AND SCOPE**

**A. Authority.**

1. Public Authorities Law (“PAL”), Article 9, Title 4, New York Statutes, as amended.
2. Public Authorities Law, Article 10-C, New York Statutes, as amended (the “ECMCC Act”).
3. General Municipal Law (“GML”), Article 5-A, New York Statutes, as amended.
4. Public Health Law (“PHL”), Article 28, New York Statutes, as amended.
5. Executive Law (“EL”) Article 15A, New York Statutes, as amended.
6. State Finance Law (“SFL”), Article 9, New York Statutes, as amended.
7. Economic Development Law (“EDL”), Article 4-C, as amended.

**B. Purpose.**

The purpose of these Procurement Guidelines (“Guidelines”) is to set forth the procedures for purchasing supplies, equipment, materials, ~~construction and services, (including professional services), and Public Works,~~ for Erie County Medical Center Corporation (“ECMCC”). ~~These Guidelines are applicable to ECMCC and may be applied by ECMCC in other contexts, in its discretion.~~

**C. Interpretation.**

These Guidelines shall be construed and applied to promote compliance with all applicable laws. In the event of a conflict between these Guidelines and the requirements of any applicable law, the applicable law will prevail.

**D. Application of These Guidelines.**

1. Effective Date. These Guidelines are effective March 1, ~~2022~~2024.
2. Scope. These Guidelines shall apply to all contracts for ~~construction and the purchase of all~~ supplies, equipment, materials and services, (including professional services), as well as Public Works, made by ECMCC irrespective of the source of funds, except as otherwise provided by law.
3. Severability. If any provision of these Guidelines or application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or application of these Guidelines which can be given effect without the invalid provision or application, and to this end the provisions of these Guidelines are declared to be severable.
4. Annual Review. These Guidelines, as adopted pursuant to Section 2879 of the Public Authorities Law and Section 104-b of the General Municipal

Law, shall be subject to annual review and may otherwise be changed without notice by the Board of Directors of ECMCC. The Guidelines are for the use of ECMCC and should not be relied upon as establishing any right by any person or entity other than ECMCC.

## II. DEFINITION OF TERMS

The following terms shall, for purposes of these Guidelines, have the meanings set forth below unless the context clearly indicates a different meaning:

1. Best Value. The basis for awarding Contracts for services to a Contractor that optimizes quality, cost and efficiency, among responsive and responsible respondents. Such basis shall reflect, wherever possible, objective and quantifiable analysis. Such basis may also identify a quantitative factor for respondents that are Small Businesses or Minority- or Women-owned Business Enterprises (“M/WBE”) to be used in evaluation of ~~Bids or~~ Proposals for awarding of Contracts for services. ~~In any case where a respondents’ gross price is reducible by an allowance for the value of used machinery, equipment, apparatus or tools to be traded in by a political subdivision, the gross price shall be reduced by the amount of such allowance, for the purpose of determining the Best Value.~~ (SFL § 163(1)(j) and GML § 103).
2. Bid. An offer or proposal submitted in response to an Invitation for Bids.
3. Contract. A written agreement, memorandum of understanding, letter agreement, letter of intent, or purchase order that formalizes the obligations of all parties involved.
4. Contractor. Any individual, business or other legal entity awarded a Contract to furnish goods or services to ECMCC.
5. Contract Value. The total value of a Contract, including all renewal options. If the value of the Contract is not known or cannot be determined at the time the Contract is awarded (i.e., a service Contract that states an hourly fee but does not state the total hours of service to be provided; a commodities Contract that states the price of the commodities but does not state the total volume of commodities to be purchased), the Contract Value shall be the total amount that ECMCC reasonably anticipates spending under the Contract during the term and any renewal options. With respect to joint Procurements, the amount to be expended by entities other than ECMCC shall be excluded from the Contract Value.
6. County. The County of Erie, New York.
7. Group Purchasing Organization (GPO). An entity that aggregates the purchasing volume of members, such as hospitals and health-care providers, to leverage discounts with manufacturers, distributors and other vendors intending to realize administrative savings and efficiencies.
8. Invitation for Bids (IFB). A formal competitive solicitation seeking sealed Bids for ~~Construction work~~ Public Works or specified goods or services, pursuant to which award is made to the responsive and responsible bidder(s) submitting the lowest

~~price, provided that Contracts for goods and services (excluding Contracts for services necessary for the completion of a Construction project) may be awarded on the basis of Best Value to a responsive and responsible bidder.~~ Generally, IFBs are used for the Procurement of ConstructionPublic Works, equipment, materials and supplies.

9. Medical Building. The component of a Medical Project constituting appurtenant structures or facilities necessary to house or render the remaining components of the Medical Project operational. Medical Building does not include apparatus, equipment, devices, systems, supplies, or any combination thereof. (PAL § 3628(11)(g)(iii)).
10. Medical Project. Any substantial durable apparatus, equipment, device, or system, or any combination of the foregoing, including services necessary to install, erect, or assemble the foregoing, and any Medical Building, to be used for the purpose of care, treatment or diagnosis of disease or injury or the relief of pain and suffering of sick or injured persons. Medical Projects do not include ordinary supplies and equipment expended or used in the customary care and treatment of patients. (PAL § 3628(11)(g)(iv)).
11. Minority or Women-Owned Business Enterprise (“M/WBE”). A business certified under Article 15-A of the Executive Law that is independently owned, operated and authorized to do business in New York State; and is owned and controlled by at least 51% women or minority group members, respectively, who are citizens of the U.S. or permanent resident aliens. Such ownership must be real, substantial and continuing, and the minorities or women must have and exercise the authority to control independently the day-to-day business decisions of the enterprise. The determination of M/WBE certification is made by New York State, not ECMCC.
- ~~12. New York State Business Enterprise. A business enterprise, including a sole proprietorship, partnership, limited liability company or business corporation, which offers for sale or lease or other form of exchange, goods which are sought by ECMCC and which are substantially manufactured, produced or assembled in New York State, or services which are sought by ECMCC and which are substantially performed within New York State. (PAL § 2879(5)(b)(ii)).~~
- ~~13.~~12. New York State Contract Reporter (“NYSCR”). A ~~publication listing~~ procurement opportunities ~~printed made electronically available for by~~ the New York State Economic Development Bureau pursuant to the New York State Economic Development Law. (EDL §§ 141 - 143).
- ~~14.~~13. Personal Services. Any services performed for a fee, commission or other compensation by persons or organizations that are not providing such services as employees of ECMCC. Personal Services include, but are not limited to, professional services or any other services of a consulting, technical or professional nature.
- ~~15.~~14. Preferred Source. Contractors selected in accordance with ECMCC’s Preferred Source Policy and State Finance Law Section 162, offering specific commodities or services that meet the form, function and utility requirements of ECMCC.
- ~~16.~~15. Project Developer. Any individual or entity that has submitted a Proposal in

response to a Request for Proposals for a Medical Project. (PAL § 3628(11)(g)(i)).

~~17~~.16. Procurement. The acquisition of goods and/or services.

~~18~~.17. Procurement Contract. Any written agreement to which ECMCC is a party for the acquisition of goods or services of any kind in the actual or estimated amount of five thousand dollars (\$5,000) or more. (EDL § 141).

~~19~~.18. Procurement Record. Documentation of the decisions made and the approach taken with respect to a Procurement.

~~20~~.19. Professional Services. Services involving the provision of advice, instruction or specialized work from an individual, firm or corporation specifically qualified or licensed to provide such services including, but not limited to, accounting, legal, health care, consulting and management services.

~~21~~.20. Proposal. An offer or response submitted in response to a Request for Proposals.

~~22~~.21. Public Works. The building, renovation, retrofitting, rehabilitation, restoration, painting, alteration, ~~maintainence~~ maintenance, or repair of any real property or improvements thereon, exclusive of the installation and assembly of any medical equipment, apparatus or device.

~~23~~.22. Recycled Product. A product that is manufactured from secondary materials as defined in the EDL § 261(1)(d).

~~24~~.23. Request for Proposal (“RFP”). A competitive solicitation seeking Proposals for a specified service or technology, pursuant to which an award is made to the responsive and responsible respondent offering the ~~best~~ Best value Value. ~~Generally, (examples: RFPs are generally used for the Procurement of services, information technology systems, and consultants).~~

~~25~~.24. Responsible. The status afforded an individual or company based on factors such as: financial ability and organization capacity; legal authority to conduct business in New York state; integrity as it relates to business related conduct; and past performance. ECMCC may establish a list of vendors deemed Responsible via a Request for Qualifications process that may be awarded Discretionary Contracts without further competitive bidding.

~~26~~.25. Responsive. Meeting the minimum Specifications or Requirements as prescribed in a solicitation for goods or services.

~~27~~.26. —Small Business. A business which is resident in New York State, independently owned and operated, not dominant in its field and employs one hundred or less persons. (SFL § 163(1)(e)).

~~28~~.27. Specifications (Requirements). Description of the physical or functional characteristics or the nature of a good, the work to be performed, the service or products to be provided, the necessary qualifications of the offeror, the capacity and capability of the offeror to successfully carry out the proposed Contract, the process for achieving specific results and/or anticipated outcomes, or any other requirement necessary to perform the work.

### III. **SOURCE SELECTION**

#### A. **Methods of Source Selection.**

Unless otherwise authorized by law, all ECMCC Contracts will be awarded in accordance with one of the following Sections of these Guidelines.

#### B. **Preferred Source.**

Prior to engaging in any other method of source selection for the purchase of goods or services, ECMCC shall assess, in accordance with the ECMCC Preferred Source Policy and Section 162 of the State Finance Law, whether the desired goods or services are available from an offeror that has been afforded Preferred Source status by New York State. If a Preferred Source has goods or services available in the form, function and utility consistent with the needs of ECMCC, such goods or services shall be procured in accordance with the requirements of ~~State Finance Law section~~ SFL § 162 and ECMCC's Preferred Source Policy. If a good or service is not available in form, function and utility consistent with the needs of ECMCC from a Preferred Source, ECMCC may then exercise its authority to utilize any of the other applicable procurement methods set forth in these Guidelines.

#### C. **Invitation for Bid.**

1. Invitation for Bid. When the estimated amount of Procurement exceeds \$20,000 for supplies and services, or \$35,000 for Public Works projects, and alternate means of procurement (including Requests for Proposals) described herein are otherwise not available, ECMCC will issue an Invitation for Bid which shall include Specifications and the contractual terms and conditions applicable to the Procurement. (GML § 103(1)).
2. Public Notice. ECMCC must publish notice of the IFB in a daily newspaper, having general circulation in the County, at least five (5) days prior to the date set forth therein for the opening of Bids. Such notice shall state the time and place for opening of the Bids. Where applicable, ECMCC must also publish notice of the IFB in the Contract Reporter in accordance with Section IV.A. (GML § 103(2), PAL § 3628(10)(b)).
3. Bid Acceptance and Evaluation. Timely bids will be unconditionally accepted and evaluated for Responsiveness based on the requirements set forth in the IFB, which may include criteria to determine acceptability such as inspection, quality, workmanship, delivery and suitability for a particular purpose.
4. Correction or Withdrawal of Bids; Cancellation of Awards. ECMCC may permit, where appropriate, the withdrawal of inadvertently erroneous Bids before or after award, or cancellation of awards or Contracts based on such Bid mistakes. After Bid opening, no changes to Bid prices or other provisions of Bids prejudicial to the interest of ECMCC or fair competition shall be permitted.



5. Descoping. ECMCC may engage in a formal descoping with Bidders to ensure that they properly understand the scope of the IFB and are able to perform the work or provide the goods or services at the prices set forth in their Bids. A Bid may be disqualified if ECMCC determines that it did not appropriately account for all Specifications and does not accurately reflect the cost.

5.6. Award. A Contract will be awarded after all necessary approvals have been obtained by written notice to the lowest Responsible and Responsive bidder (or bidders, in the case of multiple awards) whose Bid meets the Specifications set forth in the IFB.

6.7. Bid Retention. All Bids received, including all related documentation and communications received from bidders during the bidding process, will be maintained in a Procurement Record by ECMCC for at least ~~twelve-three (123)~~ months years.

#### **D. Request for Proposal.**

1. Request for Proposals. A Contract may be solicited through an RFP rather than an IFB if the estimated amount of Procurement exceeds \$20,000 for supplies and services and factors other than price are critical to the Procurement (such as specialized skills or equipment) and alternate means of procurement described herein are otherwise not available. For example, an RFP might be used for the Procurement of Personal Services or the Procurement of biotechnology, electronic, software and system applications. (GML § 103(1)). ECMCC will issue an RFP, which shall include a statement of work and/or Specifications, and the contractual terms and conditions applicable to the Procurement. ~~Notwithstanding the foregoing, a minimum of thirty five percent (35%) of the points allocated to the RFP evaluation shall be applied/awarded based on to cost of the Procurement.~~

2. Public Notice. ECMCC shall, if applicable, publish notice of the RFP in the NYS Contract Reporter in accordance with Section IV.A. ECMCC may also publish notice of the RFP in a newspaper or other publication for purposes of soliciting participation as determined by the Director of Procurement Compliance.

3. Evaluation. Where the basis for award is the Best Value offer, the Procurement Record shall include a determination of the evaluation criteria in advance of the initial receipt of proposals, which whenever possible, shall be quantifiable, and shall describe the process to be used in the determination of Best Value and the manner in which the evaluation process and selection shall be conducted. The RFP shall set forth criteria stating the relative importance of each evaluation factor to the Procurement, including price, to be used by ECMCC during the evaluation period. A minimum of thirty-five percent (35%) of the points allocated to the RFP evaluation shall be awarded based on price. Each Procurement based on Best Value shall be evaluated by a selection committee of no fewer than two (2) impartial employees or contractors of ECMCC with subject matter expertise. The Procurement Record shall include a full record of all evaluations performed by selection committee, including scorecards of the criteria.

4. Negotiations with Responsible Offeror and Revisions to Proposals. As provided in the RFP, ECMCC may conduct negotiations with Responsible offerors who timely submit Proposals determined to be reasonably qualified to be selected for award. The purpose of negotiations will be to seek the Best Value for ECMCC and to clarify for and advise offerors of the deficiencies in both the technical and price aspects of their Proposals so as to ~~assure~~ ensure the full understanding of and conformance to the solicitation ~~requirements~~ Requirements, and to ensure all proposals may be evaluated on a true like-for-like comparison. No offeror will be provided information about any other offeror's Proposal, and no offeror will be assisted in bringing its Proposal up to the level of any other Proposal. Offerors will not be directed to reduce their Proposal prices to a specified amount in order to be considered for award. A common deadline will be established for receipt of Proposal revisions and communicated to Responsible offerors.
5. Award. After evaluation of Proposal revisions, ~~if any,~~ award will be made to the responsible offeror (or offerors, in the case of multiple awards) whose Proposal is determined to present Best Value be the most advantageous to ECMCC, taking into consideration ~~price and~~ the evaluation factors set forth in the RFP.
- ~~6.~~ Proposal Retention. All Proposals received, including all related documentation and communications received from offerors during the selection process, will be maintained by ECMCC for at least ~~twelve-three~~ (123) months years.
- 6.

**E. Discretionary Procurements.**

For purchases up to the ~~discretionary~~ Discretionary Procurement thresholds set forth below, ECMCC shall not be required to conduct ~~formal competitive bidding processes~~ either IFBs or RFPs. With respect to any ~~discretionary~~ Discretionary Procurement, ECMCC must (i) ensure that the goods, services or technology acquired meet ECMCC's form, function and utility needs; (ii) document and justify the selection of the vendor; (iii) document and justify the reasonableness of the price; and (iv) ensure that the vendor is a Responsible vendor. Reasonableness of price may be determined by obtaining two (2) alternate quotes or comparing the proposed price to prices paid for similar goods or services within the previous twelve (12) months.

1. Supplies and Services under \$20,000. Any Procurement of goods and services, including Professional Services, with a Contract Value that does not exceed \$20,000 including all renewal options may be made without a competitive bidding process; provided, however, that reasonable efforts shall be made to ensure that the price to be paid is reasonable. A Procurement shall not be artificially divided so as to constitute a ~~discretionary~~ Discretionary Procurement under this Section. (GML § 103(1)).
2. Public Works under \$35,000. Any Public Works project with a total Contract Value that does not exceed \$35,000 may be awarded without a competitive bidding process; provided, however, that reasonable efforts shall be made to

ensure that the price paid is reasonable. A Public Works project may not be divided into more than one project so as to constitute a ~~discretionary~~ Discretionary Procurement under this Section. The Director of Procurement Compliance shall determine whether the Public Works contract is for regular work (such as ongoing maintenance) or for an individual and distinct project in determining whether the \$35,000 threshold is exceeded. For example, a Contract for ongoing elevator inspection and maintenance may be determined to exceed the \$35,000 threshold in the aggregate due to its recurring nature, while separate and distinct repairs to drywall damage that occur at differing times may need not be aggregated. ~~-(GML § 103(1)).~~

3. M/WBE and SDVOB Goods and Services under \$500,000. Any Procurement Contract for goods or services with a Contract Value that does not exceed \$500,000 may be awarded to an M/WBE or Service-Disabled Veteran-Owned Business (“SDVOB”) without a competitive bidding process, provided that the price for the goods or services is determined to be reasonable in accordance with these guidelines. The reasonably expected aggregate amount of all purchases of the same commodities or services from the same provider within the twelve-month period commencing on the date of the first purchase cannot exceed the \$500,000 limit. Therefore, even though the value of an individual Procurement Contract may be below the ~~discretionary~~ Discretionary Procurement threshold, expected purchases during the following twelve (12) month period should be evaluated to determine whether the ~~discretionary~~ Discretionary procurement Procurement exception is available. Where the Contract Value exceeds \$50,000, the Contract award, and if applicable, the mini-bid directed to M/WBE or SDVOB firms (as applicable), must be advertised in the New York State Contract Reporter in accordance with Section IV.A. (PAL § 2879).
4. Small Business Goods and Services under \$500,000. Any Procurement Contract for goods or services with a Contract Value that does not exceed \$500,000, including all renewal options, may be awarded to a Small Business without competitive bidding process, provided that the price for the goods or services is determined to be reasonable. For purposes of determining reasonableness of price, the same process set forth relating to M/WBE ~~discretionary~~ Discretionary Procurements awards shall apply to Small Business ~~discretionary~~ Discretionary awards Procurements. The Discretionary Procurement requirements shall not be artificially divided so as to constitute a ~~discretionary~~ Discretionary Procurement under this Section III.G. Where the Contract Value exceeds \$50,000, the Contract award and, if applicable, the solicitation directed to Small Businesses, must be advertised in the New York State Contract Reporter in accordance with Section IV.A. Small Business status may be established by a regional, statewide, or national certification. (PAL § 2879).

#### **F. Medical Projects.**

1. Source Selection. ECMCC may award Contracts for Medical Projects to Project Developers on the basis of factors other than cost alone, including but not limited to, facility design, system reliability, efficiency, safety and compatibility with other elements of patient care. Notwithstanding any contrary provisions of law, a Contract for a Medical Project with a Project

Developer may be awarded pursuant to the competitive bidding process outlined in Section III.C (Invitation for Bid) or pursuant to the Proposal evaluation process outlined in Section III.D (Request for Proposal). (PAL § 3628(10)).

2. Public Notice. When an RFP is issued for a Medical Project, ECMCC shall publish notice of such issuance in at least one (1) newspaper of general circulation in the County. Concurrent with the publication of such notice, a draft RFP shall be filed with the County Commissioner of Health. (PAL § 3628(10)(b)).
3. Board Resolution. If after issuance of an RFP for a Medical Project, a Contract is awarded to a Project Developer who is not the lowest bidder, ECMCC shall adopt a resolution containing particularized findings indicating that the requirements of ECMCC are met by the award and that such award is in the public's best interest. (PAL § 3628(10)(b)).
4. Project Cost over \$500,000. Where a Medical Project expected to cost more than \$500,000 involves the construction of a Medical Building, ECMCC's Contract with the Project Developer shall provide that the Medical Building shall be constructed through Contracts awarded through a competitive bidding process outlined in within Public Authorities Law Section 3628, and shall require separate and independent competitive bidding in each of the following subdivisions:
  - (a) plumbing and gas fitting;
  - (b) steam heating, hot water heating, ventilating and air conditioning apparatus; and
  - (c) electric wiring and standard illuminating fixtures.(PAL §§ 3628(11)(b)(i)-(iii)).
5. Bid Security. Where a Medical Project expected to cost more than \$500,000 involves the construction of a Medical Building, the Project Developer or the Project Developer's construction subcontractors shall furnish bid security as provided in Section V.A(1). (PAL § 3628(11)).

**G. Exemptions from Formal Competition.**

The following types of Procurements are exempt from the competitive procurement processes outlined in Section III.C and III.D, provided however that unless otherwise noted herein, exemption from such competitive procurement processes shall not exempt the Procurement from applicable M/WBE participation requirements set forth herein or Contract Reporter publication requirements set forth in Section IV.A:

1. Sole and Single Sources. When ECMCC determines that there is only one source for required goods or services, and no other vendor offers functionally equivalent goods or services in the marketplace, a Procurement Contract for such goods or services may be awarded without competitive procedures, provided that a Sole Source Justification Form is completed by the

Department initiating the Procurement and approved by the Vice President of Materials Management, Office of General Counsel, and CEO or CFO. Sole source Procurements with Contract Values exceeding \$50,000 shall be advertised in the Contract Reporter in accordance with Section IV.A. The definition of “Sole Source” under these Guidelines shall include those instances where goods or services are available from two or more vendors, but a particular vendor is preferable because of specific factors described in this section. Factors supporting an award in such a “single source” situation include: (i) legislation or appropriation mandates use of particular vendor; (ii) warranty voided if service or parts are provided by a different vendor; (iii) software license renewals, additions, or upgrades available from only one source, or (iv) other circumstances as may be identified in the Sole Source Justification Form, as may be amended. Advertisements with local media sources and endorsement agreements with celebrities shall automatically be categorized as “Sole Source” agreements by ECMCC due to the unique, exclusive characteristics of such relationships. (1983 Op. St. Compt. No. 83-67; 1986 Op. St. Compt. No. 86-41; 1988 Op. St. Compt. No. 88-35; and related case law).

2. Emergency Procurement. Notwithstanding any other provision of these Guidelines, ECMCC may make ~~or authorize others to make~~ an emergency Procurement in the event of an accident or unforeseen occurrence or condition that affects its buildings or property, or the life, health, safety, or property of its staff or patients, or to prevent or minimize serious disruption of ECMCC services jeopardizing patient health, welfare or safety; subject to the following provisions:
  - (a) The emergency Procurement shall be limited to those supplies, services or construction items necessary to meet the immediate emergency;
  - (b) Emergency Procurements shall be made with such competition as is practicable under the circumstances;
  - (c) When practicable, approval of the CEO shall be obtained prior to the Procurement;
  - (d) For emergency Procurements that equal or exceed two hundred fifty thousand dollars (\$250,000), the Board of Directors must ratify the Emergency Procurement at the next Board meeting. (GML § 103(4)).
  
3. Joint Hospital Purchases. ECMCC may participate in a joint purchasing agreement for the Procurement of goods, supplies and services with one or more other municipal, state, federal or privately-owned hospital or other health related facility or medical school that receives public funding without a competitive procurement process. Such cooperative or joint purchasing may include, but is not limited to, multi-party contracts between public Procurement units and open-ended public Procurement unit contracts that are made available to other entities. Such joint purchases are exempt from traditional M/WBE goals but must comply with other applicable M/WBE policies ECMCC has in place governing joint purchases. (GML § 103(8); PHL § 2803-a).

4. Group Purchasing Organizations. ECMCC recognizes purchases made through Group Purchasing Organizations as a best practice in hospital purchasing nationwide with associated efficiencies, savings and speed. ECMCC may participate in one or more group purchasing organizations (“GPO”). Procurements made pursuant to a GPO arrangement shall not be subject to competitive procurement processes or traditional M/WBE goals. ECMCC is permitted to execute a final Contract with a GPO vendor that has terms more favorable than those available on GPO. (PHL § 2803-a; 1989 Op. St. Compt. No. 89-2).
  
5. Professional Health Care Services. Contracts for professional health care services including but not limited to services performed by health care agencies or entities, physicians, dentists, physician’s assistants, home health and personal care aides, occupational, speech, respiratory and physical therapists, nurses, nurse practitioners, licensed practical nurses, nurses’ assistants, medical and laboratory technicians, diagnosticians, social workers, psychiatric workers, ~~veterinarians, pharmacists, dieticians,~~ and persons who provide care, treatment, counseling, case management, rehabilitative or preventative services to the mentally ill, developmentally disabled and those suffering from the disease of alcoholism or substance abuse are exempt from competitive procurement processes. (case law and various State Comptroller opinions)
  
- ~~6. Government Sources. ECMCC may purchase utilizing a contract let by the New York State Office of General Services (“OGS”) when the purchase exceeds \$500 pursuant to the procedures set forth in NY State Finance Law § 163. Additionally, ECMCC may utilize the terms of a federal government general services contract where the terms are to the advantage of ECMCC and have been offered to ECMCC by the contractor. Finally, ECMCC may further make purchases of apparatus, materials, equipment or supplies, or contract for services related to the installation, maintenance or repair of apparatus, materials, equipment, and supplies, through the use of a eContract let by the federal government, any federal agency, and or any other State or political subdivision or district, if the eContract was let to the lowest responsible bidder or on the basis of Best Value, made available for use by other governmental entities, and where “Best Value” is permitted for such use by the governmental entity. Purchases from such any of these federal or state sources -may be made without regard to the competitive Bid process or M/WBE goals, but in the case of the Office of General Services OGS, must follow any specific requirements issued by the Office OGS pertaining to that Procurement. However, when When ECMCC elects to use a federal source for the purchase of goods or services, no purchase may be made where a Bid for such good or service has been received, unless the purchase may be entered into upon the same terms, conditions, and Specifications and represent a cost savings to ECMCC. ECMCC is permitted to execute a final Contract with a government source vendor that has terms more favorable than those available on GPO from the government source. (GML § 103(16); GML § 104; SFL § 163(3)(iv); PAL § 3628(9)).~~
  
- ~~6. ECMCC may further make purchases of apparatus, materials, equipment or supplies, or contract for services related to the installation, maintenance or repair of apparatus, materials, equipment, and supplies, through the use of a contract let by the federal government, any federal agency, and any other State~~

~~or political subdivision or district if the contract was let to the lowest responsible bidder or on the basis of Best Value and made available for use by other governmental entities. (GML § 103(16)).~~

7. County Contracts. ECMCC may purchase goods or services, other than services subject to article nine of the labor law, through Erie County or through any County within New York subject to the rules established pursuant to NY County Law § 408-a(2); provided that (1) ECMCC accept sole responsibility for any payment due the vendor, (2) prior to making such purchases or contracts ECMCC consider whether such contracts will result in cost savings after all factors, including charges for service, material, and delivery, have been considered, and (3) ECMCC actively audit expenditures under such agreement. No Procurement may be made under this section where Bids or Proposals for such goods or services have been received, unless the Procurement may be entered into upon the same terms, conditions, and Specifications and represent a cost savings to ECMCC. (GML § 103(3)).

7.8. Additional Items under Existing Contract. Where the need for additional items or services arises under an existing Contract awarded pursuant to an IFB or RFP, such Procurement may be made without issuing a new IFB or RFP, provided that the additional items or services ~~were~~ are within the scope of ~~contemplated under~~ the original IFB or RFP, ~~are provided within eighteen (18) months of the original RFP or IFB and the quantity of additional items or services does not exceed thirty (30%) percent of the quantity of items or services procured under the original Contract (for examples: a new surgical implant device is made available under a Contract for other surgical implant devices; an add-on or upgrade is made available to an electronic medical record platform already in use at ECMCC).~~ This requirement shall not extend to contract extensions for the same services or products awarded pursuant to a compliant IFB or RFP. All communications and documentation related to the Procurement of additional items or services will be maintained in the Procurement Record. For avoidance of doubt, this Section shall not apply to any discretionary Discretionary Procurements to the extent that the additional items or services would cause the Contract Value to exceed the discretionary Discretionary Procurement threshold. To the extent that the additional items or services impact the Contract Value, and the Contract is subject to M/WBE goals, ECMCC shall require the Contractor to submit an updated M/WBE Utilization Plan in accordance with these guidelines.

8.9. Professional Services. Where the issuance of an RFP is impractical due to the professional nature or scope of the services to be provided, such Professional Services may be procured through the solicitation of price quotations from no less than three (3) offerors. Such quotations must be obtained in writing. Award will be made to the offeror providing the Best Value to ECMCC based on an evaluation of the price and other specified factors. If factors other than price are utilized in the evaluation of the quotes, such factors shall be disclosed to all offerors at the time the price quotation is solicited. The names, addresses and/or telephone numbers of the offerors and persons contacted, along with the date and amount of each quotation shall be recorded and maintained in the Procurement Record. Any award of a Contract under this Section shall comply with ECMCC's M/WBE policies and procedures and the Contractor Reporter publication requirements set forth in Section IV.A.

9.10. Standardization. For reasons of efficiency or economy, purchase Contracts for equipment, material, supplies or services may be standardized to a particular make, model or brand upon the approval by at least three-fifths of the members of the Board of Directors of ECMCC. The resolution adopted by the Board shall specify the reasons that standardization is appropriate. A common reason for standardization is to ensure that equipment purchased is compatible with existing equipment or spare parts. For such purchases to be justified, the original equipment should be suitable for the required purpose, the price should be reasonable when compared to the overall cost, and the advantages of another make or source of equipment shall have been considered and rejected on grounds acceptable to ECMCC. After a resolution is adopted, ECMCC may specify the standardized make, model or brand in specification document, however all competitive processes set forth in these Guidelines must still be followed. (GML § 103(5)).

10.11. Surplus and Second-Hand. Surplus and second-hand supplies, equipment and materials purchased from the federal government, New York State, or any other political subdivision, district or public benefit corporation are not subject to the competitive bidding process. (GML § 103(6)).

11.12. Recycled Products. Recycled products may be purchased without regard to the competitive Bid process so long as they meet the specified requirements and are reasonably competitive. Reasonably competitive shall mean that the cost of the recycled product does not exceed a cost premium of ten (10%) percent above a comparable non- recycled product. (GML § 104-a).

12.13. Board Waiver of Requirements for Competitive Selection of Contractors. The ECMCC Board may, upon careful deliberation and a vote of 2/3 of the Directors present at a meeting of the Board at which such Contract is presented, by resolution, waive requirements for the competitive selection of contractors for a specific procurement that otherwise would be awarded on a competitive basis when such waiver is in the best interest of ECMCC. ~~Accordingly, the Board of Directors may, upon careful deliberation and a vote of 2/3 of the Directors present at a meeting of the Board at which such Contract is presented, waive the selection of contractors on a competitive basis when doing so is in the best interest of ECMCC.~~ (PAL § 2879(3)(b)(i)).

13.14. Subsidiaries of the Corporation. ECMCC may own, in whole or in part, one or more subsidiary corporations formed to exercise and perform portions of its purposes, powers, duties, functions, or activities. Delegation of such activities to these corporations shall not be subject to competitive procurement processes or traditional M/WBE goals. (PAL § 3631(9)).

15. Affiliated Entities. Upon compliantly procuring goods or services (including via lease), ECMCC may, without need for a separate IFB or RFP, enter into one or more separate agreements with an affiliated entity of the contracted vendor for purposes of securing financing for the goods or services. ~~without need for a separate Procurement.~~

16. Lease Agreements. ECMCC may lease or purchase real property from private



entities without engaging in a competitive procurement process. (GML § 103 and related case law).

17. Contract Assignments. If ECMCC has awarded a Procurement Contract through a valid Procurement process to a vendor, the vendor validly assigns the Contract to a secondary vendor as permitted by the Contract and by New York law, and the secondary vendor agrees to assume all rights, responsibilities, and liabilities under the assignment contract, ECMCC may Contract with such secondary vendor without the need for a further RFP or IFB.
18. Lack of Response. If, after two (2) attempts at good faith advertisement of a Procurement opportunity through an IFB or RFP, ECMCC receives no proposals or Bids in response to such advertisement, ECMCC may purchase the goods or services that are subject of the IFB or RFP in the open market without having to further re-issue the IFB or RFP. (1978 Op. St. Compt. No. 78-523).

#### **H. Pre-qualification.**

Prospective suppliers may be pre-qualified for particular types of supplies, services or ~~construction~~Public Works. Such pre-qualification, however, is subject to subsequent review and does not necessarily constitute a finding of Responsibility for any particular contract award nor does it guarantee an amount to be awarded. Notice of the Pre-Qualification solicitation shall be published at least annually in a newspaper of general circulation, and shall be published in the New York State Contract Reporter, similar to an IFB/RFP. The pre-qualified vendor list generated by the Pre-Qualification solicitation shall not contain less than five (5) bidders and must remain open for additional qualified bidders. Prequalification of bidders does not constitute competitive bidding. An IFB or RFP must still be used to determine how a particular Procurement will be awarded. (GML § 103(15)(b)).

#### **I. Request for Qualifications.**

In instances where ECMCC wishes to award contracts in accordance with the discretionary procedures forth in Sections III.E.1 and III.E.2, it may, but shall not be required to, award such contracts after first issuing a public Request for Qualifications (“RFQ”). Such RFQs shall not be subject to any formal notice requirements or MWBE goals, but shall be used to establish lists within ECMCC of vendors permitted to perform work (or provide supplies) on projects up to but not exceeding the discretionary thresholds. Such qualified vendors should meet the Responsible requirements set within these Guidelines and, whenever possible, should enter into a Contract with ECMCC prior to providing goods or services. An RFQ shall not be required in order to make a Discretionary Procurement, but rather is a tool to be used by ECMCC for creating established lists for these Discretionary Procurements. If a list is established through an RFQ process for a specific good, service, or Public Works, ECMCC should endeavor to only enter into Discretionary Procurements with the vendors on such list absent extraordinary circumstances.

**J. New York State Business Enterprises.**

~~It is the goal of~~ ECMCC ~~to shall~~ promote the participation of New York State Business Enterprises and New York State Residents whenever possible within Procurement Contracts. (PAL §§ 2879(3)(n)-(p)).

**IV. PROCEDURES and STANDARD PROVISIONS**

**A. New York State Contract Reporter.** ~~Except as otherwise set forth below, All all Procurements (other than joint purchases and contracts for health care services) of goods, services or public works having a Contract Value of fifty thousand dollars (\$50,000) or more shall be published in the New York State Contract Reporter (except as provided below). Certain ECMCC shall advertise certain Procurement opportunities are required to be published in the New York State Contract Reporter as set forth below:~~

1. Notice of Procurement. For all ~~Procurement Contracts~~ IFBs, RFPs, and RFQs regardless of value, and all Sole Source Procurements and M/WBE Discretionary Procurements with a Contract value equal to or greater than \$50,000, ECMCC will, ~~prior to issuing an IFB or RFP,~~ submit the following information to the New York State Contract Reporter ~~website~~: (1) ECMCC's name and address; (2) the IFB or RFP number; (3) a brief description of the goods and/or services sought, the location where goods are to be delivered and/or services provided and the contract term; (4) the address where bids or proposals are to be submitted; (5) the due date for Bids or Proposals; (6) a description of any eligibility or qualification requirements or preferences; (7) a statement as to whether the contract requirements may be fulfilled by a subcontracting, joint venture or coproduction arrangement; (8) any other information deemed useful to potential contractors; (9) the name, address, and phone number of the person to be contacted for additional information, ~~and~~ (10) a statement as to whether the goods and/or services sought have, in the immediately preceding three-year period, been supplied by a Foreign Business Enterprise (as defined in EDL § 141(2)), and (11) the name of any individual or business enterprise that has been awarded an identical or substantially similar Procurement Contract within the past five years. ~~In the case of IFBs, RFPs, and RFQs, The the notice of Procurement opportunity information~~ shall appear in the NYSCR at least fifteen (15) business days prior to ~~the a~~ Bid or Proposal due date. (EDL § 142(2)(c)).
2. Notice of Contract Award. At the time a determination of intent to award a Procurement Contract through an IFB or RFQ is made, the following information shall be submitted for publication in NYSCR:
  - (a) For Procurement Contracts obtained through IFB, the result of the Bid opening including the names of bidding firms and the amounts bid by each;
  - (b) For Procurement Contracts obtained through an RFP or ~~quote RFQ solicitation,~~ the names of vendors submitting Proposals or quotes and the vendor submitting the selected Best Value Proposal or quote.

~~(e) For all Sole Source Procurements and M/WBE Discretionary Procurements with a Contract value equal to or greater than \$50,000, all other Procurement Contracts (including Procurement Contracts with a value of \$50,000 or more awarded on a sole source or single source basis, including such Contracts not exceeding \$500,000 awarded to Small Businesses or M/WBE firms, or for the purchase of goods and/or technology that are recycled or remanufactured, and certain other Procurement Contracts exempt from the general advertising requirement for procurement contract bidding opportunities), the name of the proposed awardee. (EDL §§ 143(2)-(3)).~~

~~(d)(c)~~

~~3. Exemptions. This Section IV.A shall not apply (a) in the event of an Emergency Procurement, (b) if the Procurement is being resolicited within forty five (45) business days after the date Bids or Proposals were originally due, or (c) to Procurement Contracts awarded to not for profit human services providers. (EDL § 144).~~

## **B. Cancellation of Invitation for Bid or Request for Proposal.**

An IFB, RFP or other solicitation may be canceled, or any or all Bids or Proposals may be rejected in whole or in part as may be specified in the solicitation or otherwise, when it is in the best interest of ECMCC. Such cancellation and reissuance may include such instances in which ECMCC determines that a re-issuance may result in more favorable bids or responses. The reasons for the cancellation or rejection shall be made part of the Procurement Record. (GML § 103(1)).

## **C. Responsibility of Bidders and Respondents.**

1. Standards. Factors to be considered in determining whether the standard of “Responsibility” has been met include whether a prospective contractor has:
  - (a) Available the appropriate financial, material, equipment, facility and/or personnel resources and expertise, or the ability to obtain them, necessary to indicate its ability to meet all contractual requirements;
  - (b) A satisfactory record of performance with projects of a similar size and nature;
  - (c) A satisfactory record of integrity;
  - (d) Qualified legally to contract with ECMCC; and
  - (e) Promptly supplied all necessary information in connection with the inquiry concerning responsibility.
2. Written Determination of Non-Responsibility or Non-responsiveness Required. If a bidder or offeror who otherwise would have been awarded a contract is found non-responsible or nonresponsive, ECMCC shall issue a written determination of non-responsibility or non-responsiveness setting forth the basis of the finding.

**D. Compliance with Procurement Lobbying Laws.** In accordance with State Finance Law Section 139-j, potential Contractors are prohibited from contacting ECMCC in an effort to influence a decision on a pending Procurement during the “Restricted Period” set forth within such law. Further, in accordance with State Finance Law Section 139-k, bidders and offerors are required to disclose findings of non-responsibility made within the previous four years by any governmental entity where such prior finding of non-responsibility was due to: (a) a violation of Section 139-j, or (b) the intentional provision of false or incomplete information to a governmental entity. ECMCC shall investigate any report of violation of these laws. Failure to comply with these laws may result in the disqualification of a Contractor from future Procurement opportunities.

**E. Contractor Preparation of Technology Specifications.** If a Contractor prepares and furnishes specifications for a technology Procurement proposal, to be used in a competitive Procurement, such Contractor shall not be permitted to bid or propose on such Procurement, either as a prime contractor or as a subcontractor. Contracts for evaluation of offers for products or services shall not be awarded to a Contractor that would then evaluate its own offers for products or services. Such restrictions shall not apply where:

1. The Contractor is the sole source or single source of the product or service;
2. More than one Contractor has been involved in preparing the specifications for a Procurement proposal; or
3. A Contractor has furnished at ECMCC’s request specifications or information regarding a product or service they provide, but such Contractor has not been directly requested to write specifications for such product or service or an ECMCC technology procurement proposal.

**F. ~~Contract Provisions.~~ Non-collusive bidding.**

~~1. All Contracts for Personal Services shall detail the scope of services to be performed and the time frame for performance, the monitoring or reviewing of that performance by ECMCC personnel and, where appropriate, any permitted use of supplies, facilities or personnel. Such contracts also shall state the compensation for the services, the timing of payment, the preconditions for receiving payment from ECMCC, procedures for termination of the contract and any other provisions counsel deems necessary or appropriate for each particular contract. If the performance of any contract permits or requires the use of subcontractors, the Contract shall require the Contractor to act affirmatively to secure such participation by M/WBEs and to report the nature and extent of such efforts to ECMCC in accordance with predetermined ECMCC participation goals.~~

All Bid documents must include the following non-collusive bidding certification language:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

#### **G. Trial Agreements.**

From time to time, ECMCC may have need to trial a new product on a short-term basis prior to purchasing. Such trial should be limited in duration to the extent of time necessary to make a decision on the product, but in no event more than ninety days, and should only be permitted if there is an existing compliant procurement method in keeping with these Guidelines that would permit the purchase of the product following conclusion of the trial.

#### **G.H. Contract Review and Approval.**

1. General Counsel. All contracts and amendments to contracts must be reviewed and approved by ECMCC's General Counsel, with the exception of renewals or extensions to existing contracts upon the same terms and conditions previously reviewed and approved by the General Counsel. General Counsel may designate an ~~attorney~~ member of the Office of General Counsel to perform review in any particular instance.
2. Board Approval of Non-Budgeted Contracts. Any Contract with a Contract Value in excess of \$500,000 that does not appear in the budget must be approved by the Board of Directors.
3. Board Approval and Annual Review of Certain Contracts for Services. Any Procurement Contract for services with an actual or anticipated term of more than one (1) year must be approved by and annually reviewed by the Board of Directors. (PAL § 2879).
4. Signing Authority. The Chief Executive Officer, ~~and~~ Chief Financial Officer ~~and President~~ are the only persons authorized to sign Contracts on behalf of ECMCC.

#### **H.I. ECMCC Reserved Rights.** The following statement of reserved rights may be incorporated in all RFPs and IFBs.

ECMCC reserves the right to:

1. Reject any and all proposals submitted in response to this Request for Proposals or Invitation for Bids;

2. Disqualify any respondent whose conduct or proposal fails to conform to the requirements of this RFP/IFB;
3. Withdraw this RFP/IFB at any time at its sole discretion;
4. Prior to submission of proposals to amend the RFP/IFB specifications to correct errors or oversights, or to supply additional information as it becomes available;
5. Change any of the scheduled dates;
6. Waive any requirements that are not material;
7. Waive any non-conformity with the requirements of this RFP/IFB;
8. Terminate this RFP/IFB process at any time;
9. Seek clarification from a respondent at any time throughout the RFP/IFB process for the purpose of resolving ambiguities or questioning information presented in proposals;
10. Award the contract in whole or in part and/or apportion the award among one or more respondents;
11. Negotiate final terms with the successful respondent(s);
12. Conduct contract negotiations with the next responsible bidder, should ECMCC be unsuccessful in negotiating with the selected bidder;
13. Prepare a list of finalists based on initial proposal evaluations and request that finalists present in-person or telecommunicated presentations to ECMCC;
14. Extend the term of any resulting contract for the items or services described herein for additional lengths of time at ECMCC's discretion;
15. Add additional similar products to any resulting agreement as they become available and meet ECMCC's needs; and
16. In the event that the selected bidder is unable to fulfill ECMCC's request for the products/services, choose another bidder through any compliant procurement means available to ECMCC.

**V. BOND REQUIREMENT**

**A. Bid Security.**

1. Requirement for Bid Security on ~~Certain Construction~~ Public Works Contracts. Bid security shall be required for Contracts involving the construction of a Medical Building when the cost is estimated to exceed \$500,000. Bid security shall be in the form of a bond from the Project

Developer or the Project Developer's construction subcontractor guaranteeing prompt payment when due to all persons furnishing labor and materials. Such bond shall be provided by a surety company authorized to do business in New York, or the equivalent in cash or otherwise supplied in a form satisfactory to ECMCC. Nothing herein prevents the requirement of such bonds on other construction Contracts or Contracts valued under \$500,000 when the circumstances warrant. (PAL § 3628(11))

2. Bid Security on Supply or Services Contracts. Bid security may be required for supply or service contracts, as ECMCC deems necessary to protect ECMCC's interests. Any security requirements shall be set forth in the solicitation. Bid security shall be a bond provided by a surety company authorized to do business in New York or the equivalent in cash or otherwise supplied in a form satisfactory to ECMCC. Bid security shall not be used as a substitute for a determination of a bidder or offeror's responsibility.
3. Rejection of Solicitations for Noncompliance with Bid Security Requirements. When the solicitation requires security, noncompliance requires that the Bid or Proposal be rejected unless otherwise waived by ECMCC pursuant to these Guidelines. (PAL § 3628(11)).

**B. Other Forms of Security on ~~Construction~~ Public Works Contracts.**

ECMCC may require other forms of security to assure timely, faithful and uninterrupted performance, including, but not limited to, operations period surety bonds, letters of credit, and appropriate written guarantees from the Contractor.

**VI. ETHICS**

**A. Definitions.**

1. Direct and Indirect Participation. Involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or Procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity.
2. Employee. Any individual drawing a salary from ECMCC or any non-compensated individual performing services for ECMCC.
3. Relative. An individual residing in the same household as the ECMCC employee and any individual who is a direct descendent of the employee's grandparents or the spouse of such descendent.

**B. Conflict of Interest.**

1. Conflict of Interest. It shall be a breach of ethical standards for any Employee to participate directly or indirectly in a Procurement when the Employee knows that:

- (a) The Employee or a Relative of the Employee has a financial interest pertaining to the Procurement;
- (b) A business or organization in which the Employee or Relative is involved has a financial interest pertaining to the Procurement;
- (c) Any other person, business, or organization with whom the Employee or Relative is negotiating or has an arrangement concerning prospective employment is involved in the Procurement.

**C. Kickbacks.**

It shall be a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor, higher tier subcontractor or any person associated therewith, or a relative of such contractors or subcontractors, as an inducement for the award of a subcontract or order.

**VII. MINORITY AND WOMEN BUSINESS ENTERPRISE (“M/WBE”) REQUIREMENTS.**

**A. Scope.** All Procurement Contracts entered into by ECMCC exceeding \$25,000 for labor, services, supplies, equipment, or materials or exceeding \$100,000 for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements, must comply with the M/WBE requirements set forth in New York State Executive Law Article 15-A, as well as 5 NYCRR Parts 142-144 (“M/WBE Regulations”) (“State Contracts”). With respect to procurement of services and commodities, ECMCC shall consider the reasonably expected aggregate amount of all purchases of the same commodities or services to be made within a twelve (12) month period commencing on the date of purchase when determining whether these requirements apply. Aggregate purchases of the same commodities or services within a twelve (12) month period are deemed a single transaction.

**B. M/WBE Goal Plan.**

1. Generally. Annually, ECMCC shall submit to the director of the NYS Department of Economic Development, Division of Minority and Women’s Business Development (the “Division”), an M/WBE Goal Plan setting forth the percentage of ECMCC expenditures targeted for the participation of M/WBEs in the following State Contract categories:

- Construction;
- Commodities;
- Construction related professional services; and
- Non-construction related professional and non-professional services.

2. Establishment of Goals. ECMCC shall review all State Contracts and establish overall goals for each contract as well as goals for specific MBE and WBE participation, as required by 5 NYCRR 142.2. Generally, ECMCC is committed to achieving an overall M/WBE utilization percentage of thirty percent (30%) of ECMCC’s agency budget, which



percentage goal may be amended from time to time as set forth in the M/WBE Goal Plan (the “M/WBE Goal”). This goal is generally subdivided into twenty percent (20%) MBE and ten percent (10%) WBE participation, but may be reduced or increased on an individual basis upon analysis and review of potential subcontracting opportunities by ECMCC.

3. Exempt and Excluded Expenditures. The M/WBE Goal Plan includes a list of “Exempt” and “Excluded” expenditures, which expenditures are not included in ECMCC’s agency budget. Such exemptions and exclusions shall include those otherwise described within these Guidelines, but may also include other areas that ECMCC determines insufficient M/WBE utilization is available, subject to approval by NYS.
4. State Contract Goals. Each IFB, RFP, and proposed contract that is expected to result in a State Contract (other than an exempt or excluded State Contract) shall set forth the M/WBE Goal for the State Contract. Individual goals may be set for each State Contract, taking into consideration the factors set forth in 5 NYCRR 141.2(e). Each IFB and RFP shall include detailed instructions on M/WBE compliance and requirements to be met in responding the IFB or RFP.

**C. ECMCC’s Good Faith Efforts.** For all procurements anticipated to result in a State Contract (other than an exempt or excluded State Contract), ECMCC shall employ good faith efforts to achieve M/WBE participation in accordance with 5 NYCRR 141.6, including, but not limited to, the following notice of solicitation strategies:

1. NYS Contract Reporter. With respect to all procurements expected to result in a State Contract exceeding \$50,000, such procurements shall be advertised in the New York State Contract Reporter.
2. Direct Solicitation of M/WBEs. Notice of the solicitation (by email or letter) shall be sent by ECMCC’s Department of Purchasing directly to certified M/WBEs that have been identified by ECMCC as M/WBE vendors qualified to provide the service or commodity.
3. Other Media. Advertisements for RFPs, IFBs and other solicitations anticipated to result in a State Contract will also be placed in minority and women-focused media as appropriate.

**D. Documentation of Good Faith Efforts.** ECMCC shall document its Good Faith Efforts by including in the procurement record: (1) documentation showing M/WBE vendors, organizations and associations that were solicited and/or copies of advertisements placed in general circulation media, trade association, publications and/or minority-focused media, and (2) all bids, quotes, proposals or other responses received from M/WBE vendors.

**E. Contractor’s Good Faith Efforts.** When an opportunity for subcontracting or indirect expenditure with an M/WBE firm exists on a State Contract, ECMCC shall ensure that prime vendors employ a good faith effort to utilize M/WBE subcontractors as required under 5 NYCRR 142.8. In determining whether a Contractor has made good faith efforts to utilize M/WBE subcontractors, ECMCC

shall consider whether the Contractor has undertaken efforts including but not limited to:

1. Solicit certified M/WBEs and provide copies of solicitations and responses thereto upon ECMCC's request;
2. Advertise for participation of M/WBEs in appropriate general circulation, trade and minority- or women-oriented publications, and provide copies of the listing(s) and date(s) of the publication to ECMCC upon request; and
3. Undertake steps to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified M/WBEs.

**F. Joint Ventures and Teaming Agreements.**

Where a State Contract does not afford opportunities for subcontracting or subconsulting, potential contractors shall be encouraged to enter into joint ventures and teaming agreements with M/WBEs.

1. Joint Venture. A contractual agreement joining together two or more business enterprises, one of which is a certified M/WBE, for the purpose of performing on a State Contract. The M/WBE must provide a percentage of value added services representing an equitable interest in the joint venture. All parties to the joint venture must agree to share in the profits and losses of the business endeavor according to their percentage of equitable interest.
2. Teaming Agreement. A utilization plan arrangement between two or more business enterprises, one of which is a certified M/WBE, to perform on a specific State Contract if awarded to the team. The team itself may be a joint venture, or one of the team members may be designated to act as the prime contractor, and the other member(s) designated to act as subcontractors.
3. Information Required. In the event that a contractor responding to a solicitation is a joint venture, teaming agreement, or other similar arrangement that includes a certified M/WBE, such a contractor must submit the M/WBEs identifying information, including federal identification number and copy of certification, as well as a copy of the joint venture or teaming agreement.

**G. M/WBE Utilization.**

1. M/WBE Utilization Plan. With respect to procurements that are anticipated to result in the execution of a State Contract, ECMCC shall include a blank M/WBE Utilization Plan with any IFB, RFP, or proposed contract (where the contract is exempt from competition requirements set forth in GML § 103).
2. Review of Utilization Plan. ECMCC shall review and approve all M/WBE documentation (Utilization Plan, etc.), or otherwise notify the potential contractor of disapproval or deficiency of the documentation within twenty (20) business days of submission, as required by 5 NYCRR §142.4. If the

Utilization Plan is not approved, the M/WBE Analyst will provide the contractor with a written notice of deficiency of the Utilization Plan within twenty (20) business days of its receipt, as required under 5 NYCRR Part 142.6(c). The potential contractor must respond to the notice of deficiency by submitting to the M/WBE Analyst a written remedy within the period of time set forth in the Bid or RFP documents, as permitted by 5 NYCRR Part 142.6(e). If the written remedy submitted is found to be inadequate, the M/WBE Analyst will notify the contractor and may request the contractor to submit a request for a waiver. If a contractor is deemed non-responsive or non-responsible by ECMCC any request for waiver shall be deemed to be moot (5 NYCRR Part 142.7(a)(1)(b)).

3. Determination of Non-Responsiveness. ECMCC may disqualify a potential contractor as non-responsive (5 NYCRR §142.6(f)) to the requirements of NYS Executive Law Article 15-A upon the occurrence of any of the following:

- (i) Contractor fails to submit a M/WBE Utilization Plan in accordance with the requirements of this Policy or apply for a waiver;
- (ii) Contractor fails to submit a written remedy in response to a notice of Utilization Plan deficiency in accordance with this Policy;
- (iii) Contractor fails to submit a request for waiver upon request by ECMCC;
- (iv) Denial of a request for waiver by the M/WBE Analyst or the Division; or
- (v) M/WBE Analyst determines that the contractor has failed to perform good faith efforts.

**H. Self-Performance.** Contractors that are NYS certified M/WBEs and will self-perform all or a portion of a State Contract may count the value of the self-performed work as either MBE or WBE involvement up to the dollar value of such involvement. Contractor must also engage participation from another MBE or WBE firm of the opposite designation in order to meet the requirements of ECMCC's M/WBE Program. Example: On a contract for services with a 30% M/WBE goal (15% MBE and 15% WBE), ABC Company is a WBE and intends to self-perform 20% of the contract work. Company ABC may count 20% of the contract value as WBE utilization performed by Company ABC. Company ABC must still engage at least one NYS certified MBE as a subcontractor or supplier to perform at least 15% of the contract work in order to meet the M/WBE requirements of the contract unless otherwise approved by the Division.

**I. Commercially Useful Function.** In accordance with 5 NYCRR 140.1(f), only sums paid to M/WBEs for the performance of a commercially useful function may be applied towards the achievement of the applicable M/WBE participation goal. An M/WBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved and is consistent with the commodity classifications assigned to the M/WBE by the Division. An M/WBE does not perform a commercially useful function if its role adds no substantive value and is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of participation.

- J. Contractor Reporting.** The State Contract shall require contractor to report on their M/WBE utilization throughout the term of the Contract in the format and timeline indicated by ECMCC.
- K. Non-Compliance.** Contractors who fail to comply with the utilization percentages set forth in their approved Utilization Plan shall be subject to disqualification, liquidated damages, termination of the State Contract, or other enforcement as set forth in the Contract.
- L. Waivers.** If a contractor or potential contractor, after engaging in good faith efforts as described within the M/WBE Regulations, is unable to achieve the M/WBE goals applicable to the RFP, IFB, or State Contract, ECMCC may permit the contractor to request a total or partial waiver of the M/WBE goals by submitting a request for waiver accompanied by documentation of good faith efforts. Within the timeframe set forth in the Bid or RFP documents, ECMCC will determine in its discretion whether the request should be approved, denied, or whether additional action should be taken by the contractor to reach the applicable goal. As required by New York State, Such determinations by ECMCC shall be reviewed and approved by Empire State Development prior to ECMCC issuing final determination. Contractors are responsible for preparation of all Requests for Waiver and supporting documentation, and waiver requests that do not contain sufficient documentation of Good Faith Efforts should not be approved.
- M. M/WBE Discretionary ~~Purchases~~Procurements.** Consistent with New York Public Authorities Law Section 2879, where goods or services are available from certified M/WBEs, procurements may be made by ECMCC in amounts not exceeding \$500,000 without competitive procurement process, ~~in accordance with the November 26, 2019 resolution of the ECMCC Board of Directors (each a “Discretionary M/WBE Procurement”)~~. ECMCC must document in the procurement record support for both the reasonableness of the price and the selection of the M/WBE vendor.
1. Solicitation of discretionary quotes. When making a Discretionary Procurement, ECMCC may solicit quotes from multiple M/WBE vendors (“M/WBE Mini-Bid”). Generally, the Discretionary M/WBE Procurement should be awarded to the responsible M/WBE vendor submitting the lowest price.
  2. Advertisement of Discretionary M/WBE Procurements.  
  
~~Advertising requirements under NYS Economic Development Law still apply to~~ Discretionary M/WBE Procurements in excess of \$50,000 shall be advertised in the New York State Contract Reporter. The language that should be used for advertisement of a Discretionary M/WBE Procurement is as follows for M/WBE Mini-Bids (as described below):  
  
*“ECMCC intends to procure [insert project description, i.e. 1,000 widgets] pursuant to its discretionary purchasing authority under New York Public Authorities Law section 2879. This procurement opportunity is limited to New York State businesses certified pursuant to Article 15-A of the New York State Executive Law.”*

If this is not intended as an M/WBE Mini-Bid, the following language shall be used:

*“ECMCC intends to procure [insert project description, e.g. 1,000 widgets] as a discretionary spend pursuant to its purchasing authority under New York Public Authorities Law section 2879. ECMCC will procure these services or goods from a New York State businesses certified pursuant to Article 15-A of the New York State Executive Law. This is not a bid opportunity. Please do not contact ECMCC requesting bid information.”*

3. **Negotiation of Procurement Price.** When an M/WBE submits a quote for a commodity or service in a Discretionary M/WBE Procurement (not exceeding \$500,000) and the quote is deemed high, ECMCC should engage in direct negotiation with the M/WBE vendor in an attempt to reach reasonableness of price. This step is not permitted for a competitive procurement.
  4. **Reasonableness of Price.** ECMCC must document in the procurement record the “reasonableness of price” for any Discretionary M/WBE Procurement. Generally, reasonableness of price can be determined by: (1) Comparing the quoted price with the price for the same or similar services purchased by ECMCC, the County, OGS, or federal contract within the last ~~six~~ twelve (12) months; (2) comparing the price with other quoted prices; (3) comparing the quoted price with prices in various procurement publications; (4) reviewing the type of work that was previously accepted by ECMCC at a similar price; or (5) comparing the price of the product or service with the current market value of the same product or service.
  5. **Justification for the Selection of M/WBE Vendor.** ECMCC must document justification for the selection of the M/WBE vendor in the procurement record. Selection may be supported by: (1) demonstrating reasonableness of cost; (2) showing enhanced or best value provided by the vendor; (3) (if applicable) noting the vendor is a NYS small business; and (4) identifying the vendor as an M/WBE (this cannot be the sole justification).
- N. Quantitative Factors.** When developing an RFP awarding a procurement contract on the basis of Best Value, M/WBE regulations allow ECMCC to designate up to 5% of the total technical evaluation scale to be awarded to a Respondent who meets one of the following criteria:
- (1) a New York State certified M/WBE;
  - (2) a New York State certified Service-Disabled Veteran-Owned Business (SDVOB) as defined in Veterans' Services Law Article 3.

The above-referenced 5% designation included in the RFP technical evaluation is called a “Quantitative Factor.” Note although a Respondent may meet more than one of the criteria, credit is to be awarded for only one category, not multiple categories.

Present: Dr. Yogesh Bakhai, Christopher Resetartis, CRNA, Dr. Victor Vacanti, Dr. Samuel Cloud, Dr. Ashvin Tadakamalla (via teleconference), Dr. Richard Hall (via teleconference)

Excused: Dr. Lakshpaul Chauhan, Dr. Mandip Panesar, Dr. Thamer Qaqish, Dr. Siva Yedlapati

Agenda Item	Discussion	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:02 pm.		
<b>II. ADMINISTRATIVE</b>			
A. Minutes	Minutes from the January 2, 2025 meeting were reviewed and approved	A motion was made by Dr. Vacanti, and unanimously carried to approve the minutes of the January 2, 2025 meeting.	Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes	<b>Orthopedic Surgery:</b> Halley Kreminski, PA-C changed her name to Halley Biersbach, PA-C. All required documentation was submitted and verified.	Noted	Informational purposes only

Highlight: Initiate FPPE

F. Leave of Absence (2)		<p><b>Internal Medicine</b></p> <ul style="list-style-type: none"> <li>Leigh-Anne DiOrio, FNP-maternity; RTW 05/01/25</li> </ul> <p><b>Plastic &amp; Reconstructive Surgery</b></p> <ul style="list-style-type: none"> <li>Bridget Fitzgerald, PA-C-maternity; RTW 03/01/25</li> </ul>	Reviewed	Informational purposes only	
<b>G. Resignations (5)</b>		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	RESIGN DATE	INITIAL DATE
Gregory DiFrancesco, MD	Emergency Medicine	<ul style="list-style-type: none"> <li>Great Lakes Physician Services</li> <li>Des not come to ECMC</li> <li>Confirmed in email</li> </ul>	N/A	01/01/2025	06/28/2022
Michael Maloney, PA-C	Internal Medicine	<ul style="list-style-type: none"> <li>Apogee</li> <li>Per Apogee, he has never worked a shift at ECMC</li> <li>Confirmed in email</li> </ul>	N/A	01/24/2025	04/28/2015
Dominic Stutz, PA-C	Orthopedic Surgery	<ul style="list-style-type: none"> <li>UBMD</li> <li>Leaving practice plan</li> <li>Confirmed in email</li> </ul>	N/A	12/31/2024	09/27/2022
Katherine Boyle, MD	Orthopedic Surgery	<ul style="list-style-type: none"> <li>UBMD</li> <li>Moving out of state</li> <li>Confirmed in email</li> </ul>	N/A	01/02/2025	11/24/2020
Supra Khare, MD	Psychiatry	<ul style="list-style-type: none"> <li>UPP</li> <li>“life circumstances prevented her from joining ECMC”</li> <li>Confirmed in email</li> </ul>	N/A	01/28/2025	01/28/2025

Highlight: Initiate FPPE

III. CHANGE IN STAFF CATEGORY			
	None		
IV. CHANGE/ADDITION Collaborating/Supervising (2)			
A. Azadeh Hassan-Tehrani, FNP	<u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Maira Ilahi</b></li> </ul> All required documentation was submitted.	Noted	No follow-up necessary. For informational purposes
B. Casey Krug, PA-C	<u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Romain Calini</b></li> </ul> All required documentation was submitted.	Noted	No follow-up necessary. For informational purposes
V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2)			
A. Joseph Quackenbush, PA-C	<u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Joining GPPC for Terrace View</li> <li>Adding privilege of <b><i>“Management of care in long term care setting”</i></b></li> <li>Supervising MD: Mikac</li> <li>Remaining per diem with UBMD Addition Medicine, Supevising MD: Wilber</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  Notification to Revenue Cycle and Decision Support upon approval of the Board.
B. Joseph Rasnick, ANP	<u><b>Internal Medicine – S&amp;K</b></u> <ul style="list-style-type: none"> <li>Adding privilege in <b><i>“Plastic &amp; Reconstructive Surgery with First Assist”</i></b></li> <li>Collaborating MD: Burke</li> <li>Temps granted for 01-24-2025</li> </ul>	The Committee voted, all in favor, to approve the changes as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

Highlight: Initiate FPPE



			Notification to Revenue Cycle and Decision Support upon approval of the Board.
<b>VI. PRIVILEGE WITHDRAWAL</b>			
A. William Belles, MD	<p>Dr. Belles is withdrawing his request for Robotic TORS privileges.</p> <p>It is noted that Dr. Belles has already reached out to schedule the required training. Once this is completed, his request will be reconsidered.</p> <p>Discussion ensued regarding the fact that ECMC does not have a Robotics Committee who could be vetting new technologies and who can be authorized to use them.</p> <p>It was recommended that the Surgical Executive Committee could serve in this capacity, as the ability to vet new technology is noted in their charter.</p>	The Committee voted, all in favor, to recommend that the Surgical Executive Committee be authorized to vet new technology and its appropriate uses as it is brought into the organization.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> <p><b>EXTRACT -MEC EXEC SESSION</b></p>
<b>VII. UNACCREDITED FELLOWSHIPS</b>			
	<p><b><u>Surgery-Bariatric</u></b></p> <ul style="list-style-type: none"> <li>An application was emailed on 12/11/24 for Dr. Xavier Jean. The practice plan has pushed back the start date to March 1, 2025.</li> </ul>	Noted	Informational purposes only

VIII. INITIAL APPOINTMENTS (6)			
Cynthia Chen, MD Emergency Medicine	<ul style="list-style-type: none"> <li>• Wayne State University MD June 2015</li> <li>• Wayne State University School of Medicine Henry Ford Hospital Emergency Medicine Residency June 2015 to June 2018 and Staff Physician July 2018 to July 2019</li> <li>• University of Michigan Hospice and Palliative Medicine Fellowship July 2018 to June 2019</li> <li>• Academic appointment – University of Michigan Clinical Instructor July 2019 to August 2022 and Clinical Assistant Professor September 2022 to present of Emergency and Internal Medicine</li> <li>• Attending Physician – Department of Emergency Medicine Ann Arbor Veterans Affairs Hospital and Adult Palliative Care Consultation Service and Adult Emergency Services at University of Michigan July 2019 to present</li> <li>• Joining UEMS March 1, 2025</li> <li>• American Board of Emergency Medicine and Hospice and Palliative Medicine certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Shella Dargout, PA-C Emergency Medicine	<ul style="list-style-type: none"> <li>• D’Youville College Bachelor and Master of Science Physician Assistant December 2011</li> <li>• Time gap - pending license, board, and credentialing January 2012 to March 2012</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Physician Assistant – Mash Care Network April 2012 to October 2016, Advantis Occupational Health July 2013 to July 2019, UEMS November 2016 to present, and UBMD Internal Medicine April 2016 to present</li> <li>• Joining UEMS at ECMC March 15, 2025</li> <li>• Supervising Physician – Dr. Jessica Strauss (1)</li> <li>• NCCPA certified</li> </ul>		<p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
<p>Andrew Rogers, PhD internal Medicine</p>	<ul style="list-style-type: none"> <li>• University of Houston Doctor of Philosophy Clinical Psychology May 2023</li> <li>• University of Washington School of Medicine Clinical Internship June 2022 to June 2023 and Research Scientist Suicide Care Research Center July 2023 to July 2024</li> <li>• Assistant Professor Division of Behavioral Medicine, Department of Medicine, University at Buffalo August 2024 to present</li> <li>• Joining UBMD IM Behavioral Medicine Clinic in the DK Miller Building. Clinical work will be onsite; however, he will not be treating ECMC patients</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

Highlight: Initiate FPPE

<p>Assaf Berger, MD Neurosurgery</p>	<ul style="list-style-type: none"> <li>• Tel Aviv University MD June 2010</li> <li>• Time gap – Vacation July 2010</li> <li>• Medical Doctor Officer at the Israeli Defense Medical Corps August 2010 to December 2014</li> <li>• ECFMG certificate issued October 2011</li> <li>• Time gap – Vacation December 2014 to April 2015</li> <li>• Tel Aviv Sourasky Medical Center Neurosurgery Residency April 2015 to April 2021</li> <li>• Time gap – Vacation April 2021 to June 2021</li> <li>• NYU Grossman School of Medicine Neurological Surgery – Stereotactic Radiosurgery (non-ACGME) Fellowship July 2021 to June 2022 and Neurological Surgery – Functional Neurosurgery (non-ACGME) Residency July 2022 to June 2023</li> <li>• Time gap – Vacation July 2023 to September 2023</li> <li>• Attending Neurosurgeon with University at Buffalo Neurosurgery at Buffalo General September 2023 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo Board status – not eligible until minimum of 6 years of employment as full time, core faculty at the primary teaching site of an ACGME Neurological</li> </ul>	<p>Flags were reviewed and application was endorsed by the Chief of Service. Dr. Richard Spiro to address the international pathway to Board Certification at MEC.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board. <b>EXTRACT FOR MEC – EXECUTIVE SESSION</b></p>
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Highlight: Initiate FPPE

	Surgery Residency program as an Associate Professor or higher		
Jonathan Riley, MD Neurosurgery	<ul style="list-style-type: none"> <li>• Case Western Reserve University MD May 2009</li> <li>• Time gap – moving May 2009 to June 2009</li> <li>• Emory University School of Medicine Neurological Surgery Residency July 2009 to June 2016</li> <li>• Thomas Jefferson University Hospital Neurological Surgery Fellowship July 2016 to July 2017</li> <li>• Time gap – moving July 2017 to September 2017</li> <li>• Medical Director, Functional Neurosurgery Kaleida Health September 2017 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo September 2017 to present</li> <li>• American Board of Neurosurgery certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
Joshua Dudziak, NP Radiology	<ul style="list-style-type: none"> <li>• St. John Fisher University Master of Science PCFNP MSN Program December 2024</li> <li>• Registered nurse Buffalo General Hospital Neurology/Telemetry December 2016 to April 2018 and Diagnostic and Interventional Radiology April 2018 to present</li> <li>• Joining Great Lakes Medical Imaging February 2025</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>Collaborating Physician – Dr. John McGrath (8)</li> <li>ANCC eligible – sitting 3/7/2025</li> </ul>		
<b>X. Temporary Privileges</b>	<ul style="list-style-type: none"> <li>Joseph Rasnick, ANP: Plastic &amp; Reconstructive Surgery, 01/24/2025</li> </ul>	Noted	For informational purposes only
<b>IX. REAPPOINTMENTS (40)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested.	<p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>
NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Greenaway, Wanda AGNP-C Collaborating MD: DePlato	<b>Anesthesia</b>	AHP	
Nowak, Kevin MD	Anesthesia	Active	
Cirulli-Linde, Francesca FNP Collaborating MD: Igoe	<b>Emergency Medicine</b>	AHP	
Jurek, Jeffrey PA-C Collaborating MD: Cloud/Anillo	Emergency Med/Internal Med	AHP	
Kaczor, Eric MD	Emergency Medicine	Active	
Shafie, Asmah PA-C Collaborating MD: Kruse	Emergency Medicine	AHP	
Americhetty, Chandrarekha MD	<b>Family Medicine</b>	Active	<p><b><u>New Privilege Addition:</u></b>            BASIC management of substance intoxication &amp; withdrawal            BASIC treatment modalities for individual &amp; group</p> <p><i>Privileges added to “assist with patients going through withdrawal on the floors while working with Apogee”</i></p>

Highlight: Initiate FPPE

Boyd, Nicole AHP <b>NEW</b> Collaborating MD: Barkowski	Family Medicine	AHP	
Evans, Stephen MD	Family Medicine	Active	
Aquilina, Alan MD	<b>Internal Medicine</b>	CR&F	
Bais, Anshu MD	Internal Medicine	Active	
Beall, Katherine ANP Collaborating MD: Rochester	Internal Medicine	AHP	
Calandra, Salvatore MD	Internal Medicine	CR&F	
Carlson, Richard MD	Internal Medicine	CR&F	
Cline, Mercedes ACNP Collaborating MD: Ilyas/Cheng	Internal Medicine	AHP	
Czarny, Dawid MD	Internal Medicine	Active	
Fenire, Mahmoud MD	Internal Medicine	Active	
Kalinin, Alexy MD	Internal Medicine	Active	<b>Withdraw Privileges: (2)</b> -Central Venous Catheter Insertion, percutaneous: internal jugular, subclavian, femoral, etc. Internal Jugular Puncture (with/without catheter) -Paracentesis
Matthews, George MD	Internal Medicine	CR&F	
Murray, Brian MD	Internal Medicine	Active	
Sandhu, Annumeet DO	Internal Medicine	Active	
Wolfe, Gil MD	<b>Neurology</b>	Active	
Jones, Joshua MD	<b>Ortho Surgery</b>	Active	<b>Adding new privileges: (3)</b> -Level II Core Elbow Privileges -Level II Core Shoulder Privileges -Level II Core Orthopaedic Oncology Privileges  <i>Privilege form was updated and the criteria changed to ACGME accredited training. Provider held above privileges since 2011. Chief of service approved due to experience.</i>
Rachko, Morgan PA-C Collaborating MD: Bernas	Ortho Surgery	AHP	<b>Adding new privilege: (1)</b> -First Assist with Bone graft harvesting  <i>Privilege form does not have any special criteria</i>

Highlight: Initiate FPPE

Young, Paul MD	<b>Otolaryngology</b>	Active	
Liu, Lin MD	<b>Pathology</b>	Active	
Yusuf, Yasmin MD	Pathology	Active	<b>Withdraw privilege: (1)</b> -History & physical exam privileges limited to suitability determination for blood donation/apheresis procedures
Bortel, Jessica MD	<b>Psych &amp; Behavioral Med</b>	Active	
Brooks, Victoria MD	Psych & Behavioral Med	Active	
Bevilacqua, Thomas MD	<b>Radiology</b>	Active	
Bloss, Michael MD	Radiology	Active	
Brown, Harry MD	Radiology	Active	
Novick, Michael MD	Radiology	Active	<b>Withdraw privileges: (2)</b> <b>Nuclear Medicine</b> -In vivo diagnostic interpretation -In vitro diagnostic interpretation
Rai, Surinder DO	Radiology	Active	
Regenbogen, Victor MD	Radiology	Active	
Rinaldi, James MD	Radiology	Active	
Shatkin, Samuel MD	<b>Plastic Surgery</b>	Associate	
Roland, Todd PA-C Collaborating MD: Aldridge	<b>Thoracic/Cardiovascular Surg</b>	AHP	
Gonka-Griffo, Jacquelyn MD	<b>Urology</b>	Active	
Greco, Joseph MD	Urology	Active	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

<b>X. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	None	For informational purposes.	None necessary.

Highlight: Initiate FPPE



<b>2<sup>nd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>3<sup>rd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>XI. PROFESSIONAL PRACTICE EVALUATIONS</b>			
<b>OPPE</b>	Completed January 2025: Departments of OB/GYN, Otolaryngology, Thoracic Surgery, and Oral Maxillofacial Surgery. No opportunities identified.	Noted	Follow up at March 2025 Credentials Committee
<b>FPPE</b>	22 FPPE's were distributed, no triggers identified.	Noted	Follow up at March 2025 Credentials Committee
<b>Tracking/Trending:</b>	VIP: One (1) Department of Internal Medicine Physician VIP: One (1) Plastic Surgery Physician	Monitoring continues for both physicians.	Follow up at March 2025 Credentials Committee
<b>XII. OLD BUSINESS</b>			
A. Expirables	Expirables were reviewed and discussed with the Credentials Committee.	None	For informational purposes
B. DEA, License, Boards	<p><b>January 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 8</li> <li>• License- 25</li> <li>• Boards-0</li> </ul> <p><b>February 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 26</li> <li>• License- 35</li> <li>Boards- 2 AHP/ 62 Psych MDs</li> </ul>	No action necessary at this time.	For informational purposes

Highlight: Initiate FPPE

C. MDStaff Updates	The MDStaff project is moving along well. ECMC is looking to go live in March 2026. It may come sooner than that since the data required for MDStaff will be feeding EPIC. Kaleida is expected to go live in May 2025, we will need to be testing before that date. Several questions have arisen: do we want to go from 3 peer references to 2 upon initial appointment? We can do that in accordance with NYS regulations. Do we want to change the vendor for background checks – if we switch to Pre-Check, it will automatically put the data into the files since that is the program MDStaff uses. We need to create a DocuSign account. We opted for individual signing to allow physicians to look at each piece if they wish. We are trying to align with Kaleida whenever possible to streamline the process.	Noted	An Update will be provided to the Credentials Committee as we continue to move through the implementation process.
D. Pain Management Procedures	Tabled. The Committee awaits feedback from Dr. Suchy.	Noted.	None at this time
E. Psychiatric Boards	Dr. Vinayak Gokhale still owes the Board one last piece of information – the quality section. It is noted that his extension to obtain his Boards ends in May 2025. Dr. Gokhale has not been responsive to emails or phone calls.  Dr. Balwant Nagra has been taking Board prep courses and studying for the exam. He is scheduled to sit for his Board examination in 2026.	Dr. Yogesh Bakhai will begin telephoning Dr. Gokhale each week to obtain an update and remind him of his extension end date.	An Update will be provided to the Credentials Committee monthly until completed.
<b>XIII. NEW BUSINESS</b>			
A. Annual Dues	Dues will be sent out in mid-February 2025.	Noted	None at this time
B. Timely Report Completion	Dr. Cloud noted that a process needs to be created for when physicians do not complete their charting in a timely fashion. The Op Notes as well as the Discharge Summary should be done within 24 hours. Cases cannot be billed without this documentation. This creates a large financial impact to the facility.  It was suggested that when these issues arrive, they should be forwarded to the Leadership Council and the Medical Staff Executive Committee. The Bylaws allow the Credentials Committee to hold up reappointment of a staff member who has not completed their required medical records. It was recommended that a process be formalized.	A policy will be created and provided to the MEC for their review and recommendations.	<b>EXTRACT FOR MEC – Credentials Report</b>

Highlight: Initiate FPPE

C. AHP Privilege Update	The ECMC AHP (NP/PA) privilege form leads to confusion due to the scope of practice services listed. When someone applies to Kaleida as a NP/PA, they are only granted core privileges. They can apply for sub-specialties, but then Kaleida has the ability to ask for experience levels, case logs, etc. The physician also needs to sign off attesting to the training program. Kaleida AHP privileges are very close to best practice, and we would like to adopt what they do. We would like to give the Chiefs of Service copies of our forms, Kaleida forms and explain what we would like to do. We would be able to get these out to them quickly since our forms will need to be finalized before the end of March.	The Committee agreed with sending the privilege forms and explanations to the Chiefs of Service as soon as possible in order to have them ready by the end of March 2025.	Privilege forms will be distributed requested a short turnaround time from Chiefs of Service.
D. Oral & Maxillofacial Surgery	Dr. Tara Halliwell-Kemp has decided to not let her medical license lapse. Originally, she was going to only maintain her DDS and Board certification in Oral & Maxillofacial Surgery. Dr. Richard Hall clarified this information with the Committee.	Noted.	None required.
E. ACLS for Moderate Sedation	Letters have been sent to all Medical Staff with Moderate Sedation Privileges regarding their need to become ACLS certified. Medical Staff members have been returning proof of their certifications. The deadline for all of these documents to be provided to the Medical Staff Office is April 29, 2025.	Noted.	An update will be provided to the Credentials Committee monthly until completed.
<b>XIV. ADJOURNMENT</b>	The meeting was adjourned at 4:00 pm		

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION  
FEBRUARY 18, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
HYBRID MEETING

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PRESENT: JONATHAN DANDES, SHARON HANSON, THOMAS QUATROCHE, EUGENIO RUSSI

ABSENT: DARBY FISHKIN

ALSO

PRESENT: SAMUEL CLOUD, ANDREW DAVIS, JOSEPH GIGLIA, JONATHAN SWIATKOWSKI

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I. Call to Order

The meeting was called to order at 4:01 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion was made by Sharon Hanson, seconded by Jon Dandes and unanimously passed to approve the minutes of the Executive Committee meeting of January 21, 2025.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the hospital received its IGT payment from the County. He thanked Jon Swiatkowski and Benjamin Swanekamp for their hard work and effort. Twice during the month of February, length of stay dropped under 7. Megan Riley and Joanne Wolf have been instrumental in reducing the LOS. The honorees for Springfest have been announced: Distinguished Physician honoree, Jennifer Pugh, MD; Distinguished Nurse honoree, Thameena Hunter, RN; Community Honoree, Susan Gonzalez. Discussion followed regarding Federal funding and what effect the new Administration might have on the hospital.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for January. Discharges were slightly higher than budget and the previous year by 2.2% and 4.1% respectively. Total average length of stay has declined by 5.5% from last year but less so compared to the budget, only 1.2%. The CMI was 2.0, higher than budget and last year. FTEs were higher than budget this month. January reflected a net loss of \$4.5M; January 2024 showed a net loss of \$5.4M. Discussion followed.

IV. Budget Amendment

The Committee discussed the budget amendment needed for the Epic contract.

V. State Medicaid Update

Dr. Quatroche reported on the next steps available o ECMC with the State for Safety Net funding and VAPAP. Additionally, the hospital is working with the State to look at ways to get more Medicaid funding. Dr. Quatroche and Mr. Swiatkowski will continue their efforts.

VI. Physician Practice

Dr. Quatroche and Andy Davis spoke about the need for the current physician practice to be separated from Kaleida.

VII. Other

There was no other business.

VIII. Adjourn

There being no other business, the meeting was adjourned at 4:43 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

**BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING**

TUESDAY, FEBRUARY 18, 2025 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN  
REV. MARK BLUE \*  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

DARBY FISHKIN  
PHILIP STEGEMANN, MD

ALSO PRESENT:

THOMAS QUATROCHE \*  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS \*  
VANESSA HINDERLITER  
JOHN CUMBO

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**I. CALL TO ORDER**

The meeting was called to order at 8:30 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Mark Blue, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of January 21, 2025.

**III. JANUARY 2025 OPERATING PERFORMANCE**

Mr. Swiatkowski reviewed key statistics for the month of January and reported that inpatient discharges, outpatient surgeries and acute case mix index exceeded budget projections for the month. Inpatient surgeries were fewer than projected in the operating plan, offsetting some of the favorable revenue related to volume and higher medical and surgical case severity. Mr. Swiatkowski noted that the 2025 operating plan includes projected increases in surgical volume based on prior year results and future growth in certain service lines and expanded operating room service hours. The organization expects the expansion of service hours in the operating room to be fully implemented by May of this year.

Mr. Swiatkowski reported that favorable inpatient discharge volume resulted in lower acute average length of stay at 7.9 days for the month of January, down from 8.2 days during the

prior month. Mr. Swiatkowski credited the ongoing efforts of the case management and utilization review teams led by Dr. Ashvin Tadakamalla, Ms. Charlene Ludlow, and Dr. Samuel Cloud.

Mr. Swiatkowski briefly reviewed the finance dashboard, noting that operating performance was slightly behind plan. Mr. Swiatkowski discussed operating expenses including salary expense and purchased services costs related to temporary agency staffing. Mr. Swiatkowski also reviewed FTE's and cash flow for the month of January.

Mr. Swiatkowski reviewed financial performance for the month. The Corporation incurred an operating loss for the month of January which slightly exceeded budget projections. However, after the recognition of positive non-operating income due to strong investment market performance, the overall operating loss was lower than projected in the operating plan.

Mr. Swiatkowski reviewed January operating revenue and expenses. Net patient service revenue was greater than budget due to overall volume and case mix but was offset by fewer inpatient surgeries during the month. Mr. Swiatkowski noted that Management is closely monitoring inpatient surgical volume. Other revenue was positive for the month due to continued growth in ECMCC's specialty pharmacy.

Mr. Swiatkowski reviewed salary expense, other expenses, and physician fees. Mr. Swiatkowski advised the Committee of one-time costs incurred during the month of January related to physician fees and also reported that a new agreement was finalized with the University at Buffalo partner group related to graduate medical resident salaries. General medical surgical supply expense was slightly lower than budget projections while pharmaceutical supply expense was greater than budget due to continuing growth in ECMCC's specialty pharmacy and oncology services.

#### **IV. OTHER UPDATES**

Mr. Swiatkowski discussed the status of the upcoming IGT payment and NYS advocacy efforts by the Corporation and the County of Erie. Mr. Swiatkowski thanked representatives from the County of Erie for their advocacy efforts.

Mr. Swiatkowski also provided updates to the Committee regarding the annual NYS pension payment and the IGT reconciliation payment due in March.

Mr. Swiatkowski advised the Committee that the Corporation has filed an application for the 2025 – 2026 NYS VAPAP program and reported that the next monthly meeting with representatives from NYS is scheduled for next week.

Mr. Swiatkowski also presented updates regarding the upcoming NYS Budget process and advised that Management is closely monitoring Federal policy updates.

Mr. Swiatkowski invited questions from the Committee. In response to a question from Chair Seaman relating to CPEP patient volume over the last several years, Mr. Davis offered brief comments regarding an increase in treatment options within the community for patients with lower case acuity and offered general observations regarding how the additional treatment options are impacting CPEP.

## **V. CAPITAL BUDGET AMENDMENT**

Mr. Swiatkowski presented a proposed amendment to the 2025 Capital budget for the Committee's review and consideration. During 2024, Management began planning for a capital project to upgrade the Electronic Health Record (EHR) system and ERP system, encompassing the Corporation's general ledger and purchasing operations. As this planning occurred after the 2025 Operating and Capital budgets were approved, they excluded capital costs for these projects as the organization worked to finalize these costs and the implementation and timeline for the project.

The Corporation is now submitting a request for Finance Committee's review and recommendation of approval of an amendment to the approved 2025 Capital budget for implementation costs related to the approved Epic EHR capital project and a conversion from the MediTech accounting system to the Infor system. Mr. Swiatkowski led a detailed discussion outlining the total project implementation costs for 2025 and 2026 (project years 1 and 2) and planned funding sources for each year.

Mr. Swiatkowski advised that it is important to note that Management considered two potential system upgrade options, and the capital investments required for each option. Mr. Swiatkowski reviewed the costs to upgrade the EHR system to Epic and the ERP system to Infor on a community-wide shared option as compared to a stand-alone option for ECMCC to upgrade the current MediTech system. After thorough review and consideration, Management elected to move forward with the community shared EHR option of Epic and the Infor system upgrades. It is anticipated that the projected go live dates will be in late 2026.

Mr. Swiatkowski invited questions from the Committee. In response to a question from Chair Seaman, Mr. Swiatkowski reviewed the actions required by ECMCC's Finance Committee to recommend approval of the proposed amendment to the 2025 Capital budget to the Corporation's Board of Directors for formal review and approval. Mr. Swiatkowski also discussed the actions required upon final approval of an amendment to the 2025 Capital budget by the ECMCC Board in compliance with New York State public reporting obligations.

The Committee held further discussion regarding the proposed Capital budget amendment. In response to questions raised by Mr. Swanekamp relating to outstanding FEMA payments due to ECMCC and reserve funding for the capital projects, Mr. Swiatkowski provided additional information to the satisfaction of the Committee.



Upon final review, Chair Michael Seaman called for a motion to recommend approval of the proposed amendment to the 2025 Capital budget as presented to the ECMCC Board of Directors. Upon motion by Reverend Mark Blue and seconded by Benjamin Swanekamp, the Committee voted unanimously to recommend approval to the ECMCC Board.

**VI. ADJOURNMENT**

There being no further business, the meeting was adjourned at 8:58 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

**BOARD OF DIRECTORS  
MINUTES OF THE AUDIT COMMITTEE MEETING**

TUESDAY, NOVEMBER 12, 2024 – 2:00 PM

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BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	DARBY FISHKIN * JAMES LAWICKI * CHRISTOPHER O'BRIEN * REV. KINZER POINTER *	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:		
ALSO PRESENT:	THOMAS J. QUATROCHE ANDREW DAVIS JOSEPH GIGLIA, EX-OFFICIO JONATHAN SWIATKOWSKI	
GUESTS	MATTHEW GARVEY, CPA * - RSM US, LLP  DAVID L. NESBITT NADINE MUND REGINA DEL VECCHIO AMY FLAHERTY	

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**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 2:01 PM.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Pointer, seconded by James Lawicki and unanimously passed to approve the minutes of the Audit Committee meeting of September 18, 2024.

**III. INDEPENDENT AUDITOR REPORT OF RSM, LLP (2024 AUDIT PLAN)**

Mr. Matthew Garvey, CPA, Audit Partner of RSM, US, LLP presented a brief introduction to RSM's report to the Audit Committee, noting that pre-audit communication requirements per RSM's professional standards are consistent with prior years. Mr. Garvey noted that one new GASB accounting pronouncement was required to be implemented in the current calendar year to align differences in reporting practices related to accrued compensated absences. Mr. Garvey advised that the new accounting pronouncement will not have a significant impact to ECMCC's financial reporting as the organization's current reporting practices are similar to the new accounting policy.

Mr. Garvey presented required pre-audit communications and reviewed RSM's scope of services and auditor responsibilities, noting that the audit will be conducted in accordance with government auditing standards and Uniform Guidance. Mr. Garvey reviewed the audit timeline and discussed preliminary field work to be conducted during the month of December for the purpose of setting the scope of the audit and refining the audit plan.

Mr. Garvey led a detailed discussion regarding several topics, including shared responsibility for independence, RSM's audit strategy and development of the audit plan, and performance of risk assessment procedures. Mr. Garvey welcomed communication from Committee members throughout the course of the audit should they have any questions or matters of note for RSM.

Mr. Garvey advised the Committee of enhancements to RSM's existing internal processes and formal documentation of RSM's independence procedures which have been reviewed and discussed with ECMCC's Finance leaders. At the conclusion of the annual audit, RSM will issue an opinion on the corporation's financial statement and a report on internal controls and compliance. RSM is also required to perform a single audit of Federal program awards and expenditures, pursuant to Uniform Guidance audit requirements.

Mr. Garvey led further discussion regarding several topics including internal control and compliance, materiality, significant risks and areas of audit focus. Consistent with prior years, RSM has engaged subject area specialists to assist with specific areas of the audit.

Mr. Garvey reviewed and discussed a new auditing standard No. 145 that is applicable to the upcoming audit. The main purpose of the new standard is to clarify and enhance audit quality. Mr. Garvey noted that RSM may be required to do some additional work during the planning stage of the upcoming audit that will result in additional work effort by ECMC staff to further document certain internal controls in place in order to comply with requirements of the new auditing standard.

Mr. Garvey also advised the Committee that RSM does not rely on internal audit work but may review internal audit work to refine the scope of the annual external audit.

Mr. Garvey invited questions from Committee members and Management. In response to a question from Mr. Swiatkowski, Mr. Garvey advised the Committee of several changes to the RSM team that will be engaged on the ECMCC audit.

With no further questions from Committee members, Mr. Garvey of RSM was excused at 2:23 PM.

#### **IV. COMPLIANCE UPDATE**

Mr. David L. Nesbitt, Esq., presented updates regarding several compliance topics which were discussed at the September 2024 meeting. Mr. Nesbitt reported that as part of the 2025 Compliance Plan, the Compliance department is starting their risk assessment process. Updates from regulatory agencies will be forthcoming by year-end and will be included in the 2025 Compliance Plan.

Mr. Nesbitt also presented updates regarding required compliance education and training for ECMCC vendors and volunteers. Ms. Nadine Mund discussed past efforts by ECMCC's Compliance Department to provide in person ethics training for all personnel as required by NYS COELIG and the challenges associated with it. Ms. Mund noted that ECMCC is attempting to obtain a waiver for the in-person requirement of the training due to the burden on the organization.

#### **V. INTERNAL AUDIT UPDATE**

Mr. Nesbitt reported that a draft Internal Audit Charter was prepared by the Compliance department and reviewed with ECMCC's Audit Committee Chair, Ms. Darby Fishkin. A copy of the draft Internal Audit Charter was provided to Committee members in advance of today's meeting. The draft charter is based on a standard charter document from the Institute of Internal Auditor's ("IIA") with adaptations applicable to ECMCC and its reporting structure.

Mr. Nesbitt and Ms. Fishkin reviewed key areas outlined in the draft Charter. Ms. Fishkin invited comments or questions from the Committee.

Upon final review, Chair Darby Fishkin called for a motion to adopt the Internal Audit Charter. Upon motion by Reverend Kinzer Pointer and seconded by Mr. Christopher O'Brien, the Committee voted unanimously to adopt the Internal Audit Charter as presented.

At this time, Mr. Nesbitt also presented a brief update regarding recruitment for the position of Director of Internal Audit.

#### **VI. DRAFT LITIGATION REPORT**

Ms. Regina DelVecchio, Esq., Associate General Counsel, presented the Office of General Counsel (OGC) annual report for 2024. Ms. DelVecchio noted that the OGC manages and supervises all litigation for the Corporation. ECMCC retains outside counsel via the RFP procurement process to assist the Corporation with all matters in litigation.

Ms. DelVecchio presented a summary of health professional liability and general liability lawsuits and claims for 2024 and advised the Committee that lawsuit and claim activity is on par with prior year. Ms. DelVecchio also reviewed general information relating to open matters and case resolutions for the calendar year to date.

Ms. DelVecchio reviewed the Corporation's management of case reserves and reported that measurable results were achieved in 2024 allowing the Corporation to achieve a net savings in reserves. Mr. Joseph Giglia, Esq. offered additional comments and discussed actions taken by the Corporation relating to management of indemnity reserves.

#### **VII. DRAFT RISK MANAGEMENT AND CORPORATE INSURANCE REPORT**

Ms. Amy Flaherty, Esq., Director of Risk Management and Corporate Insurance, reported that ECMCC is in the first year of a contract extension of the brokerage services agreement

with Lawley Insurance. ECMCC and Lawley Insurance are currently finalizing annual renewals of insurance coverages for the Corporation. Coverage limits are anticipated to remain the same as prior year with minor changes in insurance carriers. In response to a question from Chair Darby Fishkin, Ms. Flaherty reported that as part of the annual underwriting process, all coverage limits are evaluated.

Ms. Flaherty presented updated information to the Committee regarding current insurance related matters.

#### **VIII. ADJOURN**

There being no further business, the meeting was adjourned at 2:52 PM by Chair Darby Fishkin.

Item/topic	Details	Priority (H,M,L)	Action Steps	Collaborating Parties
<b>New 2025-Specific Elements</b>				
Background Checks (Terrace View)	New York employers should always conduct thorough pre-employment background checks in order to hire qualified and trustworthy staff, avoid legal liabilities, and ensure compliance with FCRA and state laws.	H	ECMCC/Terrace View will need to access all relevant records to conduct comprehensive, accurate, and FCRA-compliant employment background checks, including for vendors who may have contact with TV residents.	HR, Terrace View
Board Training	Training to be provided as part of the CMS and Medicaid mandate for annual compliance training.	M	Board Members to be provided training in 2025 on Compliance and their fiduciary responsibilities.	Admin, Compliance
Epic Transition	The Epic transition creates potential risks for the organization surrounding the use, storage, and access to ECMCC's patient data. ECMCC must ensure Epic has appropriate processes in place for handling ECMCC's "Part 2" data and safeguards in place firewalling our data from other providers.	H	Participation in numerous decision-making workgroups by the Compliance department, including research, privacy, and consent.	Kaleida
Expiring Agreements	Expiring contracts create exposure for ECMCC from liability standpoints and from regulatory compliance standpoints.	M	Updating existing data in contract management database; setting reminder triggers when contracts expire; working with department heads and Legal to revise and/or extend contracts.	Operations; Purchasing
Patient billing issues	Various staff members receive complaints from patients regarding potential billing issues.	M	Compliance has established a regular committee consisting of billing/coding and patient advocacy to address and resolve issues as they arise. This committee will meet weekly in 2025.	Revenue Cycle; HIM; patient advocacy
Physician compensation review	Physician compensation is an area that must be carefully monitored for Stark and Antikickback Statute compliance. Key areas to be reviewed are: Whether the compensation paid to physicians is fair market value, commercially reasonable, set in advance, and does not take into account the value or volume of referrals.	H	In 2024, ECMCC revised its physician compensation policy. In 2025, Compliance will provide written fair market value/commercial reasonableness documentation for 100% of incoming physician contract requests and develop an internal database of comp scenarios and how we handle them. Additionally, Compliance is recommending a physician admin timesheet process Internal Audit review.	Medical Staff, Legal
Professional Corporation Structure	ECMCC is in the process of establishing a "captive PC" relationship to be owned by its Chief Medical Officer. Compliance is ensuring ongoing compliance in structure and setup with applicable laws and regulations.	M	Compliance to work with Legal in ensuring PC is set up in compliance with NY corporate practice of medicine doctrines, captive PC requirements, and Stark and Antikickback.	Operations
Subsidiary Compliance	Establish compliance programs for ECMCC subsidiaries and professional corporation.	H	Set up compliance programs and regular/ongoing compliance training for ECMCC subsidiaries and professional corporation.	Operations
<b>Ongoing Elements</b>				
<b>Inpatient</b>				
Inpatient claims billed with Comprehensive Error Rate Testing (CERT) high-error rate DRG codes	Certain DRG codes have higher risk for billing errors and must be monitored on a regular basis: 149, 312, 313, 518, 519, 520, 742, 743, 947, and 948.	M	ECMCC will perform annually auditing by developing a HIM Coder audit list. DRGs are rarely billed at ECMCC.	HIM
Coding audits	Focus on audits for specific codes identified by previous DOJ audit and guidance and known high risk areas: sepsis DRG 871, severe malnutrition, respiratory failure, respiratory infections and inflammations, mechanical ventilation, infectious and parasitic diseases, tendonitis, shock with CHF, osteomyelitis, hypertension with MCC and w/o MCC 5.	M	ECMCC has engaged a third party auditing firm to review these on an ongoing basis.	HIM, RCM
One Day Stays / Two Midnight Rule Compliance (Medicare)	Inpatient admissions are generally payable under Medicare if the admitting practitioner expects the patient to require a hospital stay that crossed two midnights and the medical record supported that reasonable expectation. Otherwise, outpatient / observation should be used. CMS has identified high rates of error for hospital services rendered in medically-unnecessary settings.	M	Utilization Review identifies one day stays and assesses the medical necessity of these admissions. Review is then completed by UR & UR Physician and a repayment determination is made. One day stays are monitored concurrently every day. If documentation is missing, they are to have the physician document prior to patient discharge.	Utilization Review, Revenue Cycle

Item/topic	Details	Priority (H,M,L)	Action Steps	Collaborating Parties
Copy and Paste Monitoring	Common documentation risks that can result from using a copy-and-paste or cloning feature include: <ul style="list-style-type: none"> <li>• Information "copied and pasted" from a different patient's record</li> <li>• Vital signs that never change from visit to visit</li> <li>• Documentation from another provider including their attestation statement</li> <li>• Identical verbiage used repeatedly for all patients seen by a provider for a specific timeframe with little or no modification regardless of the nature of the presenting problem or intensity of the service</li> </ul>	H	ECMCC has developed policies designed to address inappropriate use of these tools to minimize non-compliance, which include information governance, patient identification, authorship validation, amendments and record corrections as well as auditing the record for documentation validity when submitting reimbursement claims. Letters are being sent to providers who have been identified as utilizing copy/paste by Medical Staff.	Medical Staff, HIM, Nursing
<b>Outpatient</b>				
Outpatient coding audits	Certain codes have been identified as high risk for noncompliance: lesion removal, ED level, and modifier 59.	M	ECMCC has engaged a third party auditing firm to perform sample audits on an ongoing basis.	HIM, RCM
ED E/M Coding	ED E/M coding monitoring to define and clarify what interventions are included in resource use, the number of points assigned and frequency limits.	H	To manage E/M levels in the ED, we track and trend the data quarterly. The E/M distribution of ED levels of service is monitored with hospital-specific dashboards, which identify spikes in levels four or five.	HIM
Psychotherapy	Outpatient Group Psychotherapy needs to have the number of attendees and time spent documented.	M	Ensure templates facilitate obtaining required documentation. Additional Documentation Requests (ADRs) are being received from CMS. Conducted previous CMS Targeted Probe and Educate audit of psychotherapy services conducted late 2023. Findings were mostly missing documentation. BH has educated regarding audits and documentation required. Ensure compliance with documentation and billing regulations.	Behavioral Health
Dental reviews	OMIG will review providers of dental services to verify that billed services were performed, documentation supports the billed services, and that the claims are submitted in accordance with Medicaid program rules, regulations, manuals and policy.	M	Ongoing reviews to ensure dental services are performed, billed, documented and submitted in accordance to Medicaid regulations.	Dental
<b>Terrace View</b>				
Psychotic Medications	Monitoring of drug diversion and anti-psychotic monitoring.	M	Ongoing monitoring for drug diversion and facility usage of anti-psychotic medications. QAPI	Terrace View
Rate Audits	DOH to ensure facilities conform to the Bureau of Long Term Care Reimbursement policy and reimbursement regulations.	H	NAMI work group developed to work and monitor payments.	Terrace View, Revenue Cycle
Minimum Data Set	OMIG will continue to coordinate with BLTCR to review the accuracy of nursing home MDS submissions.	H	Compliance utilizes triple check audit process to ensure billing accuracy and compliance with regulatory guidelines prior to submission of claims to Medicare and Managed Care payers. Terrace View provides monthly submissions to Compliance Department of the triple check to ensure compliance. OIG SNF 3-Day Rule added as part of triple check process. QAPI	Terrace View
Nursing Facility Staffing: Reported Levels and CMS Oversight	Staffing levels in nursing facilities can impact resident's quality of care. Must provide sufficient licensed nursing services 24 hours a day.	M	Monitor staffing schedules and payroll reporting to ensure regulatory compliance. QAPI	Terrace View, Finance
Appropriate Use of Place-of-Service Codes	Office of the Inspector General found that providers didn't always comply with federal requirements when reporting the place-of-service code on a claim line.	L	Audit billing for accurate place of service for residents.	Terrace View, Revenue Cycle
Unreported Incidents of Potential Abuse and Neglect	Ongoing OIG reviews indicate the potential for unreported instances of abuse and neglect. OIG assesses the incidence of abuse and neglect of Medicare beneficiaries receiving treatment at SNFs and determine whether these incidences were properly reported and investigated.	M	Monitor reporting within in 2 hours of reported allegations and/or incidents. QAPI	Terrace View
<b>Pharmacy</b>				

Item/topic	Details	Priority (H,M,L)	Action Steps	Collaborating Parties
340B	340B Compliance Assessment to identify potential issues or gaps in the adherence to the 340B program regulations.	M	Regular self-audits of the program, including reviews of facility-administered and contract pharmacy 340B drug utilization. Ensure that reviews are looking at all aspects of patient definition (location, provider, Medicaid billing, etc.). Engaged SpendMend as our 2025 outside auditor, as required by HRSA, to review our 340B program.	Pharmacy, Compliance
Drug Diversion	OMIG will review the proper authorization of written prescriptions, the complicit and non-complicit overprescribing of drugs, and the resale of drugs. OMIG will continue its efforts to identify and investigate forged prescriptions and seek prosecutions and administrative actions against recipients involved in these activities.	M	Ongoing efforts to identify, mitigate and confront drug diversions. Diversion Committee in place. Fair Warning program being utilized to identify aberrant patterns and monitoring. Audits being conducted by Pharmacy and Nursing Department heads. Diversion Prevention Meetings held quarterly.	Pharmacy, Diversion team
<b>Stark, Antikickback Statute, &amp; Other Regulatory Issues</b>				
Physician leasing compliance	ECMCC leases space to a number of physicians who are also referral sources to ECMCC. In compliance with Stark and Antikickback, ECMCC must ensure that it is paid fair market value for space provided and that physicians do not obtain space for which they are not paying rent.	H	ECMCC will require annual walkthrough and reconciliation of space occupied by physicians. Compliance working with Legal and administration to ensure execution of leases when not in place.	Facilities, medical staff, Legal
Vendor interaction with employees / physicians	There have been instances of vendors contacting physicians and employees directly to attempt to influence purchasing decisions. This violates New York's Project Sunlight (requiring reporting of individuals who appear before ECMCC in attempts to influence procurement decisions) and risks ECMCC utilization of products that are not under contract, raising both liability risks and risks of nonpayment for services ECMCC renders.	M	Recommended audit of vendor access policy and process to Internal Audit. Added compliance training to credentialing process. Education of appropriate departmental heads. Collaboration with Purchasing to identify purchases not on contract and roll out penalty program for vendors who fail to adhere to policies.	OR, Purchasing
<b>HIPAA</b>				
HIPAA violations	Ensuring regulatory compliance laws for healthcare organizations and professionals were developed to protect the private information of patients when it comes to personal, medical history, and payment information. It also outlines the requirements to ensure quality patient care and to combat fraud within healthcare organizations. The HIPAA law passed in 1996 was implemented in 2003. It defines the steps that every healthcare organization and professional must follow when collecting, storing, handling, and sharing patient information. As stiff penalties await those who violate these regulations to ensure strict compliance. We strive to ensure and communicate the value and requirements of HIPAA regulations-information security and privacy compliance.	H	Proactive monitoring by Privacy Officer for actual or potential HIPAA violations. Ongoing weekly meetings with privacy, IT security and compliance. Ongoing monitoring with FairWarning. Policies and procedures for guidance for all staff to ensure compliance. Disciplinary actions taken against employees who violate PHI access rules. Compliance, Legal and Privacy review of any large exchanges of data with other entities. Legal review of all business associate agreements.	IT Security, Privacy
Business Associate Agreements with Physician Groups	Often, physician groups provide a range of services that overlap between "covered entity" services (clinical) and "business associate" services (administrative) under HIPAA. In instances where business associate services are being provided, business associate agreements must be executed between ECMCC and the physician group.	M	Identification of affected physician groups. Negotiation and execution of business associate agreements ongoing.	Outside physician groups
<b>Regular Ongoing Compliance education</b>				
Annual Training	Training provided as part of the CMS and Medicaid mandate for annual compliance training.	M	All new employees are required to go through orientation and established employees are required to complete mandatory yearly compliance education. Tracted through LMS system.	HR, Compliance
Vendor and Volunteer Training	Training provided as part of the CMS and Medicaid mandate for annual compliance training.	M	Training provided to vendors and volunteers during their annual mandatory training, including general compliance; Code of Conduct, Conflict of Interest, False Claims Act, Stark/Antikickback Statute and Fraud, Waste and Abuse; and HIPAA. Letters to be sent to vendors.	Purchasing, Volunteer Office



Item/topic	Details	Priority (H,M,L)	Action Steps	Collaborating Parties
Physician Training	Required physician Medical Staff compliance annual training; additional compliance training will be provided as needed or requested.	M	Training provided to physicians during their annual mandatory training, including general compliance; Code of Conduct, Conflict of Interest, False Claims Act, Stark/Antikickback Statute and Fraud, Waste and Abuse; human trafficking; sexual harassment; opioids; and EMTALA.	Medical Staff, HIM
Billing	Training and monitoring of billing staff to enhance the accuracy and consistency of coding and billing.	H	Revenue Integrity monitors charge entry/billing daily. They provide feedback, education and training. Revenue Cycle has also implemented bi-monthly meeting instituted to communication across revenue cycle of ongoing or recent issues or challenges. As an identified high risk department, separate compliance training is also performed.	Revenue Cycle, Compliance
Registration	Training and monitoring of billing staff to enhance the accuracy and consistency of registration.	M	As an identified high risk department, separate compliance training is also performed.	Registration, Compliance
Coding	Training and monitoring provided to coding staff to enhance the accuracy and consistency of coding and billing.	H	HIM Department has an outside consulting firm conduct random audits for coding accuracy. They provide feedback, education and training. HIM Department has also implemented monthly coders roundtable instituted for better communication. Internal coding audits have also been implemented to further ensure coding accuracy and feedback to staff. (included in Revenue Cycle meeting mentioned above). As an identified high risk department, a separate compliance training session was completed on 9/16/2024.	HIM, compliance
Commission on Ethics and Lobbying in Government (COELIG)	As of 7/8/2022 according to Executive Law §94 (8), all NYS Public Benefit employees must complete ethics training and report to the State.	L	ECMCC continuing to train all new employees during orientation and has held dozens of additional trainings for existing employees. OnDemand COELIG Ethics training has been incorporate into our LMS system for reorientation in 10/2024.	HR, compliance
<b>Miscellaneous</b>				
Employees, Vendors, Consultants, Providers	ECMCC is required to verify all medical/dental staff, employees and vendors have not been excluded from participation in Medicare, Medicaid and other Federal/State health care programs. Includes review of CMS reclusion and OIG exclusion lists.	M	Sanction/exclusion checking is conducted on a monthly basis after hire with Kchecks for employees, providers, vendors, consultants. To ensure our vendors are complying with ECMCC policy, they are required to sign into Symplr every time they come to ECMCC. Symplr reports are being sent from Purchasing to Compliance for review.	Medical/Dental Staff, HR, Purchasing, AP, IT
OMIG Abbreviated Self Disclosure	OMIG has developed an Abbreviated Self-Disclosure Process that Medicaid entities may utilize to report and explain overpayments that are considered routine or transactional errors in nature or meet other defined characteristics and have already been voided or adjusted.	M	Developed biller comments to identify overpayments considered routine or transactional errors. Submitting monthly to OMIG.	Revenue Cycle

Item/topic	Details	Priority (H,M,L)	Action Steps	Collaborating Parties
PATH (Physician at Teaching Hospitals) rules	ECMCC is a teaching facility and must comply with the PATH regulations. Also, PHE flexibilities will need to be transitioned.	L	Revenue cycle professional coders review physician documentation and ensuring the teaching physician statement is present prior to billing. Policy for Teaching Physicians was approved by Medical Executive Committee and now in place. EHR systems (Meditech and Allscripts) enable the teaching physician to place their supervision attestation. In addition, limitation of EHR access to Medical Students to ensure compliance. Quarterly meetings held with Revenue Cycle to discuss professional billing/coding concerns.	Medical Staff, HIM, Revenue Cycle
Written Notice for Facility Fees	NYS Public Health Law 2830, effective June 21, 2023, now requires hospitals and healthcare professionals to provide written notice to patients prior to charging them for facility fees explaining the amount of the fee, the purpose of the fee and whether the patient's insurance plan will pay the fee.	M	Good Faith Estimate notification to the patient was updated to include facility fee notification. Need to have translated in top 6 languages in 12 pt font.	Registration

BOARD OF DIRECTORS  
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING  
TUESDAY, DECEMBER 3, 2024  
10:00 - 11:00 A.M.

***THIS MEETING WAS HELD VIRTUALLY VIA TEAMS***

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**VOTING BOARD**

**MEMBERS PRESENT:**

MICHAEL SEAMAN

MICHAEL HOFFERT

**EXCUSED:**

**ALSO**

**PRESENT:**

ANDREW DAVIS

ERIN CONLEY

CYNTHIA BASS

LISA HIGHWAY

HEATHER GALLAGHER

SEAN BEITER

**I. CALL TO ORDER**

Chair, Michael Seaman called the meeting to order at 9:59 a.m.

**II. APPROVAL OF MINUTES**

Moved by Michael Hoffert and seconded by Michael Seaman to receive and file the minutes from the September 10, 2024 Human Resources Committee Meeting of the Board of Directors.

**III. HOSPITAL UPDATE**

Andrew Davis, Chief Operating Officer, reported the hospital finished November with favorable volumes. Admissions and discharges were over budget and ALC cases decreased thanks to continuous team efforts. Interviews are in the final stages for two leadership positions, Vice President of Behavioral Health/CPEP and Executive Director for the Foundation. Mr. Davis mentioned we will be celebrating our annual Holiday Luncheon on December 4<sup>th</sup>.

**IV. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW**

Erin Conley, Training Coordinator, reported there were several employee recognition efforts for the months of October and November. ECMC was delighted to honor the award recipients for their accomplishments and dedication. Ms. Conley presented the following employee recognition events.

ECMC Employee of the Month

- October 2024 – Mike Kotch, Sr. Technical Assistant – Information Technology Systems
- November 2024 – Jacob Frankhauser, Lead Pharmacy Technician – Inpatient Pharmacy

Terrace View Employee of the Month

- October 2024 – Jim Alvarez, Certified Nursing Assistant – MLK
- November 2024 – Marie Gister, Social Work Assistant – Terrace View

## Employee Recognition

- Daisy Award
  - Q2 2024 – John Baston, RN, GDN – MICU North
- Tulip Award
  - September/October 2024 – Breon Myree, Med/Surg Technician – 12z2
- Nurse Hero of the Month
  - October 2024 – Kellie Najmulski, Team Leader – 4z3
  - November 2024 – Katie Pistorio, GDN – 8z1

In addition, Ms. Conley mentioned the Employee Recognition Committee assisted the Foundation with some of their holiday initiatives, which included the Thanksgiving gift card distribution for staff and volunteering at the Holiday Luncheon. We are looking forward to the new year and the Employee Years of Service Dinner in early spring.

## **V. DIVERSITY, EQUITY, AND INCLUSION**

Cynthia Bass, Chief Diversity Officer, reported the key department events and initiatives for September through November which included the following:

- National Hispanic Heritage Month
  - Celebrated September 15-October 15, 2024 in collaboration with Metz Culinary. Lunch specials and musical entertainment were featured on Wednesdays.
- Global Diversity Awareness Month
  - Several events were offered during the month of October, including:
    - Lunch & Learn session on “Implicit Bias: Developing Awareness of Our Unconscious Biases in the Workplace.”
    - World Bazaar Pop Up Shops at ECMC - Several small local businesses were onsite at ECMC and Terrace View. A donation of over \$2,500 was made to the Foundation.
    - Taste of Diversity – Celebrated tasting events at ECMC (4<sup>th</sup> Annual) and Terrace View (1<sup>st</sup> Annual) in collaboration with Metz Culinary featuring food and desserts from various countries.
- Veterans’ Day
  - The celebration on November 7<sup>th</sup> included several members of the executive team honoring our employee veterans. This was the first year we hosted local veteran-owned small business vendors to attend.
- Career Development
  - Public Speaking Workshop – November 13, 2024
  - Career Development Panel Discussion – November 15, 2024
  - Career Development Day at Health Sciences Charter School – November 21, 2024
  - Development & Donuts Workshop – November 22, 2024
- Learning & Organizational Development Center (L&OD) Updates
  - Dr. Kiera Duckworth continues to provide various training opportunities. Some of the highlights include:
    - DEI trainings: Implicit Bias, Microaggressions, Inclusive Language and LGBTQ+, Communication, Team Building and Conflict Resolution Skills.
    - Leadership Academy: Manager Enhancement Program had five graduates.
    - HealthStream Update: Library Administrators (Matt Bailen, Sarah Maggio and Dr. Duckworth) have been system-trained and are working to roll out the libraries to staff incrementally.

## **VI. RECRUITMENT AND RETENTION**

Lisa Highway, Director of Recruitment and Retention, reported the Career Development event at Health Sciences Charter School was a success. The recruitment team provided presentations on interviewing, job applications, and civil service. The team is exploring opportunities to host similar events at area schools.

Several new employees were hired for the hospital and Terrace View during a job fair at Weinberg Campus. The recruitment team has been attending end of semester job fairs and hosting weekly tabling events at NCCC and area nursing schools. In addition, a nurse-intern program for final semester nursing students starts on December 17<sup>th</sup>.

Recruitment efforts continue for all areas. The selection process is down to two candidates for the VP of Behavioral Health/CPEP position.

## **VII. COMPENSATION, BENEFITS, AND HRIS**

Heather Gallagher, Sr. Director of Compensation, Benefits, and HRIS, summarized the key highlights and initiatives.

- Benefits Update
  - Benefits Open Enrollment was a success with only a few minor issues.
  - The employee health insurance transition from Highmark to Univera is set for January 1, 2025. The team is working on the final details.
- Compliance
  - Joint Commission Mock Survey: the Human Resources department did very well with only one minor finding.
  - Annual employee performance reviews and re-orientation are underway. Completion rates will be reported at the next meeting.
- Compensation
  - Currently in progress with union merit increments and general increases effective January 1, 2025. Notices will be mailed to employees.
- HRIS Timekeeping and Scheduling System
  - Finalizing the workforce management timekeeping/scheduling agreement, starting project on January 1, 2025.

## **VIII. EMPLOYEE AND LABOR RELATIONS**

Sean Beiter, Director of Labor and Employee Relations, reported the labor team continues to implement the philosophy of cooperative labor relations with the three bargaining units. Key highlights include:

- The Employee and Labor Relations team is currently in the midst of negotiations with our Certified Registered Nurse Anesthetists (CRNAs), members of the NYSNA bargaining unit. We are hopeful to finalize by the end of the end of the month.
- Continue to participate actively and proactively with labor management meetings to review nursing protest of assignment, grievance negotiations/settlements and other administration.

- Monthly and quarterly labor management meetings with AFSCME, CSEA and NYSNA to discuss staffing ratios, state regulations, measure progress and address concerns.
- Continue to engage with NYS agencies, such as, the Public Employee Relations Board (PERB), Division of Human Rights (DHR), and the Department of Labor Unemployment Office regarding employee matters.
- Continue to investigate employee grievances/harassment complaints and seek to restore cooperative working relationships. The majority of our investigation activity is derived from the RiskConnect reporting system. Grievances are received and then routed to the appropriate HR Business Partner for review/investigation. We respond to a large volume of issues concerning our employees and work with managers and department leaders to improve performance and avoid future situations.

**IX. CLOSING REMARKS**

Mr. Hoffert and Mr. Seaman commended the Human Resources team for their leadership and contributions to the community and organization. They emphasized the importance of being engaged with community schools and encouraging students to consider careers in healthcare, as well as, providing education and training resources tailored to enhance the workplace culture.

The next meeting is scheduled for March 11, 2025.

**X. ADJOURNMENT**

Moved by Michael Hoffert and seconded by Michael Seaman to adjourn the meeting at 10:39 a.m.

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**BOARD OF DIRECTORS  
MINUTES OF THE QUALITY IMPROVEMENT/  
PATIENT SAFETY COMMITTEE MEETING**

TUESDAY, FEBRUARY 11, 2025

MICROSOFT TEAMS PLATFORM

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**BOARD MEMBERS PRESENT:** REV KINZER POINTER, JOHN O'DONNELL, CHRISTIAN JOHNSON

**PRESENTERS:** SAURIN POPAT, MD AND CHARLENE LUDLOW, RN, CIC

**ATTENDANCE:**

SERGIO ANILLO, MD

WILLIAM BELLES, MD

DONNA BROWN

CHARLES CAVARETTA

SAM CLOUD, DO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE, RN

KEITH KRABILL, MD

MARC LABELLE, RN

PAM LEE

CHARLENE LUDLOW, RN, CIC

PHYLLIS MURAWSKI

YARON PERRY, MD

TOM QUATROCHE, CEO

MEG RILEY, RN

CHRISTOPHER RITTER, MD

JOANNE WOLF, RN

KIZZIE HUNLEY

DAN MCCARTAN

**CALL TO ORDER**

Chair Michael Hoffert was not in attendance, Rev. Kinzer Pointer called the meeting to order at 8:01 am.

## **I. MINUTES**

The November 12, 2024, and the January 14, 2025 meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

## **II. COMMISSION ON CANCER – SAURIN POPAT, MD, MBA, FRCSC, FACS, FSSO**

Dr. Popat shared an update on the Commission on Cancer Services. He had a full agenda beginning with CoC Cancer Services Background. Permission for formal accreditation was received in the fall of 2019. In November of 2022 ECMC obtained accreditation from the American College of Surgeons Commission on Cancer for 3 years.

Some developments and achievements include the recruitment of two Palliative Care physicians for outpatient care, advancing robotic surgery for surgical oncology, oncologic research and plastic and reconstructive surgery training programs. The department anticipates an increase in assessment standards from the ACS in 2025 (currently 36 to increase to 38).

Quality improvement goals consist of improved chemotherapy wait times, establish outpatient palliative care services, and low dose lung cancer screening CT smokers. Quality improvement goals for 2025 include improve cancer patient tumor molecular/ genetic testing, continue with 2024 palliative care initiative, formalize chemotherapy nursing education, and access to outpatient mammography.

Critical objective for the department for this year is to successfully complete the 2025 Commission on Cancer Re-Accreditation.

## **III. ENVIRONMENT OF CARE ANNUAL MANAGEMENT PLAN – CHARLENE LUDLOW, RN, CIC**

Charlene Ludlow shared the EOC Annual Report. The plan contained the 2024 goals and performances along with goals for 2025. For the year 2024, Ms. Ludlow reviewed EOC life safety goals, utilities management goals, security management goals, medical equipment goals, emergency management goals, and hazardous waste goals.

Ms. Ludlow also reviewed the 2025 EOC management plan goals. Some life safety goals include label door frames for areas that have regulated pressure differential along with implementing accessibility to dampers, requiring extensive remedial work. Several utilities management goals will include a modification to the electrical system for the elevator operation, medical gas regulatory corrections, water management program changes, and working on the emergency generator replacement project. Security management goals include a new access control protocol for the Snyder Ambulatory Center, review



access control to the Med Srug units, and have increased camera coverage focused on the dietary department and food preparation areas of the main hospital. Medical equipment goals include using our inventory management system to be able to track supplies and parts that are used during repairs or preventative maintenance, proactive program to identify life span of equipment so we can prepare departments for the replacement of equipment prior to it reaching end-of-life, and to reduce cost for repair and downtime of the equipment, we will educate in-house technicians on outsourced equipment. Some of the management goals will include two drills or live events each year, at a minimum at least one with our community partners to comply with Joint Commission EM Standards and continue re-certification process by select staff for compliance for NIMS. Hazardous waste goals include update hazardous material management plan to include comprehensive system to close gap between all departments and to provide recertification of DOT hazardous materials training for 100% of front-line housekeeping staff.

#### **IV. REGULATORY/QUALITY REPORT – PHYLLIS MURAWSKI, RN, MS**

Phyllis Murawski gave an update on Regulatory and Quality reporting. Phyllis reviewed adverse events from 2024 and reviewed the Patient Safety Committee (RCA) driven improvements for 2024.

The Regulatory report reflected a survey in Diagnostic Imaging which went well with zero findings. There were no other surveys during the month of January.

#### **VII. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on March 11, 2025.

Dear ECMC Board Members,

The positive operations and patient volume trends we experienced in January continued in February. Year-to-date increases versus February 2024 occurred in Outpatient Surgeries, ED visits and Outpatient visits. However, the ability to discharge patients continues to be a challenge for both ECMC, our community, and our State.

Also of note, *Business First* on March 18<sup>th</sup> published a story highlighting ECMC's #1 position in our market for ED visits in 2024, moving up from #3 in 2023. This is further confirmation of the vital role ECMC plays in trauma and emergency care in Western New York and that ECMC continues to be the hospital of choice.

As the Board is aware, we recently had our American College of Surgeons Level 1 Trauma recertification survey. The virtual visit went very well with only one process of non-compliance with their standards, which has already been corrected. The surveyors were extremely complimentary of the program and repeatedly talked about the level of collaboration and collegiality within disciplines and the strong support of the program from all levels of the organization. We also had a virtual tour of areas related to the trauma program, which they said was the best they have ever seen. During this time, we also had an unannounced visit from the Joint Commission for our Chemical Dependency reaccreditation. This one-day survey resulted in four "low" risk findings and no "moderate" or "high" risk findings. Again, the surveyors were very complimentary of the team and program and the impact we are making on the patients in our community. We look forward to soon receiving the official Level 1 Trauma recertification and Chemical Dependency reaccreditation from each entity.

ECMC's Center for Rehabilitation Services' Rehab Symposium 2025, held on March 8<sup>th</sup> on our health campus was a tremendous success. With the theme, *Interdisciplinary Approaches to Neuro Trauma: From Injury to Independence*, the full-day symposium attracted over 100 area rehabilitation professionals who participated in a variety of presentations, break-out sessions and an exhibit hall program featuring rehab industry vendors sharing information on their services and expertise, particularly on issues focusing on individuals experiencing neuro trauma. This annual event is another way in which our caregivers demonstrate their leadership in a variety of healthcare services, sharing their clinical experiences and industry knowledge with their colleagues from around Western New York.

In further recognition of our ECMC Family's clinical achievements, particularly on a national level, Katie Fik, MSN, RN, CWON and Martha Metz, MS, RN, CPHQ were selected to present in Dallas, TX at the national convention for NPIAP (National Pressure Injury Advisory Panel) in late February. Their selected poster highlighted developing an algorithm for identification of hypoperfusion injuries in critically patients through an interdisciplinary team. And an abstract developed by Amanda Farrell, BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst – *Optimizing Diabetes Management in Primary Care*, was selected earlier this month by the Program Planning Committee to present as a poster presentation at the American Academy of Ambulatory Care Nursing's (AAACN) 2025 Annual Conference in San Diego.

As we have done since January, our ECMC team continues to work with our lobbyists and advocacy organization like HANYS regarding the state budget, which, as mandated in the State

Constitution, must be enacted on April 1<sup>st</sup>. While the Governor's budget was supportive of healthcare, both houses of the State Legislature earlier this month introduced their one house budget bills. Once that action takes place, the negotiations between the Governor and Legislature will get underway. We were encouraged that both the Assembly and the Senate each restored funding for the Vital Access Provider Assurance program, which is a significantly important funding source for us and other safety net hospitals across the state. And, importantly, both houses accepted the Governor's proposal to invest an additional \$1.3 billion to expand the existing Safety Net Hospital Transformation Program. Neither the Governor nor the Legislature include substantial offsets for any anticipated Federal actions that might impact the state's budget in their health care budget proposals, with leaders noting that they are approaching issues such as Medicaid without addressing potential federal cuts. We also continue to monitor very closely any actions at the federal level and will keep the Board fully apprised of any actions that could affect ECMC.

We remain very appreciative of the Board's continuing support and confidence in Executive Leadership. Together, we have faced and contend with many significant challenges to our institution and other safety net institutions across the nation and in every instance, we have maintained the high-quality care of our patients.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
March 25, 2025**

**Submitted by Andrew Davis**

**OPERATIONS**

**Ambulatory Medical Practices**

**Population Health**

On 2/7/2025, in honor of the American Heart Association's Go Red for Women's Heart Health Day, Population Health set up a table in the lobby to provide educational materials on various heart health topics. These materials covered hypertension, stroke, cardiac arrest, cholesterol management, heart failure, smoking cessation, primary care referrals, and specialty resources, and they offered blood pressure screenings to raise awareness and promote heart health among women.



**Center of Cancer Care Research**

**February 2025**

***Monthly Oncology Research Report – Dr. Jennifer Frustino***

**Research Updates:**

- The fifth subject was dosed with study drug for our Lipella sponsored trial: A Multicenter, Dose-Ranging Trial Evaluating the Safety, Tolerability, and Efficacy of LP-10 in Subjects with Symptomatic Oral Lichen Planus. The 6<sup>th</sup> and 7<sup>th</sup> subjects were enrolled.
- A compassionate use application was approved by the FDA and the UB IRB to continue the Lipella LP-10 rinse on a subject who had excellent results. This is a huge accomplishment considering the early phase trial and rare disease.
- We underwent a monitoring visit with Alira of our Lipella trial with no significant findings.
- ECMC was selected as a site for a new clinical trial sponsored by Merck (MK2140-011) for patients with B Cell Lymphoma. Dr. Naheed Alam will be the PI with other ECMC Medical Oncology, Pathology and Radiology co-investigators.

- WNY HPV Coalition met for its quarterly meeting and continues to grow in attendance of multidisciplinary stakeholders, including the Population Health team.
- Monthly Oncology Multidisciplinary Research Meeting was held on 2/11/25.
- The research team had introductory meetings with the UB Population Health team working out of ECMC in the DK Miller Building.
- The research team is participating in the Epic transition on the Research Advisory Council and two different workgroups and have been attending all of the Epic meetings.
- CRCs attended UB CTSI Open Research Office webinar titled: "Recruiting Older Adults for Research".

### Center of Cancer Care

#### CLARENCE RED DEVILS HOCKEY FIGHTS CANCER!

- On January 17, 2025, Clarence High School Hockey Boosters held a "Hockey Fights Cancer" event where all funds from ticket sales, raffle and puck toss were donated to the ECMC Foundation. This event honored a student and hockey player who is currently in treatment at the ECMC Center for Cancer Care. This event raised \$2,500 and a check was presented at the Clarence Hockey Senior Night on February 8<sup>th</sup>.

### Outpatient Behavioral Health

#### Program Updates/Initiatives

- **Help Center Adolescent Service Expansion**
  - Continued efforts related to the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH. Currently targeting to fill psychiatric coverage and implement a three stage expansion of services for adolescent mental health needs within the community.

### MRU

- For 2025, CARF goals have been established for the Medical Rehabilitation Unit (MRU) pertaining to the required domains of Business Function and Service Delivery. The Service Delivery domain is further divided into effectiveness, efficiency, service access, patient satisfaction, and stakeholder satisfaction. **New goals for 2025:**
  - **Business Function:** Increase revenue capture of cases identified in triple check meeting with an increase from 20 to 25 charts to  $\geq 75\%$ .
  - **Service Access:** Average Daily Census goal  $\geq 11.5$  days, based on 2024 avg = 11.5 days.
  - **Effectiveness Outcomes:** *Self-Care* – Improve bathing score by 5% from 2024 baseline of 4.0. *Mobility* – Improve car transfer scores by 7% from 2024 baseline of 3.7.
  - **Efficiency Goal:** Improved via efficiency as evidenced by decreased onset days to MRU admission from baseline of 2024 of 16.3 days, as identified in UDSMR Comprehensive Report to  $\leq 16.3$  days.
  - **Patient Satisfaction:** Upon 90 day follow up phone call  $\geq 90\%$  of patients surveyed will report they will recommend ECMC's MRU.

### Biomedical Services

#### Department Initiatives/Projects/Updates:

- The 30 dialysis chairs arrived and were taken to OP dialysis for distribution.

- Worked with Baxter and the Value Analysis team to distribute the 840 pumps throughout the facility and pick up old pumps.
- The focus department for March is 12z4 beds and IV pumps.
- The focus departments for February are the 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> floors.

### **Dialysis**

- The new B. Braun Hemodialysis machines are expected in early 2025 for deployment in the final pod.
- Thirty (30) new dialysis chairs were deployed the second week of February.

### **Food & Nutrition Services**

- A new retail menu and new retail pricing was implemented on February 10, 2025.
- New retail pricing for all items was implemented on February 10, 2025.
- New ***Bleni Smoothie*** vending machine was installed on February 26, 2025. There have been some technical challenges, and we are awaiting delivery of a new machine on March 16, 2025.
- *Overnight Variety*: We are working to establish a more consistent overnight and weekend menu rotation for our customers. The overnight grill menu will reflect the lunch menu for the entrée station.

### **Laboratory Services**

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. Current Roche agreement terminates in June 2025. Contract has been executed and final stages of facility and IT planning underway. Targeted delivery of equipment April 2025. Discussion with Roche has been initiated for required contract extension beyond June 2025 termination date in alignment with Abbott installation process.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded to Werfen for upgrade of two coagulation devices. The eight-year lease proposal has an estimated seven-year savings opportunity of \$185K over the term of the contract. Equipment was installed February 2025 and instrument validation is ongoing.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material. System went live on January 7, 2025.

### **Plant Operations / Capital Projects**

Plant Operations/Facility project updates include the following:

#### ***Mammography Suite – In Progress (In-House Crew / Contractor)***

- **Work completed:** Construction contract executed; contractors' mobilization late February into early March; work area demo and filed verification by trades.
- **Work anticipated:** Completion of framing and rough-in of all trades.

#### ***Dental Clinic – 1<sup>st</sup> Floor – In Progress (concurrent with Mammography Suite project)***

- **Work completed:** The majority of work in Triage room and Room #18.
- **Work anticipated:** Completion of above, substantial completion of Room #13.

*General Construction – Maintenance Projects with DMyles, Inc. – In Progress (Contractor)*

- **Work completed:** Loading Dock project
- **Work in progress:** Obtained several quotes for various projects/tasks identified, all varying status.
- **Pending projects:**
  - Grounds Garage Floor Repairs/Trench Train Replacement
  - Trash Compactor Concrete Pad
  - Main Hospital – 4<sup>th</sup> and 5<sup>th</sup> Floors Behavioral Health Ceiling Access Panels
  - 1<sup>st</sup> Floor Internal Medicine Millwork

*Medical Gas Equipment Replacement – Complete (Contractor)*

- **Work completed:** Final completion and project closeout.

*Campus Grounds – In Progress (In-House Crew)*

- Winter operations mode. (65) tons of rock salt on site and (17) pallets (49 bags/pallet) of ice melter delivered. Ordered 20 tons of sand to have on hand in the event of salt shortage.
- Trucks, plows and salters are operational. Winter equipment rentals (skid-steer and small wheel loader) will be returned at the end of March.

**Supportive Care & Palliative Medicine**

Meeting participation includes the following:

- Caregiver Support/Assessment: Forty-one (41) identified caregivers were screened, with fourteen (14) full assessments completed and transferred to ECDSS.
- Monthly Advancing Palliative Synergy meetings.

**Surgical Services**

**Robotic Volume – February 2025**

Bariatrics	10
Cardiovascular/Thoracic	4
Head, Neck, Plastic & Reconstructive Surgery	5
Orthopedics	33
Transplant	0
Urology	2

- Surgical volume was below budget, however above 2024 volume.
- ION robotic cases continue to grow.
- Increased daily volume with the expansion of OR hours past 3:00pm Monday-Friday.
- Mammography/Pain Management Expansion project: construction began, completion slated for June 2025.
- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI. Go-live Q1 2025.
- Radiology Fuji-PACS shared platform to view radiology images between ECMC, Kaleida and GLMI, successful implementation.
- Globus Navigation/Robotics: Meeting with vendor to discuss pricing options.

**Terrace View**

**Operations**

- **Census:** The average monthly census for February was 374.
- **Pharmacy Services RFP:** The award selection is being evaluated. The current contract is extended to June 30, 2025, to provide adequate response time during the vetting process.
- **Renovations:**
  - Server renovations on the Albright neighborhood were completed in February 2025. Eventually, all serveries will be replaced. The MLK neighborhood is next on the schedule. There will be temporary repairs to the Roosevelt server in early April.
  - Replaced four (4) bathroom floors on the neighborhoods with an additional five (5) to be completed in March.
  - Resident room window replacement on the Kensington neighborhood.

**PATIENT EXPERIENCE**

**February 2025**

<b>Patient Experience</b>	<b>YTD Feb. 1<sup>st</sup>, 2025- Feb. 28<sup>th</sup>, 2025 N= 37 (est)</b>	<b>YTD Feb. 1<sup>st</sup>, 2024- Feb. 28<sup>th</sup>, 2024 N= 93 (final)</b>	<b>NYS 2025 Benchmark</b>
HCAHPS - Nurses	86 (est)	76	76
HCAHPS - Doctors	82 (est)	75	76
Discharge Info	92 (est)	86	84
Overall Rate	76 (est)	60	65

**Ambulatory Medical Practices**

**Population Health**

In preparation for launching a retinal imaging system (Retinavue) designed for in-office diabetic eye exams, Population Health conducted an outreach campaign using Twistle. This initiative focused on engaging patients, assisting with scheduling, and ensuring providers had access to complete ophthalmology records. By proactively addressing gaps in care, we aimed to enhance patient access, improve documentation, and support the early detection of diabetic eye disease.

<b>Outreach Initiative</b>	<b>Outcome</b>
Patients Outreached	1,434
Assisted with Scheduling Diabetic Eye Exams	38
Referrals Mailed per Patient Request	42
Ophthalmology Offices Contacted for Missing Records	56

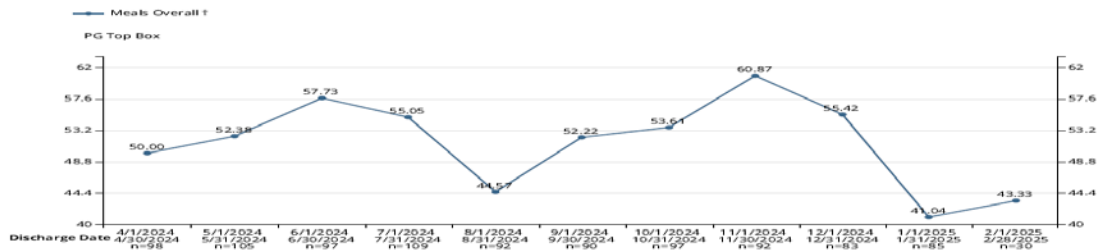


**Food & Nutrition Services**

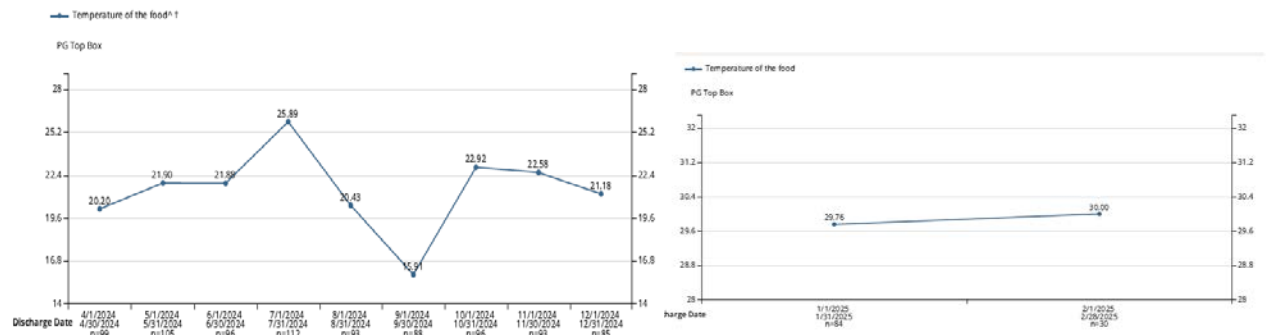
**Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

- The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives are showing improvement since August 2024, although we are experiencing a dip in December and January. The “n” for February is still low for the month, as we have not received all surveys at the time of the report.
- We feel the temperature and quality issues are related to our speed of tray delivery and not our trayline equipment. We have been conducting time studies and found that we have training opportunities with our Hospitality Associates. We continue to recommend the purchase of the Aladdin Boost System to resolve the temperature issue related to the time it takes to deliver a cart from the trayline to the patient units.

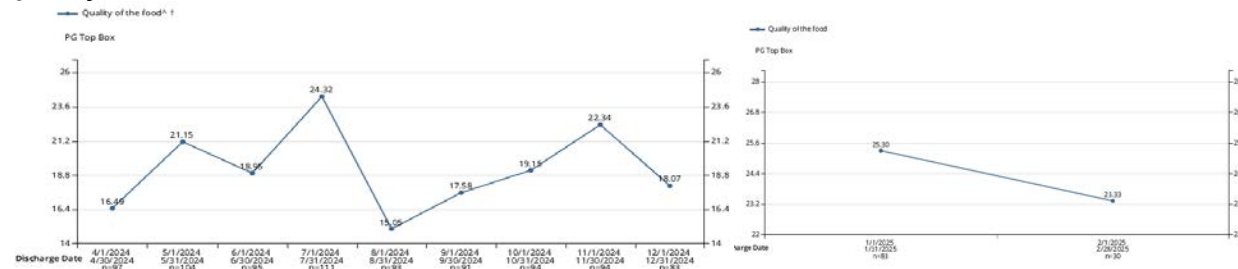
**Meals Overall**



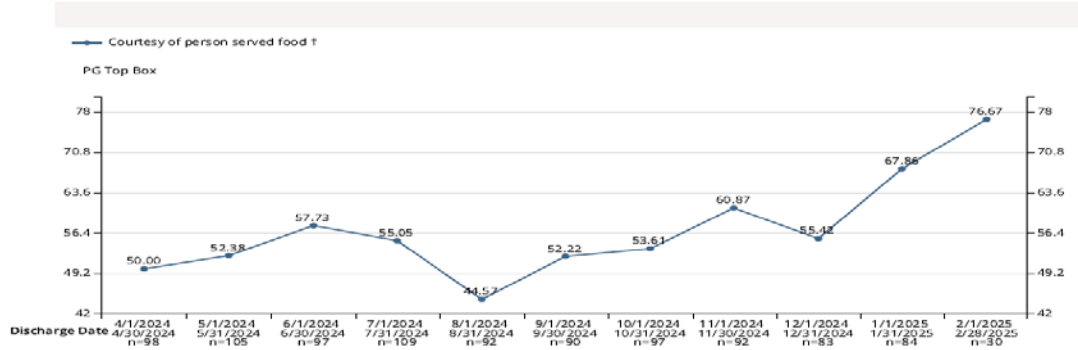
**Temperature of Food**



**Quality of Food**



**Courtesy of Server**



**Patient Service Initiatives**

- Increased supervisor rounds with designated priority areas (ED, CPEP, Med-Surg, Obs).
- Enhanced galley area communication tool using QR code to request floor stock.
- Escalation tree reworked to include the phone number of our Patient Advocate which has improved our responsiveness to concerns.
- Focus on meal timeliness, tray accuracy and galley cleanliness.
- We added two additional Patient Services Managers to help with weekend accountability, operational coverage and patient rounding.

**Quality Improvement Initiatives**

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. During February, we implemented a Metz Tray Accuracy tool. We are gathering data that shows the specific error types.
- **Patient Advocacy and Nursing Relations:** Our Food and Nutrition Patient Advocate, Kathryn Lynk, has focused her efforts on rounding with nursing staff and patients and taking the lead on employee engagement activities within the Food and Nutrition department. She fosters collaboration with the nursing team and identifies opportunities to improve the patient dining experience. Katie toured the floors in February with special Valentine treats for hospital employees. We created a calendar of events for 2025 with a goal to tour the floors at least once a month in 2025. She also collaborates closely with the General Manager to address and investigate staff and patient risk connect issues.
- Kathryn discusses all case calls with the Food and Nutrition team during tour daily Food and Nutrition manager huddle. She also shares all Press Ganey feedback with the entire management team at our weekly manager meeting.

**Laboratory Services**

The following initiatives are underway or completed for improvement of testing turnaround time and patient experience.

- **HbA1c POCT:** Capital request approved for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract executed; project kick-off expected by the end of Q1 2025.
- **Community HCV Screening:** Working with Immunodeficiency team to implement community screening for HCV in high-risk populations. Q1 2025 target implementation.



Center of Occupational Environmental Medicine (COEM)

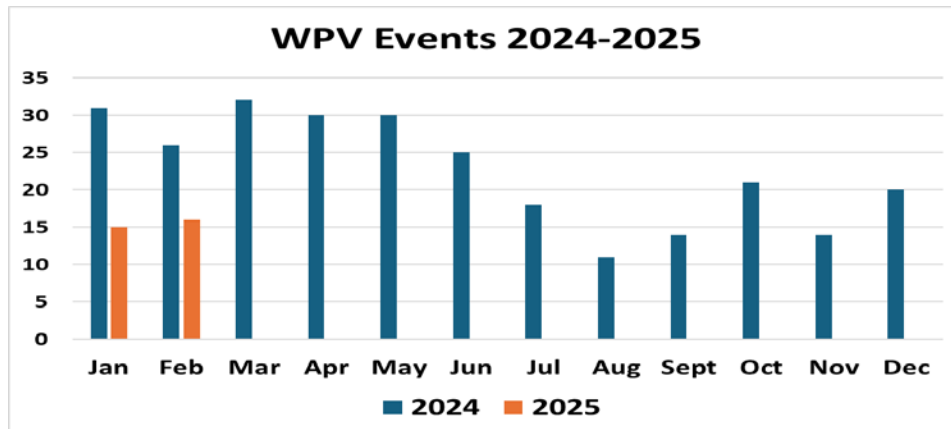
- In February 2025, COEM continued its community outreach efforts through a series of impactful events. On February 3, staff attended the Erie County Overdose Prevention Task Force Meeting, where they participated as community members seeking to improve workplace-ready organizations by gaining knowledge of the ongoing crisis. This event is pending additional information on Erie County Black Balloon Day. On February 5, staff took part in a CSEA meeting focused on COEM services, and while the event was tabled, continued involvement with the union remains ongoing. On February 6, a presentation on CMV was made to staff and board members at Ripen with Us Day Care. Then, on February 12, staff introduced themselves and provided mental health resources to employees at the Terrace View Safety Fair, fostering conversations about how social work, EAP, and ECMC outpatient clinics can support employees. Presented COEM services at the CSEA meeting, generating interest from members and organizations such as the Sewer Authority and Erie County Sheriff’s Department.

Wellness Initiatives

- Family Day at Kissing Bridge, held on February 22, 2025, was a great opportunity for ECMC employees to engage in wellness activities with their families. The event allowed staff to enjoy skiing and other outdoor activities, promoting family bonding and physical well-being. It was a perfect chance to participate in an active, fun day outdoors, supporting both personal and family health while enjoying the beautiful winter setting.

System Health and Safety

- In 2024, we made significant strides in reducing the workplace violence (WPV) incidents. Through our continuous efforts and strategic initiatives, we have seen a steady decline in WPV events throughout the year, with the most notable reduction in August. As we move into 2025, early data is even more promising. In just the first two months of 2025, our WPV numbers show a remarkable **decrease** compared to the same period last year. This progress highlights the effectiveness of our commitment to creating a safer and more supportive work environment for all.



Falls Prevention

- There has been ongoing interdisciplinary collaboration to relaunch the Mobility Program in conjunction with the Falls Prevention Program. This includes the

development of a PT Mentorship Program for Nurses, research and trial of gait belts, and the initiation of chair alarms in each room. Additionally, par levels for chair alarm pads are being established for each unit.

- The Terrace View Gait Belt Initiative aims to consistently use gait belts for transfers and ambulation with appropriate residents. Gait belt competencies were initiated during the Safety Fair and are currently being conducted on the units. A UKG Pro module on the proper use of gait belts has been assigned to Terrace View staff. Gait belts, which were purchased previously, are now ready for distribution to the neighborhoods. Peter Buckley, the Team Leader and a member of the TV Employee Safety Committee, is conducting in-person competencies with staff.

### **Center of Cancer Care Research**

- Dr. Frustino, Juli Chikaraishi and Vanessa McDonough represented ECMC the “Operation Clean Sweep’s Medical Model Interventions” planning session on February 12<sup>th</sup>. There were many community stakeholders present at the event hosted by the Invest Health Team and Rita Hubbard Robinson, which was held at The Loud House on Hertel Ave. The 2024 events were re-capped and break-out sessions were held for brainstorming 2025 ideas.
- Dr. Frustino and ECMC PGY-2 dental resident Dr. Iesha DeLesline attended a Friday evening outreach on February 7<sup>th</sup> called “Elim Girls to Women”. The event was aimed to inspire young women about careers in the health professions. It was held at the Elim Christian Fellowship on Chalmers Ave. Also present were UB Dental and medical students, sisters from the local chapter of The Links, Inc and medical students from the local chapter of Black Men in White Coats. The young girls learned about robotic surgery, dentistry, and suturing (bananas) as well as heard about the many aspects of being a doctor. (Photos below)



## **Food & Nutrition Services**

### **Staffing/Recruitment:**

- We welcomed several new staff members to our department during February.
- We are planning a second off-site job fair during March at the Delevan/Grider Community Center. We hired 15 new employees from the job fair in January.
- We are currently focusing on sourcing strong Hospitality Associates, Floor Stock and dish room personnel.

### **Staff Development:**

- Our HR Manager, Robin Martinelli, has worked with the GM to provide a better and more consistent HR experience for all of our employees. Robin has improved the organization in our office and has set up systems that are helping us to better track our vacancies. Robin has organized all the employee files and ensured that everything is up to date and on record, coinciding with NY State law. She has also worked with our AGM on all the new policies we have put in place and those we have revised/reissued and set up a monthly HR calendar to help cover training and events we plan on hosting. Robin's efforts have already helped us to hold our employees more accountable.

### **Employee Engagement:**

- We have a Committee organizing Employee Engagements, Nurse Rounds, and special events we plan on hosting. This committee is meeting on a regular basis to review what is needed for the next month to ensure that we have everything needed and the vital time needed to leave an impression. We also celebrated Valentine's Day and Black History Month with special treats.

## **Laboratory Services**

- Shawndre Horne has assumed the Chief Clinical Laboratory Technologist position for the Chemistry department in advance of the retirement of Robert Walter effective February 28, 2025.
- Extension of the current MOA for Shift Differential: Request extension for 6/30/25, pending final approval.
- Cross-Training: Cross-training activities continue with full cross-training of new staff and expanded cross-training of Sr. CLTs and evening/night shift staff.
- Schedules: Alternate schedule models continue to be evaluated for feasibility. Implementation of 10-hr or 8-hr shift across all sections/units as of April 2025 for the Clinical Laboratory Technology titles.

## **Outpatient Behavioral Health**

### **Staff Updates**

- **New team members**
  - 1285 Main Street – OTPT BH – Laura Vogel, LCSW – Psychiatric Case Manager
  - 1285 Main Street – SUTS – Mackenzie Gullo, CASAC – Substance Use Counselor
  - Northern Erie Clinical Services – SUTS – Charles Wilber, MD
- **Congratulations/Achievements**
  - Danielle DeLong – Completion and achievement of LCSW
  - Samantha Galloway – Completion and achievement of LMHC-D
  - Alyssa Gallagher – Completion and achievement of LMHC-D

### Community Outreach Event

#### ▪ **Events/Outreach**

- Attendance and participation in the Erie County Mental Health Crisis Response Initiative meeting at Buffalo State University.

### Rehabilitation Services

- An ECMC Rehab patient was honored at the Springfest Gift Gathering Luncheon at Kleinhans on February 5, 2025. The presentation included his entire rehab continuum at ECMC.
- Five Cancer Care subcommittee members attended course offered by UB Department of Rehabilitation Sciences, "Taking the Fear Out of Treating the Oncology Patient in the Community". The course included presenters from Roswell's Therapy Department and offered evidence-based treatment options for oncology patients in the inpatient and outpatient settings and heavily supported the benefit of therapy services for cancer patients at all levels of treatment.
- Rehab leadership participated in a meeting with PRISM Recovery Team (PRI) who is currently managing all transitional stroke care at BGH. PRISM is a new community-based patient navigation company dedicated to stroke patients which currently being utilized by UB Neurosurgery. ECMC Outpatient Rehabilitation is one of the identified primary sites for the outpatient stroke care. This relationship is part of the larger community post-stroke care program in WNY that ECMC participates in along with Dr. Kandel from GVI, Kaleida, and Catholic Health.
- As part of the WNY Stroke collaborative group in WNY with Kaleida, Catholic Health and other community stakeholders, OP Occupational Therapy conducted a course of Constraint Induced Movement Therapy for patients with hemiplegia speech therapy first 4-week trials intensive aphasia program. Results of this programming will be reviewed and assessed for efficacy, patient outcome and sustainability.
- The Director of Outpatient Rehab and Senior OTR for Driver Program completed a presentation at the Center of Elder Law on the topic of Driver Evaluations, especially in the context of patients that require guardianship.

### Acute Care Therapy

- Acute Therapy will be participating in a new mobility training initiative for nursing that will include PT shadowing nursing staff, who are identified by the unit managers as needing mobility training. This will include EMR documentation, chart review, use of SPH equipment/DME, as well as setting daily mobility goals and determining if the patient needs a PT or OT order.
- Starting February 1<sup>st</sup>, Acute Care PT began a trial of additional weekend PT staffing to treat/mobilize high-functioning patients requiring Subacute Rehabilitation (SAR) to evaluate if increased mobility support over the weekend can accelerate progress and facilitate discharge to home. Greater than 50% of this group of patients with increased mobility over the weekend were cleared for home when medically ready and avoided going to SAR.

### Surgical Services

- Hired new AVP of Surgical Services, David Brown, start date February 24, 2025.
- Hired new Surgical Services Data Reviewer, Naseera Edwards in February 2025. She will report directly to Phyllis Murawski, Chief Quality Officer.

- Additional positions approved to expand Main OR hours past 3:00pm, employees hired and in orientation.

## QUALITY

### Ambulatory Medical Practices

On February 18, 2025, ECMC Primary Care departments submitted for their annual PCMH renewal for ECMC Internal Medicine and ECMC Family Health. The team is proud to announce both Primary Care medical practices were accepted for recertification for March 3, 2025 to April 15, 2026!



### Dialysis

- There are no surveys, however a full NYSDOH onsite survey is expected in early 2025.
- Quarterly preview report for The Dialysis Compare (DFC) star rating maintains the program at a 2-star rating.

### Laboratory Services

The Laboratory Medicine department continues to focus on 2025 QIPS Plan Initiatives. The 2025 QIPS initiatives are the following:

- **Outcomes and Alignment:** Evaluate the effectiveness of the implementation of the Whole Blood MTP pathway for improved timeliness of release of product compared to Component MTP, with targeted reduction in release time of 2 minutes when compared to Component MTP. Evaluate the stability of the Whole Blood inventory with the ability to maintain WB inventory monitored monthly greater than 5 units 95% of the time. YTD, the Whole Blood inventory has been maintained greater than the 5-unit threshold. Turnaround time for release will be monitored on a quarterly basis for improvement trends.
- **Safety and Resiliency:** Improve the Glucometer cleaning documentation rate across all POCT locations to  $\geq 90\%$  monthly. For January, the Med/Surg, Ambulatory Care and Inpatient Dialysis areas achieved the  $>90\%$  rate. Outpatient Dialysis and Critical Care are within the 5% benchmark. The OR, Behavioral Health and Terrace View locations all have compliance rates less than 75% and will be the targeted areas of focus.



## **Outpatient Behavioral Health**

### **QA/QI**

- Help Center Semi-annual and Annual Reporting developed and in process for 2024 data
- IOP template and initiation of Monthly Trending reporting occurred for 2025
- PHP template and initiation of Monthly Trending reporting occurred for 2025
- Productivity Dashboard within the data repository is in development

## **Surgical Services**

- GI Lab training for Provation documentation scheduled for end of March.
- Working with Trauma Program preparing for upcoming ACR survey in March.
- Hired new Surgical Services Data Reviewer, Naseera Edwards in February 2025. She will report directly to Phyllis Murawski, Chief Quality Officer.
- Collaboration between PAT and Quality to create standardized protocols for elective spine surgeries and decrease SSIs. Reviewing protocols with Ortho Spine team.

## **Terrace View**

- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety.
- Nursing Administration: ADON's continue to monitor the neighborhoods that they maintain administrative responsibility for, to ensure units are in a state of regulatory compliance.
- Life Safety POC: The facility requested a time-limited waiver, secondary to procurement and to contract with a third party to complete the installation of the exterior light fixtures required by the Life Safety Code Plan of Correction, with a completion date of March 31, 2025. On October 24, 2025, the facility received the approval for the time-limited waiver, which will expire on March 31, 2025.
- The facility has submitted the architectural plans for the installation of the aforementioned exterior lights and anticipates completion of this project by early February 2025. The facility continues to communicate with the Buffalo Region NYSDOH Field Office regarding same. **UPDATE**: The wiring has been installed for all of the exterior lights. Light fixtures are expected to be delivered within the deadline of March 31, 2025 and the local DOH sanitarian will be notified.

## **Transplant**

- MPSC continues to monitor our outcomes; our next submission is due April 14, 2025.

## **FINANCIAL**

### **Ambulatory Medical Practices**

- In February 2025, the Ambulatory Department saw 12,117 patients, while being budgeted for 12,699 visits (-4.6% budget). Departments that exceeded budget include: Bariatrics, ECMC Family Medicine, EEG, Infusion Center, Neurology, Oral Oncology, Orthopedics and Rheumatology. Additionally, there were 25 visits for Covid testing and/or Covid vaccinations. Despite being under budget for the year, the

ambulatory department is 1,969 (8.4%) over volume from the same time period (Jan-Feb) in 2024.

**Dialysis**

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget **3,857**, Variance **(-15)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **240** treatments, favorable to the budget, Variance **(45)**
- Total: **30** treatments for the year

Census Volume:

- Outpatient (in-center treatments): February = **1,742** treatments, YTD 2025 total = **3,615**
- Home Program: (Home Peritoneal & Home Hemodialysis): February = **129** treatments, 2025 total = **285**, favorable to budget.

Dialysis			2024			2025				
			YTD	Budget	Variance	Jan	Feb	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	413	-	-	14	8	22	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	1,085	-	-	106	114	220	-	-
	HD	Hemodialysis - Chronic	22,745	-	-	1,873	1,742	3,615	-	-
	4555 Totals		24,243	24,293	-50	1,993	1,864	3,857	3,872	-15
5660	HOMEHD	Hemodialysis - Home	0	-	-	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,574	-	-	156	129	285	-	-
	5660 Totals		1,574	1,976	-402	156	129	285	240	45
Totals			25,817	26,269	-452	2,149	1,993	4,142	4,112	30

**Environmental Services**

- Overall expenses for January/February was 6% over budget. Employee benefits and vacation accrual account fo the overage.
- Overall supply and labor budget was in line with budget. Additional Head Janitor salary will be moved to TV budget line.

**Food & Nutritional Services**

**Retail Sales (after 20% discount)**

February 2025 Actual	\$156,451	January 2025 Actual	\$170,593
February 2025 Budget	\$183,291	January 2025 Budget	\$181,566
Variance below target	(\$27,471) = 85% to target	Variance below target	(\$10,973) = 94%

***For comparison, February 2024 sales were \$157,997.***

**Laboratory Services**

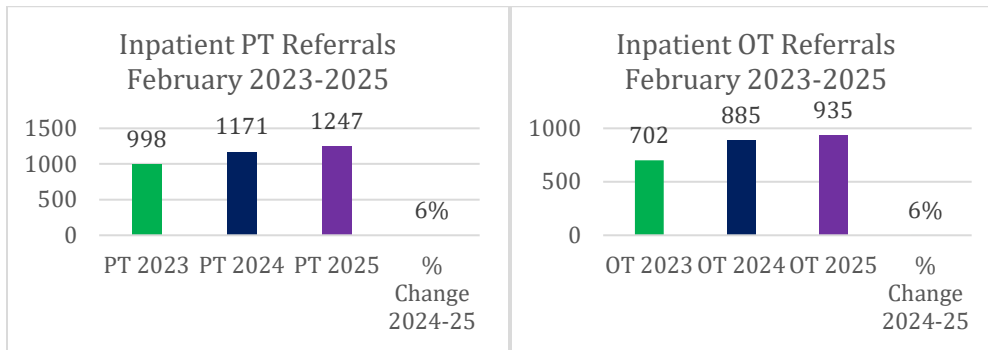
- The department budget volumes for February YTD were positive 3.7% to budget target and level to FY24. The FY25 January YTD operating expense has a negative variance of 10% to budget target and a negative variance of 13.6% to FY24. The personnel expense January YTD had a negative variance of 7.6% to budget target and a negative variance of 7.6% to FY24 actual. The non-personnel expense demonstrated a negative variance of 13.2% to budget target and a negative variance of 15.3% to FY24. The negative non-personnel variance is impacted by the overall

positive 3.7% to budget volume YTD. Expenses are in alignment with laboratory volumes and utilization.

- The Chemistry and Hematology cost centers had procedure volumes positive to budget target by 5.0% and 14.2% respectively, which attributed to the negative non-personnel expense to budget target for FY25. The seasonal increase in Respiratory testing has impacted volume and expenses in alignment with test utilization. Department will continue to monitor expenses in alignment with volume and test utilization.

**Rehabilitation Services**

- Acute Care Therapy (see graphs below)
  - PT productivity overall was 3,743 against a budget of 3,095 units for a positive variance of 17%.
  - OT productivity overall was 2,619 against a budget of 2,357 units, for a positive variance of 10%



- MRU
  - 19 admissions and 14 discharges with 230 patient days and a LOS of 16.4 days, **ADC = 8.2 days.**
- PEDS
  - Early intervention program increased by 47% visits in February.
- Outpatient Rehab
  - Occupational Therapy, Physical Therapy, Speech Therapy, Rehab Psychology and Physiatry all exceeded budget by 9.3% in February.

**Supportive Care & Palliative Medicine**

- Total Inpatient Consults for February: 112
- Transitions of Care: 18
- Discharge with Home Hospice: 2
- Terrace View: 6

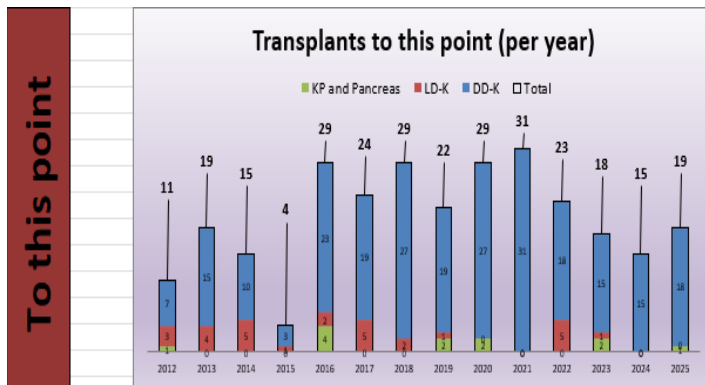
**Surgical Services**

- Unexpected need for a new microscope, ongoing discussions with vendors and surgeons, trialing several scopes.
- Monthly meetings with Purchasing to review contracts and savings opportunities.
- Weekly meetings to capital needs with new ENT provider for skull base and sinus procedures, ordering will begin next month.

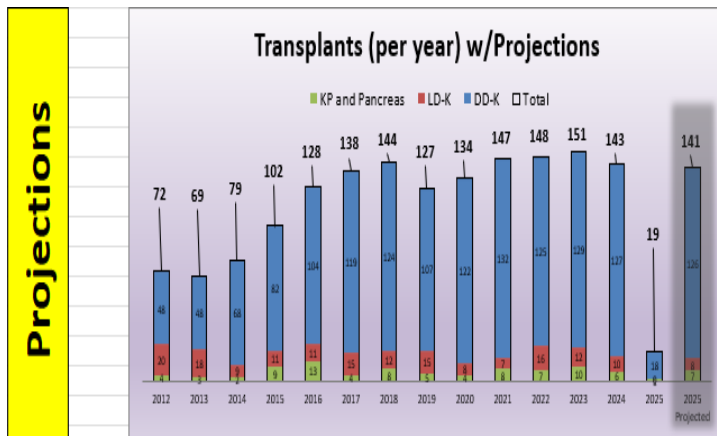
- Exploring opportunities to combine VAC and IR department cost codes.
- Monthly meetings reviewing high implant costs and reimbursement.

**Transplant**

- As of March 3, 2025, we have performed (19) transplants, which is (+4) transplants than this time last year (2024). Based on current volume, we have projected (141) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-30). We are still limited with our shortage of providers; however, a new nephrologist started in January.
- Post-Transplant is below budget by (-63) visits.
- Total clinic variance is below budget (-93).



	DD-K	LD-K	KP	Pancreas	Total
2009	15	5	0	0	20
2010	5	11	0	0	16
2011	10	2	0	0	12
2012	7	3	0	1	11
2013	15	4	0	0	19
2014	10	5	0	0	15
2015	3	1	0	0	4
2016	23	2	3	1	29
2017	19	5	0	0	24
2018	27	2	0	0	29
2019	19	1	2	0	22
2020	27	0	2	0	29
2021	31	0	0	0	31
2022	18	5	0	0	23
2023	15	1	2	0	18
2024	15	0	0	0	15
2025	18	0	1	0	19



	DD-K	LD-K	KP	Pancreas	Total
2009	55	37	2	0	94
2010	60	33	2	0	95
2011	52	14	5	2	73
2012	48	20	1	3	72
2013	48	18	1	2	69
2014	68	9	1	1	79
2015	82	11	5	4	102
2016	104	11	10	3	128
2017	119	15	4	0	138
2018	124	12	8	0	144
2019	107	15	5	0	127
2020	122	8	4	0	134
2021	132	7	7	1	147
2022	125	16	7	0	148
2023	129	12	10	0	151
2024	127	10	6	0	143
2025	18	0	1	0	19
2025 Proj	126	8			141

Transplant / Vascular			2024			2025				
			YTD	Budget	Variance	Jan	Feb	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	562	-	-	36	38	74	-	-
	TRANPREPC	Transplant Clinic	2	-	-	0	0	0	-	-
	6430 Totals			564	997	-433 ↓	36	38	74	104
6431	TRANPOST	Transplant Clinic	0	-	-	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,166	-	-	322	315	637	-	-
	6431 Totals			4,166	4,000	166 ↑	322	315	637	700
<b>Totals</b>			<b>4,730</b>	<b>4,997</b>	<b>-267 ↓</b>	<b>358</b>	<b>353</b>	<b>711</b>	<b>804</b>	<b>-93 ↓</b>

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**Internal Financial Reports**  
**For the month ended February 28, 2025**

**Erie County Medical Center Corporation**

**Financial Dashboard  
February 28, 2025**

**Statement of Operations:**

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 53,567	\$ 113,961	\$ 112,871
Other	17,749	35,978	34,930
Total revenue	<u>71,316</u>	<u>149,939</u>	<u>147,801</u>
Salary & benefits	39,751	83,120	80,827
Physician fees	10,007	20,695	20,499
Purchased services	6,201	13,347	13,541
Supplies & other	16,346	33,445	31,667
Depreciation and amortization	3,851	7,702	7,699
Interest	917	1,862	1,933
Total expenses	<u>77,073</u>	<u>160,171</u>	<u>156,166</u>
Operating Income/(Loss) Before Other Items	(5,757)	(10,232)	(8,365)
Grant revenue	-	-	-
Income/(Loss) from Operations With Other Items	<u>(5,757)</u>	<u>(10,232)</u>	<u>(8,365)</u>
Other Non-operating gain/(loss)	1,321	2,813	622
Change in net assets	<u>\$ (4,436)</u>	<u>\$ (7,419)</u>	<u>\$ (7,743)</u>
Operating margin	<u>-8.1%</u>	<u>-6.8%</u>	<u>-5.7%</u>

**Balance Sheet:**

<b>Assets:</b>	
Cash & short-term investments	\$ 78,248
Patient receivables	93,393
Assets whose use is limited	191,826
Other assets	479,766
	<u>\$ 843,233</u>
<b>Liabilities &amp; Net Assets:</b>	
Accounts payable & accrued expenses	\$ 352,103
Estimate self-insurance reserves	51,862
Other liabilities	485,865
Long-term debt, including current portion	190,833
Lease liability, including current portion	20,447
Subscription liability, including current portion	20,695
Line of credit	10,000
Net assets	(288,572)
	<u>\$ 843,233</u>

**Cash Flow Summary:**

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 25,682	\$ 7,249
- Investing activities	(2,321)	(4,970)
- Financing activities	<u>(1,019)</u>	<u>(3,105)</u>
Increase/(decrease) in cash and cash equivalents	22,342	(826)
Cash and cash equivalents - beginning	<u>10,348</u>	<u>33,516</u>
Cash and cash equivalents - ending	<u>\$ 32,690</u>	<u>\$ 32,690</u>

**Key Statistics:**

	Month	YTD	YTD Budget
Discharges:			
- Acute	972	2,086	2,052
- Exempt units	366	785	829
Observation Cases:	308	638	392
Patient days:			
- Acute	7,760	16,594	15,597
- Exempt units	4,206	8,812	9,516
Average length of stay, acute	8.0	8.0	7.6
Case mix index Blended	1.90	1.95	1.89
Average daily census: Medical Center	427	431	426
Terrace View LTC	374	372	377
Emergency room visits, including admissions	5,002	10,441	9,907
Outpatient Visits	22,875	47,575	49,666
Days in patient receivables		48.4	

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**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended February 28, 2025**  
**(Amounts in Thousands)**

**February 2025 Operating Performance**

During February 2025, ECMCC was faced with some continued operational challenges specifically related to throughput during the month leading to operating performance which fell below the operating target for the month. ECMCC's length of stay and alternative level of care patients exceeded targets significantly for the month leading to shortfalls to the budget in inpatient cases and total inpatient surgeries. The case severity in medical and surgical cases this month was slightly above plan led to an overall increase in acute case mix index helping to partially offset the shortfalls. The revenue variances derived from these trends during February resulted in overall revenue in line with budgeted expectations but were accompanied by additional expenses to accommodate the in-house volume reflected within the higher acute average length of stay, increased staffing related costs, temporary agency costs and increased utility costs. The overall result drove an operating loss for the month of (\$5,757). This operating loss is unfavorable due to the above drivers when compared to the month's budgeted loss of (\$4,486) and an improvement when compared to the (\$5,428) loss in January 2024.

Inpatient discharges during the month of 1,338 were less than the planned discharges of 1,381 (3.1%). Within the total, all service areas including acute, behavioral health, chemical dependency and medical rehab fell below plan. This decrease in discharges drove an increase in the acute average length of stay to 8.0 days during February, an increase from 7.9 days during January and variance of 5.1% to the budget of 7.6 days. This movement has continued into March with significant efforts underway related to throughput initiatives.

ECMCC continues to see growth within the specialty pharmacy service line which provides a convenient onsite option for ECMCC clinic patients to have their specialty drug prescriptions filled. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during February were higher than budgeted targets for the month by 38 FTEs but only slightly higher if compared to the FTE levels 3,806 FTE budgeted for the full 2025 year. With the acute average length of stay higher than plan and ongoing volume fluctuations, additional FTEs in addition to plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives is utilized fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

Although at a reduced level, ECMCC continues to incur costs for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel through much of 2025 to continue to meet the New York State minimum standards given the volume increases. The majority of these FTEs are working with the Terrace View skilled nursing facility.

Total benefit costs for the month were above the operating plan as a result of unfavorable health insurance claim costs. Given the change in our employee healthcare insurance provider as of January 1<sup>st</sup>, management is monitoring the costs and activity closely. Also noteworthy is that the year-to-date increase in total benefit costs as compared to 2024 levels is the result of anticipated significant increases in actuarial book expenses related to both the pension plan and the retiree health benefit plan.

Supply costs exceeded the operating plan during the month by \$622. The additional cost during the month was related primarily to pharmaceutical costs related to specialty pharmacy and growth in oncology services.

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended February 28, 2025**  
**(Amounts in Thousands)**

**Balance Sheet**

ECMCC saw an increase in cash from January 31, 2025 due to the receipt of the annual DSH/IGT initial payment on February 20, 2025, and reflects a slight decrease in cash from December 2024. The net changes resulted in 30 days operating cash at February 28, 2025 as compared to 33 days operating cash at the end of 2024. At this day's operating cash level, ECMCC saw an increase from 21 days operating cash when compared to January 2025.

Patient receivables increased approximately \$2.7 million from December 31, 2024. The increase in accounts receivable is due to the expected increases due to higher reimbursement rates placed into effect January 1<sup>st</sup> as well as typical ramp up time in collections during the beginning of the year. This is an expected increase given the fluctuation of receipts around the calendar year end. Although the patient net receivables increased from year end, the Days in Accounts Receivable (average number of days a bill is outstanding) decreased from 52.3 days to 48.4 days at February 28, 2025. Management is continuing to monitor this especially given the recent billings of all of the backlogged professional billing from 2024 delayed due to the Change Healthcare cyber-attack.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received for DSH/IGT during February. This revenue for this payment will be recognized ratably over the course of the year in the income statement. A significant portion of these payments resulted in an amount which are expected to be recouped by March 31<sup>st</sup> by New York State and CMS.



## Erie County Medical Center Corporation

### Balance Sheet February 28, 2025 and December 31, 2024

(Dollars in Thousands)

	February 28, 2025	December 31, 2024	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 32,690	\$ 33,516	\$ (826)
Investments	45,558	42,826	2,732
Patient receivables, net	93,393	93,708	(315)
Prepaid expenses, inventories and other receivables	45,365	38,753	6,612
<b>Total Current Assets</b>	<b>217,006</b>	<b>208,803</b>	<b>8,203</b>
Assets Whose Use is Limited	191,826	191,600	226
Property and equipment, net	273,053	277,043	(3,990)
Other assets	161,348	161,656	(308)
<b>Total Assets</b>	<b>\$ 843,233</b>	<b>\$ 839,102</b>	<b>\$ 4,131</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 12,755	\$ 13,520	\$ (765)
Current portion of lease liability	7,281	6,264	1,017
Current portion of subscription liability	8,576	8,118	458
Line of credit	10,000	10,000	-
Accounts payable	67,069	64,553	2,516
Accrued salaries and benefits	76,050	85,393	(9,343)
Other accrued expenses	203,517	146,172	57,345
Estimated third party payer settlements	5,467	5,643	(176)
<b>Total Current Liabilities</b>	<b>390,715</b>	<b>339,663</b>	<b>51,052</b>
Long-term debt	178,078	179,574	(1,496)
Long-term lease liability	13,166	14,394	(1,228)
Long-term subscription liability	12,119	13,210	(1,091)
Estimated self-insurance reserves	51,862	50,424	1,438
Other liabilities	485,865	522,990	(37,125)
<b>Total Liabilities</b>	<b>1,131,805</b>	<b>1,120,255</b>	<b>11,550</b>
<b>Total Net Position</b>	<b>(288,572)</b>	<b>(281,153)</b>	<b>(7,419)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 843,233</b>	<b>\$ 839,102</b>	<b>\$ 4,131</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended February 28, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	54,991	55,253	(262)	53,688
Less: Provision for uncollectable accounts	(1,424)	(1,170)	(254)	(850)
Adjusted Net Patient Revenue	<u>53,567</u>	<u>54,083</u>	(516)	52,838
Disproportionate share / IGT revenue	11,018	11,018	-	10,273
Other revenue	6,731	6,211	520	4,434
<b>Total Operating Revenue</b>	<u>71,316</u>	<u>71,312</u>	4	67,545
<b>Operating Expenses:</b>				
Salaries & wages	28,973	28,201	(772)	27,673
Employee benefits	10,778	10,363	(415)	8,729
Physician fees	10,007	10,249	242	9,806
Purchased services	6,201	6,625	424	6,058
Supplies	13,382	12,760	(622)	11,078
Other expenses	2,061	2,213	152	1,880
Utilities	903	575	(328)	631
Depreciation & amortization	3,851	3,850	(1)	4,133
Interest	917	962	45	977
<b>Total Operating Expenses</b>	<u>77,073</u>	<u>75,798</u>	(1,275)	70,965
<b>Operating Income/(Loss) Before Other Items</b>	<b>(5,757)</b>	<b>(4,486)</b>	<b>(1,271)</b>	<b>(3,420)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	609
<b>Income/(Loss) from Operations</b>	<b>(5,757)</b>	<b>(4,486)</b>	<b>(1,271)</b>	<b>(2,811)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	704	292	412	485
Unrealized gain/(loss) on investments	617	19	598	787
Non-operating Gain/(Loss)	<u>1,321</u>	<u>311</u>	1,010	1,272
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (4,436)</u>	<u>\$ (4,175)</u>	<u>\$ (261)</u>	<u>\$ (1,539)</u>

## Erie County Medical Center Corporation

### Statement of Operations

For the two months ended February 28, 2025

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	117,151	115,289	1,862	109,442
Less: Provision for uncollectable accounts	(3,190)	(2,418)	(772)	(1,890)
Adjusted Net Patient Revenue	<u>113,961</u>	<u>112,871</u>	1,090	107,552
Disproportionate share / IGT revenue	22,036	22,036	-	20,547
Other revenue	<u>13,942</u>	<u>12,894</u>	1,048	9,010
<b>Total Operating Revenue</b>	<u>149,939</u>	<u>147,801</u>	2,138	137,109
<b>Operating Expenses:</b>				
Salaries & wages	61,507	59,411	(2,096)	58,415
Employee benefits	21,613	21,416	(197)	17,393
Physician fees	20,695	20,499	(196)	19,692
Purchased services	13,347	13,541	194	12,910
Supplies	27,501	26,290	(1,211)	22,481
Other expenses	4,430	4,346	(84)	3,837
Utilities	1,514	1,031	(483)	1,000
Depreciation & amortization	7,702	7,699	(3)	8,257
Interest	<u>1,862</u>	<u>1,933</u>	71	1,972
<b>Total Operating Expenses</b>	<u>160,171</u>	<u>156,166</u>	(4,005)	145,957
<b>Income/(Loss) from Operations</b>	<b>(10,232)</b>	<b>(8,365)</b>	<b>(1,867)</b>	<b>(8,848)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	609
<b>Income/(Loss) from Operations</b>	<b>(10,232)</b>	<b>(8,365)</b>	<b>(1,867)</b>	<b>(8,239)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	1,421	583	838	793
Unrealized gain/(loss) on investments	<u>1,392</u>	<u>39</u>	1,353	281
Non-operating Gain/(Loss)	<u>2,813</u>	<u>622</u>	2,191	1,074
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (7,419)</u>	<u>\$ (7,743)</u>	<u>\$ 324</u>	<u>\$ (7,165)</u>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and two months ended February 28, 2025**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (4,436)	\$ (7,419)
Other transfers, net	-	-
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>(4,436)</u>	<u>(7,419)</u>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(4,436)</u>	<u>(7,419)</u>
Net Position, beginning of period	<u>(284,136)</u>	<u>(281,153)</u>
<b>Net Position, end of period</b>	<u><b>\$ (288,572)</b></u>	<u><b>\$ (288,572)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and two months ended February 28, 2025

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (4,436)	\$ (7,419)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,851	7,702
Provision for bad debt expense	1,424	3,190
Net change in unrealized (gain)/loss on Investments	(617)	(1,392)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	1,598	(2,875)
Prepaid expenses, inventories and other receivables	(3,102)	(6,612)
Accounts payable	1,061	2,516
Accrued salaries and benefits	(3,132)	(9,343)
Estimated third party payer settlements	(176)	(176)
Other accrued expenses	67,579	57,345
Self Insurance reserves	876	1,438
Other liabilities	(39,244)	(37,125)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>25,682</b>	<b>7,249</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(3,106)	(3,712)
Decrease/(increase) in assets whose use is limited	1,144	(226)
Sale/(Purchase) of investments, net	(472)	(1,340)
Change in other assets	113	308
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>(2,321)</b>	<b>(4,970)</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(630)	(2,261)
Principal payments on / additions to long-term lease liability, net	(586)	(211)
Principal payments on / additions to long-term subscription, net	197	(633)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>22,342</b>	<b>(826)</b>
Cash and Cash Equivalents, beginning of period	10,348	33,516
Cash and Cash Equivalents, end of period	\$ 32,690	\$ 32,690



## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	February 28, 2025	December 31, 2024	ECMCC 3 Year Avg. 2022 - 2024
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.6	0.6	0.7
Days in Operating Cash & Investments	30	33	24.7
Days in Patient Receivables	48.4	52.3	56.4
Days Expenses in Accounts Payable	56.4	53.7	59.1
Days Expenses in Current Liabilities	139.5	145.7	140.5
Cash to Debt	69.1%	67.3%	53.1%
Working Capital Deficit	\$ (173,709)	\$ (130,860)	\$ (105,982)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.2%	64.8%	67.3%
Assets Financed by Liabilities	134.2%	133.5%	131.7%
Debt Service Coverage (Covenant > 1.1)	1.6	1.7	1.8
Capital Expense	8.7%	3.0%	2.9%
Average Age of Plant	7.1	8.0	8.6
Debt Service as % of NPSR	3.4%	3.9%	4.0%
Capital as a % of Depreciation	48.2%	35.5%	21.9%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-6.8%	0.7%	-11.5%
Net Profit Margin	-6.3%	-0.7%	-2.5%
Return on Total Assets	-5.3%	-0.6%	-1.6%
Return on Equity	15.4%	1.8%	5.4%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.1	1.1	0.9
Total Operating Revenue per FTE	\$ 270,546	\$ 266,577	\$ 230,021
Personnel Costs as % of Total Revenue	54.3%	50.0%	56.0%

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**Erie County Medical Center Corporation**

**Key Statistics  
Period Ended February 28, 2025**

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
<b>Discharges:</b>				<b>Discharges:</b>				
972	978	-0.6%	1,039	Med/Surg (M/S) - Acute	2,086	2,052	1.7%	2,105
210	217	-3.1%	228	Behavioral Health	438	450	-2.6%	440
142	170	-16.2%	153	Chemical Dependency (CD) - Detox	307	344	-10.6%	328
14	17	-18.7%	18	Medical Rehab	40	36	11.7%	37
1,338	1,381	-3.1%	1,438	Total Discharges	2,871	2,881	-0.3%	2,910
<b>Patient Days:</b>				<b>Patient Days:</b>				
7,760	7,427	4.5%	8,213	M/S - Acute	16,594	15,597	6.4%	17,041
3,453	3,682	-6.2%	3,693	Behavioral Health	7,032	7,475	-5.9%	7,441
523	642	-18.5%	613	CD - Detox	1,181	1,297	-8.9%	1,304
230	367	-37.3%	411	Medical Rehab	599	744	-19.5%	807
11,966	12,118	-1.3%	12,930	Total Patient Days	25,406	25,113	1.2%	26,593
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
277	265	4.5%	283	M/S - Acute	281	264	6.4%	284
123	132	-6.2%	127	Behavioral Health	119	127	-5.9%	124
19	23	-18.5%	21	CD - Detox	20	22	-8.9%	22
8	13	-37.3%	14	Medical Rehab	10	13	-19.5%	13
427	433	-1.3%	446	Total ADC	431	426	1.2%	443
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
8.0	7.6	5.1%	7.9	M/S - Acute	8.0	7.6	4.7%	8.1
16.4	17.0	-3.2%	16.2	Behavioral Health	16.1	16.6	-3.5%	16.9
3.7	3.8	-2.7%	4.0	CD - Detox	3.8	3.8	1.9%	4.0
16.4	21.3	-22.9%	22.8	Medical Rehab	15.0	20.8	-27.9%	21.8
8.9	8.8	1.9%	9.0	Average Length of Stay	8.8	8.7	1.5%	9.1
<b>Occupancy:</b>				<b>Occupancy:</b>				
79.0%	84.2%	-6.2%	82.4%	% of M/S Acute staffed beds	79.0%	84.2%	-6.2%	82.4%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
1.90	1.86	1.8%	1.76	Blended (Acute)	1.95	1.89	3.4%	1.82
308	200	54.0%	262	Observation Status	638	392	62.8%	566
400	435	-8.0%	399	Inpatient General Surgeries	804	907	-11.3%	819
620	636	-2.5%	616	Outpatient General Surgeries	1,342	1,304	2.9%	1,272
21	19	10.5%	30	Inpatient Ancillary Surgeries	41	40	2.5%	50
23	36	-36.1%	29	Outpatient Ancillary Surgeries	60	74	-18.9%	71
22,875	24,048	-4.9%	22,687	Outpatient Visits	47,575	49,666	-4.2%	46,003
5,002	4,859	2.9%	5,039	Emergency Visits Including Admits	10,441	9,907	5.4%	10,121
48.4	44.2	9.3%	55.4	Days in A/R	48.4	44.2	9.3%	55.4
2.4%	2.1%	15.8%	1.4%	Bad Debt as a % of Net Revenue	2.6%	2.1%	23.4%	1.6%
3,343	3,262	2.5%	3,232	FTE's	3,342	3,261	2.5%	3,243
4.34	4.22	2.9%	4.12	FTE's per Adjusted Occupied Bed	4.29	4.30	-0.2%	4.10
\$ 20,544	\$ 20,303	1.2%	\$ 20,053	Net Revenue per Adjusted Discharge	\$ 20,330	\$ 20,338	0.0%	\$ 19,563
\$ 29,389	\$ 28,186	4.3%	\$ 27,090	Cost per Adjusted Discharge	\$ 28,350	\$ 27,878	1.7%	\$ 26,474
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
10,483	10,527	-0.4%	10,780	Patient Days	21,921	22,214	-1.3%	22,113
374	376	-0.4%	372	Average Daily Census	372	377	-1.3%	369
96.0%	96.4%	-0.4%	95.3%	Occupancy - % of Staffed beds	95.3%	96.5%	-1.3%	94.5%
467	510	-8.6%	457	FTE's	463	510	-9.3%	464
7.1	7.8	-8.2%	6.8	Hours Paid per Patient Day	6.8	7.4	-8.1%	6.7

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**March 2025**

**University at Buffalo Update**

- Congratulations to Dr. Beth Smith, new Chair for the Department of Psychiatry.
- There is an ongoing search for Division Chief of Nephrology and a new search for Chair of ENT.

**Current hospital operations**

- Admissions YTD: 2,394
- ED visits YTD: 10,084
- CPEP visits: 1,844
- Observation: 732
- Inpatient Surgeries: 920
- Outpatient Surgeries: 1,507
- ALC days YTD: 2,305

The average length of stay MTD 8.1 CMI 1.9407

**CMO Update**

- Congratulations to Dr. Flynn and the Trauma Team for their recent ACS survey.
- Doctor's Day Celebration Wednesday, March 26<sup>th</sup> in the Overflow Café'. Breakfast will be served form 7 – 9:00 am with a physician award ceremony beginning at 8:00 am.



**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**Charlene Ludlow MS-MHA, RN, CIC**  
**Sr. Vice President of Nursing**

*Department of Nursing Report March 2025*

The Nursing team continues to focus on staff growth and professional development. Our team has continued to be successful in precepting our newly hired Nurses as well as focus on providing a great clinical environment for student nurse school rotations. ECMC is a desired site for Nursing school clinical rotations. Our focus on developing new students in the community by facilitating a positive clinical experience has been recognized by an increase in students reaching out for Inter or other part-time work experiences while they are completing their education.

We recently celebrated several outstanding Nursing team members:

Nurse Hero - David Krupatwinski RN in Behavioral Health  
TICU 1st Quarter Outstanding Employees  
Quiona Thomas RN  
Isabela Sirica, Nurse Intern

*At the recent Nurse Management meeting we recognized Nurses that achieved advanced certifications:*

Lisa Marie Hauss - Certified Case Manager  
Jinchao "Chris" Zhang" - Trauma Certified Registered Nurse  
Karly Klosterman - Psychiatric Mental Health - Board Certified  
Alicia Keeney - Ambulatory Nursing Certification

There were 12 staff members that achieved Critical Incident Stress Management (CISM) Certification, which will be part of our CISM response team to help our staff with event management concerns. This is a team that will focus on patient safety and staff wellness. Congratulations to:

John Rizzo	Katie Sullivan	Melinda Brennan
Hannah Elling	Loretta Miller	Brooke Eck
Kiera Duckworth	Benjamin Hunt	Karly Klostermann
Melissa Perry	Leah Brittain	Carrie Wieder

Nurse Recognition committee hosted a "Meat Raffle" fund raiser on 2/28/2025 . Funds raised are utilized to celebrate our Nursing staff and promote wellness as well as professional development . It was a fun night to share with our staff and their families and friends. Congratulations to Marc LaBelle and Tara Gregorio for their leadership of the Nurse Recognition Committee that planned this successful fun event.

The new Baxter IV pumps have been successfully rolled out to all areas with 800 pieces of equipment deployed over 10 hours. The team effort was very successful to change out the equipment in one day.


**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**March 25, 2025**

**Marketing**

- Preparing new advertising/marketing efforts in 2025 that will focus on key service lines that generate high patient volume and revenue for ECMC. Notably, the effort will highlight service lines like Orthopedics, as well as other opportunities with Head and Neck Oncology. Continue to maintain ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics highlighting ECMC's nationally ranked Orthopedic services.
- Final preparations are underway for launching ECMC's new website, which should take place by mid-April.

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in February/March: Colon & Rectal Cancer (Dr. Mills), Breast Reconstruction (Dr. Frey) and Hip & Knee Arthritis (Dr. Muttly).

**Community and Government Relations**

- **On March 10<sup>th</sup>, the Senate and Assembly released their respective "one-house" budget proposals in response to the Governor's proposed FY 2026 Executive Budget.** Neither the Governor nor the Legislature include substantial offsets for any anticipated Federal actions that might impact the state's budget in their health care budget proposals, with leaders noting that they are approaching issues such as Medicaid without addressing potential federal cuts. The Governor and legislature have three weeks to negotiate a final budget agreement to meet the April 1 deadline for an on-time budget.
- Below is an analysis of the position of the Senate and Assembly on key health and health-related proposals in the Executive Budget, as well as new proposals and funding advanced by the houses. We highlight several that may be of greatest interest:
  - Both houses modify the Executive's MCO Tax revenue expenditure plan. The Assembly reduces the use of funds to support Global Cap deficits and the Senate eliminates the use of revenue to offset Global Cap spending. The houses increase funding allocated to providers above to the Executive's proposal and include funding for Certified Home Health Agencies (CHHAs), Early Intervention (EI) rates, and dental providers.
  - Both houses accept the Executive's proposal to invest an additional \$1.3 billion to expand the existing Safety Net Hospital Transformation Program.
  - Both houses provide funding to restore the Vital Access Provider Assurance Program (VAPAP) for financially distressed hospitals and nursing homes.
  - Both houses increase capital support for SUNY hospitals above the Executive's proposal and propose to shift the cost of debt service from the hospitals to the State.
  - The Senate accepts the Executive's Hospital at Home proposal, but limits the authorization to 2 years, while the Assembly rejects the proposal.
  - Both accept the proposal to align MMC policy for individuals with a long-term nursing home placement with the Managed Long-Term Care (MLTC) program.
  - Both houses reject the Executive's administrative proposal modifying the Applied Behavioral Analysis (ABA) benefit.

- The Senate modifies the Executive's proposal to authorize the Department of Health (DOH) to levy penalties on Medicaid managed care (MMC) plans for issues of noncompliance to include due process protections, while the Assembly rejects the proposal.
- Both houses have accepted the Executive's proposal to discontinue the MLTC Quality Incentive Pool.
- Both houses reject the Executive's proposal to expand the use of involuntary confinement for individuals with serious mental illness. Both houses include new proposals to enhance discharge planning for patients with complex needs and increase community outreach.
- Both houses increase the targeted inflationary increase for eligible mental hygiene and other human services programs to 7.8%, compared to 2.1%

**MEDICAL EXECUTIVE COMMITTEE MEETING**  
**MONDAY, JANUARY 27, 2025**  
**MEETING HELD VIA MICROSOFT TEAMS PLATFORM/HYBRID**  
**DR. ZIZI CONFERENCE ROOM SECOND FLOOR**

**Attendance (Voting Members):**

Dr. Bakhai	Dr. Belles	Dr. Brewer	Dr. DePlato
Dr. Cheng	Dr. Griffith	Dr. Hall	Dr. Kapral
Dr. Manka	Parveen Minhas	Dr. Murray	Dr. Nagai
Dr. Perry	Dr. Pugh	Dr. Rossitto	Dr. Ruggieri
Dr. Stegemann	Dr. Welch	Dr. Wilkins	Dr. Williams
Dr. Tadakamalla	Dr. Yedlapati		

**Non-Voting Members and Guests:**

Sam Cloud, DO	Tom Quatroche, CEO	Jon Swiatkowski	Peter Cutler
Mandip Panesar, MD	Becky DelPrince	Cheryl Carpenter	Charles Cavaretta
John Cumbo	Pam Lee	Michael Ott	Andy Davis
Kaori Tanaka	Charlene Ludlow	Dr. Frustino	Phyllis Murawski

**I. CALL TO ORDER**

- A. Dr. Michael Manka, President, called the meeting to order at 11:30 pm.
- B. **PRESIDENT'S REPORT:**
  - 1. Dr. Manka asked physicians to review the delinquent report that was included in their packet previously emailed. Please remind your staff to address any outstanding records.
  - 2. Dr. Manka shared the passing of a former pathologist from ECMC. Dr. Sigmund Sinwohn Yoon worked here more than 40 years and retired in 2014.

**II. ADMINISTRATIVE REPORTS**

- A. **CEO/COO/CFO REPORT –Tom Quatroche, CEO, Andrew Davis, COO, Jon Swiatkowski, CFO**
  - 1. CEO – Dr. Tom Quatroche, PhD.
    - a. Dr. Quatroche spoke on the notice that was sent out last week addressing Andy Davis as COO and President. Dr. Quatroche also explained that he will be involved with duties at the state level.
    - b. Dr. Quatroche will be involved with state meetings regarding Medicaid funding.
    - c. Dr. Quatroche thanked everyone for the work being completed on length of stay and other operational areas making an impact on the bottom line.

**2. COO Report – Andy Davis**

- a. Mr. Davis discussed the work around Epic. There will be several work group sessions taking place. Watch your calendars for invites and updates. Things will be moving rapidly with this project.

**3. CFO REPORT – Jon Swiatkowski**

- a. Mr. Swiatkowski spoke on the December 2024 Key Statistics.
- b. A review of observation cases, case mix discharges, acute average length of stay, case mix adjusted length of stay, acute case mix index numbers along with admissions via the ED and outpatient visits took place.
- c. The hospital continues to look for grant opportunities.

**III. UNIVERSITY REPORT – Dean Allison Brashear, MD, MBA**

- a. No Report

**IV. CHIEF NURSING OFFICER REPORT – Charlene Ludlow, RN, CIC**

- a. Ms. Ludlow spoke on the throughput initiative which includes bed huddles, fall prevention and early mobility with patients.
- b. Recruitment and retention continue. There is a large orientation which started today.
- c. The nursing department continues with hourly rounding.
- d. Pathways survey is underway and closes out February 2, 2025.
- e. The hospital is seeing an increased number of influenzas, COVID and RSV cases.

**V. CHIEF MEDICAL OFFICER REPORT – Samuel D. Cloud, DO**

- a. Dr. Cloud shared an operation update - 2024 a year in review. His report included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries comparing the last two years with 2019.
- b. A review of the length of stay challenges took place.
- c. An update on the Baxter IV Fluid shortage took place.
- d. Dr. Cloud reviewed and reminded physicians of the Child Abuse Training Requirements. This is a mandatory requirement for state certification.
- e. A University update reflected an ongoing search for the Chief of Nephrology, Chief of GI, and the Chair of Psychiatry. Dr. Schwaitzberg will be Interim Chair of ENT.
- f. Dr. Cloud reminded physicians of the 2024 Physician Time Study. This is due back to Pam Thanki by Friday, January 31, 2025.


**VI. ASSOCIATE MEDICAL DIRECTORS REPORT – Michael Cummings, MD  
Ashvin Tadakamalla, MD and William Flynn, MD**

- a. Dr. Tadakamalla noted the positive financial impact that has taken place based on changes and a new query process that is being utilized.

**VII. CHIEF MEDICAL INFORMATION OFFICER REPORT – Mandip Panesar, MD**

- a. Dr. Panesar along with John Cumbo updated on the Epic ECMC Project Leadership. Workgroups are starting to meet this week. Dr. Panesar is working with the Physician Advisory Council, please reach out if you have any

questions. Tuesday, January 27, 2025, kicks off a 3-day session which begins in-person at Jacobs School of Medicine. Day 1 will be a high-level overview with Wednesday and Thursday working with individual work groups.



## Important Points

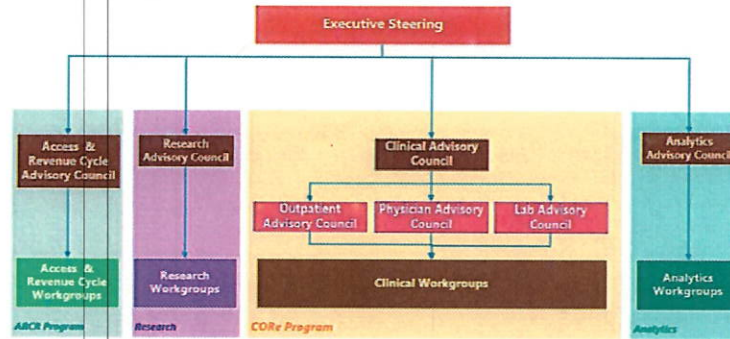
- Project is just exiting the Pre-Work phase – you aren't missing anything
- ECMC is a very large Connect customer; unusual but not unprecedented for Epic
- Kaleida Health and Epic are being very intentional with early-ECMC involvement. Double-edged sword, but expect "good intentions"
- No way around the work – this is a huge endeavor
- It's up to all of us to ensure ECMC is represented properly in this project



## Epic Orientation & Next Steps

### Epic Orientation Week (EOW)

- Serves as operational kick-off to the project
- January 28, 29, and 30 at UB (Jacobs School of Medicine)
- Three days of sessions/demos
  - Day 1: Kick-off and integrated sessions (advisory council members)
  - Day 2-3: Workgroup breakouts for service-line specific content
- Next Steps:
  - Look for invites if you are in a council or workgroup.
  - Continued communication on logistics if you are attending in person.
  - Show up ready to learn and participate!



**VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD**

- a. Please refer to your packet and review/implement the new Medical Staff Policy- Expiring Documents Policy. There will be one extraction reviewed in Executive Session.

**IX. CONSENT CALENDAR**

MEETING MINUTES/MOTIONS		PAGE #	
1.	<b>MINUTES of the Previous MEC Meeting: November 25, 2024</b>	7-11	Receive and File
2.	<b>CREDENTIALS COMMITTEE: December 5, 2024 and January 2, 2025</b>	13-37	Receive and File
	Appointments/ Reappointments/ Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business		Review and Approve
	Expiring Documents Policy	38-40	Review and Approve
	Psychiatry NP Privilege Delineation Form	41-44	Review and Approve
	Privilege Delineation Form Request for Privileges Internal Medicine Form AHP	45-50	Review and Approve
	Department of Internal Medicine General Internal Medicine Privilege Delineation Form	51-57	Review and Approve
	Privilege Delineation Form AHP Dept of Radiology	58-61	Review and Approve
	Template Delinquent Dues	62	Review and Approve
	Extraction for Executive Session		
3.	<b>HIM – Minutes of November 2024</b>	67	Receive and File
	Living Donor Initial Consent	68-76	Review and Approve



# MEETING MINUTES/MOTIONS

PAGE  
#

	Authorization for Performance of Operations & Other Procedures & Surgeries	77-78	Review and Approve
	Procedural Progress note	79	Review and Approve
	Patient Selection Criteria and Approval for Listing Kidney Simultaneous Pancreas	80	Review and Approve
	Attestation Regarding Requested Use or Disclosure of Protected Health/ Reproductive Health	81-83	Review and Approve
	ECMC MRI In-patient /ER History and Screening Form	84-86	Review and Approve
	ECMC MRI In-Patient /ER History and Screening Form for Unconscious Patients	87-89	Review and Approve
	ECMC MRI Outpatient History and Screening Form	90-92	Review and Approve
4.	<b>OR Committee – No Report</b>		
5.	<b>University GME Committee – Minutes of November and December 2024</b>	94-103	Receive and File
6.	<b>P &amp; T Committee – Minutes of December 3, 2024</b>	105	Receive and File
	<b>Additions to formulary</b>		
	Cholestyramine Addition	117	Review and Approve
	Phosphate Binder Formulary	126	Review and Approve
	<b>P &amp; T Committee – Minutes of January 7, 2025</b>	149	Receive and File
	<b>Additions to Formulary</b>		
	Symbicort, Acyclovir 400 mg tablet	156	Review and Approve
	<b>Removal From Formulary</b>		
	Seven Fact and Advair	157	Review and Approve
	<b>Guideline Approval</b>		
	High Risk/High Alert Medication List	162	Review and Approve
	Angiotensin II Guidance and Calculator	160	Review and Approve
	Antimicrobial CCVHD Dosing Guide	168	Review and Approve
	CCB and BB Overdose Management and Guideline	166	Review and Approve
	Guideline for Titration of Continuous IV Infusion in Critical Care	160	Review and Approve
7.	<b>Professional Dev. &amp; Wellness Committee – Minutes of December 19, 2024</b>	171	Receive and File
8.	<b>Resource Management Committee – Minutes of Nov and Dec 2024</b>	176	Receive and File
9.	<b>Ethics Committee – Minutes of November 15, 2024</b>	174	Receive and File

**MOTION to APPROVE** all items in the CONSENT CALENDAR was made and seconded. Motion to approve all items in the Consent Calendar is carried.

**UNANIMOUSLY APPROVED.**

## X. NEW BUSINESS – Michael Manka, MD

Appointment approvals include:

1. Appointment of Jennifer Frustino, DDS as Associate Chief of Service for the Department of Dentistry

2. Appointment of Brian Murray, MD as a member of the Resource Utilization Committee
3. Appointment of David Holmes, MD as a member of the Professional Development and Wellness Committee
4. Renewal of term for Suzanne Griffith, MD 3-year term for Chief of Service
5. Renewal of term for Mary Welch, MD 3-year term for Chief of Service

**MOTION TO APPROVE** all appointments was made and seconded. Motion to approve all items is carried.

**UNANIMOUSLY APPROVED.**

## **XI. EXECUTIVE SESSION**

A motion was made and carried at 12:05 pm to move to Executive Session. The following items were discussed and motion(s) made:


**Motion made and carried**, all-in favor to receive and file:

- a. Board Quality P/I meeting minutes of November 12 and December 10, 2024
- b. Chiefs of Service meeting minutes of November 14 and December 12, 2024
- c. Leadership Council Report for December 2024

## **XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, February 24, 2025, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:23 pm.

Respectfully submitted,

  
Michael Nagai, MD  
Secretary  
Medical Executive Committee

**Resolution Receiving and Filing the  
Report of Annual Audit Performed by RSM US LLP**

Approved March 25, 2025

---

WHEREAS, under section 3642 of the Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is obligated to have an annual audit performed by an independent certified public accountant; and

WHEREAS, the Corporation has engaged RSM US LLP to perform an annual audit of the Corporation's books, records, and accounts, among other things, for the period ending December 31, 2024; and

WHEREAS, the audit report has been reviewed by the Audit Committee of the Corporation's Board of Directors and said committee has recommended that the Corporation's annual audit report be received and filed.

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The 2024 Annual Audit performed by RSM US LLP is hereby received and filed and the Corporation's management is directed to distribute the report in accordance with law.
2. This resolution shall take effect immediately.

---

Sharon L. Hanson  
Corporation Secretary

# **Erie County Medical Center Corporation**

(A Component Unit of the County of Erie)

Financial Report  
December 31, 2024

*PRELIMINARY DRAFT  
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## Independent Auditor's Report

Board of Directors  
Erie County Medical Center Corporation

### Report on the Audit of the Financial Statements

#### **Opinions**

We have audited the financial statements of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation (the Corporation), a component unit of the County of Erie, as of and for the years ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation, as of December 31, 2024 and 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinions**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions. The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc., and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*.

#### **Responsibilities of Management for the Financial Statements**

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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

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

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

### ***Required Supplementary Information***

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

**Other Reporting Required by Government Auditing Standards**

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

Cleveland, Ohio

[DATE]

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Management's Discussion and Analysis**

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

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

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

The purpose of the discussion and analysis is to provide the reader with objective data to evaluate the financial position and the activities of the Corporation for the year ended December 31, 2024. This narrative and the financial statements and footnotes are the responsibility of the Corporation's management.

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

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

**Introduction**

During 2024, the Corporation improved in both quality outcome metrics and operational growth while facing another year of financial challenges. During this period, despite these challenges, ECMCC continued to provide high quality, compassionate care to the tens of thousands of Western New Yorkers who depend on it, serve as the region's community hospital and trauma center, and help patients from the most influential to the most vulnerable. ECMCC's dedicated caregivers, support staff, executive leadership, as well as an involved and supportive Board of Directors, continue to advance the mission of the Corporation and its service to the greater Western New York area. The Corporation continues to be a provider of choice in our community as a result of its continual focus on high quality healthcare services, the patient experience and physician engagement.

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

**Management’s Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

**Operations Analysis**

The Corporation continued its recovery across inpatient and outpatient care, serving not only Western New York residents but also many individuals from beyond the region, bringing patient volume closer to pre-pandemic levels. The following outlines the patient volume encounters (not expressed in thousands):

	2020	2021	2022	2023	2024	% Growth 2023-2024
Inpatients	19,110	18,903	17,412	17,643	18,105	2.6%
Surgeries	12,481	13,803	12,478	13,321	13,672	2.6%
Emergency	65,261	68,384	59,064	63,715	63,917	0.3%
Outpatients	299,297	280,611	274,402	297,168	299,098	0.6%
Dialysis	27,973	26,116	24,961	25,159	25,771	2.4%
Transplants	134	146	148	151	143	-5.3%

During 2024, the healthcare industry both nationally and locally faced several challenges, including rising costs and workforce shortages. Despite these obstacles, the Corporation successfully increased patient volumes through a dedicated focus on improving patient throughput. ECMCC's inpatient volumes ended the year 2.6% higher in patient discharges and 6.2% higher in inpatient surgeries, while the average length of stay improved by 3.7%. Outpatient surgeries saw a slight increase of 0.4% compared to the previous year, and emergency department visits rose by 0.3%, contributing to a 0.6% overall growth in total outpatient visits. As the Regional Center of Excellence for Transplantation and Kidney Care, the Corporation completed 143 transplant surgeries (kidney and pancreas) in 2024, following a record year in 2023.

The COVID-19 pandemic officially ended on May 11, 2023. While the public emergency concluded, the Corporation continues to await reimbursement for certain incremental eligible expenses incurred during the pandemic from the Federal Emergency Management Agency (FEMA), which provided financial relief through its Disaster Relief Fund. As of December 31, 2024, the Corporation has received \$23.9 million from FEMA to cover eligible COVID-19-related expenses.

Rising costs due to inflation and workforce shortages continue to affect both the healthcare industry and the Corporation. To sustain mission-critical services, ECMCC continues to work closely with the New York State Department of Health's various grant and operational assistance programs to address cash flow funding gaps. ECMCC has implemented a series of operational improvements aimed at mitigating cost escalations and increasing payor reimbursement. These efforts have led to financial improvements, and when coupled with certain supplemental funding receipts from FEMA, the Corporation did not require supplemental funding from the New York State Department of Health in 2024 after having received \$76.3 million of supplemental funding during 2023.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Operations Analysis (Continued)**

The continued volume and visit trends reflect the trust that the Western New York community has placed in ECMCC. Notable achievements in 2024 include:

- **Global Healthcare Exchange (GHX)** announced that ECMCC is among the inaugural class of its "Supply Chains of Distinction Award for 2024," which recognized 75 top performing hospitals and health systems in North America. The Supply Chains of Distinction Award honors GHX Exchange-connected provider organizations that excelled in driving best-in-class supply chain operations.
- ECMCC was honored by the **Buffalo Purchasing Initiative** for achieving Highest Outreach and Engagement for local Minority Business Enterprise vendors.
- ECMC is one of 462 national healthcare institutions to earn an "**LGBTQ+ Healthcare Equality High Performer**" designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- Dr. Anthony Martinez, ECMC's Medical Director of Hepatology who was honored with the **Coalition for Global Hepatitis Elimination's 2024 Hepatitis Elimination Champion award**. Dr. Martinez was one of eight Champions selected worldwide from seven countries. His clinic at ECMC, "La Bodega," has been recognized nationally and globally as a novel co-localized model for managing viral hepatitis and addiction disorders.
- In Orthopedics, ECMCC was honored by **US News and Annual Report** in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement.
- ECMCC again recognized by the Lown Institute among the best nationally and in New York State, receiving 'A' grades on the **2024-2025 Lown Institute Hospitals Index** across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse.
- Terrace View Long-Term Care Facility recognized on **Newsweek's Best Nursing Homes 2024** list. Only four percent of nursing homes nationwide received this distinction. This is the fifth consecutive year Terrace View has received this recognition.
- Terrace View Long-Term Care Facility received an overall 4-star rating from a recent survey conducted by **The Centers for Medicare and Medicaid Services (CMS)**.
- Terrace View Long-Term Care Facility received its **formal recertification from the NYS Department of Health** following a multi-day survey in August.
- ECMCC's Medical Intensive Care Units (MICU) North and South were each recognized by the American Association of Critical-Care Nurses (AACN) with a **gold-level Beacon Award for Excellence**.
- In another indication of national affirmation of ECMCC's clinical excellence, we earned status in 2024 as an **American College of Surgeons (ACS) Surgical Quality Partner** due to ECMC's participation in multiple ACS quality programs.
- The American College of Emergency Physicians (ACEP) informed ECMCC that our Emergency Department in 2024 achieved the bronze standard — **Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation**.
- ECMCC celebrated the opening of our new satellite **Trauma Recovery Center**, that is affiliated with the institution's BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence.

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

**Management’s Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

**Operations Analysis (Continued)**

**Financial Metric Analysis**

The Corporation’s total net position decreased in 2024 primarily due to significant non-cash expenses related to the actuarial liability adjustments for the New York State Pension Plan and Post-Retirement Health Benefit obligations. Additional drivers of performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2023 (most recent publicly available audited data) averages of other comparable New York State (NYS) Public Benefit Corporation (PBC) hospitals are presented in the following table. The financial statements used for the calculation of the following ratios, where appropriate, have been reclassified to conform to the presentation used in the development of the benchmarks, consistent with generally accepted accounting principles (U.S. GAAP) for entities not subject to the Governmental Accounting Standards Board (GASB) standards.

	ECMCC			NYS PBC
	2024	2023	2022	Average 2023
Operating margin	-2.0%	-14.2%	-10.8%	-14.3%
Operating cash flow margin	4.6%	-6.0%	4.6%	-8.2%
Debt service coverage	1.7	2.7	1.5	-0.5
Unrestricted days cash on hand	32.8	14.1	29.2	25.6
Days cash on hand	114.0	90.5	118.7	56.6
Days in accounts receivable	52.3	66.0	53.9	40.9
Average age of plant	17.3	15.4	13.0	19.1

The operational performance ratios for 2024 generally represent improvements from the Corporation’s 2023 performance ratios and favorable comparisons to the NYS Healthcare Public Benefit Corporations’ ratios. Notably, the operating margin for 2024 improved to -2.0%, compared to -14.2% in 2023, reflecting a positive shift but remaining negative. This improvement is largely driven by operational growth, despite the continued unfavorable impact of amortization components of the pension and postemployment benefit liabilities. Although these changes have no cash flows associated with them, the changes to the liabilities associated with them are included within the operating margin. Excluding the impact of the amortization components of pension and postemployment benefits, the operating margin for 2024 and 2023 stands at 2.1% and -11.6%, respectively. This shift indicates favorable operational performance and growth during 2024. Grants received from the New York State Department of Health (NYSDOH) and FEMA have been recognized as non-operating revenue and are excluded from the operating margin ratio calculations as required under GASB accounting standards. Unrestricted days cash on hand increased 18.7 days (132.6%) due to receipt of FEMA grant awards, accumulation of unrestricted investment income and an increase in annual Disproportionate Share Hospital (DSH) Revenue, a portion of which is subject to future reconciliation and repayment. Days in accounts receivable decreased by 13.7 days (20.1%) due to the improved collection efforts, improved staffing levels, and successful payment settlements with various insurance plans. Average age of plant increased by 1.9 years (12.3%) as a result of reduced capital investment aimed at managing cash flow needs to maintain essential community services amid operating challenges.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

**Summary Financial Statements with Analysis**

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

**Statements of Net Position**

Net position is categorized as follows:

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

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

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

Condensed Statements of Net Position are as follows:

	2024	2023	2022	2024-2023	
				\$ Change	% Change
<b>Assets</b>					
Current assets, excluding assets whose use is limited	\$ 203,094	\$ 189,816	\$ 210,427	\$ 13,278	7.0
Assets whose use is limited	191,601	170,621	157,516	20,980	12.3
Capital assets, net	282,632	313,039	359,386	(30,407)	(9.7)
Net pension asset	-	-	77,538	-	-
Other assets	9,978	8,906	7,780	1,072	12.0
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>	<b>812,647</b>	<b>4,923</b>	<b>0.7</b>
<b>Deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>	<b>178,411</b>	<b>(7,724)</b>	<b>(4.8)</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>
<b>Liabilities</b>					
Current liabilities	\$ 339,603	\$ 302,347	\$ 303,848	\$ 37,256	12.3
Noncurrent liabilities	637,616	730,926	560,724	(93,310)	(12.8)
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>	<b>864,572</b>	<b>(56,054)</b>	<b>(5.4)</b>
<b>Deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>	<b>396,441</b>	<b>58,238</b>	<b>68.7</b>
<b>Net Position</b>					
Net investment in capital assets	46,303	58,654	85,013	(12,351)	(21.1)
Restricted	46,938	29,012	12,314	17,926	61.8
Unrestricted	(374,393)	(363,833)	(367,282)	(10,560)	(2.9)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>	<b>(269,955)</b>	<b>(4,985)</b>	<b>(1.8)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Statements of Net Position (Continued)**

**Comparison of December 31, 2024 to December 31, 2023**

Overall, total assets and deferred outflows of resources decreased \$2,801 from 2023 to 2024.

The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, increased by \$13,278 due to the following:

- Cash, cash equivalents and investments increased by \$13,813 due to the receipt of certain disproportionate share (DSH/IGT) payments, increased collections on billed accounts receivable, increased retroactive insurance payer settlements, accumulation of unrestricted investment income, a retrospective reimbursement settlement related to the 340b drug pricing program and the receipt of \$17.3 million of FEMA program reimbursement payments. These inflows were partially offset by management's payment of the New York State Pension Plan contribution as required and ongoing operating vendor and employee payments.
- Patient accounts receivable, net, decreased by \$8,681 due to increased collections efforts through increased staffing levels and successful insurance payer claim settlements achieved during the year. Also decreasing the balance are certain reserves recorded on professional billing accounts receivable as a result of a significant delay in billing due to the February 2024 Change Healthcare cyber attack.
- Other receivables decreased by \$27,715 which is due to a \$28,473 decrease in Medicaid DSH and UPL program receivables as a result of timing of payments, an increase of \$393 in due from third party payors and a \$365 increase in other receivables.

The following variances in non-current assets and deferred outflows of resources are noteworthy:

- Assets whose use is limited, including current portion, increased by a net of \$20,980, which is due to an increase in assets designated for capital and technology projects of \$16,724, gains on investments of \$8,584 offset by a decrease in reserve account funding for actuarial liabilities and other limited use assets of \$4,238.
- Capital assets, net, decreased by \$30,407 due to the shortfall in capital asset investments during 2024 as compared to the ongoing depreciation expense on all capital assets, which is a continued result of reduced cash flow availability. Investments in capital assets are summarized in a following section.
- Deferred outflows of resources decreased \$7,724 due to combined increases in differences between expected and actual actuarial experience offset by decreases in changes in assumptions related to the pension and other post-employment benefits deferred outflows of resources.

Overall, total liabilities and deferred inflows increased \$2,184 and net position decreased \$4,985 from 2023 to 2024.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits increased by \$9,550 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$15,538 largely as a result of increases in payor advances of \$13,604 related to the Change Healthcare cyber-attacks and Medicaid DSH and UPL repayment liability of \$9,743 offset by decreases in amounts due to Erie County of \$8,761.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Statements of Net Position (Continued)**

- Unearned revenue increased by \$5,355 due to investment income accumulation on unearned revenue coupled with an increase in grants restricted for certain purposes.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2024.
- Deferred inflows of resources increased \$58,238 largely as a result of increases in differences between projected and actual investment earnings on pension plan investments.
- The long-term portion of self-insured obligations decreased by \$7,281 due to decreases in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims and payments made on those claims. The current portion of these self-insured obligations decreased by \$410.
- Net pension liability, including current portion, decreased \$43,612 due to changes in actuarial assumptions used to value the plan as of December 31, 2024.
- The liability for Other Post-Employment Benefits (OPEB) decreased by \$15,315 primarily as a result of the favorable impact of a change in actuarial assumptions related to favorable healthcare trend rates and an increase in the discount rate used to measure the obligation.
- Net position decreased by \$4,985 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

**Comparison of December 31, 2023 to December 31, 2022**

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

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

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

The following variances in non-current assets are noteworthy:

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

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

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

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**Statements of Net Position (Continued)**

- Net pension asset decreased \$77,538 and was eliminated due to changes in actuarial assumptions, which increased the liability thus creating a net pension liability, which is further discussed in the section below.

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

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits decreased by \$17,339 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$1,908 largely as a result of increases in amounts due to Erie County and third-party payors.
- Unearned revenue decreased by \$22,517 due to a decrease of \$27,000 related to the New York State grant received in late December 2022 for the calendar year 2023, thus recognized during 2023. Other unearned revenue increased \$4,483.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2023.
- The long-term portion of self-insured obligations increased by \$3,238 due to changes in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims greater than payments made on those claims. The current portion of these self-insured obligations decreased by \$148.
- Net pension liability, including current portion, was established at \$198,936 due to changes in actuarial assumptions used to value the plan as of December 31, 2023. As noted above, at December 31, 2022, the Corporation had recorded a net pension asset of \$77,538.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$22,516 primarily as a result of the unfavorable impact of a change in actuarial assumptions related to unfavorable healthcare trend rates and a decrease in the discount rate used to measure the obligation.
- Net position decreased by \$6,212 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.



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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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

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

	2024	2023	2022	2024-2023	
				\$ Change	% Change
Net patient service revenue	\$ 656,228	\$ 603,720	\$ 566,389	\$ 52,508	8.7
Disproportionate share (DSH) revenue	164,953	107,105	68,295	57,848	54.0
Other operating revenue	72,133	46,639	26,095	25,494	54.7
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>	<b>660,779</b>	<b>135,850</b>	<b>17.9</b>
Operating expenses:					
Payroll and employee benefits	463,302	440,770	410,664	22,532	5.1
Professional fees	112,289	110,577	109,113	1,712	1.5
Purchased services	72,027	81,712	78,037	(9,685)	(11.9)
Supplies	153,120	132,197	117,877	20,923	15.8
Other operating expenses	26,769	30,529	29,185	(3,760)	(12.3)
Depreciation and amortization	47,115	49,812	49,872	(2,697)	(5.4)
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>	<b>794,748</b>	<b>29,025</b>	<b>3.4</b>
<b>Operating income (loss) before pension and other post employment expense (benefit), amortization components</b>	<b>18,692</b>	<b>(88,133)</b>	<b>(133,969)</b>	<b>106,825</b>	<b>121.2</b>
Pension expense (benefit), amortization component	30,347	39,752	(32,537)	(9,405)	(23.7)
OPEB expense (benefit), amortization component	6,072	(20,424)	(29,861)	26,496	(129.7)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>	<b>(71,571)</b>	<b>89,734</b>	<b>83.5</b>
Non-operating revenues (expenses):					
Investment gain (loss)	7,411	6,283	(13,966)	1,128	18.0
Grant revenue and capital contribution	17,352	107,230	63,151	(89,878)	(83.8)
Interest expense	(12,021)	(12,264)	(12,028)	243	2.0
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>	<b>(34,414)</b>	<b>1,227</b>	<b>19.8</b>
Net position—beginning of year	(276,167)	(269,955)	(235,541)	(6,212)	(2.3)
Net position—end of year	\$ (281,152)	\$ (276,167)	\$ (269,955)	\$ (4,985)	(1.8)

**Comparison of December 31, 2024 to December 31, 2023**

Overall, total operating revenues increased by \$135,850 or 17.9% in 2024 with changes attributable to the following:

- Net patient service revenue increased \$52,508, or 8.7%, in 2024 as a result of a combination of overall increased patient volumes, an increase in contracted reimbursement rates and revenue cycle improvements. Provisions for bad debts increased by \$8,067 due to reserves recorded related to the Change Healthcare cyber attack as further described in Note 4.
- DSH revenue increased by \$57,848, or 54.0%, in 2024 as a result of a decrease in the nursing home upper payment limit of \$607 due to a slight decrease in the pool size in the State Plan Amendment and a \$58,455 increase in federal DSH due to an increase in uncompensated care as a result of volume growth, and continued cost inflation exceeding increases in reimbursements from the Medicaid program.
- Other operating revenue increased \$25,494, or 54.7% primarily due to growth in specialty pharmacy operations of \$20,620, an increase in third-party quality incentives of \$2,553 and an increase in grant revenue of \$1,826.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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

Total operating expenses including pension expense/benefit and other post-employment benefit expenses increased \$46,116 or 5.3% in 2024. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$22,532 or 5.1% as a result of contracted rate and step increases as well as necessary additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue decreased by 2.4%, from 73.0% in 2023 to 70.6% in 2024.
- Purchased services have decreased \$9,685 as a result of a nonrecurring expense during 2023 of \$11,239 to write-off an abandoned IT capital related project. The remaining variance is due to an increase in contract labor of \$2,058 due to staffing shortages.
- Pension expense decreased by \$1,074 as a result of changes in actuarial assumptions used to value the plan including investment returns and other demographic assumptions offset by an increase in our proportionate share of that expense.
- Supplies expense increased by \$20,923 or 15.8% as a result of increased surgical volume, significant growth in volume within the specialty pharmacy operations, pharmaceutical cost increases related to drug shortages and continued cost inflation on medical supplies.
- OPEB benefit decreased \$7,117 or 36.8% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payments made under the plan.

**Comparison of December 31, 2023 to December 31, 2022**

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

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

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

- Payroll and employee benefit expenses have increased by \$30,106 or 7.3% as a result of increases in salaries due to new collective bargaining agreements' market rate adjustments and additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue increased by 0.5%, from 72.5% in 2022 to 73.0% in 2023.
- Pension expense increased by \$65,834 as a result of changes in actuarial assumptions used to value the plan including investment returns, discount rates and other demographic assumptions.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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

- Supplies expense increased by \$14,320 or 12.1% as a result of increased surgical volume, increased volume within the specialty pharmacy operations and pharmaceutical cost increases related to drug shortages.
- OPEB benefit decreased \$11,976 or 38.2% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payment made to current employees.

**Capital Assets, Net**

At December 31, 2024, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$282,632 compared to \$313,039 at December 31, 2023, representing a decrease of \$30,407 or 9.7%.

During 2024, the Corporation invested \$16,805 in various capital assets (\$6,375), leases (\$2,887) and SBITAs (\$7,543). Noteworthy investments in capital assets include infusion pumps and related software (\$2,222) and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include mobile x-ray system (\$794) and other various leased medical and non-medical equipment. Noteworthy additions to SBITAs includes a new payroll software system (\$3,261) and other medical and non-medical software. GASB Statement No. 87, *Leases*, establishes the foundational principle that leases are financing of the right-to-use an underlying asset for a period of time. The Corporation recorded lease assets, net of accumulated depreciation, in the amount of \$22,797 and \$26,371 in 2024 and 2023, respectively. GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, extends the right-of-use accounting concepts introduced in GASB Statement No. 87, *Leases*, to SBITAs. The Corporation recorded SBITA assets in the amount of \$22,322 in 2024 and \$25,761 in 2023.

**Forward-Looking Factors**

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

**Collective Bargaining Agreements**

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

**Transactions with the County of Erie**

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

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Medicare and Medicaid Reimbursement**

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

**Contacting the Corporation's Financial Management**

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

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

**Statements of Net Position**  
**December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
<b>Assets and Deferred Outflows of Resources</b>		
Current assets:		
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited	84,714	113,986
Patient accounts receivable, net	93,708	102,389
Other receivables	12,893	40,608
Supplies, prepaids and other	19,082	15,400
<b>Total current assets</b>	<b>287,808</b>	<b>303,802</b>
Assets whose use is limited	106,887	56,635
Capital assets, net	282,632	313,039
Other assets, net	9,978	8,906
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>
Deferred outflows of resources:		
Pension	121,188	123,115
Other post employment benefits	21,151	25,670
Other	9,401	10,679
<b>Total deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>
<b>Liabilities, Deferred Inflows of Resources and Net Position</b>		
Current liabilities:		
Current portion of long-term debt	\$ 12,755	\$ 12,128
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	15,147	16,409
Accounts payable	64,579	59,927
Accrued salaries, wages and employee benefits	44,501	39,603
Net pension liability	41,138	34,131
Other post employment benefits	12,767	12,326
Accrued other liabilities	57,559	42,021
Unearned revenue	81,157	75,802
<b>Total current liabilities</b>	<b>339,603</b>	<b>302,347</b>
Long-term debt, net	179,372	190,515
Long-term lease and SBITA liability, net	27,805	34,682
Net pension liability, net of current portion	114,186	164,805
Self-insured obligations	44,840	52,121
Other post employment benefits, net of current portion	265,829	281,585
Other	5,584	7,218
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>
Deferred inflows of resources:		
Pension	95,637	23,737
Other post employment benefits	45,778	59,337
Leases	1,563	1,666
<b>Total deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>
<b>Net Position:</b>		
Net investment in capital assets	46,303	58,654
Restricted:		
Expendable	46,938	29,012
Unrestricted	(374,393)	(363,833)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>

See notes to the financial statements.

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

**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$12,663 and \$4,596 for 2024 and 2023, respectively	\$ 656,228	\$ 603,720
Disproportionate share revenue (DSH)	164,953	107,105
Other operating revenue	72,133	46,639
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>
Operating expenses:		
Payroll and employee benefits	463,302	440,770
Professional fees	112,289	110,577
Purchased services	72,027	81,712
Supplies	153,120	132,197
Other operating expenses	26,769	30,529
Depreciation and amortization	47,115	49,812
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>
<b>Operating income (loss) before pension benefit and other post employment benefits amortization components</b>	<b>18,692</b>	<b>(88,133)</b>
Pension expense, amortization component	30,347	39,752
OPEB expense (benefit), amortization component	6,072	(20,424)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>
Nonoperating revenues (expenses):		
Investment gain	7,411	6,283
Grant revenue	17,333	107,230
Interest expense	(12,021)	(12,264)
<b>Total nonoperating revenues</b>	<b>12,723</b>	<b>101,249</b>
<b>Loss before capital contributions</b>	<b>(5,004)</b>	<b>(6,212)</b>
Capital contributions	19	-
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>
Net position—beginning of year	(276,167)	(269,955)
Net position—end of year	\$ (281,152)	\$ (276,167)

See notes to the financial statements.

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

**Statements of Cash Flows**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 691,467	\$ 608,472
Payments to employees for salaries and benefits	(422,231)	(415,584)
Payments to vendors for supplies and other	(345,921)	(354,111)
Other receipts	171,416	119,572
<b>Net cash provided by (used in) operating activities</b>	<b>94,731</b>	<b>(41,651)</b>
Cash flows from capital and related financing activities:		
Purchases of capital assets	(12,551)	(12,554)
Payments on long-term debt	(12,255)	(11,714)
Interest paid on long-term debt	(9,797)	(10,264)
Payments on leases and SBITAs	(15,676)	(15,253)
Interest paid on leases and SBITAs	(2,224)	(2,000)
<b>Net cash used in capital and related financing activities</b>	<b>(52,503)</b>	<b>(51,785)</b>
Cash flows from noncapital financing activities:		
Grant funding	17,333	80,229
<b>Net cash provided by noncapital financing activities</b>	<b>17,333</b>	<b>80,229</b>
Cash flows from investing activities:		
Purchases of assets whose use is limited, net	(20,980)	(13,105)
Investment gain	7,411	6,283
Purchases of investments, net	(32,179)	(3,393)
<b>Net cash used in investing activities</b>	<b>(45,748)</b>	<b>(10,215)</b>
<b>Net change in cash and cash equivalents</b>	<b>13,813</b>	<b>(23,422)</b>
Cash and cash equivalents:		
Beginning	20,773	44,195
Ending	<b>\$ 34,586</b>	<b>\$ 20,773</b>

Noncash capital and related financing activities:

Included in accounts payable at December 31, 2024 and 2023, was \$624 and \$1,357, respectively, of invoices related to capital asset acquisitions.

(Continued)

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

**Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Reconciliation of operating loss to net cash provided by (used in) operating activities:		
Operating loss	\$ (17,727)	\$ (107,461)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	47,115	49,812
Provision for bad debts	12,663	4,596
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(3,982)	(23,416)
Other receivables	27,715	21,822
Supplies, prepaids and other	(4,754)	(3,546)
Deferred outflows of resources	7,724	18,947
Accounts payable	9,313	(4,634)
Accrued liabilities	20,436	5,468
Unearned revenue	5,355	4,484
Estimated third-party payor settlements	(1,157)	1,750
Self-insured obligations	(7,281)	3,238
Net pension liability	(43,612)	276,474
OPEB	(15,315)	22,516
Deferred inflows of resources	58,238	(311,701)
<b>Net cash provided by (used in) operating activities</b>	<b>\$ 94,731</b>	<b>\$ (41,651)</b>

See notes to the financial statements.



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

**Statements of Net Position—Discretely Presented Component Units  
December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
<b>Assets</b>								
Current assets:								
Cash and cash equivalents	\$ 2,239	\$ 270	\$ -	\$ 2,509	\$ 2,365	\$ 270	\$ -	\$ 2,635
Investments	-	-	-	-	-	-	-	-
Other receivables	1,235	-	-	1,235	938	-	-	938
Supplies, prepaids and other	13	-	-	13	259	-	-	259
<b>Total current assets</b>	<b>3,487</b>	<b>270</b>	<b>-</b>	<b>3,757</b>	<b>3,562</b>	<b>270</b>	<b>-</b>	<b>3,832</b>
Other receivables	-	-	-	-	887	-	-	887
Endowment and other investments	4,005	9,898	-	13,903	3,129	9,962	-	13,091
Equipment and vehicles, net	-	-	-	-	-	-	-	-
	<b>4,005</b>	<b>9,898</b>	<b>-</b>	<b>13,903</b>	<b>4,016</b>	<b>9,962</b>	<b>-</b>	<b>13,978</b>
<b>Total assets</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>
<b>Liabilities and Net Position</b>								
Current liabilities:								
Accounts payable	\$ 257	\$ -	\$ -	\$ 257	\$ 11	\$ -	\$ -	\$ 11
Funds held in custody for others	897	-	-	897	596	-	-	596
<b>Total current liabilities</b>	<b>1,154</b>	<b>-</b>	<b>-</b>	<b>1,154</b>	<b>607</b>	<b>-</b>	<b>-</b>	<b>607</b>
Long-term liabilities:								
Related party	-	-	-	-	969	-	-	969
Unearned revenue	309	-	-	309	335	-	-	335
<b>Total liabilities</b>	<b>1,463</b>	<b>-</b>	<b>-</b>	<b>1,463</b>	<b>1,911</b>	<b>-</b>	<b>-</b>	<b>1,911</b>
<b>Net Position</b>								
Restricted:								
Nonexpendable	50	10,000	-	10,050	50	10,000	-	10,050
Expendable	3,078	168	-	3,246	2,634	232	-	2,866
Unrestricted	2,901	-	-	2,901	2,983	-	-	2,983
<b>Total net position</b>	<b>6,029</b>	<b>10,168</b>	<b>-</b>	<b>16,197</b>	<b>5,667</b>	<b>10,232</b>	<b>-</b>	<b>15,899</b>
<b>Total liabilities and net position</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>

\* - Activity related to the Research for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

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

**Statements of Revenues, Expenses and Changes in Net Position—Discretely Presented Component Units  
Years Ended December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
Operating revenues:								
Grants, contributions and special events	\$ 3,754	\$ -	\$ -	\$ 3,754	\$ 4,732	\$ -	\$ -	\$ 4,732
<b>Total operating revenues</b>	<b>3,754</b>	<b>-</b>	<b>-</b>	<b>3,754</b>	<b>4,732</b>	<b>-</b>	<b>-</b>	<b>4,732</b>
Operating expenses:								
Program services and grants	697	500	-	1,197	970	-	1,107	2,077
Fundraising	1,815	-	-	1,815	1,640	-	-	1,640
Other operating expenses	941	-	-	941	641	-	-	641
<b>Total operating expenses</b>	<b>3,453</b>	<b>500</b>	<b>-</b>	<b>3,953</b>	<b>3,251</b>	<b>-</b>	<b>1,107</b>	<b>4,358</b>
<b>Operating income (loss)</b>	<b>301</b>	<b>(500)</b>	<b>-</b>	<b>(199)</b>	<b>1,481</b>	<b>-</b>	<b>(1,107)</b>	<b>374</b>
Nonoperating revenue:								
Investment income (loss)	61	436	-	497	127	385	13	525
<b>Change in net position</b>	<b>362</b>	<b>(64)</b>	<b>-</b>	<b>298</b>	<b>1,608</b>	<b>385</b>	<b>(1,094)</b>	<b>899</b>
Net position—beginning of year	5,667	10,232	-	15,899	4,059	9,847	1,094	15,000
Net position—end of year	\$ 6,029	\$ 10,168	\$ -	\$ 16,197	\$ 5,667	\$ 10,232	\$ -	\$ 15,899

\* - Activity related to the Reseach for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 1. Organization**

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

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

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

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 1. Organization (Continued)**

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

**Great Lakes Health Integrated Network:** The Corporation, together with KH has formed Great Lakes Health Integrated Network (GLIN) with each maintaining a 50% ownership interest. As of December 31, 2024 and 2023, capital contributions due to GLIN totaled \$393 and \$326, respectively. Contributions are used to pay for care coordination services, information systems infrastructure and routine operating expenses to support community population health management.

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

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

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 1. Organization (Continued)**

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

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

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

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

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

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

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

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

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

**Use of estimates:** The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. The reserve for uncollectible accounts, contractual allowances, estimated third-party payor settlements, workers compensation reserves, malpractice reserves, net pension obligations, other post-employment benefit obligations, self-insured obligations, as well as, Disproportionate Share (DSH) revenue and certain other accounts, require the use of estimates. Actual results could differ from those estimates.

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 2. Summary of Significant Accounting Policies (Continued)**

Included in net patient service revenue are adjustments to prior year estimated third-party payor settlements, and their related estimated receivables and payables that were originally recorded in the period the related services were rendered, as well as adjustments to the net realization rate for collections on patient accounts receivable. These adjustments are made in the normal course of operations and amounts reported are consistent with the approach in prior years. The adjustments to prior year estimates and other third-party reimbursement or recoveries that relate to prior years also impact DSH revenues as discussed in Note 5. The combined effect of changes related to prior years' estimates resulted in an increase of \$3,508 and \$5,472 in total operating revenues for the years ended December 31, 2024 and 2023, respectively.

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

**Patient accounts receivable:** Patient accounts receivable are reported net of both an estimated allowance for contractual adjustments and an estimated allowance for uncollectible accounts. The contractual adjustments represent the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payor programs. Current operations are charged with an estimated provision for bad debts estimated based on the age of the account, prior experience and any other circumstances which affect collectability. The Corporation's policy does not require collateral or other security for patient accounts receivable and the Corporation routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies. The allowance for estimated doubtful accounts at December 31, 2024 and 2023 was approximately \$72,469 and \$64,577, respectively.

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

**Note 2. Summary of Significant Accounting Policies (Continued)**

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

	2024	2023
DSH and Upper Payment Limit (UPL) (Note 5)	\$ -	\$ 28,473
Due from affiliated organizations and joint ventures	867	1,233
Due from third-party payors	7,374	6,980
Other	4,652	3,922
	<u>\$ 12,893</u>	<u>\$ 40,608</u>

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

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

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

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

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

The 2017 financing transaction included the payment of points, in the amount of \$17,040 to Erie County associated with the differential in interest rate on the 2017 financing using the credit rating of Erie County and the rate that the Corporation was projected to pay independent of a relationship with Erie County. The points are being amortized on the interest method over the term of the 2017 financing. The unamortized amount of points at December 31, 2024 and 2023, is \$7,650 and \$8,712, respectively. The 2017 financing transaction also included the advance refunding of the 2011 financing, the proceeds of which were used to finance the construction of the Terrace View Nursing Home on the Corporation's campus. The deposit required to the advance refunding escrow was greater than the balance outstanding on the 2011 financing in the amount of \$2,038 and is being amortized on the interest method over the life of the advance refunding component of the transaction. The unamortized portion of this advance refunding at December 31, 2024 and 2023 is \$485 and \$652, respectively.

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 2. Summary of Significant Accounting Policies (Continued)**

**Other assets:** Ownership interests in various business enterprises amongst other assets are included in the other assets caption in the statements of net position.

Collaborative Care Ventures, LLC (Collaborative Care) was formed in 2014 by ECMCC and KH. Collaborative Care was created as a vehicle for ECMCC and KH to participate in various investments in the future consistent with their missions. At December 31, 2024 and 2023, the Corporation's share of the net assets of Collaborative Care amounted to \$1,351 and \$1,022, respectively.

Great Lakes Health Integrated Network (GLIN) was formed in 2018 by ECMCC and KH. GLIN was formed to support, manage and negotiate value-based contracts and/or risk-based contracts with third-party payors for the purpose of managing population health and anticipated payment reform. The Corporation's share of contributed capital supports organizational development and ongoing operations. The Corporation's share of GLIN's profit or loss is recognized as non-operating revenue. At December 31, 2024 and 2023, the Corporation's share of the net assets of GLIN amounted to \$6,283 and \$4,324, respectively.

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

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

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

**Unearned revenue:** Unearned revenue represents funds received by the Corporation under certain grant programs that have not yet been earned.



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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

**Note 2. Summary of Significant Accounting Policies (Continued)**

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

	2024	2023
Accrued compensated absences, beginning of year	\$ 17,496	\$ 15,295
Compensated absences earned	24,733	24,771
Compensated absences paid out	(24,099)	(22,570)
Accrued compensated absences, end of year	<u>\$ 18,130</u>	<u>\$ 17,496</u>

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

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

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

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

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

**Charity care:** The Corporation provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than established rates. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position. The estimated costs of caring for charity care patients were \$3,944 and \$4,459 for the years ended December 31, 2024 and 2023, respectively. Additionally, the Corporation provided approximately \$4,245 and \$2,397 in discounts to self-pay patients for the years ended December 31, 2024 and 2023, respectively.

**Contributions:** ECMC Foundation reports gifts or promises to give as restricted contributions when they are received with donor stipulations that limit the use of the donated assets. When the intent of the donor is that the assets are to remain in perpetuity and the Foundation does not have the right to invade the original principal, the assets are reported as restricted net position. When a donor restriction expires, restricted-expendable net positions are released to unrestricted net position. The Foundation conducted a capital campaign to raise funds to support the construction of a new Level 1 Adult Trauma Center, Emergency Department and other capital needs in support of the mission of the Corporation. Pledges receivable associated with this campaign are recorded net of a reserve for uncollectible pledges and are discounted to present value using a 4.38% discount rate over the collection period of the pledges.

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

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

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

**Income taxes:** The Corporation is a Public Benefit Corporation of the State of New York and is exempt from federal income taxes under Section 115 of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

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

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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

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

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 100, *Accounting Changes and Error Corrections-An Amendment of GASB No. 62*. This Statement defines *accounting changes* as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes. As part of those descriptions, for: (1) certain changes in accounting principles, and (2) certain changes in accounting estimates that result from a change in measurement methodology, a new principle or methodology should be justified on the basis that it is preferable to the principle or methodology used before the change. That preferability should be based on the qualitative characteristics of financial reporting—understandability, reliability, relevance, timeliness, consistency, and comparability. This Statement also addresses corrections of errors in previously issued financial statements. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 101, *Compensated Absences*. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

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

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**Note 2. Summary of Significant Accounting Policies (Continued)**

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability. This Statement also addresses certain application issues. This Statement continues the requirement that the basic financial statements be preceded by management's discussion and analysis (MD&A), which is presented as required supplementary information (RSI). MD&A provides an objective and easily readable analysis of the government's financial activities based on currently known facts, decisions, or conditions and presents comparisons between the current year and the prior year. This Statement requires that the information presented in MD&A be limited to the related topics discussed in five sections: (1) Overview of the Financial Statements, (2) Financial Summary, (3) Detailed Analyses, (4) Significant Capital Asset and Long-Term Financing Activity, and (5) Currently Known Facts, Decisions, or Conditions. Furthermore, this Statement stresses that the detailed analyses should explain why balances and results of operations changed rather than simply presenting the amounts or percentages by which they changed. This Statement describes unusual or infrequent items as transactions and other events that are either unusual in nature or infrequent in occurrence. Furthermore, governments are required to display the inflows and outflows related to each unusual or infrequent item separately as the last presented flow(s) of resources prior to the net change in resource flows in the government-wide, governmental fund, and proprietary fund statements of resource flows. Finally, This Statement requires governments to present budgetary comparison information using a single method of communication—RSI. Governments also are required to present (1) variances between original and final budget amounts and (2) variances between final budget and actual amounts. An explanation of significant variances is required to be presented in notes to RSI. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement 34. Lease assets recognized in accordance with Statement No. 87, *Leases*, and intangible right-to-use assets recognized in accordance with Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, should be disclosed separately by major class of underlying asset in the capital as-sets note disclosures. Subscription assets recognized in accordance with Statement No. 96, *Subscription-Based Information Technology Arrangements*, also should be separately disclosed. In addition, this Statement requires intangible assets other than those three types to be disclosed separately by major class. This Statement also requires additional disclosures for capital assets held for sale. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

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

**Subsequent events:** The Corporation has evaluated subsequent events for potential recognition and/or disclosure through [DATE], the date the financial statements were issued.

**Erie County Medical Center Corporation  
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**Note 3. Federal Emergency Management Agency (FEMA)**

Under the CARES Act, financial relief was provided through FEMA's Disaster Relief Fund. During the years ended December 31, 2024 and 2023, the Corporation recognized grant revenue received from FEMA to cover eligible COVID-19 related expenses in the amount of \$17,333 and \$3,829, respectively. The Corporation is still awaiting additional funds from FEMA for pending reimbursement submissions related to remaining eligible expenses under this program.

**Note 4. Net Patient Service Revenue and Patient Accounts Receivable**

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

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

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

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

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

**Erie County Medical Center Corporation  
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**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

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

	2024	2023
Gross charges	\$ 1,852,746	\$ 1,673,523
Less:		
Discounts and allowances	1,183,855	1,065,207
Provision for bad debts	12,663	4,596
	<u>\$ 656,228</u>	<u>\$ 603,720</u>

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

	2024		2023	
	Amount	%	Amount	%
Medicare*	\$ 250,023	38.1%	\$ 247,282	41.0%
Medicaid*	208,681	31.8%	164,815	27.3%
Commercial and other third-party payors	166,026	25.3%	164,704	27.3%
No-fault	26,249	4.0%	20,452	3.4%
Self-pay	5,249	0.8%	6,467	1.0%
	<u>\$ 656,228</u>	<u>100.0%</u>	<u>\$ 603,720</u>	<u>100.0%</u>

\*Medicare and Medicaid include Managed Care plans.

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

Patient accounts receivable consist of the following at December 31:

	2024	2023
Gross accounts receivable	\$ 307,107	\$ 295,805
Less:		
Discounts and allowances	140,930	128,839
Allowance for bad debts	72,469	64,577
	<u>\$ 93,708</u>	<u>\$ 102,389</u>

**Erie County Medical Center Corporation  
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**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

In early 2024, Change Healthcare, a third-party billing company, fell victim to a cyber attack impacting their ability to access their billing software. The Corporation contracts with Change Healthcare for billing services related to certain professional billing services. As a result of the attack, billing through Change Healthcare was unable to proceed for an extended period of time. As such, the Corporation has considered the delay in the billing when establishing reserves on the related gross charges impacted by this attack.

The Corporation has received advances from third party payors including Change Healthcare for claims that have not been adjudicated due to the cyber attack. As of December 31, 2024, the Corporation has recorded a liability of \$13,604 related to those advances within the accrued other liabilities caption of the statements of net position.

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

	2024	2023
Medicare*	33.6%	33.2%
Commercial and other third party payors	32.6%	32.7%
Medicaid*	26.0%	27.8%
No-fault	7.4%	5.5%
Self-pay	0.4%	0.8%
Total	100.0%	100.0%

\*Medicare and Medicaid include Managed Care plans.

**Note 5. Disproportionate Share (DSH) Revenue**

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

In 2024 and 2023, DSH funding recorded by the Corporation totaled \$164,953 and \$107,105, respectively. The DSH funding process is complex and includes both tentative and final settlements for various state fiscal years which are subject to the availability of state and federal funding among other factors. As a result, DSH revenue is estimated and final settlements may vary significantly from the initial estimates.

For hospital services, DSH revenue of \$149,675 and \$91,220 was recognized in 2024 and 2023, respectively. In addition, during 2024 and 2023, the Corporation recognized \$15,278 and \$15,885, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2024-2025, as determined by the DOH, using cost report year 2022 data.

**Erie County Medical Center Corporation  
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**Note 5. Disproportionate Share (DSH) Revenue (Continued)**

CMS has indicated that cost reports dating back to the 2022 reporting year and the methodology employed to calculate DSH revenue are subject to audit for those years. At this time, the impact of the CMS audit activity on the Corporation's DSH revenue is not certain. Management has taken what it believes to be reasonable and appropriate steps to assure compliance with the CMS methodology.

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

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

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

	2024	2023
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited—current	84,714	113,986
Assets whose use is limited—noncurrent	106,887	56,635
	<u>\$ 269,012</u>	<u>\$ 202,040</u>
Designated:		
Self-insured obligations	\$ 53,666	\$ 57,904
Capital	59,930	36,265
Other	44,327	42,407
	<u>157,923</u>	<u>136,576</u>
Restricted:		
Debt service	24,560	23,872
Self-insured obligations	9,118	10,173
	<u>33,678</u>	<u>34,045</u>
Total assets whose use is limited	191,601	170,621
Less portion required for current liabilities	(84,714)	(113,986)
	<u>\$ 106,887</u>	<u>\$ 56,635</u>

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

**Deposits**

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



**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

**Custodial credit risk:** Custodial credit risk is the risk that, in the event of bank failure, the Corporation's deposits might not be recovered. FDIC insurance through December 31, 2023, for funds held in interest bearing accounts is \$250 per depositor per category of legal ownership. New York law requires that deposits in excess of FDIC insured amounts are collateralized. The Corporation's bank deposits at December 31, 2024 and 2023, totaled \$37,133 and \$27,068, of which \$1,030 in both years were insured. Amounts over FDIC insured limits were fully collateralized with securities held by the pledging financial institution.

**Investments**

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

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

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

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

**Concentration of credit risk:** Concentration of credit risk is the risk of loss attributable to the magnitude of investments in any single issuer. The Corporation's investment policy indicates the combined holdings of securities from one issuer shall not constitute more than 5.0% of the fund except for issues guaranteed directly or indirectly by the U.S. Government. The Corporation had no holdings in Federal National Mortgage Association (Fannie Mae) or Federal Home Loan Mortgage Corporation (Freddie Mac) issues at December 31, 2024 and 2023.

**Erie County Medical Center Corporation  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

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

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

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

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

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 34,586	\$ -	\$ -	\$ 34,586
Investments and assets whose use is limited:				
Cash and cash equivalents	163,669	-	-	163,669
Marketable equity securities:				
Small/Mid cap equities	3,941	-	-	3,941
Growth equities	1,596	-	-	1,596
Core equities	11,683	-	-	11,683
International equities	9,170	-	-	9,170
U.S. fixed income	44,367	-	-	44,367
Total investments and assets whose use is limited	234,426	-	-	234,426
Total	\$ 269,012	\$ -	\$ -	\$ 269,012

**Erie County Medical Center Corporation  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

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

**Note 7. Capital Assets, Net**

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

	2024			
	Beginning Balance	Additions	Disposals/Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,197	\$ 24	\$ -	\$ 41,221
Buildings and improvements	547,974	1,478	-	549,452
Fixed/major moveable equipment	156,454	8,775	(183)	165,046
Total capital assets—being depreciated	745,625	10,277	(183)	755,719
Less accumulated depreciation	(493,144)	(30,264)	183	(523,225)
Total capital assets—being depreciated, net	252,481	(19,987)	-	232,494
Capital assets—not being depreciated:				
Construction in progress	8,426	1,541	(4,948)	5,019
Capital assets, net, excluding lease and SBITA assets	\$ 260,907	\$ (18,446)	\$ (4,948)	\$ 237,513
Lease and SBITA assets, net (Note 8)				\$ 45,119
Total capital assets, net, as reported in statements of net position				\$ 282,632

**Erie County Medical Center Corporation  
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**Note 7. Capital Assets, Net (Continued)**

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

Construction in progress at December 31, 2024 and 2023, includes costs associated with various mechanical, electrical and information-technology security projects. The costs associated with an abandoned ambulatory electronic medical records system project of \$11,239 were written off during the year ended December 31, 2023 and recorded within purchased services expenses within the statements of revenues, expenses and changes in net position.

Depreciation expense amounted to \$30,264 and \$32,001 for the years ended December 31, 2024 and 2023, respectively.

**Note 8. Leases and Subscription-Based Information Technology Arrangements**

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

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)**

Lease and SBITA assets are reported within capital assets and lease and SBITA liabilities are reported separately in the statements of net position.

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

	2024				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 11,927	\$ 272	\$ -	\$ -	\$ 12,199
Equipment	40,059	1,948	667	134	42,540
Total lease assets being amortized	51,986	2,220	667	134	54,739
Less accumulated amortization:					
Real estate	2,690	1,063	-	-	3,753
Equipment	22,925	5,398	-	134	28,189
Total accumulated amortization	25,615	6,461	-	134	31,942
Lease assets, net	26,371	(4,241)	667	-	22,797
Subscription-based information technology assets	43,822	6,209	1,335	1,186	50,180
Less accumulated amortization	18,061	10,319	-	522	27,858
Subscription-based information technology assets, net	25,761	(4,110)	1,335	664	22,322
Lease and SBITA assets, net of accumulated amortization	\$ 52,132	\$ (8,351)	\$ 2,002	\$ 664	\$ 45,119
	2023				
	Beginning Balance	Additions	Remeasurements	Retirements	Ending Balance
Lease assets being amortized:					
Real estate	\$ 13,969	\$ 718	\$ -	\$ 2,760	\$ 11,927
Equipment	34,696	3,950	1,413	-	40,059
Total lease assets being amortized	48,665	4,668	1,413	2,760	51,986
Less accumulated amortization:					
Real estate	2,603	1,156	-	1,069	2,690
Equipment	16,008	6,917	-	-	22,925
Total accumulated amortization	18,611	8,073	-	1,069	25,615
Lease assets, net	30,054	(3,405)	1,413	1,691	26,371
Subscription-based information technology assets	39,473	4,349	-	-	43,822
Less accumulated amortization	8,257	9,804	-	-	18,061
Subscription-based information technology assets, net	31,216	(5,455)	-	-	25,761
Lease and SBITA assets, net of accumulated amortization	\$ 61,270	\$ (8,860)	\$ 1,413	\$ 1,691	\$ 52,132

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)**

As of December 31, 2024, the principal and interest requirements to maturity for the lease liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 7,029	\$ 801	\$ 7,830
2026	4,799	525	5,324
2027	2,951	336	3,287
2028	1,673	215	1,888
2029	876	161	1,037
2030-2034	3,411	428	3,839
2035-2039	884	23	907
	<u>\$ 21,623</u>	<u>\$ 2,489</u>	<u>\$ 24,112</u>

As of December 31, 2024, the principal and interest requirements to maturity for the SBITA liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 8,118	\$ 1,159	\$ 9,277
2026	7,245	615	7,860
2027	4,280	250	4,530
2028	1,422	76	1,498
2029	264	4	268
	<u>\$ 21,329</u>	<u>\$ 2,104</u>	<u>\$ 23,433</u>

**Lessor:** The Corporation leases real estate to external parties. In accordance with GASB Statement No. 87, *Leases*, the Corporation records lease receivables and deferred inflows of resources based on the present value of expected receipts over the term of the respective leases. The Corporation recognized lease receivables (reported within other assets in the statements of net position) of \$822 and \$753 at December 31, 2024 and 2023, respectively, deferred inflows of resources of \$1,563 and \$1,666 at December 31, 2024 and 2023, respectively, and lease revenue of \$833 and \$632 during the years ended December 31, 2024 and 2023, respectively.

**Erie County Medical Center Corporation  
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**Note 9. Accrued Other Liabilities**

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

	2024	2023
Due to Erie County	\$ 4,006	\$ 12,767
DSH and Upper Payment Limit (UPL) (Note 5)	9,743	-
Payor advances	13,604	-
Medical malpractice claims	2,133	1,792
Estimated third-party payor settlements	5,643	4,486
Asset retirement obligations	2,356	2,167
Workers compensation claims	6,665	7,416
Other	13,409	13,393
Total	<u>\$ 57,559</u>	<u>\$ 42,021</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations*, establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with this Statement, the Corporation completes an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPAA laws, and certain types of laboratory equipment. In addition, the Corporation evaluates the requirements for disposal of underground fuel and lab acid tanks. The Corporation determined, based on industry standards for disposition of similar assets, the total asset retirement obligation totaled \$2,356 and \$2,167 at December 31, 2024 and 2023, respectively. The assets have a remaining useful life ranging from 0 to 30 years. This obligation is discounted using a rate of 4.0% and an inflation factor of 3.0% at December 31, 2024 and 2023.

**Note 10. Indebtedness**

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

	2024				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 56,970	\$ -	\$ (4,390)	\$ 52,580	\$ 4,635
Erie County—2017 loan payable	87,374	-	(2,849)	84,525	2,920
Erie County—2017 loan payable	49,076	-	(4,271)	44,805	4,386
Erie County—2017 capitalized interest assumption obligation	7,274	-	(238)	7,036	243
Finance obligations	1,949	1,739	(507)	3,181	571
Total debt	<u>\$ 202,643</u>	<u>\$ 1,739</u>	<u>\$ (12,255)</u>	<u>\$ 192,127</u>	<u>\$ 12,755</u>

**Erie County Medical Center Corporation  
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**Note 10. Indebtedness (Continued)**

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

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2024 are as follows:

Years ending December 31:	
2025	\$ 12,755
2026	13,215
2027	13,697
2028	14,198
2029	14,395
2030-2034	73,331
2035-2039	50,536
<b>Total</b>	<b>\$ 192,127</b>

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

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



**Erie County Medical Center Corporation  
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**Note 10. Indebtedness (Continued)**

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

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

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

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

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

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

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2025. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. There was \$10,000 of outstanding borrowings against the line at both December 31, 2024 and 2023. Management is currently negotiating an extension for the maturity date of this agreement.

During 2024, the Corporation entered into a finance obligation agreement in the amount of \$1,739, the proceeds of which were used to finance a new food service equipment. The agreement requires principal payments of \$16 and matures in June 2033.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan**

**Retirement plan:** The Corporation participates in the New York State and Local Retirement System (NYSLRS or the System), which is a cost-sharing, multiple-employer public employees' retirement system. There are more than 520,000 pensioners and beneficiaries in the System with over 1.2 million participants.

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

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

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

At December 31, 2024 and 2023, the Corporation reported a liability of \$155,324 and \$198,936, respectively, for its proportionate share of the NYSLRS net pension liability. The total pension liability used to calculate the net pension liability is determined by an actuarial valuation as of April 1<sup>st</sup> each year and rolled forward to March 31<sup>st</sup>. The Corporation's proportion for the net pension liability for each fiscal year was based on the Corporation's indexed present value of future compensation to NYSLRS of all participating employers for 2024 and 2023, which was 1.0549% and 0.9277%, respectively.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan (Continued)**

(a) Actuarial Assumptions

The total pension liability for the March 31, 2024 measurement date was determined using an actuarial valuation as of April 1, 2023, with update procedures used to roll-forward the total pension liability to March 31, 2024. The actuarial valuations used the following actuarial assumptions:

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

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

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

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**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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(Dollars in Thousands)**

**Note 11. Pension Plan (Continued)**

(b) Expected Rate of Return on Investments

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

Asset class	2024	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	4.0%
International equity	15.0%	6.7%
Private equity	10.0%	7.3%
Real estate	9.0%	4.6%
Fixed income	23.0%	1.5%
Credit	4.0%	5.4%
Real assets	3.0%	5.8%
Opportunistic/absolute return strategy	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
Year Ended December 31, 2024  
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**Note 11. Pension Plan (Continued)**

(c) Discount Rate

The discount rate used to measure the total pension liability as of December 31, 2024 and 2023 was 5.9%. The projection of cash flows used to determine the discount rate assumes that contributions from plan members will be made at the current contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based on those assumptions, the NYSLRS fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on NYSLRS investments was applied to all periods of projected benefit payments to determine the total pension liability.

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

The following presents the Corporation's proportionate share of the net pension liability calculated using the discount rate of 5.9% at December 31, 2024 and 2023, as well as what the Corporation's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

	2024		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 488,356	\$ 155,324	\$ (122,826)
	2023		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 480,743	\$ 198,936	\$ (36,546)

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan (Continued)**

(d) Deferred Outflows and Inflows of Resources

At December 31, 2024 and 2023, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2024	2023
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 50,030	\$ 21,188
Changes in assumptions	58,725	96,616
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	12,433	5,311
Total	<u>\$ 121,188</u>	<u>\$ 123,115</u>
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 4,235	\$ 5,587
Change in assumptions	-	1,068
Net difference between projected and actual investment earnings on pension plan investments	75,875	1,168
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	15,527	15,914
Total	<u>\$ 95,637</u>	<u>\$ 23,737</u>

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

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

Years ending December 31:	
2025	\$ (30,652)
2026	27,472
2027	44,470
2028	(15,739)
	<u>\$ 25,551</u>

**Annual Pension Expense**

The Corporation's annual pension expense for calendar years ended 2024 and 2023, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$64,435 and \$65,509, respectively.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 12. Other Post-Employment Benefits (OPEB)**

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

**Funding the plan:** Currently, there is no New York State statute that expressly authorizes local governments to create a trust for OPEB purposes. Additionally, New York State's General Municipal Law does not allow for a reserve fund to accumulate funds for OPEB obligations. The Corporation's Board of Directors and management believe it is prudent to reserve funds for the Plan and have therefore internally designated \$24,831 in 2024 and 2023, for purposes of funding future post-employment benefits. These internally designated funds are included within assets whose use is limited in the statements of net position. In addition to the funding for future post-employment benefits, the Corporation continues to finance current benefits on a pay-as-you-go basis.

**Annual OPEB cost and net OPEB obligation:** The Corporation's total OPEB liability measured at December 31, 2024 and 2023, of \$278,596 and \$293,911, respectively, was determined by an actuarial valuation as of January 1, 2024 and 2023, respectively. The measurement date of the obligation is December 31, 2024 and 2023.

(a) Actuarial Assumptions

The total OPEB liability in the December 31, 2024, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.3% per annum
Pre-Medicare Plans	7.8% for 2024, 4.0% ultimate trend rate in 2075
Medicare Plans	5.0% for 2024, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	8.5% for 2024, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	4.0% for 2024, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

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

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

**Erie County Medical Center Corporation  
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**Note 12. Other Post-Employment Benefits (OPEB) (Continued)**

(b) Changes in the OPEB Liability

	2024	2023
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 293,911	\$ 271,395
Service cost	3,153	2,620
Interest cost	9,983	9,722
Change of benefit terms	6,176	-
Difference between expected and actual experience	14,200	232
Change in assumptions	(36,699)	26,546
Actual benefit payments	(12,128)	(16,604)
Projected OPEB obligation at the end of year	<u>\$ 278,596</u>	<u>\$ 293,911</u>

(c) Discount Rate

The discount rate used to measure the total OPEB liability was 4.1% and 3.3%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2024 and 2023, respectively.

Sensitivity of the OPEB Liability to the Discount Rate

The following presents the Corporation's total OPEB liability calculated using the discount rate of 4.1%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (3.1%) or one percentage point higher (5.1%) than the current rate.

	2024		
	1% Decrease (3.1%)	Discount Rate (4.1%)	1% Increase (5.1%)
The Corporation's total OPEB liability	\$ 316,533	\$ 278,596	\$ 247,364

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

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

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



**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 12. Other Post-Employment Benefits (OPEB) (Continued)**

Sensitivity of the OPEB Liability to the Healthcare Cost Trend Rates

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

	2024		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 244,305	\$ 278,596	\$ 320,448

	2023		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 255,222	\$ 293,911	\$ 341,658

(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at December 31, 2024 and 2023:

	2024	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 9,881	\$ (7,662)
Changes in assumptions	11,270	(38,116)
<b>Total</b>	<b>\$ 21,151</b>	<b>\$ (45,778)</b>

	2023	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 544	\$ (27,754)
Changes in assumptions	25,126	(31,583)
<b>Total</b>	<b>\$ 25,670</b>	<b>\$ (59,337)</b>

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 12. Other Post-Employment Benefits (OPEB) (Continued)**

The net deferred outflows and inflows of resources at December 31, 2024, will be recognized as follows:

Years ending December 31:	
2025	\$ (20,051)
2026	(2,845)
2027	(1,731)
	<u>\$ (24,627)</u>

(e) Annual OPEB Benefit

The Corporation's annual OPEB benefit for the years ended December 31, 2024 and 2023, was \$12,226 and \$19,343, respectively.

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

The NYSDOH offers the Vital Access Provider Assurance Program (VAPAP) program. Funding under this program is made to public or safety net hospitals and health systems that meet certain criteria or that have been designated as critical access or sole community hospitals and is awarded to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery.

During the year ended December 31, 2023, the Corporation received grant payments under this program in the amount of \$76,838 and recognized \$103,838 as grant revenue in the statement of revenues, expenses and changes in net position as non-operating revenue. During the year ended December 31, 2024, as a result of improved financial performance, the Corporation did not receive any additional funding under this program.

**Note 14. Transactions With the County of Erie**

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

**Other transactions:** Amounts that are included in operating revenues and expenses in the statements of revenues, expenses and changes in net position, which represent related-party transactions that occurred between the Corporation and the County during the years ended December 31, 2024 and 2023, are as follows:

The Corporation earned revenue totaling \$3,969 and \$3,902 for the years ended December 31, 2024 and 2023, respectively, from the County. Revenue earned relates to services provided to School 84, mental health services and various other charges related to County departments located within the Corporation's physical plant.

The net amount due to the County of approximately \$3,737 and \$12,661 at December 31, 2024 and 2023, respectively, is non-interest bearing and reflect the Corporation's net amount owed to the County as a result of various transactions and services between parties.

**Note 15. Self-Insured Obligations**

The Corporation is self-insured for all medical malpractice claims for occurrences on or after January 1, 2004. Additionally, the Corporation began purchasing excess stop-loss insurance on a claims made basis for medical malpractice effective November 2008. The current policy provides \$35,000 of coverage in excess of a self-insured retention (SIR) of \$4,000 of individual claims or \$12,000 in aggregate claims effective November 19, 2018. Effective 11/19/2022, there is an additional \$1,000 buffer of individual claims or aggregate claims. Immediately prior to November 19, 2018, the policy provided \$35,000 of coverage in excess of a SIR \$3,000 of individual claims or \$10,000 in aggregate claims.

Effective April 1, 2016, the Corporation became self-insured for workers' compensation claims through a combination of self-insurance and a high-deductible plan for certain periods as follows: The Corporation maintains a stop-loss insurance policy for the claims in excess of \$750. As required by the NYS Workers' Compensation Board, ECMCC maintains a security deposit on its self-insured workers' compensation obligations. The value of the security deposit was \$30,689 as of December 31, 2024 and 2023. The deposit is maintained through a surety bond. The surety requires a collateral deposit to maintain the bond. The value of the collateral held by the surety was \$5,806 and \$5,512 as of December 31, 2024 and 2023, respectively. Effective January 1, 2012, the Corporation insured a portion of its workers' compensation exposure through an occurrence basis high-deductible plan. The Corporation remains responsible for the first \$750 of an individual claim payment after December 31, 2011. The Corporation is required to pledge certain assets under this arrangement. As of December 31, 2024 and 2023, \$3,312 and \$4,662, respectively, has been escrowed to service workers' compensation claims and included as part of assets whose use is limited. The Corporation remains self-insured for workers' compensation claims prior to January 1, 2012. The County has assumed a portion of liabilities for all occurrences originating prior to 2004.

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

**Note 15. Self-Insured Obligations (Continued)**

The Corporation has accrued \$30,978 and \$33,407 at December 31, 2024 and 2023, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.0% for 2024 and 2023 and the accrued liabilities are included within the accrued other liabilities and self-insured obligations caption of the accompanying statements of net position. Charges to expense for medical malpractice costs are included within the other operating expenses caption of the accompanying statements of revenues, expenses and changes in net position.

The Corporation has accrued \$22,660 and \$27,922 at December 31, 2024 and 2023, respectively, for workers' compensation related exposures. Such amounts have been discounted at 1.75% for 2024 and 2023, and the liabilities are included within the accrued other liabilities and self-insured obligations captions of the accompanying statements of net position. Charges to expense for workers' compensation costs approximated \$1,167 and \$7,376 in 2024 and 2023, respectively, and are included within the payroll, employee benefits and contract labor caption of the accompanying statements of revenues, expenses and changes in net position.

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

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

	2024				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 33,407	\$ 2,675	\$ (5,104)	\$ 30,978	\$ 2,133
Workers' compensation	27,922	382	(5,644)	22,660	6,665
	<u>\$ 61,329</u>	<u>\$ 3,057</u>	<u>\$ (10,748)</u>	<u>\$ 53,638</u>	<u>\$ 8,798</u>
	2023				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,975	\$ 4,750	\$ (2,318)	\$ 33,407	\$ 1,792
Workers' compensation	27,264	6,145	(5,487)	27,922	7,416
	<u>\$ 58,239</u>	<u>\$ 10,895</u>	<u>\$ (7,805)</u>	<u>\$ 61,329</u>	<u>\$ 9,208</u>

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 16. Commitments and Contingencies**

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

In October 2024, the Corporation committed to begin implementing a new electronic health record system along with a new enterprise resource planning software system in the first quarter of 2025. Both projects are expected to be completed by the end of 2026.

The healthcare industry is subject to changing political, regulatory, economic and other influences that may affect our business. Regulatory uncertainty has increased as a result of recent decisions issued by the U.S. Supreme Court that affect review of federal agency actions, and the outcome of the 2024 federal elections. Federal agencies oversee, regulate and otherwise affect many aspects of our business, including through Medicare and Medicaid payment and coverage policies, policies affecting the size of the uninsured population, administration of state Medicaid programs and enforcement and interpretation of fraud and abuse laws. The recent Supreme Court decisions may also result in inconsistent judicial interpretations and delays in and other impacts to agency rulemaking and legislative processes. The changes in executive and legislative leadership at the federal level increases regulatory uncertainty and the potential for significant policy changes. Management is actively monitoring the evolving potential changes, and at this time, the impact to the Corporation is unknown.

Loss contingency liabilities are recorded in accordance with U.S. GAAP, which requires recognition of a loss when it is deemed probable that an asset has been impaired or a liability has been incurred, and the amount of the loss can be reasonably estimated. As of December 31, 2024 and 2023, the Corporation has recorded no loss contingencies except as disclosed in Note 15.

The Corporation formed 1827 Fillmore, LLC (1827) for the purpose of acquiring and developing land immediately adjacent to its Grider Street campus. A condition of the acquisition was that 1827 demolish a building on the site with known asbestos abatement requirements. This condition was met in 2018. The Corporation has undertaken a community planning process to determine the future use(s) of the site. The site requires the environmental remediation expenditures; however, the amount of such expenditures is dependent on the ultimate use of the site and requirements from regulators. Through December 31, 2024, approximately \$4,600 has been spent on remediating and improving the land.

**Required Supplementary Information**

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

**Required Supplementary Information**  
**Schedule of Corporation's Contributions**  
**NYSLRS Pension Plan**  
**December 31, 2024**  
**(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 34,131	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722	\$ 29,771
Contributions in relation to the contractually required contribution	34,131	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722	29,771
<b>Contribution deficiency</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
ECMCC covered-employee payroll	\$ 295,295	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691	\$ 175,409
Contributions as a percentage of covered-employee payroll	11.6%	10.2%	13.1%	12.8%	12.6%	13.0%	13.3%	13.7%	16.0%	17.0%

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

**Required Supplementary Information  
Schedule of Corporation's Proportionate Share of Net Pension Liability (Asset)  
NYSLRS Pension Plan  
December 31, 2024  
(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016
ECMCC proportion of the net pension (asset) liability	1.0549%	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%	0.7228%
ECMCC proportionate share of the net pension (asset) liability	\$ 155,324	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544	\$ 116,006
ECMCC covered-employee payroll	295,295	245,606	273,555	249,490	246,772	235,284	216,044	183,540	166,691
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	52.6%	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%	69.6%
Plan fiduciary net position as a percentage of the total pension liability	93.9%	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%	90.7%

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

Change in Benefit Terms

The New York State Legislature lowered the vesting requirement for Tier 5 and Tier 6 from 10 years to five years (Chapter 56 Of the Laws of 2022), prior to the April 1, 2022 actuarial valuation.

Changes of Assumptions

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

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



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

**Required Supplementary Information  
Schedule of Corporation's Changes in Total OPEB Liability and Related Ratios  
December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024	2023
Total OPEB liability:		
Service cost	\$ 3,153	\$ 2,620
Interest cost	9,983	9,722
Change of Benefit Terms	6,176	-
Differences between expected and actual experience	14,200	232
Changes of assumptions	(36,699)	26,546
Benefit payments	(12,128)	(16,604)
<b>Net change in total OPEB liability</b>	<b>(15,315)</b>	<b>22,516</b>
Total OPEB liability—beginning	293,911	271,395
Total OPEB liability—ending	<b>\$ 278,596</b>	<b>\$ 293,911</b>
Covered employee payroll	\$ 85,437	\$ 87,249
Total OPEB liability as a percentage of covered employee payroll	326.08%	336.86%
Discount rate	4.1%	3.3%

Change in Benefit Terms

There were no significant changes in benefits during 2024 and 2023.

Changes of Assumptions

2024: The discount rate was increased from 3.3% to 4.1% as well as an update to the medical and prescription trend rates.

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

**Erie County Medical Center  
Corporation**

(A Component Unit of the County of Erie)

Uniform Guidance Audit Requirements  
December 31, 2024

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

**Schedule of Expenditures of Federal Awards  
For the Year Ended December 31, 2024**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services Health Resources and Services Administration Direct Programs:				
Training in General, Pediatric, and Public Health Dentistry	93.059	N/A	-	964,198
Ryan White HIV/AIDS Dental Reimbursement and Community Based Dental Partnership Grants	93.924	N/A	-	168,892
Oral Diseases and Disorders Research	93.121	N/A	-	348,025
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	-	497,414
<b>Total U.S. Department of Health and Human Services Health Resources and Services Administration Direct Programs</b>			-	<b>1,978,529</b>
U.S. Department of Health and Human Services pass-through program from:				
Health Research Inc.				
National Bioterrorism Hospital Preparedness Program	93.889	NU90TP000515	-	42,500
<b>Total U.S. Department of Health and Human Services Pass-Through Programs</b>			-	<b>42,500</b>
U.S. Department of Justice Pass-Through Program From:				
New York State Office of Victim Crime Services				
Crime Victim Assistance	16.575	OVS01-C11259GG-1080200	-	240,785
New York State Division Criminal Justice Services				
Crime Victim Assistance	16.575	OVS01-C11259GG-1080200	-	97,390
Office of Victim Services				
Crime Victim Assistance	16.575	OVS01-T11152GG-1080200	-	153,958
Office of Victim Services				
Crime Victim Assistance	16.575	OVS01-T11152GG-1080200	-	50,092
<b>Total: 16.575</b>			-	<b>542,225</b>
New York State Office of Victim Crime Services				
Crime Victim Assistance/Discretionary Grants	16.582	15POVC-22-GK-01799-NONF	-	246,668
New York State Division Criminal Justice Services				
Violence Against Women Formula Grants	16.588	C00256GG-1090000	-	45,617
Office of Justice Programs				
Services for Trafficking Victims	16.320	15POVC-24-GG-01824-HT	-	7,585
<b>Total U.S. Department of Justice Pass-Through Program</b>			-	<b>842,095</b>
U.S. Department of Homeland Security (Federal Emergency Management Agency)				
COVID-19: Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	N/A	-	17,333,189
<b>Total Expenditures of Federal Awards</b>			<b>\$ -</b>	<b>\$ 20,196,313</b>

See notes to the schedule of expenditures of federal awards.

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

**Notes to Schedule of Expenditures of Federal Awards  
Year Ended December 31, 2024**

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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 Erie County Medical Center Corporation (the Corporation) under programs of the federal government for the year ended December 31, 2024. The information on 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).

For purposes of the Schedule, federal awards include all federal assistance entered into directly between the Corporation and the federal government and sub-awards from nonfederal organizations made under federally sponsored agreements. The Schedule does not include payments received under Medicare and Medicaid reimbursement programs. Because the Schedule presents only a selected portion of the activities of the Corporation, it is not intended to, and does not, present the financial position, changes in net position and cash flows of the Corporation.

**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 cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Corporation has elected to not exercise its option to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

**Note 3. Other Federal Awards**

There were no federal awards expended for noncash assistance, insurance, or any loans, loan guarantees, or interest subsidies outstanding at December 31, 2024.

**Note 4. Subrecipients**

The Corporation did not provide federal awards to any subrecipients during the year ended December 31, 2024.

**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**

Board of Directors  
Erie County Medical Center Corporation

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities and the aggregate discretely presented component units of Erie Medical Center Corporation (the Corporation), as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated [DATE].

The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal controls over financial reporting or instances of reportable noncompliance associated with ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc.

**Report on Internal Control Over Financial Reporting**

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

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the 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 or significant deficiencies may exist that were not identified.

**Report on Compliance and Other Matters**

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

**Purpose of This Report**

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

Cleveland, Ohio

[DATE]

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**Report on Compliance For Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

**Independent Auditor's Report**

Board of Directors  
Erie County Medical Center Corporation

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

***Opinion on Each Major Federal Program***

We have audited Erie County Medical Center Corporation's (the Corporation) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Corporation's major federal programs for the year ended December 31, 2024. The Corporation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Corporation complied, in all material respects, with the 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, 2024.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Corporation's compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Corporation's federal programs.

### **Auditor's Responsibility for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Corporation's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Corporation's compliance with the requirements of each major federal program as a whole.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Corporation's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Corporation's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 the Corporation's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on 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 a 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.



Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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.

**Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the financial statements of the business-type activities and the aggregate discretely presented component unit of the Corporation as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements. We issued our report thereon dated [DATE], which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance 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.

Cleveland, Ohio  
[DATE]

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

**Schedule of Findings and Questioned Costs  
Year Ended December 31, 2024**

**Section I—Summary of Auditor’s Results**

Financial Statements

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

	Unmodified		
Internal control over financial reporting:			
Material weakness(es) identified?	_____	X	no
Significant deficiency(ies) identified?	_____	X	none reported
Noncompliance material to financial statements noted?	_____	X	no

*Federal Awards*

Internal control over major programs:  
Material weakness(es) identified?  
Significant deficiency(ies) identified?

	_____	X	no
	_____	X	none reported

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

	Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	_____	X	no

Identification of major federal programs:

Federal Assistance Listing Number(s)

Name of Federal Program or Cluster

97.036

COVID-19: Disaster Grants - Public Assistance  
(Presidentially Declared Disasters)

93.243

Substance Abuse and Mental Health Services  
Projects of Regional and National Significance

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

\$ 750,000

Auditee qualified as a low risk auditee?

	X	yes	_____	no
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(Continued)

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

**Schedule of Findings and Questioned Costs (Continued)  
Year Ended December 31, 2024**

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**Section II—Financial Statement Findings**

No findings were noted.

**Section III—Findings and Questioned Costs for Federal Awards**

No findings were noted.

*PRELIMINARY DRAFT  
— Subject to Change —  
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for Review and Discussion Purposes Only*

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

**Summary Schedule of Prior Year Findings and Questioned Costs  
Year Ended December 31, 2024**

---

**Section I—Financial Statement Findings**

No findings were noted in the prior (2023) audit.

**Section II—Findings and Questioned Costs for Federal Awards**

No findings were noted in the prior (2023) audit.

*PRELIMINARY DRAFT  
— Subject to Change —  
Not to be Reproduced  
for Review and Discussion Purposes Only*

## **Resolution Approving the Corporation's Annual Report**

Approved March 25, 2025

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WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation obligated under sections 2800 and 3642 of New York Public Authorities Law to prepare, approve and distribute an Annual Report of its operations; and

WHEREAS, the Corporation has prepared a draft of the 2024 Annual Report and distributed this draft to members of the Corporation's Board of Directors for consideration before the meeting called to consider approval;

NOW, THEREFORE, the Board of directors resolves as follows:

1. The 2024 Annual Report prepared by the Corporation is approved in substantially the form and content as presented to the Board of Directors.
2. The Corporation is directed to file and distribute the 2024 Annual Report in the manner prescribed by New York Public Authorities Law.
3. This resolution shall take effect immediately.

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Sharon L. Hanson  
Corporation Secretary

**2024 ANNUAL REPORT OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**  
(AS REQUIRED BY N.Y. PUBLIC AUTHORITIES LAW)



**Respectfully Submitted by the Corporation**  
**March 31, 2025**

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## APPENDIX A

Financial Reports

Four-Year Financial Plan

Outstanding Bonds and Notes

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Compensation Schedule

## APPENDIX C

Corporation Expenditures in Excess of \$100,000

## APPENDIX D

Enabling Legislation

Charter or By-Laws

**NOT FINAL**

## MESSAGE FROM THE LEADERSHIP OF ECMC CORPORATION

Throughout 2024, ECMC experienced continued growth in our healthcare services, building on our post-pandemic successes in restoring overall hospital operations and patient volumes. Like other safety net hospitals across the country and locally, it has been challenging, but the focus on our patients by our entire ECMC Family has supported our ability to continue to make progress and provide our community with the high-quality care they expect and deserve.

In almost every measurable category, increases demonstrated a sustainable positive trend in patient volumes that is certainly beneficial to serving our community and improving our financial challenges. Positive operational growth was reflected in our inpatient and outpatient services, Emergency Department visits, and surgeries.

We often speak about ECMC's unique culture and the dedication and resilience of our caregivers. They are the cornerstone of our institution. Their accomplishments and nationally recognized clinical excellence supports and strengthens our recruitment efforts. ECMC has had tremendous success recruiting nurses in the past year, eliminating almost all agency nurses. In 2024, we brought on 769 new hires that includes 165 new RNs, 48 LPNs and 114 CNAs. We hear routinely that many of our new employees are attracted to ECMC based on their knowledge of our inclusive, diverse and talented workforce and supportive culture. And we continue to elevate our surrounding community with our top hiring from our own 14215 zip code. Also, 136 new physicians were onboarded during the year and resulted in the expansion of services on our health campus.

Among our many clinical accomplishments, accreditations and national recognition in 2024, ECMC's Medical Intensive Care Units (MICU) were recognized by the American Association of Critical-Care Nurses (AACN) with a gold-level Beacon Award for Excellence. With this accomplishment, ECMC is 1 of only 2 Level 1 Trauma Centers in New York State with more than 1 Gold Beacon Unit, 1 of 7 hospitals in the state with more than one Gold Beacon unit, and one of two hospitals in Western New York with more than one Gold Beacon unit. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. The AACN's Gold Beacon Award for Excellence is further evidence of ECMC's national best-in-class patient care that we have become known for throughout our community.

Expanding our state-of-the-art surgical capabilities, a fifth surgical robot, the ION robotic navigational bronchoscopy platform was added this past year to ECMC's surgical services. It is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate.

In another indication of national affirmation of ECMC's clinical excellence, we earned status in 2024 as an American College of Surgeons (ACS) Surgical Quality Partner due to ECMC's participation in multiple ACS quality programs. According to the ACS, "Hospital systems that implement ACS Quality Programs help hospitals prioritize a proactive quality and safety culture, reduce unnecessary hospital stays, and save money." We were proud to be recognized by such a prestigious national organization for our commitment to quality services, patient safety, and sound management of our institution.



In Orthopedics, ECMC was honored by US News and Annual Report in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement. According to their report, “Over 6,000 hospitals were evaluated and eligible hospitals received one of three ratings -- high performing (593 hospitals), average (1,376 hospitals) or below average (488 hospitals) with the balance either not offering the service or performing too few of the procedures to be rated. Hospitals that earned a high performing rating were significantly better than the national average.”

The American College of Emergency Physicians (ACEP) informed ECMC that our Emergency Department in 2024 achieved the bronze standard — Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation. The voluntary GEDA program, which includes three levels similar to trauma center designations, provides specific criteria and goals for emergency clinicians and administrators to target. This accreditation from ACEP reinforces the high-quality care and clinical excellence that ECMC is known for, particularly in our Emergency Department. It further highlights our caregivers’ commitment to ensuring that all patients, notably older adults, receive the very best healthcare services they need.

ECMC’s clinical services continued to receive national recognition for their excellence and innovation. Lucia Gioeli MA, VP of Ambulatory Services & Population Health and Amanda Farrell BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst presented the “Perceived Control of Chronic Condition” this past June within the Innovation in Healthcare track at America’s Essential Hospital’s national annual meeting VITAL2024.

Dr. Anthony Martinez, ECMC’s Medical Director of Hepatology was honored in July with the Coalition for Global Hepatitis Elimination’s 2024 Hepatitis Elimination Champion award. Dr. Martinez was one of eight Champions selected worldwide from seven countries, reinforcing the scope and level of excellence of ECMC’s clinicians. The Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, is a nonprofit bringing together global partners to achieve worldwide elimination of viral hepatitis.

And in further recognition of ECMC’s innovative high-quality healthcare services, the national publication Healthcare IT News published a high-profile feature story on our Ambulatory Services very successful Remote Patient Monitoring program, which was developed in collaboration with Independent Health.

Demonstrating ECMC’s clinical leadership in our region, our Rehabilitation Medicine and Acute Care Services held its seventh annual Rehab Symposium, titled “A Multidisciplinary Approach to the Acute Care Patient.” For this well-attended conference, many of the region’s most experienced clinicians were invited to speak on a variety of topics pertaining to rehabilitation on acute and critical care services. Area therapists, rehab professionals, and therapy students from the community were invited to learn about some of the specialty services that are available at ECMC.

We celebrated the opening of ECMC’s new satellite Trauma Recovery Center, that is affiliated with the institution’s BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. In October 2023, ECMC’s BRAVE program achieved designation/certification as Western New York’s only Trauma Recovery Center (TRC). It is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that

distinction from the National Alliance of Trauma Recovery Centers (NATRC); the other TRC in the state is located in Brooklyn. There are only 52 TRCs in the United States. It's a successful model that treats victims of violence holistically and proactively through comprehensive case management and assertive outreach.

We were pleased and gratified that Terrace View Long-Term Care Facility was again recognized on Newsweek's Best Nursing Homes 2025 list. This prestigious award, which Terrace View has received in five consecutive years, is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Of the 600 skilled nursing facilities that operate in New York State, 69 received this recognition for 2025. This prestigious, national third-party assessment reinforces the high-quality care that distinguishes Terrace View and underscores the professionalism and commitment of our Terrace View caregivers.

And this past year we were proud to celebrate the 10th Anniversary of the opening of our Center for Occupational & Environmental Medicine (COEM). The COEM was designed as a regional health facility for Western New York workforce members with work-related health needs and to prevent work-related illnesses and injuries through increased awareness and health education, early diagnosis and treatment. The COEM was created at ECMC in close collaboration with Western New York's labor unions to help workers exposed to occupational and environmental conditions and injuries in the workplace. Beginning in 2014 with just 15 patients, the COEM has grown tremendously, now having served over 36,000 patients over the past decade. This growth reflects our commitment to the health and wellness of our community and the benefit of having such a center available to workers from throughout our region.

ECMC was again recognized by the Lown Institute among the best nationally and in New York State, receiving 'A' grades on the 2024-2025 Lown Institute Hospitals Index across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse. The Lown Hospitals Index is the only national ranking to provide a holistic evaluation of hospital performance across health equity, value, and outcomes.

Essential to our continuing ability to maintain high-quality healthcare services is our ability to access funding from a variety of sources that strengthen ECMC. In 2024, with the strong support of our Congressional delegation, we received \$14,624,938 from the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) to cover costs associated with emergency protective measures and increased staffing taken for ECMC's COVID response dating back to the start of the pandemic in Spring 2020. This funding was provided at a 100% federal cost share. Contract labor costs were very expensive during the COVID-19 pandemic and necessary to ensure we could support our ECMC caregivers as they worked to save the lives of the most vulnerable patients in our community.

Further, ECMC received \$13.6M from FEMA to upgrade and modernize our emergency generators. Again, thanks to the support of our Congressional delegation, this grant will enable ECMC to acquire and install six new state-of-the-art emergency generators that will protect ECMC for many years to come.

ECMC also was awarded \$8,279,008 through New York State's Vital Access Provider Program (VAP). The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase

health equity for populations at risk. With this funding, ECMC expanded our Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address social determinants of health and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.

We were also pleased to learn that our Employee Health and Hepatology teams were both awarded \$250,000 each (\$500,000 total) in grant funding from Erie County and the Erie County Department of Health to aid in the community's response to the opioid crisis. Employee Health is using the funds to create employee assistance programs for both ECMC and the community, and the Hepatology team is working on a community-wide approach with a focus of addressing the needs of criminal justice-involved persons and the needs of pregnant or parenting women and their families.

As an institution, ECMC has been very intentional and successful in procuring goods and services from NYS-certified MWBEs. Over the past few years, we have been heralded by the Governor for our quantifiable success, twice receiving the state's MWBE Champions Award. Since 2020, ECMC has utilized over \$42 million in MWBE services on a variety of projects throughout our institution. And in the state's 2023-2024 fiscal year, ECMC was responsible for \$4.35 million to NYS Certified MWBEs, representing a 48% utilization, well exceeding the NYS goal of 30%.

The dynamic culture of ECMC is best represented in the success of our ECMC Foundation Annual Giving Campaign. Because of our ECMC Family's generosity in 2024, we achieved the highest level of support from staff throughout our institution. By exceeding 50% participation in charitable giving, we realized the highest percentage ever (52.26%) for contributions to the Annual Giving Campaign. With \$483,204 in total support in 2024, the Foundation reinvests those proceeds back into the care our staff deliver through a variety of programs that support professional development for staff, equipment and technology to enhance our high-quality healthcare services and other initiatives to ensure they have all of the support and resources they need to provide lifesaving care to our patients.

This past July marked the second year of ECMC's Healthcare Explorers program, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. For this past summer's five two-day sessions, applications from area high school students increased 71% over last year, which resulted in 150 student participants from 45 schools. The success of the program caught the attention of HANYS, which filmed one of the sessions and shared highlights, including interviews with participants and program organizers, with their 500 not-for-profit and public hospitals, nursing homes, and other healthcare member organizations statewide as part of their Member Spotlight series.

We also continue to recognize and support our nurses, and this year the ECMC Foundation Nursing Education and Professional Development Fund supported 48 nursing scholarships and 35 nursing certifications. Since 2017 through 2024, 464 nursing scholarships and 299 nursing certifications have been granted. And to help prepare for future nurses here at ECMC, from 2020 through 2024, we have hosted 6,853 nursing students, RNs and LPNs, all of whom completed a

clinical experience in our institution. We know that many of the students ultimately choose to pursue their nursing careers at ECMC based on their experience training here.

After several years devoted to restoring ECMC's finances, operations and patient volumes, we are beginning to witness the overall improvements we have dedicated ourselves to achieving. Thanks to the guidance and support of our Board of Directors, ECMC maintains its strong position in our region as a healthcare institution that provides nationally recognized and honored high-quality healthcare services to the residents of Western New York – no matter their condition or circumstance.

Sincerely,



Thomas J. Quatroche Jr., PhD  
President & CEO  
Committee



Eugenio Russi  
Chair, Board of Directors



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

# **CERTIFICATION**

## MISSION

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

## VISION

**ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:**

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

## CORE VALUES

### ACCESS

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

### EXCELLENCE

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

### DIVERSITY

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

### FULFILLING POTENTIAL

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

### DIGNITY

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

### PRIVACY

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

### FAIRNESS and INTEGRITY

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

### COMMUNITY

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

### COLLABORATION

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

### COMPASSION

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

### STEWARDSHIP

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



The difference between healthcare and true care™



## Accomplishments ECMC - 2024

- ECMC's **Employee Health and Hepatology teams** were both awarded \$250,000 each (\$500,000 total) in grant funding from Erie County and the Erie County Department of Health to aid in the community's response to the opioid crisis. Employee Health will use the funds to create employee assistance programs for both ECMC and the community, and the Hepatology team will work on a community-wide approach with a focus of addressing the needs of criminal justice-involved persons and the needs of pregnant or parenting women and their families.
- Lucia Rossi's (MA VP of Ambulatory Services & Population Health) and Amanda Farrell's (BSN,RN,CMSRN,AMB-BC, Population Health Clinical Data Analyst) submission, **Addressing Perceived Control of Chronic Condition** was accepted to be presented on Wednesday, June 19, 2024, within the Innovation in Healthcare track at America's Essential Hospital's annual meeting **VITAL2024** in San Diego. Chronic conditions are a leading cause of global mortality. Many patients lack self-management skills due to low perceived behavioral control, leading to poor health outcomes. Perceived behavioral control reflects a patient's view of how easy or difficult it is to execute a behavior, like a lifestyle modification. ECMC incorporated a patient empowerment intervention into chronic condition management programs. This intervention aims to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention has had positive impact on perceived behavioral control. These findings are promising indicators of the program's effectiveness in promoting compliance and improving health perceptions among patients.
- In addition, Amanda Farrell also submitted another abstract, **Optimizing Diabetes Management: A Comprehensive Care Model**, which was accepted for America's Essential Hospital's **VITAL2024** poster session that will be held during the conference's opening reception, showcasing Amanda's work to the participants including the association's leadership and board of directors. According to AEH, abstracts like Amanda's highlight their members' outstanding, innovative work to deliver efficient and effective care to those in greatest need.
- ECMC awarded a **NYSDOH Vital Access Program and Safety Net Provider grant** of \$8,279,008. The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase health equity for populations at risk. With this funding, ECMC will expand its Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address SDOH and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.

- U.S. Senate Majority Leader Charles E. Schumer and U.S. Senator Kirsten Gillibrand announced ECMC received \$14,624,938 from the U.S. Department of Homeland Security's **Federal Emergency Management Agency (FEMA)** to cover costs associated with emergency protective measures and increased staffing taken for their COVID responses dating back to the start of the pandemic in Spring 2020. This funding is provided at a 100% federal cost share.
- **Global Healthcare Exchange (GHX)** announced that ECMC is among the inaugural class of its "Supply Chains of Distinction Award for 2023," which recognized 75 top performing hospitals and health systems in North America. The Supply Chains of Distinction Award honors GHX Exchange-connected provider organizations that excelled in driving best-in-class supply chain operations. The award is based upon a set of "perfect order" metrics for a calendar year, rated as a percentage of PO lines sent across the GHX Exchange that are touchless and completely automated, from purchase through payment. The line must satisfy all requirements to be rated as "perfect."
- ECMC received \$13.6M from **FEMA** to upgrade and modernize its emergency generators. Applied for the grant in June of 2022. Thanks to the support of our Congressional delegation, this grant will enable ECMC to acquire and install six new state-of-the-art emergency generators that will protect ECMC for many years to come.
- On Saturday, March 9th, ECMC and the ECMC Foundation held its **seventh annual Rehab Symposium**, titled "A Multidisciplinary Approach to the Acute Care Patient." For this conference, many of the region's most experienced clinicians were invited to speak on a variety of topics pertaining to rehabilitation on acute and critical care services. Area therapists, rehab professionals, and therapy students from the community were invited to learn about some of the specialty services that are available at ECMC.
- ECMC's Material Management team were honored by the **Buffalo Purchasing Initiative** for achieving Highest Outreach and Engagement for local MBE vendors. Their successful effort resulted in ECMC generating \$924k in direct spending with local businesses owned by an MBE.
- In March, ECMC was awarded \$8,279,008 through **New York State's Vital Access Provider Program (VAP)**. The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase health equity for populations at risk. With this funding, ECMC expanded our Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address SDOH and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.



- At the **American Academy of Oral Medicine Annual Conference** in Orlando, FL (4/17-4/20/24), ECMC's Drs. Elizabeth Kapral and Jennifer Frustino presented at the event's Meet the Expert Sessions. Dr. Kapral spoke on 'Special Patient Care' and Dr. Frustino spoke on 'Oral and Oropharyngeal Cancer: Screening and Prevention'. In addition, Drs. Brooke Kolber and Nicole Piscatelli were granted fellowship into the Academy based on passing the fellowship examination in 2023.
- ECMC was one of 462 national healthcare institutions to earn an **"LGBTQ+ Healthcare Equality High Performer"** designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- Dr. Anthony Martinez, ECMC's Medical Director of Hepatology who was honored with the **Coalition for Global Hepatitis Elimination's 2024 Hepatitis Elimination Champion award**. Dr. Martinez was one of eight Champions selected worldwide from seven countries. His clinic at ECMC, "La Bodega," has been recognized nationally and globally as a novel co-localized model for managing viral hepatitis and addiction disorders. Since 2013, the clinic has treated thousands of individuals for hepatitis C (HCV) and substance use disorder. It has been recognized twice with the New York State World AIDS Day Commissioner's Special Recognition Award. The Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, is a nonprofit bringing together global partners to achieve worldwide elimination of viral hepatitis.
- Terrace View received an overall 4-star rating from a recent survey conducted by **The Centers for Medicare and Medicaid Services (CMS)**. The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures. The health inspection rating incorporates data reported through June 30, 2024. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating are detailed in the CMS report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the first calendar quarter of 2024.
- ECMC awarded \$157,002 from the **Ryan White Part F program**. These funds are reimbursement for dental care provided to HIV positive patients.
- ECMC received funding from NYS OMH to move forward with the **adolescent Help Center project**. Total dollar amount is \$250,000. ECMC submitted its funding request through OMH's RFP entitled "Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) OMH107."
- Terrace View Long-Term Care received its **formal recertification from the NYS Department of Health** following a multi-day survey in August.

- In Orthopedics, ECMC was honored by **US News and Annual Report** in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement. According to their report, “Over 6,000 hospitals were evaluated and eligible hospitals received one of three ratings -- high performing (593 hospitals), average (1,376 hospitals) or below average (488 hospitals) with the balance either not offering the service or performing too few of the procedures to be rated. Hospitals that earned a high performing rating were significantly better than the national average.”
- Celebrated the opening of ECMC’s new satellite **Trauma Recovery Center**, that is affiliated with the institution’s BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. In October 2023, ECMC’s BRAVE program achieved designation/certification as Western New York’s only Trauma Recovery Center (TRC). It is only the second NYS Office of Victims Services(OVS)-funded program in the state to attain that distinction from the National Alliance of Trauma Recovery Centers (NATRC); the other TRC in the state is located in Brooklyn. There are only 52 TRCs in the United States. It’s a successful model that treats victims of violence holistically and proactively through comprehensive case management and assertive outreach.
- ECMC again recognized by the Lown Institute among the best nationally and in New York State, receiving ‘A’ grades on the **2024-2025 Lown Institute Hospitals Index** across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse. The Lown Hospitals Index is the only national ranking to provide a holistic evaluation of hospital performance across health equity, value, and outcomes. Top grades on the Index represent independent, data-backed recognition of success in these areas. The Lown Hospitals Index for Social Responsibility is the only ranking to include metrics of health equity and value of care alongside patient outcomes, creating a holistic view of hospitals as total community partners.
- Through this award, \$525,550 over three years from **DOJ Office for Victims of Crime (OVC) FY24 Services for Victims of Human Trafficking grant**, Buffalo Rising Against Violence at Erie County Medical Center Trauma Recovery Center (BRAVE TRC) will expand comprehensive services to support the needs of human trafficking survivors and increase community capacity to screen, identify, and appropriately refer survivors for services. BRAVE TRC will utilize project funds to hire personnel dedicated to project activities, expand and strengthen victim services for all forms of human trafficking, develop and expand trauma-informed screening protocols across hospital systems in order to identify trafficking victims more effectively. The project will also increase community collaboration and capacity regarding identification, services, and referral pathways for trafficking survivors, with data-driven decisions guiding outreach, training, and collaboration activities. BRAVE TRC will identify victims of all types of human trafficking and ensure that a comprehensive array of services is readily available to meet the individualized needs of survivors, including foreign nationals and U.S. citizens, male survivors, and those exploited by labor trafficking.
- Terrace View Long-Term Care Facility recognized on **Newsweek’s Best Nursing Homes** 2024 list. This prestigious award is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Only four percent of nursing

homes nationwide received this distinction. Of the 600 skilled nursing facilities state-wide that operate, 69 received this recognition. It is a distinct honor to be ranked amongst the best nursing homes within both the state and the nation. This is the fifth consecutive year Terrace View has received this recognition.

- Trustees of the **B. Thomas Golisano Foundation**, at their quarterly meeting in October, approved a grant of \$70,000 to support ECMC’s Special Needs Dentistry Program overseen by Dr. Elizabeth Kapral DDS, MS. The grant will support the purchase of specialized dental equipment that will be used to provide comprehensive care in the dental operating room and specialty outpatient clinic, which specializes in caring for people with intellectual and developmental disabilities. This ECMC service is the largest program providing critical dental health services to patients with IDD in Western New York.
- ECMC’s Medical Intensive Care Units (MICU) North and South were each recognized by the American Association of Critical-Care Nurses (AACN) with a **gold-level Beacon Award for Excellence**. With this accomplishment, ECMC is 1 of 2 Level 1 Trauma Centers in New York State with more than 1 Gold Beacon Unit, 1 of 7 hospitals in the state with more than one Gold Beacon unit, and one of two hospitals in Western New York with more than one Gold Beacon unit. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who successfully improve patient outcomes and align practices with AACN’s six Healthy Work Environment Standards. The gold-level Beacon Award for Excellence earned by ECMC’s MICU North and South nurses signifies effective and systematic approaches to policies, procedures, and processes.
- In another indication of national affirmation of ECMC’s clinical excellence, we earned status in 2024 as an **American College of Surgeons (ACS) Surgical Quality Partner** due to ECMC’s participation in multiple ACS quality programs. According to the ACS, “Hospital systems that implement ACS Quality Programs help hospitals prioritize a proactive quality and safety culture, reduce unnecessary hospital stays, and save money.” We were proud to be recognized by such a prestigious national organization for our commitment to quality services, patient safety, and sound management of our institution.
- The American College of Emergency Physicians (ACEP) informed ECMC that our Emergency Department in 2024 achieved the bronze standard — **Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation**. The voluntary GEDA program, which includes three levels similar to trauma center designations, provides specific criteria and goals for emergency clinicians and administrators to target. This accreditation from ACEP reinforces the high-quality care and clinical excellence that ECMC is known for, particularly in our Emergency Department. It further highlights our caregivers’ commitment to ensuring that all patients, notably older adults, receive the very best healthcare services they need.
- Expanding our state-of-the-art surgical capabilities, a fifth surgical robot was added this past year to our surgical services. The **ION robotic navigational bronchoscopy platform** was delivered to ECMC on September 9th. It is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate. ECMC’s Thoracic Surgeon, Dr. Thamer Qaqish successfully first utilized

the ION robot on September 25th, expanding our cutting-edge surgical technology for the benefit of our patients. The robotic platform is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase patients' survival rate. In addition, in 2024 we completed a 12-week Operation Room lighting modernization project, which now provides significantly enhanced and improved lighting for our dedicated surgical teams.

- This past July marked the second year of ECMC's **Healthcare Explorers program**, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. For this summer's five two-day sessions, applications from area high school students increased 71% over last year, which resulted in 150 student participants from 45 schools. The success of the program caught the attention of HANYS, which filmed one of the sessions and shared highlights, including interviews with participants and program organizers, with their 500 not-for-profit and public hospitals, nursing homes, and other healthcare member organizations statewide as part of their Member Spotlight series.

## 2024 PERFORMANCE GOALS/OUTCOMES

### ECMC Strategic Plan Priorities and Goals

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

### Progress Against Strategic Plan Priorities and Goals

#### **1. Exceptional Quality and Experience**

- All major accreditations, regulatory licensure and certifications have been maintained. Preparation for several accreditations in 2025, including hospital Joint Commission Survey.
- Medical Intensive Care Units earned American Association of Critical Care Nurses gold-level Beacon Award for Excellence.
- Maintained ANCC Pathway to Excellence designation.
- ECMC selected as a site for multiple oncology related clinical trials sponsored by various companies including Lipella Pharmaceuticals, Inc., MeiraGTx, MTGroup, and Merck.
- Presented ECMC’s *Ambulatory Services & Population Health’s Addressing Perceived Control of Chronic Condition* study within the Innovation in Healthcare track at America’s Essential Hospital’s annual meeting VITAL2024. The study incorporated patient empowerment intervention into chronic condition management programs. This intervention aimed to measure perceived behavioral control, and address perceived difficulty related to self-management through intensive case management. Data revealed that the intervention had positive impact on patients perceived behavioral control.
- Participated in the American Diabetes Association State of Diabetes in November 2024.
- Updated ECMC’s Quality and Patient Safety Program to provide a safe environment for patients and staff free from recognizable safety issues and medical errors, while managing activities toward reducing risk of harm and injury.

## **2. Cultural Identity**

- ECMC was one of 462 national healthcare institutions to earn an “LGBTQ+ Healthcare Equality High Performer” designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- ECMC’s Office of Diversity, Equity and Inclusion oversees six Employee Resource Groups, which facilitate a cultural awareness initiative to promote inclusion and belonging across our organization.

## **3. Campus Transformation**

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

## **4. Performance Improvement**

- Strategic Plan updated with focus on: patient throughput, quality, post-acute care, capacity and efficiency processes, and further development of key service lines (e.g., Behavioral Health, Primary Care & Orthopedics).
- Continued expansion of Accelerating Excellence programs and projects.
- Oral Oncology & Maxillofacial Prosthetics acquired Artec Space Spider 3D Scanner and SprintRay Pro 95 S Printer, which is leading to more comfortable visits for patients, greater speed and accuracy in our laboratory work, and greater patient satisfaction.
- Daily bed huddles 7 days per week.
- Expanded state-of-the-art surgical capabilities with a fifth surgical robot added this past year to surgical services (along with existing DaVinci, Rosa and Mako systems). The ION robotic navigational bronchoscopy platform is designed to reach smaller lung nodules in the periphery of the lung to diagnose lung cancer earlier and increase the survival rate.
- ECMC Center for Cardiovascular Care in collaboration with the ECMC Radiology Department added a new diagnostic service of Coronary CTA’s.
- Expanded Intensive Outpatient Program and Help Center operations.
- Developed new patient tracking system called TeleProcedure.
- Added 769 new hires that includes 165 new RNs and 48 LPNs and 114 CNAs.
- Recruited 136 new physicians to the ECMC Medical Staff, including new surgeons in surgeons in Ortho, Neuro, GI, Urology.
- IT improvements included: enhancements to Adult Medical Emergency and Patient Safety Check app, which includes EVS scrub tracker and room cleaning tracker, along with fall risk indicator and audible alerts for safety checks; community-based lab results and clinical integration in Altera; Altera change capture implemented in multiple clinics; Internet bandwidth upgraded from 1Gbps to 3Gbps; Asimily device management implemented, Biomed collaboration, improves awareness of risks and software updates.

## 5. Population Health Capabilities

- Conducted multiple cancer screening and prevention events in vulnerable communities throughout the city with a variety of partners.
- ECMC's Population Health's *Optimizing Diabetes Management: A Comprehensive Care Model* abstract was accepted for America's Essential Hospital's VITAL2024 poster session, showcasing their work to the participants including the association's leadership and board of directors. According to AEH, abstracts like ECMC's highlight their members' outstanding, innovative work to deliver efficient and effective care to those in greatest need.
- Participated in 50 outreach events across vulnerable neighborhoods, where essential health education was provided and conducted blood pressure screenings. These efforts reflect our ongoing commitment to supporting community well-being and addressing health disparities in underserved areas. Our engagement has not only contributed to increased awareness of chronic health conditions but also fostered trust and collaboration with local populations.
- Provision of clinical mental health services with expertise and training in the treatment of acute trauma and polyvictimization for underserved crime survivors including vulnerable populations such as persons of color, the homeless, LGBTQ people, chronically mentally ill, non-English speaking and those living in poverty.
- New federal grant funds to provide basic needs to under resourced survivors of violence with focus for services within Buffalo's zip codes with the combined highest social deprivation index scores and the highest rates of gun violence through the past 15 years of available data. Primary zip codes of focus will be 14215 and 14211, with a secondary focus on six other zip codes within the city (14204, 14207, 14208, 14212, 14213, and 14214).

## 6. Community Needs

- Exceeded MWBE goal for 2024, reaching 48% utilization.
- ECMC honored in 2024 by Buffalo Purchasing Initiative (BPI) for highest increase in eligible spend from previous year among region's 14 participating organizations in the BPI.
- Recognized by the Lown Institute, for outstanding social responsibility, receiving an "A" grade on the 2024-25 across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse.
- Maintained partnership with the Buffalo City Mission focused on its Recuperative Care Unit.
- Opened new satellite Trauma Recovery Center, that is affiliated with the institution's Buffalo Rising Against Violence (BRAVE) initiative, which is ECMC's hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence. There are only three such Centers in New York State and 52 in the country.
- Received over \$2.8 million dollars in state funding for ECMC's SNUG program, which, along with ECMC's BRAVE program, provides services to victims of penetrating trauma to decrease recidivism and improve service linkage post discharge.
- Received \$456,239.58 in continued funding for ECMC's BRAVE program to provide 24/7 hospital response to victims of domestic violence, elder abuse and human trafficking.
- Received new federal grant to screen and provide victim services to survivors of human trafficking.

## **7. Great Lakes Health Collaboration**

- Continued partnership and investment in Great Lakes Integrated Network
- Continued successful collaborative value-analysis program.

## **8. Strengthen Relationship with Academic Partners**

- Between 2020-2024, approximately 6,900 Nursing students have rotated through ECMC as part of their clinicals.
- Strengthened Neurological surgery with UB Neurosurgery. Dr. Hanna Algattas performing skull-based neurosurgery for tumors, which is only procedure of this kind currently in WNY.
- New elective for fourth year medical students: “Trauma Surgery and Trauma Informed Care” in conjunction with UB Department of Surgery with focus on trauma surgery and community-based research on health disparities.
- Recruited 70 new physicians, 59 Allied Health Professionals, including surgeons, neurologists, gastroenterologists and urologists.
- Credentialing and privileging transformation – entered into a collaborative agreement with Kaleida Health and UAHS to transform credentialing to a fully electronic format with dates aligned throughout. Return on investment includes increased efficiencies and provider satisfaction.

### **2025 HIGH PRIORITY INITIATIVES**

- New quality structure and Performance Improvement Program to support continuing journey to a High Reliability Organization.
- Electronic Health Record Transformation – entered into a collaborative agreement with Kaleida Health and UBMD to transform healthcare access for patients, improve access to data, and improve overall health system performance through Epic Community Connect.
- Grow research initiatives and clinical trial opportunities for clinical investigators with grants and sponsors.
- Maintain a survey ready environment, focused on Joint Commission Hospital, Laboratory and Substance Use Treatment Survey in 2025.



CAPITAL PROJECTS IN PROCESS IN 2024

Mammography Suite	Began August 2024
Generator Replacements	Began January 2024
Fire Damper Duct Access Panels	Began November 2024

REAL PROPERTY ACQUISITIONS

<b>Address of Location Purchased</b>	<b>Name of Seller</b>	<b>Purchase Price</b>
NONE		

## CODE OF ETHICS

See Appendix D. Article XI; Sections 1-8

### INTERNAL CONTROL STRUCTURE AND PROCEDURES

Assessment of Effectiveness of Internal Controls  
New York State Public Authority Reporting System (PARIS)  
Erie County Medical Center Corporation  
At and For the Year Ended December 31, 2024

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

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

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

Respectfully submitted,



Jonathan T. Swiatkowski, CPA  
Chief Financial Officer

### PENDING LITIGATION

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

## **CORPORATION AND BOARD STRUCTURE**

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

### **ECMC CORPORATION BOARD OF DIRECTORS**

#### **OFFICERS**

Eugenio Russi  
*Chair*

Sharon L. Hanson  
*Secretary*

Darby Fishkin, CPA  
*Treasurer*

Thomas J. Quatroche Jr., PhD  
*President & CEO*

#### **BOARD MEMBERS**

Ronald P. Bennett, Esq.

Reverend Mark E. Blue

Jonathan A. Dandes

Michael H. Hoffert

Christian Johnson

James L. Lawicki, II

Christopher J. O'Brien, Esq.

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

Reverend Kinzer M. Pointer

Michael A. Seaman

Philip Stegemann, MD

Benjamin Swanekamp

**BOARD OF DIRECTORS REGULAR AND ANNUAL MEETINGS**

**Tuesday, January 23, 2024 (Annual and Regular Meeting)**

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

Excused: Christian Johnson, Jennifer Persico

Also

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

**Tuesday, February 27, 2024**

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

Excused: Darby Fishkin, James Lawicki, Jennifer Persico

Also

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

**Tuesday, March 28, 2024**

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

Excused: Darby Fishkin, James Lawicki\*, Jennifer Persico

Also

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

**Tuesday, April 23, 2024**

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

Excused: Jonathan Dandes, Michael Hoffert, Christian Johnson, Jennifer Persico, Philip Stegeman

Also

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

### **Tuesday, May 28, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Ronald A Chapin\*, Jonathan Dandes, Darby Fishkin\*, Sharon Hanson, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Michael Seaman, Benjamin Swanekamp

Excused: Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico, Eugenio Russi; Philip Stegeman

Also

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

### **Tuesday, June 25, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue\*, Jonathan Dandes\*, Darby Fishkin\*, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Benjamin Swanekamp

Excused: Ronald Chapin, Christian Johnson, Christopher O'Brien, Jennifer Persico, Philip Stegeman

Also

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

### **Tuesday, July 23, 2024**

Present: Ronald Bennett\*, Reverend Mark Blue, Darby Fishkin\*, Christopher O'Brien\*, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegeman, Benjamin Swanekamp

### **Tuesday, July 23, 2024 (continued)**

Excused: Jonathan Dandes, Sharon Hanson, Michael Hoffert, Christian Johnson, James Lawicki, Jennifer Persico

Also

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

**Tuesday, September 24, 2024**

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

Excused: Christian Johnson, Christopher O'Brien, Jennifer Persico

Also

Present: Samuel Cloud\*, MD, Peter Cutler, Andrew Davis\*, Cassandra Davis, Joseph Giglia\*, Susan Gonzalez, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Jonathan Swiatkowski

**Tuesday, October 22, 2024**

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

Excused: Darby Fishkin, Christian Johnson, Hon. John O'Donnell\*, Jennifer Persico

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Anastasia Roeder, Jonathan Swiatkowski

**Tuesday, December 3, 2024**

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

**Tuesday, December 3, 2024 (continued)**

Excused: Jonathan Dandes, Christian Johnson, Christopher O'Brien, Jennifer Persico

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia,  
Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Anastasia Roeder,  
Jonathan Swiatkowski

**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

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



**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

<b>STANDING COMMITTEE</b>	<b># OF MEMBERS</b>	<b>BOARD MEMBERSHIP</b>	<b>STAFF</b>
<b>GOVERNANCE</b>  <i>Call of Chair</i>	<b>4</b>	<u><b>SHARON HANSON - Chair</b></u> Judge John O'Donnell Jon Dandes Darby Fishkin Thomas Quatroche, Jr., ex officio Joseph Giglia, ex officio	Lindy Nesbitt Lori Hoffman (Asst.) x5684
<b>HUMAN RESOURCES</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<u><b>MICHAEL SEAMAN - Chair</b></u> Michael Hoffert Kinzer Pointer	Andy Davis  Michelle Kroupa(Asst.)x5273
<b>INVESTMENT</b>  <i>Semi-Annually or Call of Chair</i>	<b>3</b>	<u><b>EUGENIO RUSSI - Chair</b></u> Sharon L. Hanson Judge John O'Donnell	Jonathan Swiatkowski Thomas Quatroche Michael Seaman  Lynn Sacha (Asst.) x6331
<b>BUILDINGS &amp; GROUNDS</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<u><b>RONALD BENNETT - Chair</b></u> Michael Hoffert Mark Blue	Andrew Davis Thomas Quatroche Pam Lee  Michelle Kroupa(Asst.)x5273
<b>WBE/MBE SUBCOMMITTEE</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<u><b>REVEREND MARK BLUE - Chair</b></u> Rev. Kinzer Pointer Christian Johnson	Diane Artieri Sarina Rohloff Nicholas Long Joseph Giglia Andrew Davis Lindy Nesbitt  Patty Chase (Asst.) x7595
<b>POST-ACUTE QI</b>  <i>Quarterly or Call of Chair</i>	<b>3</b>	<u><b>Michael Seaman - Chair</b></u> Rev. Kinzer Pointer Christopher O'Brien	Andrew Davis Stephen Woodruff  Monica Hunjan (Asst.) x7279

**ECMC BOARD OF DIRECTORS  
STANDING COMMITTEE APPOINTMENTS  
2024**

<b>STANDING COMMITTEE</b>	<b># OF MEMBERS</b>	<b>BOARD MEMBERSHIP</b>	<b>STAFF</b>
<b>CONTRACTS</b>  <i>Quarterly or call of Chair</i>	3	<u>CHRISTOPHER O'BRIEN - Chair</u> Ronald Bennett Jennifer Persico	Joseph Giglia Lindy Nesbitt  Lori Hoffman (Asst.) x6584

**Erie County Medical Center Corporation  
Confidential Evaluation of Board Performance**

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

Date Completed: \_\_\_\_\_

## ECMC CORPORATION EXECUTIVE ADMINISTRATION

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

Andrew L. Davis, MBA  
*Chief Operating Officer*

Samuel D. Cloud, MD  
*Chief Medical Officer*

Jonathan T. Swiatkowski, CPA  
*Chief Financial Officer*

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

Cassandra Davis  
*Senior Vice President of Operations*

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

Joseph T. Giglia, II, Esq.  
*General Counsel*

Donna M. Brown  
*Associate Hospital Administrator*

Peter K. Cutler  
*Vice President of Communications and External Affairs*

Phyllis Murawski  
*Chief Quality Officer*

John Cumbo  
*Interim Chief Information Officer*

Anastasia Roeder  
*Interim Executive Director, ECMC Foundation*

**ECMC CORPORATION MEDICAL-DENTAL STAFF OFFICERS**

Jennifer Pugh, MD, MBA, FACEP  
*President*

Michael Cummings, MD  
*Immediate Past President*

Michael A. Manka Jr., MD  
*President-Elect*

Ashvin Tadakamalla, MD  
*Treasurer*

James Lukan, MD, FACS  
*Secretary*

## PRIMARY CORPORATION

### **Erie County Medical Center Corporation**

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

ECMC Corporation Employees: 4,119

## ACTIVE SUBSIDIARY INFORMATION

### **PPC Strategic Services, LLC**

ECMC Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships, and to provide management services to them, as needed. The accounts of PPC Strategic Services LLC are consolidated into the accounts of the Corporation as of, and for the years ended, December 31, 2024 and 2023, respectively.

The sole member of this entity is Erie County Medical Center Corporation.  
Employees: None

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

The sole member of this entity is Erie County Medical Center Corporation.  
Employees: None

### **Grider Community Gardens, LLC**

This entity is wholly owned and controlled by the Corporation. The Corporation's net investment as of December 31, 2024 and 2023 is approximately \$935 thousand and \$1 million, respectively, and is reflected in other non-current assets of the parent company's financial statements.

The sole member of this entity is Erie County Medical Center Corporation.  
Employees: None

**Grider Support Services, LLC**

This entity was formed to act as a Management Services Organization (“MSO”) for physician services for ECMC Hospital. The accounts of Grider Support Services, LLC are consolidated into the accounts of the Corporation as of, and for the years ended, December 31, 2024 and 2023, respectively.

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

Employees: 181

**1827 Fillmore, LLC**

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

Net position as of December 31, 2024 and 2023 is (\$210) and \$144 thousand, respectively.

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

Employees: None

# **Erie County Medical Center Corporation**

(A Component Unit of the County of Erie)

Financial Report  
December 31, 2024

*PRELIMINARY DRAFT  
— Subject to Change —  
Not to be Reproduced  
for Review and Discussion Purposes Only*



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## Independent Auditor's Report

Board of Directors  
Erie County Medical Center Corporation

### Report on the Audit of the Financial Statements

#### **Opinions**

We have audited the financial statements of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation (the Corporation), a component unit of the County of Erie, as of and for the years ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of Erie County Medical Center Corporation, as of December 31, 2024 and 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinions**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions. The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc., and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*.

#### **Responsibilities of Management for the Financial Statements**

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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

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

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

### ***Required Supplementary Information***

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

**Other Reporting Required by *Government Auditing Standards***

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

Cleveland, Ohio

[DATE]

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Management's Discussion and Analysis**

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

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

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

The purpose of the discussion and analysis is to provide the reader with objective data to evaluate the financial position and the activities of the Corporation for the year ended December 31, 2024. This narrative and the financial statements and footnotes are the responsibility of the Corporation's management.

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

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

**Introduction**

During 2024, the Corporation improved in both quality outcome metrics and operational growth while facing another year of financial challenges. During this period, despite these challenges, ECMCC continued to provide high quality, compassionate care to the tens of thousands of Western New Yorkers who depend on it, serve as the region's community hospital and trauma center, and help patients from the most influential to the most vulnerable. ECMCC's dedicated caregivers, support staff, executive leadership, as well as an involved and supportive Board of Directors, continue to advance the mission of the Corporation and its service to the greater Western New York area. The Corporation continues to be a provider of choice in our community as a result of its continual focus on high quality healthcare services, the patient experience and physician engagement.

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

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

**Operations Analysis**

The Corporation continued its recovery across inpatient and outpatient care, serving not only Western New York residents but also many individuals from beyond the region, bringing patient volume closer to pre-pandemic levels. The following outlines the patient volume encounters (not expressed in thousands):

	2020	2021	2022	2023	2024	% Growth 2023-2024
Inpatients	19,110	18,903	17,412	17,643	18,105	2.6%
Surgeries	12,481	13,803	12,478	13,321	13,672	2.6%
Emergency	65,261	68,384	59,064	63,715	63,917	0.3%
Outpatients	299,297	280,611	274,402	297,168	299,098	0.6%
Dialysis	27,973	26,116	24,961	25,159	25,771	2.4%
Transplants	134	146	148	151	143	-5.3%

During 2024, the healthcare industry both nationally and locally faced several challenges, including rising costs and workforce shortages. Despite these obstacles, the Corporation successfully increased patient volumes through a dedicated focus on improving patient throughput. ECMCC's inpatient volumes ended the year 2.6% higher in patient discharges and 6.2% higher in inpatient surgeries, while the average length of stay improved by 3.7%. Outpatient surgeries saw a slight increase of 0.4% compared to the previous year, and emergency department visits rose by 0.3%, contributing to a 0.6% overall growth in total outpatient visits. As the Regional Center of Excellence for Transplantation and Kidney Care, the Corporation completed 143 transplant surgeries (kidney and pancreas) in 2024, following a record year in 2023.

The COVID-19 pandemic officially ended on May 11, 2023. While the public emergency concluded, the Corporation continues to await reimbursement for certain incremental eligible expenses incurred during the pandemic from the Federal Emergency Management Agency (FEMA), which provided financial relief through its Disaster Relief Fund. As of December 31, 2024, the Corporation has received \$23.9 million from FEMA to cover eligible COVID-19-related expenses.

Rising costs due to inflation and workforce shortages continue to affect both the healthcare industry and the Corporation. To sustain mission-critical services, ECMCC continues to work closely with the New York State Department of Health's various grant and operational assistance programs to address cash flow funding gaps. ECMCC has implemented a series of operational improvements aimed at mitigating cost escalations and increasing payor reimbursement. These efforts have led to financial improvements, and when coupled with certain supplemental funding receipts from FEMA, the Corporation did not require supplemental funding from the New York State Department of Health in 2024 after having received \$76.3 million of supplemental funding during 2023.

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

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

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**Operations Analysis (Continued)**

The continued volume and visit trends reflect the trust that the Western New York community has placed in ECMCC. Notable achievements in 2024 include:

- **Global Healthcare Exchange (GHX)** announced that ECMCC is among the inaugural class of its "Supply Chains of Distinction Award for 2024," which recognized 75 top performing hospitals and health systems in North America. The Supply Chains of Distinction Award honors GHX Exchange-connected provider organizations that excelled in driving best-in-class supply chain operations.
- ECMCC was honored by the **Buffalo Purchasing Initiative** for achieving Highest Outreach and Engagement for local Minority Business Enterprise vendors.
- ECMC is one of 462 national healthcare institutions to earn an "**LGBTQ+ Healthcare Equality High Performer**" designation from the Human Rights Campaign; 1,065 healthcare facilities nationwide were evaluated for their dedication and commitment to LGBTQ+ inclusion.
- Dr. Anthony Martinez, ECMC's Medical Director of Hepatology who was honored with the **Coalition for Global Hepatitis Elimination's 2024 Hepatitis Elimination Champion award**. Dr. Martinez was one of eight Champions selected worldwide from seven countries. His clinic at ECMC, "La Bodega," has been recognized nationally and globally as a novel co-localized model for managing viral hepatitis and addiction disorders.
- In Orthopedics, ECMCC was honored by **US News and Annual Report** in their annual High Performance Hospitals report as a High Performing Institution for Hip Replacement.
- ECMCC again recognized by the Lown Institute among the best nationally and in New York State, receiving 'A' grades on the **2024-2025 Lown Institute Hospitals Index** across five metrics, including: health equity, community benefit, inclusivity, value of care, and avoiding overuse.
- Terrace View Long-Term Care Facility recognized on **Newsweek's Best Nursing Homes 2024** list. Only four percent of nursing homes nationwide received this distinction. This is the fifth consecutive year Terrace View has received this recognition.
- Terrace View Long-Term Care Facility received an overall 4-star rating from a recent survey conducted by **The Centers for Medicare and Medicaid Services (CMS)**.
- Terrace View Long-Term Care Facility received its **formal recertification from the NYS Department of Health** following a multi-day survey in August.
- ECMCC's Medical Intensive Care Units (MICU) North and South were each recognized by the American Association of Critical-Care Nurses (AACN) with a **gold-level Beacon Award for Excellence**.
- In another indication of national affirmation of ECMCC's clinical excellence, we earned status in 2024 as an **American College of Surgeons (ACS) Surgical Quality Partner** due to ECMC's participation in multiple ACS quality programs.
- The American College of Emergency Physicians (ACEP) informed ECMCC that our Emergency Department in 2024 achieved the bronze standard — **Level 3 Geriatric Emergency Department Accreditation (GEDA) accreditation**.
- ECMCC celebrated the opening of our new satellite **Trauma Recovery Center**, that is affiliated with the institution's BRAVE (Buffalo Rising Against Violence) initiative, which is our hospital-based violence intervention trauma recovery effort that serves individuals who have experienced acute victimization and violence.

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

**Management’s Discussion and Analysis  
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**Operations Analysis (Continued)**

**Financial Metric Analysis**

The Corporation’s total net position decreased in 2024 primarily due to significant non-cash expenses related to the actuarial liability adjustments for the New York State Pension Plan and Post-Retirement Health Benefit obligations. Additional drivers of performance are discussed in further detail below.

Comparative financial ratios for the Corporation to the 2023 (most recent publicly available audited data) averages of other comparable New York State (NYS) Public Benefit Corporation (PBC) hospitals are presented in the following table. The financial statements used for the calculation of the following ratios, where appropriate, have been reclassified to conform to the presentation used in the development of the benchmarks, consistent with generally accepted accounting principles (U.S. GAAP) for entities not subject to the Governmental Accounting Standards Board (GASB) standards.

	ECMCC			NYS PBC
	2024	2023	2022	Average 2023
Operating margin	-2.0%	-14.2%	-10.8%	-14.3%
Operating cash flow margin	4.6%	-6.0%	4.6%	-8.2%
Debt service coverage	1.7	2.7	1.5	-0.5
Unrestricted days cash on hand	32.8	14.1	29.2	25.6
Days cash on hand	114.0	90.5	118.7	56.6
Days in accounts receivable	52.3	66.0	53.9	40.9
Average age of plant	17.3	15.4	13.0	19.1

The operational performance ratios for 2024 generally represent improvements from the Corporation’s 2023 performance ratios and favorable comparisons to the NYS Healthcare Public Benefit Corporations’ ratios. Notably, the operating margin for 2024 improved to -2.0%, compared to -14.2% in 2023, reflecting a positive shift but remaining negative. This improvement is largely driven by operational growth, despite the continued unfavorable impact of amortization components of the pension and postemployment benefit liabilities. Although these changes have no cash flows associated with them, the changes to the liabilities associated with them are included within the operating margin. Excluding the impact of the amortization components of pension and postemployment benefits, the operating margin for 2024 and 2023 stands at 2.1% and -11.6%, respectively. This shift indicates favorable operational performance and growth during 2024. Grants received from the New York State Department of Health (NYSDOH) and FEMA have been recognized as non-operating revenue and are excluded from the operating margin ratio calculations as required under GASB accounting standards. Unrestricted days cash on hand increased 18.7 days (132.6%) due to receipt of FEMA grant awards, accumulation of unrestricted investment income and an increase in annual Disproportionate Share Hospital (DSH) Revenue, a portion of which is subject to future reconciliation and repayment. Days in accounts receivable decreased by 13.7 days (20.1%) due to the improved collection efforts, improved staffing levels, and successful payment settlements with various insurance plans. Average age of plant increased by 1.9 years (12.3%) as a result of reduced capital investment aimed at managing cash flow needs to maintain essential community services amid operating challenges.



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

**Management's Discussion and Analysis  
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**Summary Financial Statements with Analysis**

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

**Statements of Net Position**

Net position is categorized as follows:

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

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

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

Condensed Statements of Net Position are as follows:

	2024	2023	2022	2024-2023	
				\$ Change	% Change
<b>Assets</b>					
Current assets, excluding assets whose use is limited	\$ 203,094	\$ 189,816	\$ 210,427	\$ 13,278	7.0
Assets whose use is limited	191,601	170,621	157,516	20,980	12.3
Capital assets, net	282,632	313,039	359,386	(30,407)	(9.7)
Net pension asset	-	-	77,538	-	-
Other assets	9,978	8,906	7,780	1,072	12.0
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>	<b>812,647</b>	<b>4,923</b>	<b>0.7</b>
<b>Deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>	<b>178,411</b>	<b>(7,724)</b>	<b>(4.8)</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>
<b>Liabilities</b>					
Current liabilities	\$ 339,603	\$ 302,347	\$ 303,848	\$ 37,256	12.3
Noncurrent liabilities	637,616	730,926	560,724	(93,310)	(12.8)
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>	<b>864,572</b>	<b>(56,054)</b>	<b>(5.4)</b>
<b>Deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>	<b>396,441</b>	<b>58,238</b>	<b>68.7</b>
<b>Net Position</b>					
Net investment in capital assets	46,303	58,654	85,013	(12,351)	(21.1)
Restricted	46,938	29,012	12,314	17,926	61.8
Unrestricted	(374,393)	(363,833)	(367,282)	(10,560)	(2.9)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>	<b>(269,955)</b>	<b>(4,985)</b>	<b>(1.8)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>	<b>\$ 991,058</b>	<b>\$ (2,801)</b>	<b>(0.3)</b>

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

**Management's Discussion and Analysis  
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**Statements of Net Position (Continued)**

**Comparison of December 31, 2024 to December 31, 2023**

Overall, total assets and deferred outflows of resources decreased \$2,801 from 2023 to 2024.

The following variances in total assets are noteworthy:

Total current assets, excluding the current portion of assets whose use is limited, increased by \$13,278 due to the following:

- Cash, cash equivalents and investments increased by \$13,813 due to the receipt of certain disproportionate share (DSH/IGT) payments, increased collections on billed accounts receivable, increased retroactive insurance payer settlements, accumulation of unrestricted investment income, a retrospective reimbursement settlement related to the 340b drug pricing program and the receipt of \$17.3 million of FEMA program reimbursement payments. These inflows were partially offset by management's payment of the New York State Pension Plan contribution as required and ongoing operating vendor and employee payments.
- Patient accounts receivable, net, decreased by \$8,681 due to increased collections efforts through increased staffing levels and successful insurance payer claim settlements achieved during the year. Also decreasing the balance are certain reserves recorded on professional billing accounts receivable as a result of a significant delay in billing due to the February 2024 Change Healthcare cyber attack.
- Other receivables decreased by \$27,715 which is due to a \$28,473 decrease in Medicaid DSH and UPL program receivables as a result of timing of payments, an increase of \$393 in due from third party payors and a \$365 increase in other receivables.

The following variances in non-current assets and deferred outflows of resources are noteworthy:

- Assets whose use is limited, including current portion, increased by a net of \$20,980, which is due to an increase in assets designated for capital and technology projects of \$16,724, gains on investments of \$8,584 offset by a decrease in reserve account funding for actuarial liabilities and other limited use assets of \$4,238.
- Capital assets, net, decreased by \$30,407 due to the shortfall in capital asset investments during 2024 as compared to the ongoing depreciation expense on all capital assets, which is a continued result of reduced cash flow availability. Investments in capital assets are summarized in a following section.
- Deferred outflows of resources decreased \$7,724 due to combined increases in differences between expected and actual actuarial experience offset by decreases in changes in assumptions related to the pension and other post-employment benefits deferred outflows of resources.

Overall, total liabilities and deferred inflows increased \$2,184 and net position decreased \$4,985 from 2023 to 2024.

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits increased by \$9,550 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$15,538 largely as a result of increases in payor advances of \$13,604 related to the Change Healthcare cyber-attacks and Medicaid DSH and UPL repayment liability of \$9,743 offset by decreases in amounts due to Erie County of \$8,761.

**Erie County Medical Center Corporation  
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**Management's Discussion and Analysis  
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**Statements of Net Position (Continued)**

- Unearned revenue increased by \$5,355 due to investment income accumulation on unearned revenue coupled with an increase in grants restricted for certain purposes.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2024.
- Deferred inflows of resources increased \$58,238 largely as a result of increases in differences between projected and actual investment earnings on pension plan investments.
- The long-term portion of self-insured obligations decreased by \$7,281 due to decreases in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims and payments made on those claims. The current portion of these self-insured obligations decreased by \$410.
- Net pension liability, including current portion, decreased \$43,612 due to changes in actuarial assumptions used to value the plan as of December 31, 2024.
- The liability for Other Post-Employment Benefits (OPEB) decreased by \$15,315 primarily as a result of the favorable impact of a change in actuarial assumptions related to favorable healthcare trend rates and an increase in the discount rate used to measure the obligation.
- Net position decreased by \$4,985 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

**Comparison of December 31, 2023 to December 31, 2022**

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

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

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

The following variances in non-current assets are noteworthy:

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

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

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

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**Statements of Net Position (Continued)**

- Net pension asset decreased \$77,538 and was eliminated due to changes in actuarial assumptions, which increased the liability thus creating a net pension liability, which is further discussed in the section below.

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

The following variances in total liabilities are noteworthy:

- Accounts payable and accrued salaries and benefits decreased by \$17,339 due to timing of payments to vendors and employees at year-end.
- Accrued other liabilities increased by \$1,908 largely as a result of increases in amounts due to Erie County and third-party payors.
- Unearned revenue decreased by \$22,517 due to a decrease of \$27,000 related to the New York State grant received in late December 2022 for the calendar year 2023, thus recognized during 2023. Other unearned revenue increased \$4,483.
- The line of credit liability remained unchanged due to borrowings that remain outstanding at December 31, 2023.
- The long-term portion of self-insured obligations increased by \$3,238 due to changes in actuarial estimates for self-insured retentions for malpractice and workers' compensation claims greater than payments made on those claims. The current portion of these self-insured obligations decreased by \$148.
- Net pension liability, including current portion, was established at \$198,936 due to changes in actuarial assumptions used to value the plan as of December 31, 2023. As noted above, at December 31, 2022, the Corporation had recorded a net pension asset of \$77,538.
- The liability for Other Post-Employment Benefits (OPEB) increased by \$22,516 primarily as a result of the unfavorable impact of a change in actuarial assumptions related to unfavorable healthcare trend rates and a decrease in the discount rate used to measure the obligation.
- Net position decreased by \$6,212 due to unfavorable financial performance related to inflationary pressures on operating expenses continuing to outpace increases in patient volume and payor reimbursement rates.

**Erie County Medical Center Corporation  
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**Management's Discussion and Analysis  
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**Statements of Revenues, Expenses and Changes in Net Position**

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

	2024	2023	2022	2024-2023	
				\$ Change	% Change
Net patient service revenue	\$ 656,228	\$ 603,720	\$ 566,389	\$ 52,508	8.7
Disproportionate share (DSH) revenue	164,953	107,105	68,295	57,848	54.0
Other operating revenue	72,133	46,639	26,095	25,494	54.7
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>	<b>660,779</b>	<b>135,850</b>	<b>17.9</b>
Operating expenses:					
Payroll and employee benefits	463,302	440,770	410,664	22,532	5.1
Professional fees	112,289	110,577	109,113	1,712	1.5
Purchased services	72,027	81,712	78,037	(9,685)	(11.9)
Supplies	153,120	132,197	117,877	20,923	15.8
Other operating expenses	26,769	30,529	29,185	(3,760)	(12.3)
Depreciation and amortization	47,115	49,812	49,872	(2,697)	(5.4)
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>	<b>794,748</b>	<b>29,025</b>	<b>3.4</b>
<b>Operating income (loss) before pension and other post employment expense (benefit), amortization components</b>	<b>18,692</b>	<b>(88,133)</b>	<b>(133,969)</b>	<b>106,825</b>	<b>121.2</b>
Pension expense (benefit), amortization component	30,347	39,752	(32,537)	(9,405)	(23.7)
OPEB expense (benefit), amortization component	6,072	(20,424)	(29,861)	26,496	(129.7)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>	<b>(71,571)</b>	<b>89,734</b>	<b>83.5</b>
Non-operating revenues (expenses):					
Investment gain (loss)	7,411	6,283	(13,966)	1,128	18.0
Grant revenue and capital contribution	17,352	107,230	63,151	(89,878)	(83.8)
Interest expense	(12,021)	(12,264)	(12,028)	243	2.0
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>	<b>(34,414)</b>	<b>1,227</b>	<b>19.8</b>
Net position—beginning of year	(276,167)	(269,955)	(235,541)	(6,212)	(2.3)
Net position—end of year	\$ (281,152)	\$ (276,167)	\$ (269,955)	\$ (4,985)	(1.8)

**Comparison of December 31, 2024 to December 31, 2023**

Overall, total operating revenues increased by \$135,850 or 17.9% in 2024 with changes attributable to the following:

- Net patient service revenue increased \$52,508, or 8.7%, in 2024 as a result of a combination of overall increased patient volumes, an increase in contracted reimbursement rates and revenue cycle improvements. Provisions for bad debts increased by \$8,067 due to reserves recorded related to the Change Healthcare cyber attack as further described in Note 4.
- DSH revenue increased by \$57,848, or 54.0%, in 2024 as a result of a decrease in the nursing home upper payment limit of \$607 due to a slight decrease in the pool size in the State Plan Amendment and a \$58,455 increase in federal DSH due to an increase in uncompensated care as a result of volume growth, and continued cost inflation exceeding increases in reimbursements from the Medicaid program.
- Other operating revenue increased \$25,494, or 54.7% primarily due to growth in specialty pharmacy operations of \$20,620, an increase in third-party quality incentives of \$2,553 and an increase in grant revenue of \$1,826.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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

Total operating expenses including pension expense/benefit and other post-employment benefit expenses increased \$46,116 or 5.3% in 2024. Expense changes are attributable to the following:

- Payroll and employee benefit expenses have increased by \$22,532 or 5.1% as a result of contracted rate and step increases as well as necessary additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue decreased by 2.4%, from 73.0% in 2023 to 70.6% in 2024.
- Purchased services have decreased \$9,685 as a result of a nonrecurring expense during 2023 of \$11,239 to write-off an abandoned IT capital related project. The remaining variance is due to an increase in contract labor of \$2,058 due to staffing shortages.
- Pension expense decreased by \$1,074 as a result of changes in actuarial assumptions used to value the plan including investment returns and other demographic assumptions offset by an increase in our proportionate share of that expense.
- Supplies expense increased by \$20,923 or 15.8% as a result of increased surgical volume, significant growth in volume within the specialty pharmacy operations, pharmaceutical cost increases related to drug shortages and continued cost inflation on medical supplies.
- OPEB benefit decreased \$7,117 or 36.8% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payments made under the plan.

**Comparison of December 31, 2023 to December 31, 2022**

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

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

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

- Payroll and employee benefit expenses have increased by \$30,106 or 7.3% as a result of increases in salaries due to new collective bargaining agreements' market rate adjustments and additional pay incentives offered to fill open shifts to meet New York State minimum staffing standards for both the hospital and the skilled nursing facility. Salaries and employee benefit expense as a percent of net patient service revenue increased by 0.5%, from 72.5% in 2022 to 73.0% in 2023.
- Pension expense increased by \$65,834 as a result of changes in actuarial assumptions used to value the plan including investment returns, discount rates and other demographic assumptions.

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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

- Supplies expense increased by \$14,320 or 12.1% as a result of increased surgical volume, increased volume within the specialty pharmacy operations and pharmaceutical cost increases related to drug shortages.
- OPEB benefit decreased \$11,976 or 38.2% as a result of unfavorable differences between projected and actual experience of net claims cost and benefit payment made to current employees.

**Capital Assets, Net**

At December 31, 2024, the Corporation had capital assets, including lease and subscription-based information technology arrangement assets (SBITAs), net of accumulated depreciation of \$282,632 compared to \$313,039 at December 31, 2023, representing a decrease of \$30,407 or 9.7%.

During 2024, the Corporation invested \$16,805 in various capital assets (\$6,375), leases (\$2,887) and SBITAs (\$7,543). Noteworthy investments in capital assets include infusion pumps and related software (\$2,222) and purchases of other medical and non-medical equipment, furniture and fixtures, and information systems infrastructure investments. Noteworthy additions to capital leases include mobile x-ray system (\$794) and other various leased medical and non-medical equipment. Noteworthy additions to SBITAs includes a new payroll software system (\$3,261) and other medical and non-medical software. GASB Statement No. 87, *Leases*, establishes the foundational principle that leases are financing of the right-to-use an underlying asset for a period of time. The Corporation recorded lease assets, net of accumulated depreciation, in the amount of \$22,797 and \$26,371 in 2024 and 2023, respectively. GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*, extends the right-of-use accounting concepts introduced in GASB Statement No. 87, *Leases*, to SBITAs. The Corporation recorded SBITA assets in the amount of \$22,322 in 2024 and \$25,761 in 2023.

**Forward-Looking Factors**

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

**Collective Bargaining Agreements**

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

**Transactions with the County of Erie**

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

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

**Management's Discussion and Analysis  
December 31, 2024  
(Dollars in Thousands)**

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**Medicare and Medicaid Reimbursement**

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

**Contacting the Corporation's Financial Management**

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

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

**Statements of Net Position  
December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024	2023
<b>Assets and Deferred Outflows of Resources</b>		
Current assets:		
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited	84,714	113,986
Patient accounts receivable, net	93,708	102,389
Other receivables	12,893	40,608
Supplies, prepaids and other	19,082	15,400
<b>Total current assets</b>	<b>287,808</b>	<b>303,802</b>
Assets whose use is limited	106,887	56,635
Capital assets, net	282,632	313,039
Other assets, net	9,978	8,906
<b>Total assets</b>	<b>687,305</b>	<b>682,382</b>
Deferred outflows of resources:		
Pension	121,188	123,115
Other post employment benefits	21,151	25,670
Other	9,401	10,679
<b>Total deferred outflows of resources</b>	<b>151,740</b>	<b>159,464</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>
<b>Liabilities, Deferred Inflows of Resources and Net Position</b>		
Current liabilities:		
Current portion of long-term debt	\$ 12,755	\$ 12,128
Line of credit	10,000	10,000
Current portion of lease and SBITA liability	15,147	16,409
Accounts payable	64,579	59,927
Accrued salaries, wages and employee benefits	44,501	39,603
Net pension liability	41,138	34,131
Other post employment benefits	12,767	12,326
Accrued other liabilities	57,559	42,021
Unearned revenue	81,157	75,802
<b>Total current liabilities</b>	<b>339,603</b>	<b>302,347</b>
Long-term debt, net	179,372	190,515
Long-term lease and SBITA liability, net	27,805	34,682
Net pension liability, net of current portion	114,186	164,805
Self-insured obligations	44,840	52,121
Other post employment benefits, net of current portion	265,829	281,585
Other	5,584	7,218
<b>Total liabilities</b>	<b>977,219</b>	<b>1,033,273</b>
Deferred inflows of resources:		
Pension	95,637	23,737
Other post employment benefits	45,778	59,337
Leases	1,563	1,666
<b>Total deferred inflows of resources</b>	<b>142,978</b>	<b>84,740</b>
<b>Net Position:</b>		
Net investment in capital assets	46,303	58,654
Restricted:		
Expendable	46,938	29,012
Unrestricted	(374,393)	(363,833)
<b>Total net position</b>	<b>(281,152)</b>	<b>(276,167)</b>
<b>Total liabilities, deferred inflows of resources and net position</b>	<b>\$ 839,045</b>	<b>\$ 841,846</b>

See notes to the financial statements.

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

**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Operating revenues:		
Net patient service revenue, net of provision for bad debts of \$12,663 and \$4,596 for 2024 and 2023, respectively	\$ 656,228	\$ 603,720
Disproportionate share revenue (DSH)	164,953	107,105
Other operating revenue	72,133	46,639
<b>Total operating revenues</b>	<b>893,314</b>	<b>757,464</b>
Operating expenses:		
Payroll and employee benefits	463,302	440,770
Professional fees	112,289	110,577
Purchased services	72,027	81,712
Supplies	153,120	132,197
Other operating expenses	26,769	30,529
Depreciation and amortization	47,115	49,812
<b>Total operating expenses</b>	<b>874,622</b>	<b>845,597</b>
<b>Operating income (loss) before pension benefit and other post employment benefits amortization components</b>	<b>18,692</b>	<b>(88,133)</b>
Pension expense, amortization component	30,347	39,752
OPEB expense (benefit), amortization component	6,072	(20,424)
<b>Operating loss</b>	<b>(17,727)</b>	<b>(107,461)</b>
Nonoperating revenues (expenses):		
Investment gain	7,411	6,283
Grant revenue	17,333	107,230
Interest expense	(12,021)	(12,264)
<b>Total nonoperating revenues</b>	<b>12,723</b>	<b>101,249</b>
<b>Loss before capital contributions</b>	<b>(5,004)</b>	<b>(6,212)</b>
Capital contributions	19	-
<b>Total change in net position</b>	<b>(4,985)</b>	<b>(6,212)</b>
Net position—beginning of year	(276,167)	(269,955)
Net position—end of year	\$ (281,152)	\$ (276,167)

See notes to the financial statements.

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

**Statements of Cash Flows**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Cash flows from operating activities:		
Receipts from patients and third-party payors	\$ 691,467	\$ 608,472
Payments to employees for salaries and benefits	(422,231)	(415,584)
Payments to vendors for supplies and other	(345,921)	(354,111)
Other receipts	171,416	119,572
<b>Net cash provided by (used in) operating activities</b>	<b>94,731</b>	<b>(41,651)</b>
Cash flows from capital and related financing activities:		
Purchases of capital assets	(12,551)	(12,554)
Payments on long-term debt	(12,255)	(11,714)
Interest paid on long-term debt	(9,797)	(10,264)
Payments on leases and SBITAs	(15,676)	(15,253)
Interest paid on leases and SBITAs	(2,224)	(2,000)
<b>Net cash used in capital and related financing activities</b>	<b>(52,503)</b>	<b>(51,785)</b>
Cash flows from noncapital financing activities:		
Grant funding	17,333	80,229
<b>Net cash provided by noncapital financing activities</b>	<b>17,333</b>	<b>80,229</b>
Cash flows from investing activities:		
Purchases of assets whose use is limited, net	(20,980)	(13,105)
Investment gain	7,411	6,283
Purchases of investments, net	(32,179)	(3,393)
<b>Net cash used in investing activities</b>	<b>(45,748)</b>	<b>(10,215)</b>
<b>Net change in cash and cash equivalents</b>	<b>13,813</b>	<b>(23,422)</b>
Cash and cash equivalents:		
Beginning	20,773	44,195
Ending	<b>\$ 34,586</b>	<b>\$ 20,773</b>

Noncash capital and related financing activities:

Included in accounts payable at December 31, 2024 and 2023, was \$624 and \$1,357, respectively, of invoices related to capital asset acquisitions.

(Continued)

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

**Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2024 and 2023**  
**(Dollars in Thousands)**

	2024	2023
Reconciliation of operating loss to net cash provided by (used in) operating activities:		
Operating loss	\$ (17,727)	\$ (107,461)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	47,115	49,812
Provision for bad debts	12,663	4,596
Changes in assets, deferred outflows, liabilities and deferred inflows:		
Patient accounts receivable	(3,982)	(23,416)
Other receivables	27,715	21,822
Supplies, prepaids and other	(4,754)	(3,546)
Deferred outflows of resources	7,724	18,947
Accounts payable	9,313	(4,634)
Accrued liabilities	20,436	5,468
Unearned revenue	5,355	4,484
Estimated third-party payor settlements	(1,157)	1,750
Self-insured obligations	(7,281)	3,238
Net pension liability	(43,612)	276,474
OPEB	(15,315)	22,516
Deferred inflows of resources	58,238	(311,701)
<b>Net cash provided by (used in) operating activities</b>	<b>\$ 94,731</b>	<b>\$ (41,651)</b>

See notes to the financial statements.

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

**Statements of Net Position—Discretely Presented Component Units  
December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
<b>Assets</b>								
Current assets:								
Cash and cash equivalents	\$ 2,239	\$ 270	\$ -	\$ 2,509	2,365	\$ 270	\$ -	\$ 2,635
Investments	-	-	-	-	-	-	-	-
Other receivables	1,235	-	-	1,235	938	-	-	938
Supplies, prepaids and other	13	-	-	13	259	-	-	259
<b>Total current assets</b>	<b>3,487</b>	<b>270</b>	<b>-</b>	<b>3,757</b>	<b>3,562</b>	<b>270</b>	<b>-</b>	<b>3,832</b>
Other receivables	-	-	-	-	887	-	-	887
Endowment and other investments	4,005	9,308	-	13,903	3,129	9,962	-	13,091
Equipment and vehicles, net	-	-	-	-	-	-	-	-
	4,005	9,896	-	13,903	4,016	9,962	-	13,978
<b>Total assets</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>
<b>Liabilities and Net Position</b>								
Current liabilities:								
Accounts payable	\$ 257	\$ -	\$ -	\$ 257	\$ 11	\$ -	\$ -	\$ 11
Funds held in custody for others	897	-	-	897	596	-	-	596
<b>Total current liabilities</b>	<b>1,154</b>	<b>-</b>	<b>-</b>	<b>1,154</b>	<b>607</b>	<b>-</b>	<b>-</b>	<b>607</b>
Long-term liabilities:								
Related party	-	-	-	-	969	-	-	969
Unearned revenue	309	-	-	309	335	-	-	335
<b>Total liabilities</b>	<b>1,463</b>	<b>-</b>	<b>-</b>	<b>1,463</b>	<b>1,911</b>	<b>-</b>	<b>-</b>	<b>1,911</b>
<b>Net Position</b>								
Restricted:								
Nonexpendable	50	10,000	-	10,050	50	10,000	-	10,050
Expendable	3,078	168	-	3,246	2,634	232	-	2,866
Unrestricted	2,901	-	-	2,901	2,983	-	-	2,983
<b>Total net position</b>	<b>6,029</b>	<b>10,168</b>	<b>-</b>	<b>16,197</b>	<b>5,667</b>	<b>10,232</b>	<b>-</b>	<b>15,899</b>
<b>Total liabilities and net position</b>	<b>\$ 7,492</b>	<b>\$ 10,168</b>	<b>\$ -</b>	<b>\$ 17,660</b>	<b>\$ 7,578</b>	<b>\$ 10,232</b>	<b>\$ -</b>	<b>\$ 17,810</b>

\* - Activity related to the Research for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

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

**Statements of Revenues, Expenses and Changes in Net Position—Discretely Presented Component Units  
Years Ended December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024				2023			
	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc. *	Aggregate Total	ECMC Foundation, Inc.	The Grider Initiative, Inc.	Research for Health in Erie County, Inc.	Aggregate Total
Operating revenues:								
Grants, contributions and special events	\$ 3,754	\$ -	\$ -	\$ 3,754	\$ 4,732	\$ -	\$ -	\$ 4,732
<b>Total operating revenues</b>	<b>3,754</b>	<b>-</b>	<b>-</b>	<b>3,754</b>	<b>4,732</b>	<b>-</b>	<b>-</b>	<b>4,732</b>
Operating expenses:								
Program services and grants	697	500	-	1,197	970	-	1,107	2,077
Fundraising	1,815	-	-	1,815	1,640	-	-	1,640
Other operating expenses	941	-	-	941	641	-	-	641
<b>Total operating expenses</b>	<b>3,453</b>	<b>500</b>	<b>-</b>	<b>3,953</b>	<b>3,251</b>	<b>-</b>	<b>1,107</b>	<b>4,358</b>
<b>Operating income (loss)</b>	<b>301</b>	<b>(500)</b>	<b>-</b>	<b>(199)</b>	<b>1,481</b>	<b>-</b>	<b>(1,107)</b>	<b>374</b>
Nonoperating revenue:								
Investment income (loss)	51	426	-	497	127	385	13	525
<b>Change in net position</b>	<b>362</b>	<b>(64)</b>	<b>-</b>	<b>298</b>	<b>1,608</b>	<b>385</b>	<b>(1,094)</b>	<b>899</b>
Net position—beginning of year	5,667	10,232	-	15,899	4,059	9,847	1,094	15,000
Net position—end of year	\$ 6,029	\$ 10,168	\$ -	\$ 16,197	\$ 5,667	\$ 10,232	\$ -	\$ 15,899

\* - Activity related to the Research for Health in Erie County, Inc. is included within the ECMC Foundation, Inc. financial statements since the entity was merged into the ECMC Foundation, Inc. in 2023.

See notes to the financial statements.

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 1. Organization**

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

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

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

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 1. Organization (Continued)**

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

**Great Lakes Health Integrated Network:** The Corporation, together with KH has formed Great Lakes Health Integrated Network (GLIN) with each maintaining a 50% ownership interest. As of December 31, 2024 and 2023, capital contributions due to GLIN totaled \$393 and \$326, respectively. Contributions are used to pay for care coordination services, information systems infrastructure and routine operating expenses to support community population health management.

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

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

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

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

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



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

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**Note 1. Organization (Continued)**

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

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

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

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

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

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

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

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

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

**Use of estimates:** The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. The reserve for uncollectible accounts, contractual allowances, estimated third-party payor settlements, workers compensation reserves, malpractice reserves, net pension obligations, other post-employment benefit obligations, self-insured obligations, as well as, Disproportionate Share (DSH) revenue and certain other accounts, require the use of estimates. Actual results could differ from those estimates.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

Included in net patient service revenue are adjustments to prior year estimated third-party payor settlements, and their related estimated receivables and payables that were originally recorded in the period the related services were rendered, as well as adjustments to the net realization rate for collections on patient accounts receivable. These adjustments are made in the normal course of operations and amounts reported are consistent with the approach in prior years. The adjustments to prior year estimates and other third-party reimbursement or recoveries that relate to prior years also impact DSH revenues as discussed in Note 5. The combined effect of changes related to prior years' estimates resulted in an increase of \$3,508 and \$5,472 in total operating revenues for the years ended December 31, 2024 and 2023, respectively.

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

**Patient accounts receivable:** Patient accounts receivable are reported net of both an estimated allowance for contractual adjustments and an estimated allowance for uncollectible accounts. The contractual adjustments represent the difference between established billing rates and estimated reimbursement from Medicare, Medicaid and other third-party payor programs. Current operations are charged with an estimated provision for bad debts estimated based on the age of the account, prior experience and any other circumstances which affect collectability. The Corporation's policy does not require collateral or other security for patient accounts receivable and the Corporation routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies. The allowance for estimated doubtful accounts at December 31, 2024 and 2023 was approximately \$72,469 and \$64,577, respectively.

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

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

	2024	2023
DSH and Upper Payment Limit (UPL) (Note 5)	\$ -	\$ 28,473
Due from affiliated organizations and joint ventures	867	1,233
Due from third-party payors	7,374	6,980
Other	4,652	3,922
	<u>\$ 12,893</u>	<u>\$ 40,608</u>

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

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

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

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

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

The 2017 financing transaction included the payment of points, in the amount of \$17,040 to Erie County associated with the differential in interest rate on the 2017 financing using the credit rating of Erie County and the rate that the Corporation was projected to pay independent of a relationship with Erie County. The points are being amortized on the interest method over the term of the 2017 financing. The unamortized amount of points at December 31, 2024 and 2023, is \$7,650 and \$8,712, respectively. The 2017 financing transaction also included the advance refunding of the 2011 financing, the proceeds of which were used to finance the construction of the Terrace View Nursing Home on the Corporation's campus. The deposit required to the advance refunding escrow was greater than the balance outstanding on the 2011 financing in the amount of \$2,038 and is being amortized on the interest method over the life of the advance refunding component of the transaction. The unamortized portion of this advance refunding at December 31, 2024 and 2023 is \$485 and \$652, respectively.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
Year Ended December 31, 2024  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

**Other assets:** Ownership interests in various business enterprises amongst other assets are included in the other assets caption in the statements of net position.

Collaborative Care Ventures, LLC (Collaborative Care) was formed in 2014 by ECMCC and KH. Collaborative Care was created as a vehicle for ECMCC and KH to participate in various investments in the future consistent with their missions. At December 31, 2024 and 2023, the Corporation's share of the net assets of Collaborative Care amounted to \$1,351 and \$1,022, respectively.

Great Lakes Health Integrated Network (GLIN) was formed in 2018 by ECMCC and KH. GLIN was formed to support, manage and negotiate value-based contracts and/or risk-based contracts with third-party payors for the purpose of managing population health and anticipated payment reform. The Corporation's share of contributed capital supports organizational development and ongoing operations. The Corporation's share of GLIN's profit or loss is recognized as non-operating revenue. At December 31, 2024 and 2023, the Corporation's share of the net assets of GLIN amounted to \$6,283 and \$4,324, respectively.

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

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

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

**Unearned revenue:** Unearned revenue represents funds received by the Corporation under certain grant programs that have not yet been earned.

**Erie County Medical Center Corporation  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

	2024	2023
Accrued compensated absences, beginning of year	\$ 17,496	\$ 15,295
Compensated absences earned	24,733	24,771
Compensated absences paid out	(24,099)	(22,570)
Accrued compensated absences, end of year	<u>\$ 18,130</u>	<u>\$ 17,496</u>

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

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

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

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

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
Year Ended December 31, 2024  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

**Charity care:** The Corporation provides care to patients who meet certain criteria under its charity care policy, without charge or at amounts less than established rates. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position. The estimated costs of caring for charity care patients were \$3,944 and \$4,459 for the years ended December 31, 2024 and 2023, respectively. Additionally, the Corporation provided approximately \$4,245 and \$2,397 in discounts to self-pay patients for the years ended December 31, 2024 and 2023, respectively.

**Contributions:** ECMC Foundation reports gifts or promises to give as restricted contributions when they are received with donor stipulations that limit the use of the donated assets. When the intent of the donor is that the assets are to remain in perpetuity and the Foundation does not have the right to invade the original principal, the assets are reported as restricted net position. When a donor restriction expires, restricted-expendable net positions are released to unrestricted net position. The Foundation conducted a capital campaign to raise funds to support the construction of a new Level 1 Adult Trauma Center, Emergency Department and other capital needs in support of the mission of the Corporation. Pledges receivable associated with this campaign are recorded net of a reserve for uncollectible pledges and are discounted to present value using a 4.38% discount rate over the collection period of the pledges.

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

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

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

**Income taxes:** The Corporation is a Public Benefit Corporation of the State of New York and is exempt from federal income taxes under Section 115 of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
Year Ended December 31, 2024  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

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

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

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 100, *Accounting Changes and Error Corrections-An Amendment of GASB No. 62*. This Statement defines *accounting changes* as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes. As part of those descriptions, for: (1) certain changes in accounting principles, and (2) certain changes in accounting estimates that result from a change in measurement methodology, a new principle or methodology should be justified on the basis that it is preferable to the principle or methodology used before the change. That preferability should be based on the qualitative characteristics of financial reporting—understandability, reliability, relevance, timeliness, consistency, and comparability. This Statement also addresses corrections of errors in previously issued financial statements. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

Effective January 1, 2023, the Corporation adopted GASB issued Statement No. 101, *Compensated Absences*. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. There was no significant impact on the Corporation's financial statements as a result of the adoption of this standard.

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 2. Summary of Significant Accounting Policies (Continued)**

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of this Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability. This Statement also addresses certain application issues. This Statement continues the requirement that the basic financial statements be preceded by management's discussion and analysis (MD&A), which is presented as required supplementary information (RSI). MD&A provides an objective and easily readable analysis of the government's financial activities based on currently known facts, decisions, or conditions and presents comparisons between the current year and the prior year. This Statement requires that the information presented in MD&A be limited to the related topics discussed in five sections: (1) Overview of the Financial Statements, (2) Financial Summary, (3) Detailed Analyses, (4) Significant Capital Asset and Long-Term Financing Activity, and (5) Currently Known Facts, Decisions, or Conditions. Furthermore, this Statement stresses that the detailed analyses should explain why balances and results of operations changed rather than simply presenting the amounts or percentages by which they changed. This Statement describes unusual or infrequent items as transactions and other events that are either unusual in nature or infrequent in occurrence. Furthermore, governments are required to display the inflows and outflows related to each unusual or infrequent item separately as the last presented flow(s) of resources prior to the net change in resource flows in the government-wide, governmental fund, and proprietary fund statements of resource flows. Finally, This Statement requires governments to present budgetary comparison information using a single method of communication—RSI. Governments also are required to present (1) variances between original and final budget amounts and (2) variances between final budget and actual amounts. An explanation of significant variances is required to be presented in notes to RSI. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement 34. Lease assets recognized in accordance with Statement No. 87, *Leases*, and intangible right-to-use assets recognized in accordance with Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, should be disclosed separately by major class of underlying asset in the capital as-sets note disclosures. Subscription assets recognized in accordance with Statement No. 96, *Subscription-Based Information Technology Arrangements*, also should be separately disclosed. In addition, this Statement requires intangible assets other than those three types to be disclosed separately by major class. This Statement also requires additional disclosures for capital assets held for sale. The requirements of this Statement are effective for fiscal years beginning after June 15, 2025. The Corporation has not yet determined the impact this statement will have on the financial statements.

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

**Subsequent events:** The Corporation has evaluated subsequent events for potential recognition and/or disclosure through [DATE], the date the financial statements were issued.



**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
Year Ended December 31, 2024  
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**Note 3. Federal Emergency Management Agency (FEMA)**

Under the CARES Act, financial relief was provided through FEMA's Disaster Relief Fund. During the years ended December 31, 2024 and 2023, the Corporation recognized grant revenue received from FEMA to cover eligible COVID-19 related expenses in the amount of \$17,333 and \$3,829, respectively. The Corporation is still awaiting additional funds from FEMA for pending reimbursement submissions related to remaining eligible expenses under this program.

**Note 4. Net Patient Service Revenue and Patient Accounts Receivable**

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

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

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

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

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

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

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

	2024	2023
Gross charges	\$ 1,852,746	\$ 1,673,523
Less:		
Discounts and allowances	1,183,855	1,065,207
Provision for bad debts	12,663	4,596
	<u>\$ 656,228</u>	<u>\$ 603,720</u>

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

	2024		2023	
	Amount	%	Amount	%
Medicare*	\$ 250,023	38.1%	\$ 247,282	41.0%
Medicaid*	208,681	31.8%	164,815	27.3%
Commercial and other third-party payors	166,026	25.3%	164,704	27.3%
No-fault	26,249	4.0%	20,452	3.4%
Self-pay	5,249	0.8%	6,467	1.0%
	<u>\$ 656,228</u>	<u>100.0%</u>	<u>\$ 603,720</u>	<u>100.0%</u>

\*Medicare and Medicaid include Managed Care plans.

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

Patient accounts receivable consist of the following at December 31:

	2024	2023
Gross accounts receivable	\$ 307,107	\$ 295,805
Less:		
Discounts and allowances	140,930	128,839
Allowance for bad debts	72,469	64,577
	<u>\$ 93,708</u>	<u>\$ 102,389</u>

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 4. Net Patient Service Revenue and Patient Accounts Receivable (Continued)**

In early 2024, Change Healthcare, a third-party billing company, fell victim to a cyber attack impacting their ability to access their billing software. The Corporation contracts with Change Healthcare for billing services related to certain professional billing services. As a result of the attack, billing through Change Healthcare was unable to proceed for an extended period of time. As such, the Corporation has considered the delay in the billing when establishing reserves on the related gross charges impacted by this attack.

The Corporation has received advances from third party payors including Change Healthcare for claims that have not been adjudicated due to the cyber attack. As of December 31, 2024, the Corporation has recorded a liability of \$13,604 related to those advances within the accrued other liabilities caption of the statements of net position.

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

	2024	2023
Medicare*	33.6%	33.2%
Commercial and other third party payors	32.6%	32.7%
Medicaid*	26.0%	27.8%
No-fault	7.4%	5.5%
Self-pay	0.4%	0.8%
Total	100.0%	100.0%

\*Medicare and Medicaid include Managed Care plans.

**Note 5. Disproportionate Share (DSH) Revenue**

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

In 2024 and 2023, DSH funding recorded by the Corporation totaled \$164,953 and \$107,105, respectively. The DSH funding process is complex and includes both tentative and final settlements for various state fiscal years which are subject to the availability of state and federal funding among other factors. As a result, DSH revenue is estimated and final settlements may vary significantly from the initial estimates.

For hospital services, DSH revenue of \$149,675 and \$91,220 was recognized in 2024 and 2023, respectively. In addition, during 2024 and 2023, the Corporation recognized \$15,278 and \$15,885, respectively, of UPL revenue for Terrace View. UPL revenue has been recognized based off New York State fiscal year 2024-2025, as determined by the DOH, using cost report year 2022 data.

**Erie County Medical Center Corporation  
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**Note 5. Disproportionate Share (DSH) Revenue (Continued)**

CMS has indicated that cost reports dating back to the 2022 reporting year and the methodology employed to calculate DSH revenue are subject to audit for those years. At this time, the impact of the CMS audit activity on the Corporation's DSH revenue is not certain. Management has taken what it believes to be reasonable and appropriate steps to assure compliance with the CMS methodology.

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

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

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

	2024	2023
Cash and cash equivalents	\$ 34,586	\$ 20,773
Investments	42,825	10,646
Assets whose use is limited—current	84,714	113,986
Assets whose use is limited—noncurrent	106,887	56,635
	<u>\$ 269,012</u>	<u>\$ 202,040</u>
Designated:		
Self-insured obligations	\$ 53,666	\$ 57,904
Capital	59,930	36,265
Other	44,327	42,407
	<u>157,923</u>	<u>136,576</u>
Restricted:		
Debt service	24,560	23,872
Self-insured obligations	9,118	10,173
	<u>33,678</u>	<u>34,045</u>
Total assets whose use is limited	191,601	170,621
Less portion required for current liabilities	(84,714)	(113,986)
	<u>\$ 106,887</u>	<u>\$ 56,635</u>

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

**Deposits**

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

**Erie County Medical Center Corporation  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

**Custodial credit risk:** Custodial credit risk is the risk that, in the event of bank failure, the Corporation's deposits might not be recovered. FDIC insurance through December 31, 2023, for funds held in interest bearing accounts is \$250 per depositor per category of legal ownership. New York law requires that deposits in excess of FDIC insured amounts are collateralized. The Corporation's bank deposits at December 31, 2024 and 2023, totaled \$37,133 and \$27,068, of which \$1,030 in both years were insured. Amounts over FDIC insured limits were fully collateralized with securities held by the pledging financial institution.

**Investments**

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

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

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

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

**Concentration of credit risk:** Concentration of credit risk is the risk of loss attributable to the magnitude of investments in any single issuer. The Corporation's investment policy indicates the combined holdings of securities from one issuer shall not constitute more than 5.0% of the fund except for issues guaranteed directly or indirectly by the U.S. Government. The Corporation had no holdings in Federal National Mortgage Association (Fannie Mae) or Federal Home Loan Mortgage Corporation (Freddie Mac) issues at December 31, 2024 and 2023.

**Erie County Medical Center Corporation  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

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

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

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

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

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 34,586	\$ -	\$ -	\$ 34,586
Investments and assets whose use is limited:				
Cash and cash equivalents	163,669	-	-	163,669
Marketable equity securities:				
Small/Mid cap equities	3,941	-	-	3,941
Growth equities	1,596	-	-	1,596
Core equities	11,683	-	-	11,683
International equities	9,170	-	-	9,170
U.S. fixed income	44,367	-	-	44,367
Total investments and assets whose use is limited	234,426	-	-	234,426
Total	\$ 269,012	\$ -	\$ -	\$ 269,012

**Erie County Medical Center Corporation  
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**Note 6. Cash and Cash Equivalents, Investments and Assets Whose Use is Limited  
(Continued)**

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

**Note 7. Capital Assets, Net**

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

	2024			
	Beginning Balance	Additions	Disposals/Transfers	Ending Balance
Capital assets—being depreciated:				
Land and land improvements	\$ 41,197	\$ 24	\$ -	\$ 41,221
Buildings and improvements	547,974	1,478	-	549,452
Fixed/major moveable equipment	156,454	8,775	(183)	165,046
Total capital assets—being depreciated	745,625	10,277	(183)	755,719
Less accumulated depreciation	(493,144)	(30,264)	183	(523,225)
Total capital assets—being depreciated, net	252,481	(19,987)	-	232,494
Capital assets—not being depreciated:				
Construction in progress	8,426	1,541	(4,948)	5,019
Capital assets, net, excluding lease and SBITA assets	\$ 260,907	\$ (18,446)	\$ (4,948)	\$ 237,513
Lease and SBITA assets, net (Note 8)				\$ 45,119
Total capital assets, net, as reported in statements of net position				\$ 282,632

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 7. Capital Assets, Net (Continued)**

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

Construction in progress at December 31, 2024 and 2023, includes costs associated with various mechanical, electrical and information-technology security projects. The costs associated with an abandoned ambulatory electronic medical records system project of \$11,239 were written off during the year ended December 31, 2023 and recorded within purchased services expenses within the statements of revenues, expenses and changes in net position.

Depreciation expense amounted to \$30,264 and \$32,001 for the years ended December 31, 2024 and 2023, respectively.

**Note 8. Leases and Subscription-Based Information Technology Arrangements**

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

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





**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 8. Leases and Subscription-Based Information Technology Arrangements (Continued)**

As of December 31, 2024, the principal and interest requirements to maturity for the lease liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 7,029	\$ 801	\$ 7,830
2026	4,799	525	5,324
2027	2,951	336	3,287
2028	1,673	215	1,888
2029	876	161	1,037
2030-2034	3,411	428	3,839
2035-2039	884	23	907
	<u>\$ 21,623</u>	<u>\$ 2,489</u>	<u>\$ 24,112</u>

As of December 31, 2024, the principal and interest requirements to maturity for the SBITA liability are as follows:

	Principal	Interest	Total
Years ending December 31:			
2025	\$ 8,118	\$ 1,159	\$ 9,277
2026	7,245	615	7,860
2027	4,280	250	4,530
2028	1,422	76	1,498
2029	264	4	268
	<u>\$ 21,329</u>	<u>\$ 2,104</u>	<u>\$ 23,433</u>

**Lessor:** The Corporation leases real estate to external parties. In accordance with GASB Statement No. 87, *Leases*, the Corporation records lease receivables and deferred inflows of resources based on the present value of expected receipts over the term of the respective leases. The Corporation recognized lease receivables (reported within other assets in the statements of net position) of \$822 and \$753 at December 31, 2024 and 2023, respectively, deferred inflows of resources of \$1,563 and \$1,666 at December 31, 2024 and 2023, respectively, and lease revenue of \$833 and \$632 during the years ended December 31, 2024 and 2023, respectively.

**Erie County Medical Center Corporation  
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**Note 9. Accrued Other Liabilities**

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

	2024	2023
Due to Erie County	\$ 4,006	\$ 12,767
DSH and Upper Payment Limit (UPL) (Note 5)	9,743	-
Payor advances	13,604	-
Medical malpractice claims	2,133	1,792
Estimated third-party payor settlements	5,643	4,486
Asset retirement obligations	2,356	2,167
Workers compensation claims	6,665	7,416
Other	13,409	13,393
Total	<u>\$ 57,559</u>	<u>\$ 42,021</u>

GASB Statement No. 83, *Certain Asset Retirement Obligations*, establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. In accordance with this Statement, the Corporation completes an analysis of assets meeting the criteria of an ARO for specific types of medical equipment such as medical imaging equipment (e.g., MRIs, CT scanners, and PET scanners), X-Rays, and ultrasounds as well as computers containing information protected by HIPAA laws, and certain types of laboratory equipment. In addition, the Corporation evaluates the requirements for disposal of underground fuel and lab acid tanks. The Corporation determined, based on industry standards for disposition of similar assets, the total asset retirement obligation totaled \$2,356 and \$2,167 at December 31, 2024 and 2023, respectively. The assets have a remaining useful life ranging from 0 to 30 years. This obligation is discounted using a rate of 4.0% and an inflation factor of 3.0% at December 31, 2024 and 2023.

**Note 10. Indebtedness**

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

	2024				
	Beginning Balance	Additions	Payments/ Forgiveness	Ending Balance	Due Within One Year
Erie County—Guaranteed Senior Revenue Bonds, Series 2004	\$ 56,970	\$ -	\$ (4,390)	\$ 52,580	\$ 4,635
Erie County—2017 loan payable	87,374	-	(2,849)	84,525	2,920
Erie County—2017 loan payable	49,076	-	(4,271)	44,805	4,386
Erie County—2017 capitalized interest assumption obligation	7,274	-	(238)	7,036	243
Finance obligations	1,949	1,739	(507)	3,181	571
Total debt	<u>\$ 202,643</u>	<u>\$ 1,739</u>	<u>\$ (12,255)</u>	<u>\$ 192,127</u>	<u>\$ 12,755</u>

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 10. Indebtedness (Continued)**

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

Future annual principal payments applicable to long-term debt for the years subsequent to December 31, 2024 are as follows:

Years ending December 31:	
2025	\$ 12,755
2026	13,215
2027	13,697
2028	14,198
2029	14,395
2030-2034	73,331
2035-2039	50,536
<b>Total</b>	<b>\$ 192,127</b>

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

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

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**Note 10. Indebtedness (Continued)**

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

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

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

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

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

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

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit with an original maturity date of November 2022 and was amended and extended to May 2025. The Corporation has available \$10,000 with interest payable at a variable rate of daily Secured Overnight Financing Rate (SOFR) plus 183 basis points. There was \$10,000 of outstanding borrowings against the line at both December 31, 2024 and 2023. Management is currently negotiating an extension for the maturity date of this agreement.

During 2024, the Corporation entered into a finance obligation agreement in the amount of \$1,739, the proceeds of which were used to finance a new food service equipment. The agreement requires principal payments of \$16 and matures in June 2033.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan**

**Retirement plan:** The Corporation participates in the New York State and Local Retirement System (NYSLRS or the System), which is a cost-sharing, multiple-employer public employees' retirement system. There are more than 520,000 pensioners and beneficiaries in the System with over 1.2 million participants.

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

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

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

At December 31, 2024 and 2023, the Corporation reported a liability of \$155,324 and \$198,936, respectively, for its proportionate share of the NYSLRS net pension liability. The total pension liability used to calculate the net pension liability is determined by an actuarial valuation as of April 1<sup>st</sup> each year and rolled forward to March 31<sup>st</sup>. The Corporation's proportion for the net pension liability for each fiscal year was based on the Corporation's indexed present value of future compensation to NYSLRS of all participating employers for 2024 and 2023, which was 1.0549% and 0.9277%, respectively.

**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan (Continued)**

(a) Actuarial Assumptions

The total pension liability for the March 31, 2024 measurement date was determined using an actuarial valuation as of April 1, 2023, with update procedures used to roll-forward the total pension liability to March 31, 2024. The actuarial valuations used the following actuarial assumptions:

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

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

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

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**Erie County Medical Center Corporation  
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**Notes to the Financial Statements  
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**Note 11. Pension Plan (Continued)**

(b) Expected Rate of Return on Investments

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

Asset class	2024	
	Target Asset Allocation	Long-Term Expected Real Rate of Return
Domestic equity	32.0%	4.0%
International equity	15.0%	6.7%
Private equity	10.0%	7.3%
Real estate	9.0%	4.6%
Fixed income	23.0%	1.5%
Credit	4.0%	5.4%
Real assets	3.0%	5.8%
Opportunistic/absolute return strategy	3.0%	5.3%
Cash	1.0%	0.3%
	<u>100.0%</u>	

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



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**Note 11. Pension Plan (Continued)**

(c) Discount Rate

The discount rate used to measure the total pension liability as of December 31, 2024 and 2023 was 5.9%. The projection of cash flows used to determine the discount rate assumes that contributions from plan members will be made at the current contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based on those assumptions, the NYSLRS fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on NYSLRS investments was applied to all periods of projected benefit payments to determine the total pension liability.

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

The following presents the Corporation's proportionate share of the net pension liability calculated using the discount rate of 5.9% at December 31, 2024 and 2023, as well as what the Corporation's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

	2024		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 488,356	\$ 155,324	\$ (122,826)
	2023		
	1% Decrease (4.9%)	Discount Rate (5.9%)	1% Increase (6.9%)
Corporation's proportionate share of the net pension liability (asset)	\$ 480,743	\$ 198,936	\$ (36,546)

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

**Note 11. Pension Plan (Continued)**

(d) Deferred Outflows and Inflows of Resources

At December 31, 2024 and 2023, the Corporation reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2024	2023
Deferred outflows of resources:		
Differences between expected and actual actuarial experience	\$ 50,030	\$ 21,188
Changes in assumptions	58,725	96,616
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	12,433	5,311
Total	<u>\$ 121,188</u>	<u>\$ 123,115</u>
Deferred inflows of resources:		
Difference between expected and actual experience	\$ 4,235	\$ 5,587
Change in assumptions	-	1,068
Net difference between projected and actual investment earnings on pension plan investments	75,875	1,168
Changes in proportion and differences between Corporation contributions and proportionate share of contributions	15,527	15,914
Total	<u>\$ 95,637</u>	<u>\$ 23,737</u>

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

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

Years ending December 31:	
2025	\$ (30,652)
2026	27,472
2027	44,470
2028	(15,739)
	<u>\$ 25,551</u>

**Annual Pension Expense**

The Corporation's annual pension expense for calendar years ended 2024 and 2023, which includes contributions toward the actuarially determined asset or liability and the amortization of deferred outflows and inflows of resources, was approximately \$64,435 and \$65,509, respectively.

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

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

**Funding the plan:** Currently, there is no New York State statute that expressly authorizes local governments to create a trust for OPEB purposes. Additionally, New York State's General Municipal Law does not allow for a reserve fund to accumulate funds for OPEB obligations. The Corporation's Board of Directors and management believe it is prudent to reserve funds for the Plan and have therefore internally designated \$24,831 in 2024 and 2023, for purposes of funding future post-employment benefits. These internally designated funds are included within assets whose use is limited in the statements of net position. In addition to the funding for future post-employment benefits, the Corporation continues to finance current benefits on a pay-as-you-go basis.

**Annual OPEB cost and net OPEB obligation:** The Corporation's total OPEB liability measured at December 31, 2024 and 2023, of \$278,596 and \$293,911, respectively, was determined by an actuarial valuation as of January 1, 2024 and 2023, respectively. The measurement date of the obligation is December 31, 2024 and 2023.

(a) Actuarial Assumptions

The total OPEB liability in the December 31, 2024, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.5%
Salary increases	3.3% per annum
Pre-Medicare Plans	7.8% for 2024, 4.0% ultimate trend rate in 2075
Medicare Plans	5.0% for 2024, 4.0% ultimate trend rate in 2075
Pre-Medicare Prescription Plan	8.5% for 2024, 4.0% ultimate trend rate in 2075
Medicare Prescription Plan	4.0% for 2024, 4.0% ultimate trend rate in 2075
Mortality	Society of Actuaries Scale MP-2021

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

(b) Changes in the OPEB Liability

	2024	2023
Changes in the OPEB obligation:		
Projected OPEB obligation at the beginning of year	\$ 293,911	\$ 271,395
Service cost	3,153	2,620
Interest cost	9,983	9,722
Change of benefit terms	6,176	-
Difference between expected and actual experience	14,200	232
Change in assumptions	(36,699)	26,546
Actual benefit payments	(12,128)	(16,604)
Projected OPEB obligation at the end of year	<u>\$ 278,596</u>	<u>\$ 293,911</u>

(c) Discount Rate

The discount rate used to measure the total OPEB liability was 4.1% and 3.3%, based on the Bond Buyer 20-year Bond GO index rate as of December 31, 2024 and 2023, respectively.

Sensitivity of the OPEB Liability to the Discount Rate

The following presents the Corporation's total OPEB liability calculated using the discount rate of 4.1%, as well as what the Corporation's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower (3.1%) or one percentage point higher (5.1%) than the current rate.

	2024		
	1% Decrease (3.1%)	Discount Rate (4.1%)	1% Increase (5.1%)
The Corporation's total OPEB liability	\$ 316,533	\$ 278,596	\$ 247,364

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

Sensitivity of the OPEB Liability to the Healthcare Cost Trend Rates

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

	2024		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 244,305	\$ 278,596	\$ 320,448

	2023		
	1% Decrease	Healthcare Cost Trend Rates	1% Increase
The Corporation's total OPEB liability	\$ 255,222	\$ 293,911	\$ 341,658

(d) Deferred Outflows and Inflows of Resources

The following are components of deferred outflows and inflows at December 31, 2024 and 2023:

	2024	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 9,881	\$ (7,662)
Changes in assumptions	11,270	(38,116)
Total	\$ 21,151	\$ (45,778)

	2023	
	Deferred Outflows	Deferred Inflows
Differences between expected and actual actuarial experience	\$ 544	\$ (27,754)
Changes in assumptions	25,126	(31,583)
Total	\$ 25,670	\$ (59,337)

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

The net deferred outflows and inflows of resources at December 31, 2024, will be recognized as follows:

Years ending December 31:	
2025	\$ (20,051)
2026	(2,845)
2027	(1,731)
	<u>\$ (24,627)</u>

(e) Annual OPEB Benefit

The Corporation's annual OPEB benefit for the years ended December 31, 2024 and 2023, was \$12,226 and \$19,343, respectively.

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

The NYSDOH offers the Vital Access Provider Assurance Program (VAPAP) program. Funding under this program is made to public or safety net hospitals and health systems that meet certain criteria or that have been designated as critical access or sole community hospitals and is awarded to enable these facilities to maintain operations and provision of vital services while they implement longer-term solutions to achieve sustainable health care service delivery.

During the year ended December 31, 2023, the Corporation received grant payments under this program in the amount of \$76,838 and recognized \$103,838 as grant revenue in the statement of revenues, expenses and changes in net position as non-operating revenue. During the year ended December 31, 2024, as a result of improved financial performance, the Corporation did not receive any additional funding under this program.

**Note 14. Transactions With the County of Erie**

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

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

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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

**Other transactions:** Amounts that are included in operating revenues and expenses in the statements of revenues, expenses and changes in net position, which represent related-party transactions that occurred between the Corporation and the County during the years ended December 31, 2024 and 2023, are as follows:

The Corporation earned revenue totaling \$3,969 and \$3,902 for the years ended December 31, 2024 and 2023, respectively, from the County. Revenue earned relates to services provided to School 84, mental health services and various other charges related to County departments located within the Corporation's physical plant.

The net amount due to the County of approximately \$3,737 and \$12,661 at December 31, 2024 and 2023, respectively, is non-interest bearing and reflect the Corporation's net amount owed to the County as a result of various transactions and services between parties.

**Note 15. Self-Insured Obligations**

The Corporation is self-insured for all medical malpractice claims for occurrences on or after January 1, 2004. Additionally, the Corporation began purchasing excess stop-loss insurance on a claims made basis for medical malpractice effective November 2008. The current policy provides \$35,000 of coverage in excess of a self-insured retention (SIR) of \$4,000 of individual claims or \$12,000 in aggregate claims effective November 19, 2018. Effective 11/19/2022, there is an additional \$1,000 buffer of individual claims or aggregate claims. Immediately prior to November 19, 2018, the policy provided \$35,000 of coverage in excess of a SIR \$3,000 of individual claims or \$10,000 in aggregate claims.

Effective April 1, 2016, the Corporation became self-insured for workers' compensation claims through a combination of self-insurance and a high-deductible plan for certain periods as follows: The Corporation maintains a stop-loss insurance policy for the claims in excess of \$750. As required by the NYS Workers' Compensation Board, ECMCC maintains a security deposit on its self-insured workers' compensation obligations. The value of the security deposit was \$30,689 as of December 31, 2024 and 2023. The deposit is maintained through a surety bond. The surety requires a collateral deposit to maintain the bond. The value of the collateral held by the surety was \$5,806 and \$5,512 as of December 31, 2024 and 2023, respectively. Effective January 1, 2012, the Corporation insured a portion of its workers' compensation exposure through an occurrence basis high-deductible plan. The Corporation remains responsible for the first \$750 of an individual claim payment after December 31, 2011. The Corporation is required to pledge certain assets under this arrangement. As of December 31, 2024 and 2023, \$3,312 and \$4,662, respectively, has been escrowed to service workers' compensation claims and included as part of assets whose use is limited. The Corporation remains self-insured for workers' compensation claims prior to January 1, 2012. The County has assumed a portion of liabilities for all occurrences originating prior to 2004.

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

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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

**Note 15. Self-Insured Obligations (Continued)**

The Corporation has accrued \$30,978 and \$33,407 at December 31, 2024 and 2023, respectively, for medical malpractice related exposures. Such amounts have been discounted at 2.0% for 2024 and 2023 and the accrued liabilities are included within the accrued other liabilities and self-insured obligations caption of the accompanying statements of net position. Charges to expense for medical malpractice costs are included within the other operating expenses caption of the accompanying statements of revenues, expenses and changes in net position.

The Corporation has accrued \$22,660 and \$27,922 at December 31, 2024 and 2023, respectively, for workers' compensation related exposures. Such amounts have been discounted at 1.75% for 2024 and 2023, and the liabilities are included within the accrued other liabilities and self-insured obligations captions of the accompanying statements of net position. Charges to expense for workers' compensation costs approximated \$1,167 and \$7,376 in 2024 and 2023, respectively, and are included within the payroll, employee benefits and contract labor caption of the accompanying statements of revenues, expenses and changes in net position.

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

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

	2024				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 33,407	\$ 2,675	\$ (5,104)	\$ 30,978	\$ 2,133
Workers' compensation	27,922	382	(5,644)	22,660	6,665
	<u>\$ 61,329</u>	<u>\$ 3,057</u>	<u>\$ (10,748)</u>	<u>\$ 53,638</u>	<u>\$ 8,798</u>
	2023				
	Beginning Balance	Actuarial Estimate of Claims Incurred	Claims Paid	Ending Balance	Due Within One Year
Medical malpractice	\$ 30,975	\$ 4,750	\$ (2,318)	\$ 33,407	\$ 1,792
Workers' compensation	27,264	6,145	(5,487)	27,922	7,416
	<u>\$ 58,239</u>	<u>\$ 10,895</u>	<u>\$ (7,805)</u>	<u>\$ 61,329</u>	<u>\$ 9,208</u>

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



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

**Notes to the Financial Statements  
Year Ended December 31, 2024  
(Dollars in Thousands)**

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**Note 16. Commitments and Contingencies**

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

In October 2024, the Corporation committed to begin implementing a new electronic health record system along with a new enterprise resource planning software system in the first quarter of 2025. Both projects are expected to be completed by the end of 2026.

The healthcare industry is subject to changing political, regulatory, economic and other influences that may affect our business. Regulatory uncertainty has increased as a result of recent decisions issued by the U.S. Supreme Court that affect review of federal agency actions, and the outcome of the 2024 federal elections. Federal agencies oversee, regulate and otherwise affect many aspects of our business, including through Medicare and Medicaid payment and coverage policies, policies affecting the size of the uninsured population, administration of state Medicaid programs and enforcement and interpretation of fraud and abuse laws. The recent Supreme Court decisions may also result in inconsistent judicial interpretations and delays in and other impacts to agency rulemaking and legislative processes. The changes in executive and legislative leadership at the federal level increases regulatory uncertainty and the potential for significant policy changes. Management is actively monitoring the evolving potential changes, and at this time, the impact to the Corporation is unknown.

Loss contingency liabilities are recorded in accordance with U.S. GAAP, which requires recognition of a loss when it is deemed probable that an asset has been impaired or a liability has been incurred, and the amount of the loss can be reasonably estimated. As of December 31, 2024 and 2023, the Corporation has recorded no loss contingencies except as disclosed in Note 15.

The Corporation formed 1827 Fillmore, LLC (1827) for the purpose of acquiring and developing land immediately adjacent to its Grider Street campus. A condition of the acquisition was that 1827 demolish a building on the site with known asbestos abatement requirements. This condition was met in 2018. The Corporation has undertaken a community planning process to determine the future use(s) of the site. The site requires the environmental remediation expenditures; however, the amount of such expenditures is dependent on the ultimate use of the site and requirements from regulators. Through December 31, 2024, approximately \$4,600 has been spent on remediating and improving the land.

**Required Supplementary Information**

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

**Required Supplementary Information**  
**Schedule of Corporation's Contributions**  
**NYSLRS Pension Plan**  
**December 31, 2024**  
**(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 34,131	\$ 25,153	\$ 31,946	\$ 30,167	\$ 27,343	\$ 26,447	\$ 25,803	\$ 25,235	\$ 26,722	\$ 29,771
Contributions in relation to the contractually required contribution	34,131	25,153	31,946	30,167	27,343	26,447	25,803	25,235	26,722	29,771
<b>Contribution deficiency</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
ECMCC covered-employee payroll	\$ 295,295	\$ 245,606	\$ 244,519	\$ 235,767	\$ 216,871	\$ 204,007	\$ 193,386	\$ 183,540	\$ 166,691	\$ 175,409
Contributions as a percentage of covered-employee payroll	11.6%	10.2%	13.1%	12.8%	12.6%	13.0%	13.3%	13.7%	16.0%	17.0%

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

**Required Supplementary Information  
Schedule of Corporation's Proportionate Share of Net Pension Liability (Asset)  
NYSLRS Pension Plan  
December 31, 2024  
(Dollars in Thousands)**

	2024	2023	2022	2021	2020	2019	2018	2017	2016
ECMCC proportion of the net pension (asset) liability	1.0549%	0.9277%	0.9485%	0.9187%	0.8504%	0.8079%	0.7646%	0.7614%	0.7228%
ECMCC proportionate share of the net pension (asset) liability	\$ 155,324	\$ 198,936	\$ (77,538)	\$ 915	\$ 225,197	\$ 57,240	\$ 24,677	\$ 71,544	\$ 116,006
ECMCC covered-employee payroll	295,295	245,606	273,555	249,490	246,772	235,284	216,044	183,540	166,691
ECMCC proportionate share of the net pension liability as a percentage of its covered-employee payroll	52.6%	81.0%	-28.3%	0.4%	91.3%	24.3%	11.4%	39.0%	69.6%
Plan fiduciary net position as a percentage of the total pension liability	93.9%	90.8%	103.7%	100.0%	86.4%	96.3%	98.2%	94.7%	90.7%

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

Change in Benefit Terms

The New York State Legislature lowered the vesting requirement for Tier 5 and Tier 6 from 10 years to five years (Chapter 56 Of the Laws of 2022), prior to the April 1, 2022 actuarial valuation.

Changes of Assumptions

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

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

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

**Required Supplementary Information  
Schedule of Corporation's Changes in Total OPEB Liability and Related Ratios  
December 31, 2024 and 2023  
(Dollars in Thousands)**

	2024	2023
Total OPEB liability:		
Service cost	\$ 3,153	\$ 2,620
Interest cost	9,983	9,722
Change of Benefit Terms	6,176	-
Differences between expected and actual experience	14,200	232
Changes of assumptions	(36,699)	26,546
Benefit payments	(12,128)	(16,604)
	<hr/>	<hr/>
<b>Net change in total OPEB liability</b>	<b>(15,315)</b>	<b>22,516</b>
Total OPEB liability—beginning	293,911	271,395
	<hr/>	<hr/>
Total OPEB liability—ending	<b>\$ 278,596</b>	<b>\$ 293,911</b>
	<hr/>	<hr/>
Covered employee payroll	\$ 85,437	\$ 87,249
Total OPEB liability as a percentage of covered employee payroll	326.08%	336.86%
Discount rate	4.1%	3.3%

Change in Benefit Terms

There were no significant changes in benefits during 2024 and 2023.

Changes of Assumptions

2024: The discount rate was increased from 3.3% to 4.1% as well as an update to the medical and prescription trend rates.

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

# **Erie County Medical Center Corporation**

(A Component Unit of the County of Erie)

Uniform Guidance Audit Requirements  
December 31, 2024

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

**Schedule of Expenditures of Federal Awards  
For the Year Ended December 31, 2024**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services Health Resources and Services Administration Direct Programs:				
Training in General, Pediatric, and Public Health Dentistry	93.059	N/A	-	964,198
Ryan White HIV/AIDS Dental Reimbursement and Community Based Dental Partnership Grants	93.924	N/A	-	168,892
Oral Diseases and Disorders Research	93.121	N/A	-	348,025
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	N/A	-	497,414
<b>Total U.S. Department of Health and Human Services Health Resources and Services Administration Direct Programs</b>			-	<b>1,978,529</b>
U.S. Department of Health and Human Services pass-through program from:				
Health Research Inc.				
National Bioterrorism Hospital Preparedness Program	93.889	NU90TP000515	-	42,500
<b>Total U.S. Department of Health and Human Services Pass-Through Programs</b>			-	<b>42,500</b>
U.S. Department of Justice Pass-Through Program From:				
New York State Office of Victim Crime Services				
Crime Victim Assistance	16.575	OVS01-C11259GG-1080200	-	240,785
New York State Division Criminal Justice Services				
Crime Victim Assistance	16.575	OVS01-C11259GG-1080200	-	97,390
Office of Victim Services				
Crime Victim Assistance	16.575	OVS01-T11152GG-1080200	-	153,958
Office of Victim Services				
Crime Victim Assistance	16.575	OVS01-T11152GG-1080200	-	50,092
<b>Total: 16.575</b>			-	<b>542,225</b>
New York State Office of Victim Crime Services				
Crime Victim Assistance/Discretionary Grants	16.582	15POVC-22-GK-01799-NONF	-	246,668
New York State Division Criminal Justice Services				
Violence Against Women Formula Grants	16.588	C00256GG-1090000	-	45,617
Office of Justice Programs				
Services for Trafficking Victims	16.320	15POVC-24-GG-01824-HT	-	7,585
<b>Total U.S. Department of Justice Pass-Through Program</b>			-	<b>842,095</b>
U.S. Department of Homeland Security (Federal Emergency Management Agency)				
COVID-19: Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	N/A	-	17,333,189
<b>Total Expenditures of Federal Awards</b>			<b>\$ -</b>	<b>\$ 20,196,313</b>

See notes to the schedule of expenditures of federal awards.

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

**Notes to Schedule of Expenditures of Federal Awards  
Year Ended December 31, 2024**

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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 Erie County Medical Center Corporation (the Corporation) under programs of the federal government for the year ended December 31, 2024. The information on 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).

For purposes of the Schedule, federal awards include all federal assistance entered into directly between the Corporation and the federal government and sub-awards from nonfederal organizations made under federally sponsored agreements. The Schedule does not include payments received under Medicare and Medicaid reimbursement programs. Because the Schedule presents only a selected portion of the activities of the Corporation, it is not intended to, and does not, present the financial position, changes in net position and cash flows of the Corporation.

**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 cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Corporation has elected to not exercise its option to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

**Note 3. Other Federal Awards**

There were no federal awards expended for noncash assistance, insurance, or any loans, loan guarantees, or interest subsidies outstanding at December 31, 2024.

**Note 4. Subrecipients**

The Corporation did not provide federal awards to any subrecipients during the year ended December 31, 2024.



**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**

Board of Directors  
Erie County Medical Center Corporation

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the business-type activities and the aggregate discretely presented component units of Erie Medical Center Corporation (the Corporation), as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements, and have issued our report thereon dated [DATE].

The financial statements of ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal controls over financial reporting or instances of reportable noncompliance associated with ECMC Foundation, Inc., the Grider Initiative, Inc. and Research for Health in Erie County, Inc.

**Report on Internal Control Over Financial Reporting**

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

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the 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 or significant deficiencies may exist that were not identified.

**Report on Compliance and Other Matters**

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

**Purpose of This Report**

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

Cleveland, Ohio

[DATE]

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**Report on Compliance For Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

**Independent Auditor's Report**

Board of Directors  
Erie County Medical Center Corporation

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

***Opinion on Each Major Federal Program***

We have audited Erie County Medical Center Corporation's (the Corporation) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Corporation's major federal programs for the year ended December 31, 2024. The Corporation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Corporation complied, in all material respects, with the 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, 2024.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Corporation's compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Corporation's federal programs.

### **Auditor's Responsibility for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Corporation's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Corporation's compliance with the requirements of each major federal program as a whole.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Corporation's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Corporation's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 the Corporation's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on 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 a 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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.

**Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the financial statements of the business-type activities and the aggregate discretely presented component unit of the Corporation as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements. We issued our report thereon dated [DATE], which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance 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.

Cleveland, Ohio  
[DATE]

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

**Schedule of Findings and Questioned Costs  
Year Ended December 31, 2024**

**Section I—Summary of Auditor’s Results**

Financial Statements

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

	<u>Unmodified</u>		
Internal control over financial reporting:			
Material weakness(es) identified?	<u>          </u> yes	<u>      X      </u>	no
Significant deficiency(ies) identified?	<u>          </u> yes	<u>      X      </u>	none reported
Noncompliance material to financial statements noted?	<u>          </u> yes	<u>      X      </u>	no

Federal Awards

Internal control over major programs:  
Material weakness(es) identified?  
Significant deficiency(ies) identified?

	<u>          </u> yes	<u>      X      </u>	no
	<u>          </u> yes	<u>      X      </u>	none reported

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

	<u>Unmodified</u>		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	<u>          </u> yes	<u>      X      </u>	no

Identification of major federal programs:

Federal Assistance Listing Number(s)

Name of Federal Program or Cluster

97.036

COVID-19: Disaster Grants - Public Assistance (Presidentially Declared Disasters)

93.243

Substance Abuse and Mental Health Services Projects of Regional and National Significance

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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(Continued)

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

**Schedule of Findings and Questioned Costs (Continued)  
Year Ended December 31, 2024**

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**Section II—Financial Statement Findings**

No findings were noted.

**Section III—Findings and Questioned Costs for Federal Awards**

No findings were noted.

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

**Summary Schedule of Prior Year Findings and Questioned Costs  
Year Ended December 31, 2024**

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**Section I—Financial Statement Findings**

No findings were noted in the prior (2023) audit.

**Section II—Findings and Questioned Costs for Federal Awards**

No findings were noted in the prior (2023) audit.

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## Erie County Medical Center Corporation



## Operating and Capital Budgets For the year ending 2025



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# Management Discussion and Analysis

September 30, 2024

The year ending December 2024 has been a year of positive movement along our stepped recovery path. The 2025 Budget maintains that path while also continuing to further the ECMCC Strategic Plan which focuses on both short and long-term growth, expanding access to care in our surrounding community and investing in the workforce to meet certain staffing requirements resulting in continuous financial and operational improvement despite the ongoing industry and market challenges. ECMCC's long-term goals will continue to be measured through the achievement of the ECMCC mission: improving clinical quality, service excellence, and the continued provision of health services to the communities ECMCC serves with compassion. In the short-term a renewed focus has been placed on retention of staff through investments in our people and steady growth through improved patient access.

# Management Discussion and Analysis

The industry generally is also seeing financial and operational recovery, while also experiencing many of the similar financial and operational challenges both locally and nationally. ECMCC has recognized that growth, improved efficiency, and reimbursement enhancements along with future external support are needed to properly provide for a pathway to sustainability. Despite the significant operating and admission challenges seen in the local community care settings ECMCC's 2025 goal is to improve operating results before accounting for actuarial expense increases through efficiency and revenue improvements, as well as programmatic growth without impacting the critical services we provide while simultaneously maintaining our exceptional quality outcomes. The proposed 2025 operating budget reflects an operating loss of \$35 million before grant support. The proposed budget has been developed with the following goals in mind:

## *Budget Goals*

- ✓ Maintain the highest quality of care provided
- ✓ Maintain critical services provided to the community
- ✓ Continue a stepped approach to recovery while managing community admission challenges
- ✓ Maintain routine capital and equipment upgrades
- ✓ Maximize retention of staff, improve staffing efficiency and meet NYS minimum standards
- ✓ Prepare the budget to accomplish the goals without significant job actions

# Management Discussion and Analysis

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

## *Activity Levels*

The Budget has been prepared using the actual volume seen during 2024 as a baseline. Further consideration was given to the changes internally related to recent trends in volume and activity, an improvement in the ability to discharge patients and ultimately reduced length of stay, the shift of inpatient cases into the outpatient setting as a result of changing regulations and payer payment policies, growth of various service lines, new physician recruitment, as well as other factors. Management believes that the levels of activity contained within the Budget are achievable.

# Management Discussion and Analysis

## *Revenue and Reimbursement*

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

Other operating revenue has been budgeted based on historical experience while taking into account the impact of anticipated growth and improved efficiency in the operation of ECMCC's Specialty Pharmacy services provided to our patients.

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

# Management Discussion and Analysis

## *Operating Expenses*

Projected operating expenses are budgeted based on the volume of anticipated activity, along with adjustments for salary rate increases consistent with current collective bargaining agreements, estimated benefit costs as adjusted for actuarially projected gains or losses, supply and other expense inflation rates as well as impacts of performance improvement initiatives. Management believes that the overall growth in expenses of approximately 8.3% contained in the budget are reasonable given the significant increases in actuarially driven benefit costs, volume related supply costs and specialty pharmacy drug costs.

## *Non-Operating Revenue*

Non-Operating Revenues have been budgeted consistent with the recent historical trends related to investment income. The reduction is the result of an anticipated decrease in available investments in 2025 and an assumption that interest rates will decline from 2024 levels. Although ECMCC expects to continue to work closely with NYS on future funding needs for 2025 as a participant in the Vital Access Provider Assurance grant program, Management has elected not to include any additional Federal or New York State operational support for planning purposes in the 2025 operating budget.

# Management Discussion and Analysis

## *Cash Flows*

2025 cash flow will remain a key focus of Management given the challenges. Cash flows have been budgeted based on the results of operations, investments in routine and non-routine capital assets, principal payments on long-term debt, continued investments in our clinically integrated network and the funding of employee benefit plans. In an effort to avoid reducing critical services through significant program and personnel cuts the budget reflects losses which may result in a need for future operational and capital cash flow support from governmental agency partners including New York State.

## *Range of Outcomes and Contingency Plans*

Management has considered the sensitivity of each material assumption within the Budget. Management believes that the Budget is reasonably positioned within the range of potential outcomes and recognizes its responsibility for achieving these results. Given the uncertainty of certain material assumptions related to uncertain inflationary pressures, community post-acute capacity, staffing and retention challenges, emergent capital or technology needs, future governmental reimbursement and benefit cost fluctuations, Management acknowledges that it may have to adjust operationally during 2025.



# Regulatory Budget Reporting Requirements

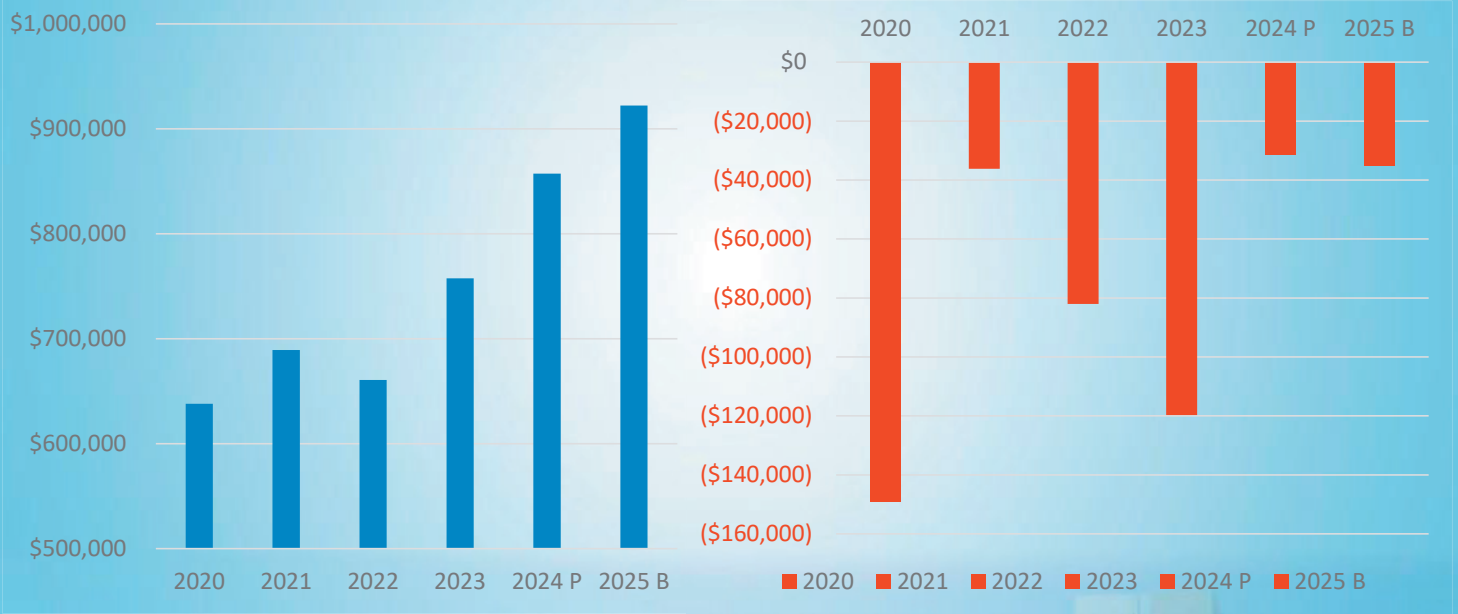
- All requirements have been met
  - NYCRR, Part 203, Chapter V, Title 2
  - This package communicates each of the 18 requirements
- New York State Office Of The State Comptroller
- Authority Budget Office
- PARIS submission and certification

## Budget Process

- Executive Leadership Team (ELT) adopt budget schedule and goals
- Using 2024 year-to-date performance and known or anticipated budget variances, a baseline budget and financial projections were prepared
- Department managers worked with ELT to develop departmental targets and performance improvement initiatives
- ELT budget recommendation reviewed and approved by Finance Committee of ECMCC Board
- Budget recommendation reviewed and approved by ECMCC Board

## Revenue

## Operating Margin



### Footnotes:

- 2025 Budgeted margin includes an \$11M increase in actuarial benefit expenses
- For comparability purposes in this chart, operating margins exclude all investment gains, CARES/ARP/PPP/FEMA and NYS VAPAP grants



## Key Financial Ratios

	<u>2022</u>	<u>2023</u>	<u>Projected</u> <u>2024</u>	<u>Budget</u> <u>2025</u>
Operating Margin %	-10.8%	-14.2%	-3.7%	-3.8%
NYS PBC Average %	-16.1%	-14.3%		
Operating EBITDA %	4.6%	-6.0%	3.3%	2.4%
NYS PBC Average %	-10.0%	-8.2%		
FTE's	3,473	3,684	3,738	3,802
Days Operating Cash On Hand	29	14	32	15
NYS PBC Average	49	26		
Debt Service Coverage	1.5	2.2	1.8	0.2
NYS PBC Average	(0.5)	(0.5)		
Salaries, Wages & Benefits % of Revenue	61.5%	76.2%	68.5%	69.9%
Supply Expense % of Revenue	20.8%	21.9%	22.0%	22.7%
Benefit % of Salaries and Wages	12.9%	35.7%	29.3%	34.7%
Days In Accounts Receivable, net	53.9	66.0	59.0	55.0



## Statements of Revenues and Expenses (Thousands)

	<u>2023 Audited</u>	<u>2024 Projection</u>	<u>2025 Budget</u>	<u>Increase (Decrease)</u>	
Net Patient Revenue	603,720	670,943	719,848	48,905	7.3%
Disproportionate Share / IGT and UPL Payments	107,105	123,299	130,932	7,633	6.2%
Other Operating Revenues	<u>46,639</u>	<u>60,968</u>	<u>74,547</u>	<u>13,579</u>	<u>22.3%</u>
Total Operating Revenues	<u>757,464</u>	<u>855,210</u>	<u>925,327</u>	<u>70,117</u>	<u>8.2%</u>
Operating Expenses					
Salaries and Wages	339,019	355,319	373,418	18,099	5.1%
Employee Benefits	121,079	104,182	129,688	25,506	24.5%
Physician & Resident Fees	110,577	115,517	123,394	7,877	6.8%
Purchased Services	81,712	74,209	81,281	7,072	9.5%
Supplies	132,197	147,840	163,047	15,207	10.3%
Other Expenses	30,529	29,913	32,381	2,468	8.3%
Depreciation	49,812	48,209	45,603	(2,606)	-5.4%
Interest	<u>12,264</u>	<u>11,438</u>	<u>11,513</u>	<u>75</u>	<u>0.7%</u>
Total Operating Expenses	<u>877,189</u>	<u>886,627</u>	<u>960,325</u>	<u>73,698</u>	<u>8.3%</u>
Operating Income	(119,725)	(31,417)	(34,998)	(3,581)	-11.4%
Grant revenue	<u>107,230</u>	<u>25,480</u>	<u>-</u>	<u>(25,480)</u>	<u>-100.0%</u>
Income/(Loss) from Operations with grants	(12,495)	(5,937)	(34,998)	(29,061)	-489.5%
Non Operating Revenues	<u>6,283</u>	<u>5,836</u>	<u>3,734</u>	<u>(2,102)</u>	<u>-36.0%</u>
Excess of Revenues Over Expenses	<u>(6,212)</u>	<u>(101)</u>	<u>(31,264)</u>	<u>(31,163)</u>	<u>-30956.6%</u>



## Statements of Net Position

(Thousands)

	<u>2023 Audited</u>	<u>2024 Projection</u>	<u>2025 Budget</u>	<u>Increase (Decrease)</u>	
<b>Assets</b>					
Current Assets					
Cash	\$ 20,773	\$ 33,170	\$ 28,998	\$ (4,172)	-12.6%
Patient Accounts Receivable, Net	102,389	108,086	108,460	374	0.3%
Other Current Assets	<u>66,654</u>	<u>82,458</u>	<u>83,952</u>	<u>1,494</u>	<u>1.8%</u>
Total Current Assets	<u>189,816</u>	<u>223,714</u>	<u>221,410</u>	<u>(2,304)</u>	<u>-1.0%</u>
Assets Whose Use Is Limited	170,619	164,108	166,180	2,072	1.3%
Property and Equipment, Net	313,038	272,828	235,226	(37,602)	-13.8%
Other Assets	<u>168,370</u>	<u>168,189</u>	<u>160,550</u>	<u>(7,639)</u>	<u>-4.5%</u>
<b>Total Assets</b>	<u><u>841,843</u></u>	<u><u>828,839</u></u>	<u><u>783,366</u></u>	<u><u>(45,473)</u></u>	<u><u>-5.5%</u></u>
<b>Liabilities and Net Assets</b>					
Current Liabilities					
Current Portion of Long Term Debt	38,537	37,465	25,488	(11,977)	-32.0%
Accounts Payable, Third-Party & Accrued	271,026	269,680	284,656	14,976	5.6%
Total Current Liabilities	<u>309,563</u>	<u>307,145</u>	<u>310,144</u>	<u>2,999</u>	<u>1.0%</u>
Long Term Debt	225,197	217,508	206,020	(11,488)	-5.3%
Deferred Inflows	84,739	84,976	85,976	1,000	1.2%
Other Post Employment Benefits	281,585	262,097	269,960	7,863	3.0%
Self Insurance Liabilities	<u>216,926</u>	<u>233,381</u>	<u>218,798</u>	<u>(14,583)</u>	<u>-6.2%</u>
Total Liabilities	<u>1,118,010</u>	<u>1,105,107</u>	<u>1,090,898</u>	<u>(14,209)</u>	<u>-1.3%</u>
<b>Net Position</b>	<u>(276,167)</u>	<u>(276,268)</u>	<u>(307,532)</u>	<u>(31,264)</u>	<u>-11.3%</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ 841,843</u>	<u>\$ 828,839</u>	<u>\$ 783,366</u>	<u>\$ (45,473)</u>	<u>-5.5%</u>



## Statements of Cash Flow

(Thousands)

	<b>Audited 2023</b>	<b>Projected 2024</b>	<b>Budget 2025</b>
<b>Cash Flows From Operating Activities</b>			
Excess of Revenues Over Expenses	\$ (6,212)	\$ (101)	\$ (31,264)
Depreciation & Amortization	49,812	48,209	45,603
Provision for Bad Debt	4,596	15,014	15,427
(Increase) Decrease in Non-operating revenues	(101,248)	(19,879)	7,779
(Increase) Decrease in Patient Accounts Receivable, Net	(23,416)	(20,711)	(15,801)
(Increase) Decrease in Current and Other Assets	37,223	(15,622)	6,144
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	268,289	(1,345)	14,976
Increase (Decrease) in Deferred In-Flows	(289,185)	236	1,000
Increase (Decrease) in Self Insurance Liabilities	3,238	(3,032)	(6,720)
Net Cash Provided By (Used In) Operating Activities	<u>(56,903)</u>	<u>2,769</u>	<u>37,144</u>
<b>Cash Flows From Investing Activities</b>			
Other Investing Activities, Net	<u>(10,215)</u>	<u>12,347</u>	<u>1,662</u>
Net Cash Provided By (Used In) Investing Activities	<u>(10,215)</u>	<u>12,347</u>	<u>1,662</u>
<b>Cash Flows From Financing Activities</b>			
Additions to Property and Equipment	(12,554)	(8,000)	(8,000)
Non-operating grants	80,229	25,480	-
Changes in Long-Term Debt	(23,979)	(20,199)	(34,978)
Net Cash Provided By (Used In) Financing Activities	<u>43,696</u>	<u>(2,719)</u>	<u>(42,978)</u>
<b>Net Increase (Decrease) in Cash and Investments</b>	(23,422)	12,397	(4,172)
<b>Cash, Beginning</b>	<u>44,195</u>	<u>20,773</u>	<u>33,170</u>
<b>Cash, Ending</b>	<u>\$ 20,773</u>	<u>\$ 33,170</u>	<u>\$ 28,998</u>



# Operating Performance Reconciliation

## (Thousands)

	<u>2024 Budget</u>	<u>2025 Budget</u>	<u>Increase / (Decrease)</u>
<b>2024 Budgeted Loss from Operations</b>			\$ (35,005)
<b>Operating Revenues</b>			
Net Patient Service Revenue	\$ 645,857	\$ 719,848	73,991
Disproportionate Share, IGT and UPL Revenue	123,280	130,932	7,652
Other Operating Revenue	<u>49,890</u>	<u>74,547</u>	<u>24,657</u>
Total Operating Revenues	<u>819,027</u>	<u>925,327</u>	<u>106,300</u>
<b>Operating Expenses</b>			
Salaries and Benefits	446,981	503,106	56,125
Physician Fees and Professional Services	199,443	204,675	5,232
Supplies	130,625	163,047	32,422
Other Expenses	30,136	32,381	2,245
Depreciation and Amortization	37,100	45,603	8,503
Interest	<u>9,747</u>	<u>11,513</u>	<u>1,766</u>
Total Operating Expenses	<u>854,032</u>	<u>960,325</u>	<u>106,293</u>
<b>2025 Budgeted Loss from Operations</b>	<u>\$ (35,005)</u>	<u>\$ (34,998)</u>	<u>\$ (34,998)</u>



# Principal Budget Assumptions

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



# Volume Summary

	<b>2023 Actual</b>	<b>2024 Projection</b>	<b>2025 Budget</b>	<b>Increase (Decrease)</b>	
				<b>24 - 25</b>	<b>%</b>
<b>Discharges</b>					
Acute	12,579	13,174	13,456	282	2.1%
Other	<u>5,066</u>	<u>5,234</u>	<u>5,250</u>	<u>16</u>	<u>0.3%</u>
<b>Total</b>	<b><u>17,645</u></b>	<b><u>18,408</u></b>	<b><u>18,706</u></b>	<b><u>298</u></b>	<b><u>1.6%</u></b>
<b>Average Length of Stay</b>					
Acute	8.1	7.8	7.5	(0.3)	-3.6%
Other	<u>11.9</u>	<u>11.0</u>	<u>11.2</u>	<u>0.2</u>	<u>2.0%</u>
<b>Total</b>	<b><u>9.5</u></b>	<b><u>8.7</u></b>	<b><u>8.5</u></b>	<b><u>(0.2)</u></b>	<b><u>-2.4%</u></b>
<b>Observation Cases</b>	2,884	3,303	3,303	(0)	0.0%
<b>Outpatient Visits</b>	297,224	300,768	307,976	7,208	2.4%
Clinics	154,566	158,929	163,814	4,885	3.1%
Behavioral Health	36,547	35,564	37,868	2,304	6.5%
Chemical Dependency	20,592	18,709	19,398	689	3.7%
Dialysis	25,109	25,368	25,621	253	1.0%
Other	60,410	62,197	61,275	(922)	-1.5%
<b>Surgical Cases</b>					
Inpatient	5,407	5,523	6,189	666	12.1%
Outpatient	<u>7,914</u>	<u>8,062</u>	<u>8,511</u>	<u>449</u>	<u>5.6%</u>
<b>Total</b>	<b><u>13,321</u></b>	<b><u>13,585</u></b>	<b><u>14,700</u></b>	<b><u>1,115</u></b>	<b><u>8.2%</u></b>
<b>Case Mix Index - Acute</b>	<u>1.81</u>	<u>1.91</u>	<u>1.88</u>	<u>(0.03)</u>	<u>-1.7%</u>
<b>Emergency Visits</b>	54,435	55,013	56,444	1,431	2.6%
<b>CPEP Visits</b>	9,508	9,810	10,157	347	3.5%
<b>Terrace View ADC</b>	364.8	369.0	380.0	11.0	3.0%

# Revenue

- Net average revenue rate increase of 7% (includes all payers)
  - Larger increase is driven by add-ons for Medicare Wage Index
- Acute – IP Discharges of 2.1% increase from 2024 levels
  - Growth in inpatient cases related to improved community skilled nursing facility access, average length of stay reductions, and growth from increased admissions from an increase in emergency department visits and expanded operating room hours increasing surgical procedures
- Outpatient visits increase of 2.4% increase from 2024 levels
  - Increases in specialty clinic visits
- Terrace View average daily census increase of 3% to 380 residents
  - Staffing levels have increased and units reopened to allow for increased census
- IGT – Year over year growth based upon estimated net changes in allowable costs net of increases in associated Medicaid revenue
- Revenue cycle process improvements of \$5M included within contract underpayments, denials, bad debt expense reductions and improved coding and documentation



# DSH/IGT and UPL Revenue (Accrual Basis Revenue)

	<b>Budget <u>2024</u></b>	<b>Projected <u>2024</u></b>	<b>Budget <u>2025</u></b>
DSH	\$ 100,351	\$ 109,804	\$ 117,437
UPL	<u>16,000</u>	<u>13,495</u>	<u>13,495</u>
<b>Total</b>	<b><u>\$ 116,351</u></b>	<b><u>\$ 123,299</u></b>	<b><u>\$ 130,932</u></b>

# Expenses

- Salaries
  - Increase in overall FTE's to 3,802 (3,760 - @ 8/31/24)
    - NYS minimum staffing reg's, expanded and/or new services (OR hours, mammography), NYS VAP grant funded infrastructure
  - Reduced premium costs (OT and shift bonuses)
  - Contracted salary increases total an average of 3.5%
  - Non-Union wage increases total 3%
  - Implementation of other contracted enhancements (step changes, other shift pay changes)
- Benefits
  - Increased health insurance costs, workers compensation, unemployment related costs
  - \$7M increase in pension expense due to higher FTEs, salaries, actuarial assumptions and ECMCC's increased share of the cost
  - \$11M increase in post-retiree health benefit cost as a result of actuarial assumption impact estimates

## Expenses (cont'd)

- **Physician & Residents**
  - Significant physician service contracted fee increases for various service lines
  - University faculty (GME) and resident salary inflation
- **Contractual Fees/Purchased Services**
  - Continued use of temporary agency nursing personnel with an anticipated reduction from current levels, while maintaining desired staffing
  - Increase in software expense due to inflation along with new tools for improving clinical efficiencies along with related maintenance and support costs
  - Increased costs for specialty pharmacy program operations due to increased volume

## Expenses (cont'd)

- Supplies
  - Increase in volume from projected 2024 volume levels including an 8.2% increase in total surgeries
  - Inflationary increases in all supply categories, most significant in pharmacy costs partially offset by savings initiatives (physician preference, pricing, joint contracting)
  - Increase in specialty pharmacy drug costs due to program expansion
  - Supply chain direct cost savings initiatives of \$2.25 million
- Depreciation and Interest
  - Decreased overall depreciation and interest costs
    - Expense based upon remaining depreciation on existing assets plus new capital anticipated.
    - Reduced non-project capital expenditures during 2020 - 2024.

## Cash Flow Assumptions

- Net change in cash of (\$4.2) million without any 2025 NYS operating grants
  - Days operating cash on hand decreased to 15 days from projected 2024 (excludes designated funds)
- Days in accounts receivable improving to 55 days
- Days in accounts payable holding at 60 days
- Routine capital budget spend consistent with 2023 and 2024 at \$8.0 million
- Line of credit balance paid when expires
- Pension payment increase of \$7 million



# Performance Improvement Initiatives

- Length of stay improvements
- Revenue cycle improvement initiatives
- Non-clinical vacancy management / premium time reduction
- Value analysis program reducing supply costs
- Reduction in certain purchased services
- Inpatient and outpatient growth strategies
- Continued infrastructure investment in population health strategies
- Insurance plan relationships, increased rates through contracting, MCR wage index, improved governance

# Emerging Issues and Risk Areas

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

## 2025 Capital Budget Summary

Given stepped recovery, ECMCC must limit routine capital spending funding from internal operations and remain consistent with 2024

- \$8 Million routine capital spend (*\$8M in 2024*)
  - \$8M from internal operating funds

## 3 Year Financial Projections

- Reimbursement rate increases adjusted to historical net rate increases, excluding one-time increases
- IGT/UPL at current projections
- Salary expense consistent with current collective bargaining agreements
- Benefits % of salary expense steady throughout projection period
- Supply and other expense inflation consistent with 2024 and 2025
- Reflects potential cash flow need for additional operational Federal and/or New York State support in addition to management potential future operational improvements

## Statements of Revenues and Expenses – Projected (Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>Operating Revenues</b>						
Net Patient Service Revenue	\$ 603,720	\$ 670,943	\$ 719,848	\$ 755,354	\$ 791,457	\$ 827,978
Disproportionate Share, IGT and UPL Revenue	107,105	123,299	130,932	130,932	130,932	130,932
Other Operating Revenue	46,639	60,968	74,547	75,293	76,046	76,806
Total Operating Revenues	<u>757,464</u>	<u>855,210</u>	<u>925,327</u>	<u>961,579</u>	<u>998,435</u>	<u>1,035,716</u>
<b>Operating Expenses</b>						
Salaries and Benefits	460,098	459,501	503,106	548,198	574,327	601,668
Physician Fees and Professional Services	192,289	189,726	204,675	208,768	212,944	217,202
Supplies	132,197	147,840	163,047	171,376	177,799	184,332
Other Expenses	30,529	29,913	32,381	34,020	35,742	37,552
Depreciation and Amortization	49,812	48,209	45,603	43,140	40,808	38,602
Interest	12,264	11,438	11,513	11,589	11,665	11,741
Total Operating Expenses	<u>877,189</u>	<u>886,627</u>	<u>960,325</u>	<u>1,017,091</u>	<u>1,053,285</u>	<u>1,091,097</u>
	(119,725)	(31,417)	(34,998)	(55,512)	(54,850)	(55,381)
Operational Support & Improvements	-	-	-	38,012	44,850	50,381
<b>Income/(Loss) from Operations</b>	(119,725)	(31,417)	(34,998)	(17,500)	(10,000)	(5,000)
Grant revenue	107,230	25,480	-	-	-	-
<b>Income/(Loss) from Operations with Grants</b>	(12,495)	(5,937)	(34,998)	(17,500)	(10,000)	(5,000)
Non Operating Revenues & Capital Contributions	6,283	5,836	3,734	3,734	3,734	3,734
<b>Excess of Revenues Over Expenses</b>	<u>\$ (6,212)</u>	<u>\$ (101)</u>	<u>\$ (31,264)</u>	<u>\$ (13,766)</u>	<u>\$ (6,266)</u>	<u>\$ (1,266)</u>

## Statements of Financial Position – Projected (Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>ASSETS</b>						
Current Assets						
Cash	\$ 20,773	\$ 33,170	\$ 28,998	\$ 33,237	\$ 33,050	\$ 39,394
Patient Accounts Receivable	102,389	108,086	108,460	113,795	119,240	124,741
Other Current Assets	66,654	82,458	83,952	85,021	86,602	87,578
Total Current Assets	189,816	223,714	221,410	232,053	238,892	251,713
Assets Whose Use Is Limited	170,619	164,108	166,180	167,317	168,486	170,691
Property and Equipment	313,038	272,828	235,226	202,086	186,277	172,675
Other Assets	168,370	168,189	160,550	159,261	158,053	156,925
<b>Total Assets</b>	<b>\$ 841,843</b>	<b>\$ 828,839</b>	<b>\$ 783,366</b>	<b>\$ 760,717</b>	<b>\$ 751,708</b>	<b>\$ 752,004</b>
<b>LIABILITIES AND NET ASSETS</b>						
Current Liabilities						
Current Portion of Long Term Debt	\$ 38,537	\$ 37,465	\$ 25,488	\$ 22,509	\$ 18,902	\$ 15,686
Accounts Payable, Third-Party & Accrued	271,026	269,680	284,656	287,101	286,258	285,818
Total Current Liabilities	309,563	307,145	310,144	309,610	305,160	301,504
Long Term Debt	225,197	217,508	206,020	193,511	184,609	178,923
Deferred Inflows	84,739	84,976	85,976	86,976	87,976	88,976
Other Post Employment Benefits	281,585	262,097	269,960	278,059	286,401	294,993
Self Insurance Reserves	216,926	233,381	218,798	213,859	215,126	216,438
Total Liabilities	1,118,010	1,105,107	1,090,898	1,082,015	1,079,272	1,080,834
Net Position	(276,167)	(276,268)	(307,532)	(321,298)	(327,564)	(328,830)
<b>Total Liabilities and Net Assets</b>	<b>\$ 841,843</b>	<b>\$ 828,839</b>	<b>\$ 783,366</b>	<b>\$ 760,717</b>	<b>\$ 751,708</b>	<b>\$ 752,004</b>



## Statements of Cash Flow - Projected (Thousands)

	Audited 2023	Projected 2024	Budget 2025	2026	Projected 2027	2028
<b>Cash Flows From Operating Activities</b>						
Excess of Revenues Over Expenses	\$ (6,212)	\$ (101)	\$ (31,264)	\$ (13,766)	\$ (6,266)	\$ (1,266)
Depreciation & Amortization	49,812	48,209	45,603	43,140	40,808	38,602
Provision for bad debt	4,596	15,014	15,427	15,747	15,784	15,821
(Increase) Decrease in Non-operating revenues	(101,248)	(19,879)	7,779	7,855	7,931	8,008
(Increase) Decrease in Patient Accounts Receivable, Net	(23,416)	(20,711)	(15,801)	(21,082)	(21,229)	(21,322)
(Increase) Decrease in Current and Other Assets	37,223	(15,622)	6,144	221	(373)	151
Increase (Decrease) in Accounts Payable, Third-Party & Accrued	268,289	(1,345)	14,976	2,444	(842)	(440)
Increase (Decrease) in Deferred In Flows	(289,185)	236	1,000	1,000	1,000	1,000
Increase (Decrease) in Self Insurance Liabilities	3,238	(3,032)	(6,720)	3,160	9,609	9,904
Net Cash Provided By (Used In) Operating Activities	(56,903)	2,769	37,144	38,719	46,422	50,458
<b>Cash Flows From Investing Activities</b>						
Other Investing Activities, Net	(10,215)	12,347	1,662	2,597	2,565	1,529
Net Cash Provided By (Used In) Investing Activities	(10,215)	12,347	1,662	2,597	2,565	1,529
<b>Cash Flows From Financing Activities</b>						
Additions to Property and Equipment	(12,554)	(8,000)	(8,000)	(10,000)	(25,000)	(25,000)
Non-operating grants	80,229	25,480	-	-	-	-
Changes in Long Term Debt	(23,979)	(20,199)	(34,978)	(27,077)	(24,174)	(20,643)
Net Cash Provided By (Used In) Financing Activities	43,696	(2,719)	(42,978)	(37,077)	(49,174)	(45,643)
<b>Net Increase (Decrease) in Cash and Investments</b>	(23,422)	12,397	(4,172)	4,239	(187)	6,344
Cash, Beginning	44,195	20,773	33,170	28,998	33,237	33,050
<b>Cash, Ending</b>	<u>\$ 20,773</u>	<u>\$ 33,170</u>	<u>\$ 28,998</u>	<u>\$ 33,237</u>	<u>\$ 33,050</u>	<u>\$ 39,394</u>

## Appendix A

### Outstanding Bonds and Notes

#### **Erie County Guaranteed Senior Revenue Bonds, Series 2004**

No bonds were issued, called, or re-financed during 2024.  
\$4,390,000 of bonds matured or were redeemed in 2024.  
\$52,580,000 of 2004 bonds remain outstanding on December 31, 2024.

#### **Erie County Loan Payable-2017 (Refinance)**

During 2017, the Corporation refinanced its 2011 Loan with a \$74,366,859 loan from the County of Erie.  
\$4,271,358 in principal payments were made in 2024.  
\$44,805,489 of debt is outstanding on December 31, 2024.

#### **Erie County Loan Payable-2017 (New Money)**

During 2017, the Corporation entered into a \$99,492,034 loan with the County of Erie.  
\$2,848,667 in principal payments were made in 2024.  
\$84,525,603 of debt is outstanding on December 31, 2024.

#### **Erie County Capitalized Interest Assumption Obligation-2017**

During 2017, the Corporation entered into an \$8,281,141 capitalized interest assumption obligation with the County of Erie.  
\$237,106 in principal payments were made in 2024.  
\$7,035,423 of debt is outstanding on December 31, 2024.

#### **Line of Credit**

During 2021, the Corporation signed an agreement for an unsecured revolving line of credit.  
\$0 in principal payments were made in 2024.  
\$10,000,000 of outstanding borrowings against the line of credit on December 31, 2024.

#### **Metz Culinary Management Food Service Improvements Loan**

During 2019, the Corporation entered into a \$1,805,430 loan with Metz Culinary Management.  
\$180,543 in principal payments were made in 2024.  
\$767,307 of debt is outstanding on December 31, 2024.  
During 2021, the Corporation entered into a \$1,552,000 loan with Metz Culinary Management.  
\$200,258 in principal payments were made in 2024.  
\$801,032 of debt is outstanding on December 31, 2024.  
During 2024, the Corporation entered into a \$1,738,997 loan with Metz Culinary Management.  
\$126,472 in principal payments were made in 2024.  
\$1,612,524 of debt is outstanding on December 31, 2024.



Name	Job Title	2024 Gross Earnings	Annual Salary
Abafita, Aziza	General Duty Nurse	122,773	109,725
Addison, Jessica M O	Charge Nurse	195,298	118,866
Adgate, Jamie	Nursing Team Leader LTC	115,258	101,795
Aiad, Jean V	Dentist ECMC	120,894	120,894
Albanese, Pamela J	Identity & Access Accounts Control Coordinator	104,182	104,036
Albert, Alison M. S.	Director of Admissions Medical Rehabilit	137,261	128,835
Aldrich, Alana	Pharmacist	149,464	149,464
Almadrahi, Abdelkadr Q	General Duty Nurse	110,724	103,424
Almeter, Katherine A	Charge Nurse	131,371	112,025
Alwan, Nadare	Nurse Practitioner Rehabilitation Services	94,003	135,434
Alyasiri, Sarah	General Duty Nurse	116,172	116,172
Ambrose, Keith	Director of Capital Projects	117,098	117,229
Amendola, Amy M	General Duty Nurse	117,383	109,725
Anders, Mark J	Medical Specialist	182,331	264,000
Anderson, Jennifer A	Charge Nurse	145,664	118,866
Andrews, Kristin M	Assistant Head Nurse	130,990	118,867
Aquilina, Marina G	General Duty Nurse	123,264	100,418
Armstrong, Dawn G	RN Med Surg Data Review	100,773	102,526
Artieri, Diane	Vice President of Materials Management	190,449	185,658
Atkinson, Maria	Senior Financial Analyst	100,674	100,786
Augustini, Anna M	Pharmacist	153,903	143,437
Austin, Cheryl A	Director of Imaging Services	144,269	145,396
Aziz, George Mina	Pharmacist	5,395	140,270
Baetzhold-Fabiniak, Karen	Physician Assistant	117,246	150,012
Bagley, Emily C	Nursing Team Leader	179,902	107,253
Bailen, Matthew W	Assistant Vice President of Nursing Education	147,378	148,000
Bailey, Steven E	Nursing Supervisor LTC	117,974	117,974
Baker, Aimee L	General Duty Nurse	107,972	109,725
Baker, Shawn D	General Duty Nurse	160,330	109,724
Balk, Andrew K	Healthcare Information Security Analyst II	114,668	106,340
Ballard, Katrina L	Nurse Case Manager - Behavioral Health	142,247	132,707
Bandoh, Anthony K	HCIInfoSecurityMgr	133,286	125,804
Barnett, Lee R	General Duty Nurse	164,352	103,423
Barr-Buday, Tamara L	Clinical Documentation Specialist	134,674	108,771
Barry, Jennifer L	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	111,629	108,150
Basher, William R	Nursing Team Leader Dialysis Services	125,110	124,344
Bass, Cynthia R	Director of Diversity and Inclusion	142,689	137,917
Bass, Edmond G	Nursing Informatics Manager	143,092	143,411
Bastian, Michele L	General Duty Nurse	120,687	109,724
Batson, John B	General Duty Nurse	105,081	103,424
Bauer, Christine H	Charge Nurse	25,191	101,290
Beauchamp, Emily	Assistant Director of Population Health	91,599	114,572
Beaver, Michael J	Pharmacist	141,631	140,270
Becker, Cynthia A	General Duty Nurse	108,544	106,530
Becker, Melissa A	Unit Manager Operating Room	161,204	138,058
Becker, Paula K	Pharmacist	152,729	152,893
Beiter, Sean P	Director of Labor & Employee Relations	153,659	153,832
Bell, Shentelle D	Director of Nursing Services Ambulatory	137,565	132,613
Bellagamba, Sharon A	General Duty Nurse	105,096	100,417
Bellido-Clark, Dana C	Unit Manager MedicalSurgical	96,653	136,386
Bennett, Murnita A	General Duty Nurse	109,110	109,725

Benning, Natasha E	Clinical Documentation Specialist	138,027	108,771
Benson, Amanda R	General Duty Nurse	131,987	103,424
Bentley, Katherine L	General Duty Nurse	120,899	100,417
Bermingham, Morgan	Pharmacist	143,345	140,270
Bernier, Deborah A	Operations Manager LTC	126,559	122,002
Beshures, Shreen M	Clinical Pharmacy Specialist	112,012	112,012
Bethea, Marquita E	Director of Admissions LTC	143,709	137,267
Bianco, Carolyn A	General Duty Nurse	103,227	103,424
Bieber, Jolene	General Duty Nurse	114,555	100,418
Bieber, Stephanie E	Supervisor of Rehabilitation Medicine	107,275	108,563
Bielicki, Kim M	General Duty Nurse	122,975	109,725
Bielmann, Beth A	Nursing Team Leader Ambulatory Services	117,134	128,076
Biersbach, Bret	Anesthesiologist	547,846	484,500
Birmingham, Marissa A	General Duty Nurse	77,967	100,417
Bittner, Michelle C	Charge Nurse	123,157	118,866
Blackchief, Tawny L	General Duty Nurse	113,263	100,418
Blair, Lawrence V	Behavioral Health Clinical Manager	145,647	130,543
Blair, Lindsey N	General Duty Nurse	121,710	109,725
Blair, Sean M	Nurse Case Manager	148,828	136,675
Blaszak, Linette R	Clinical Resource Nurse Emerg Services	152,434	118,866
Blecha, Kortney L	Charge Nurse	235,142	118,866
Bobeck, Mabel C V	Charge Nurse	111,473	105,595
Bogardus, Elizabeth P	Nursing Supervisor LTC	128,977	117,889
Boice, Allison R	Nurse Case Manager	134,398	136,674
Bolden, Taywanda T	Behavioral Health Clinical Manager	144,757	130,543
Bonito, Nicole K	Anesthetist	186,658	244,283
Borton, Angela R	Pharmacist	144,257	143,437
Boyer, Maria A	General Duty Nurse	164,331	103,423
Boyer, Nikita A	General Duty Nurse LTC	136,357	100,417
Brady, Holly D	Manager of Revenue Capture and Integrity	83,922	104,036
Brennan, Melinda M	Unit Manager MedicalSurgical	137,437	134,031
Brennan, Stephanie	Pharmacist	150,768	146,583
Brian, Stephanie R	Pharmacist	142,409	140,270
Brindisi, Joseph V	Nurse Practitioner ECMC	146,338	148,000
Brinker, Debra L	Charge Nurse	143,146	118,865
Brinkworth, Jennifer L	Charge Nurse	171,270	118,866
Brittain, Leah	Nursing Team Leader	108,834	110,498
Broeneman, Kourtney A	Nurse Case Manager	141,705	140,774
Brooks, Latoya A	Unit Manager MedicalSurgical	146,758	146,447
Brown, Alesha J	Charge Nurse	152,802	105,595
Brown, Dana A	Anesthetist	310,597	244,284
Brown, Donna M	Associate Hospital Administrator	144,473	141,903
Brown, Huba	General Duty Nurse	123,515	123,515
Brown, Jillian S W	Vice President of Behavioral Health Services	179,714	168,810
Brown, Lisa K	Admissions Coordinator LTC	111,000	102,526
Brundin, Douglas A	Anesthetist	258,158	244,283
Brunner, Stephanie A	Transplant Coordinator	168,294	125,073
Bryant, Monica M	Nursing Team Leader	47,865	109,174
Buckley, Peter P	Nursing Team Leader LTC	120,981	113,813
Bufalino, Rosalia	General Duty Nurse	127,016	109,725
Bulger, Bethany J	General Duty Nurse	87,337	103,423
Bulinski, Alexis M	Charge Nurse	143,945	104,338
Burgio, Susan M	Clinical Lab Quality Coord	145,507	120,598
Burke, Brandy R	Charge Nurse	117,388	112,024

Burke, Caitlyn E	Nursing Inservice Instructor ECMC	105,201	107,253
Burke, Mark S	Attending Physician	784,785	759,143
Burnett, Wayne T	Senior Physical Therapist	109,060	106,184
Burridge, Suzanne L	Pharmacist	128,089	128,089
Burt, Mary M	Nursing Team Leader	189,391	128,076
Calicutt, Steven	Chief Healthcare Information Security Of	219,145	219,391
Calire, Gina F	Clinical Documentation Specialist	139,079	112,024
Canallatos, Paul	Dentist ECMC	266,198	315,000
Cantie, Shawn M	Anesthesiologist	553,201	514,080
Capaccio, Rose M	Chief Histotechnologist	114,069	100,441
Capozzi, Nicole K	General Duty Nurse	131,203	109,725
Carl, Karen A	Nursing Team Leader	132,071	128,076
Carnevale, Marinela	Emergency Department Patient Flow Team Lead	148,041	124,344
Carpenter, Cheryl A	Director of Medical Dental Staff Svcs	126,128	126,269
Carroll, Jennifer L	Behavioral Health Clinical Manager	140,853	136,219
Casali, Colleen M	General Duty Nurse	130,589	109,724
Castonguay, Andrea	Physician Assistant	124,616	125,000
Cavo, Paul G	Clinical Systems Analyst	128,252	108,662
Cecula, Jessica A	Emergency Department Patient Flow Team Lead	118,578	113,813
Celej, Daniel E	General Duty Nurse	110,312	100,417
Chaudhuri, Biswendu	Senior Clinical Laboratory Technologist	103,262	101,260
Cheng, Yi Shun Felix	Attending Physician	319,933	357,999
Chestnut, Essence N	General Duty Nurse	104,825	104,825
Chikaraishi, Juli	Director of Outpatient Opers & Oncolog	128,209	123,594
Chilbert, Kevin	Clinical Pharmacy Specialist	157,683	155,736
Chiro, Zachary	Charge Nurse	117,914	105,595
Chrzanowski, Kristy L	General Duty Nurse	94,727	103,423
Ciancone, Gabriella	Infection Prevention Practioner	129,051	128,075
Cicchinelli, Salvatore	Project Manager HIT	109,550	105,607
Cieri, Margaret M	Nursing Care Coordinator	226,786	152,121
Cirillo, Joseph B	Director of Public Relations Communic.	151,110	143,068
Ciurczak, Tiffany A	Emergency Department Patient Flow Team Lead	149,109	128,076
Clark, Cynthia L	Nurse Case Manager	148,488	140,774
Cleckley, Shonda S	General Duty Nurse	219,610	109,724
Cloud, Samuel	Medical Director ECMC	565,866	566,501
Codd, Margaret A	Charge Nurse	139,877	115,405
Colebeck, Amanda C	Dentist ECMC	318,648	322,514
Colling, Laurali E	General Duty Nurse	118,187	100,418
Comstock, Scott	Charge Nurse	162,024	118,866
Coniglio, Julia G	Anesthetist	261,666	244,284
Conley, Meghan E	Charge Nurse	122,726	112,024
Connors, Marchelle P	Charge Nurse Ambulatory Care	117,517	118,866
Contino, Alyse M	Charge Nurse	83,305	108,771
Costanzo, Debra L	Nursing Staffing Office Specialist	128,973	128,973
Cox-Wu, Chaundra Mie	Pharmacist	82,763	140,270
Cozzemera, John D	Nursing Team Leader Ambulatory Services	114,757	124,345
Cretacci, Nicole A	Unit Manager MedicalSurgical	148,856	146,446
Cross, Kelly C	General Duty Nurse	124,646	100,418
Culligan, Tanya L	Clinical Documentation Specialist	156,881	118,867
Cumbo, John Nicholas	Vice President of Information Technology	253,119	244,007
Cureton, Kearsi M	General Duty Nurse	133,164	133,164
Currin, Shawntres M	Unit Manager MedicalSurgical	143,618	138,058
Curtin, Daniel P	Manager of Financial Reporting	104,550	100,786
Cutler, Peter K	Vice President of Communications & External Affairs	289,734	275,834

Cutting, Karen E	Healthcare Business Sys Analyst	110,016	106,340
Czerwinski-Brown, Lynn M	General Duty Nurse	107,036	107,036
Dalton, Wendy C	Nursing Team Leader LTC	127,931	117,234
D'Angelo, Dino M	Charge Nurse	127,523	115,405
Daniels, Judy A	OfficeManagerPEDSPD	107,923	107,923
Daniels, Steven	Sr. Human Resources Info System Admin	132,062	127,309
Daniels, Victoria R	General Duty Nurse	105,141	100,418
Dantzler, Tamika	Charge Nurse	140,109	108,772
Davis, Andrew L	Chief Operating Officer ECMC	702,788	677,490
Davis, Cassandra A	Senior Vice President of Operations-Outpatient Clinic	317,247	302,357
Davis, Karen A	Charge Nurse	101,819	110,699
Dean, Rachel M	Charge Nurse	114,796	108,771
DeFilippo, Jenna B	Assistant Head Nurse	151,804	115,405
Degnan, Kimberly A	General Duty Nurse	121,491	100,418
Deguire, Janelle C	Assistant Nurse Case Manager	109,561	112,024
DelGuidice, Natalie	Clinical Pharmacy Specialist	160,230	159,201
DelPrince, Becky S	Vice President of Systems and Integrated Care	204,971	199,722
DelVecchio, Regina A	Staff Counsel ECMC	207,180	199,722
Denga, Sherri	General Duty Nurse	113,386	100,418
DeNisco, Lona J	General Duty Nurse	109,027	109,027
DePlato, Anthony J	Anesthesiologist	602,659	564,408
D'Errico, Heather L	Senior Speech Pathologist	117,714	101,317
DeSantis-Evans, Leigh Ann	General Duty Nurse	114,258	109,724
Dettman, Brittany	Nursing Supervisor LTC	125,579	114,439
DeYoung, Candice M	Nursing Team Leader	118,542	128,076
Diaw, Vanessa R	General Duty Nurse	145,644	106,530
Diaz, Alec	Anesthetist	119,221	226,410
Diez, Tyler	Senior Director Outpatient Operations	131,698	126,690
Diina, David J	Nurse Practitioner Transplant	274,866	166,561
Dillabough, Andrew D	Point of Care Clinical Laboratory Coord	117,121	116,132
Dimitroff, Breanna Katelyn	Nurse Recruiter	100,557	109,395
DiOrio, Leigh-Anne Brittany	Nurse Practitioner Transplant	174,806	132,357
Dishunts, Olga	Clinical Informatics Educator	130,911	106,340
Dobson, Judy L	Vice President Medical Surgical Nursing Services	151,966	193,799
Dolansky, Evan P	Pharmacist	157,386	152,892
Dombrowski, Jennifer B	Senior Occupational Therapist	107,194	104,697
Donaldson, Jessie	Physician Assistant	28,000	145,600
Donegan, Shawn M	Charge Nurse	101,991	108,771
Donovan, Kevin J	General Duty Nurse	104,179	106,530
Dove, Theresa M	General Duty Nurse	104,291	109,724
Dowdell, Anne B	General Duty Nurse	88,507	105,250
Draper, Cristina M	General Duty Nurse	122,552	109,724
Draves, Bailee	Clinical Resource Nurse	109,205	102,526
Drysdale, Michelle G	InService Education Coordinator	181,124	132,707
Duell, Susan S	Minimum Data Set Director	137,379	128,835
Duffin, Joy R	Transplant Coordinator	208,036	140,774
Duman, Eileen A	Administrative Director of Laboratory Se	164,676	161,257
Dunn, Bethany	Physician Assistant	105,303	135,000
Dunn, Natalie M	General Duty Nurse	109,070	103,424
Durant, Jason M	Systems Administrator	141,150	114,572
Dvinova, Larisa M	Charge Nurse LTC	157,070	118,867
Dwyer, Lisa Y	General Duty Nurse	117,682	109,724
Dyson, Alicia M	General Duty Nurse	22,531	109,720
Eccleston, Bobby	NURSING INSERVICE INSTRUCTOR Emergency Depart	112,173	110,497

Eck, Brooke	Director of Respiratory Therapy Services	126,308	124,493
Eckert, Patricia L	Senior Ultrasonographer	136,040	102,258
Egan, Carol L	Nursing Team Leader LTC	137,723	128,076
Eleey, Lynnette J	Charge Nurse	125,991	118,866
Erhardt, Laurie E	Minimum Data Set Specialist	121,738	120,760
Erhardt, Robert M	Chief Hospital Public Safety Officer	168,283	127,481
Ervolina, Daryl M	Senior Pharmacist ECMC	179,462	169,659
Estes, Ashley	Nursing Care Coordinator	91,964	131,219
Ettipio, Marie L	General Duty Nurse	126,255	106,530
Eustace, Amy B	General Duty Nurse	130,417	109,725
Evans, Michele L	Nursing Team Leader LTC	141,226	128,076
Everette, Rayonia	Licensed Practical Nurse LTC	125,401	125,401
Everette, Shawndre	Licensed Practical Nurse LTC	124,785	124,785
Exposito Vazquez, Manuel O	Certified Nursing Assistant	198,029	198,029
Falck, Eldora E	General Duty Nurse	142,150	100,417
Falco, Mark H	Attending Physician	538,840	509,231
Fanning, Rozalyn N	Nursing Team Leader	137,015	120,759
Farkas, Tina L	General Duty Nurse	115,837	100,418
Farr, Kelsey M	General Duty Nurse	119,059	100,419
Farrell, Amanda L	Clinical Nurse Specialist-Population Health	136,663	157,015
Farrell, Michael Edward	Attending Physician	318,942	400,000
Fenner, Nicholas J	Pharmacist	151,016	143,437
Ferguson, Richard E	Director of Neurology	378,638	378,638
Fetzer, Melanie C	General Duty Nurse	107,782	106,530
Fezer, Stephen J	Anesthetist	252,996	244,283
Fiden, Donna	General Duty Nurse	124,210	109,724
Firestone, Lisa A	Nurse Case Manager - Ambulatory Services	130,026	132,706
Flaherty, Amy A	Staff Counsel - Risk Management	168,621	168,810
Fleming, Laura A	Privacy Officer	115,797	112,323
Fletcher, Lynn J	Nursing Care Coordinator	149,993	139,230
Flett, Deborah A	Nursing Team Leader LTC	132,964	128,076
Flett, Kayleigh	Nursing Team Leader	88,687	107,253
Flynn, William J	Director of Surgery	318,984	318,984
Foster, Antoinette R	Charge Nurse	150,445	102,525
Fowler, Julia R	Nursing Care Coordinator	165,378	147,691
Fox, Heather M	Nurse Case Manager - Ambulatory Services	141,632	140,775
Frey, Jordan	Attending Physician	689,178	650,000
Frustino, Jennifer L	Dentist ECMC	269,082	273,368
Furan, Amanda M	General Duty Nurse	98,546	100,417
Furlani, Lisa A	Anesthetist	106,024	106,024
Furnari, Graziella	Clinical Pharmacy Specialist	155,602	155,735
Gallagher, Heather A	Senior Director Of Compensation Benefits HRIS	151,506	148,951
Galley, Sarah T	Charge Nurse	119,591	108,772
Gallineau, Anne-Marie	Nursing Care Coordinator	167,193	152,121
Galuski, Tabatha A	General Duty Nurse	124,154	124,154
Gambino, Lorraine M	General Duty Nurse	108,219	103,424
Gan, Dalong	Anesthetist	245,633	226,410
Gant, Ramona	Director of Nursing Services LTC	136,346	157,074
Gardy-Batson, Marcell K	Assistant Director of Nursing LTC	139,566	140,000
Garfoot, John B	Anesthesiologist	417,776	422,999
Garvey, Benjamin J	RN Renal/Hemo Data Reviewer	105,975	108,771
George, Kristin A	Charge Nurse Ambulatory Care	107,576	108,771
Gerretsen, Carly A	Nurse Practitioner ECMC	110,560	143,684
Gian, Kathleen M	General Duty Nurse	171,248	109,724

Gibson, Breona	Licensed Practical Nurse LTC	110,882	110,882
Giglia, Joseph T	General Counsel	545,289	545,901
Gill, Elise R	Physician Assistant	129,716	125,000
Gillon-Harper, Alicia R	Nursing Supervisor LTC	4,618	114,439
Ginter, Jennifer	General Duty Nurse	120,866	100,418
Gloss, Margaret E	Technical Dir Echocardiography	85,168	106,340
Golombek, Kelly L	General Duty Nurse	109,237	103,424
Golubski, Adam D	Charge Nurse	106,815	105,595
Gomez, Melissa	Director of Clin. Coding Record Qual Mg	107,210	107,331
Gompah, Santosha M	Unit Manager MedicalSurgical	170,992	146,447
Gonzalez, Susan M	Executive Director ECMC Lifeline Foundation	236,421	206,931
Gorczynski, Thomas S	Director of Information Technology	165,612	159,650
Gorski, Amanda L	General Duty Nurse	111,544	111,544
Gozdalski, Nicole M	Charge Nurse	141,932	118,866
Grabski, Meghan L	Charge Nurse	259,732	105,595
Grantham, Ayanna L	Assistant Director of Nursing LTC	139,566	140,000
Green, Kimberly R	Nursing Team Leader	103,946	112,455
Greenaway, Wanda R	Nurse Practitioner Surgical Services	174,444	157,014
Greene Clark, Maria E	Director of CPEP	30,047	128,749
Gregorio, Tara A	Unit Manager MedicalSurgical	147,960	142,183
Grolemund, Stephanie A	Anesthetist	263,877	244,284
Grzebinski, Jane F	Pharmacist	163,545	156,120
Grzybowski, Helen T	InService Education Coordinator	145,801	135,035
Guerinot, Chris C	Director of Community Based Strategies and Practice	90,734	147,443
Guerinot, Ryan	Director of Development & Marketing ECMC	40,385	105,001
Gulczewski, Michelle L	General Duty Nurse	111,398	109,725
Habonimana, Colette	Charge Nurse	147,937	118,866
Haefner, Lori J	Charge Nurse	132,484	118,866
Haefner, Paula	Project Manager HIT	111,223	111,348
Haines, Tracey M	Charge Nurse	153,569	112,025
Halladay, Nicholas B	Charge Nurse	125,510	112,024
Halloran, Ashley	Vice President of Pharmacy Operations	201,344	201,570
Hamilton, Catherine M	Director of Patient Financial Services	131,862	132,010
Hamilton, Holly R	Pharmacist	7,567	139,258
Handley, Sarah E	Pharmacist	143,914	143,437
Hanlon, Barbara L	Nursing Team Leader	136,309	128,076
Hanna, Jennifer D	Charge Nurse	140,591	112,024
Harhara, Ameen	Nursing Care Coordinator	144,941	123,693
Harris, Rachel	Nurse Practitioner Plastic Recon Surger	145,316	148,000
Hartman, Nancy L	RN Trauma Registrar	130,012	128,076
Hartman, Sandra A	Nursing Supervisor LTC	51,450	135,036
Hartmann, Erica L	Dentist ECMC	185,243	209,999
Haseley, Nicole M	Nurse Practitioner Transplant	239,886	161,710
Hathaway, Amy E	Senior Occupational Therapist	103,643	103,230
Hatten, Khadija A	Nursing Care Coordinator	106,138	139,230
Hauss, Lisa Marie	Nurse Case Manager	138,581	140,774
Havers, Amy M	Charge Nurse	129,792	112,025
Hayden, Katelyn A	Nursing Team Leader LTC	88,728	104,146
Hayes, Ellyn I	General Duty Nurse	132,711	132,711
Hayes, Renee M	Charge Nurse	226,354	112,024
Healy, Jaclyn	Pharmacist	146,348	140,271
Henry, Bridgett L	General Duty Nurse	103,471	100,418
Herdman, Jennifer L	General Duty Nurse	123,186	109,724
Herr, Alexandra C	Staff Counsel ECMC	127,166	127,309

Hess, Corian	Pharmacist	47,541	140,270
Hidalgo, Francisco	Code Compliance Manager	131,805	130,114
Hierl, Michele R	Charge Nurse	136,950	112,024
Highway, Lisa K	Director of Recruitment and Retention	132,062	127,309
Hinckley, Debbra R	General Duty Nurse	121,978	109,724
Hinderliter, Vanessa S	Vice President of Finance ECMC	207,270	201,570
Hines, Holly L	Nurse Case Manager	140,748	140,774
Hodan, Patricia A	Infection Prevention Practioner	128,943	128,077
Hodgson, Matthew W	Nurse Practitioner Plastic Recon Surger	161,122	161,709
Hoeglmeier, Leandra M	General Duty Nurse	106,735	100,417
Hoerner, Audrey A	Senior Nurse Practitioner - Burn Unit	189,825	186,476
Holcomb, Steven	General Duty Nurse	103,433	100,417
Honkomp, Cheryl L	Assistant Head Nurse	128,820	118,867
Hoppe, Erin C	Behavioral Health Supervisor	100,201	100,168
Horesh, Fayelyn J	Anesthetist	180,902	180,902
Horne, Shawndre L	Senior Clinical Laboratory Technologist	116,465	103,173
Horton, Melissa E	General Duty Nurse	112,447	100,418
Hovak, Melissa M	Nurse Practitioner Transplant	257,974	166,560
Hudson, Jeremiah B	General Duty Nurse	118,657	100,417
Hughes, Christopher J	Attending Physician	297,554	456,001
Hulme, Christine M	General Duty Nurse	105,528	106,530
Hunley, Kizzie	Clinical Patient Care Liaison	150,125	147,690
Hunt, Benjamin J	Nursing Inservice Instructor Psych	126,513	124,344
Hunter, Renee M	Charge Nurse	140,329	108,771
Hunter, Thameena Z	Director of System Health and Safety	141,307	140,998
Hutchings, Michelle A	Nurse Case Manager	136,878	140,774
Hyman, Daniel J	Assistant VP of Operations	129,875	130,000
Iheke, Patience O	General Duty Nurse	106,870	100,417
Isch, Pamela	Assistant Director Ambulatory Services	114,630	114,572
Jack, Dennis M	Nurse Practitioner Transplant	236,687	139,510
Jack, Jennifer A	Charge Nurse	148,890	115,405
Jackson, Seanessa R	Nurse Case Manager	143,704	140,774
Jacob, Avneet	Nursing Team Leader	126,788	113,813
James, Ivory M	Licensed Practical Nurse LTC	106,163	106,163
Jamison, Shannon M	Charge Nurse	140,453	118,865
Janczyk, Daryl M	Nursing Inservice Instructor Psych	112,225	112,225
Janetzke, David L	Charge Nurse	127,473	108,772
Jaworski, Crystal L	Charge Nurse	126,470	102,525
Jellinick, Lori L	Director of Rehabilitation Services	134,597	143,068
Jenney, Kevin C	Supervisor of Rehabilitation Medicine	31,800	113,799
Jensen, Erik J	Anesthesiologist	588,907	527,153
Jerzewski, Stephanie R	Clinical Systems Analyst	123,920	104,036
Jimerson, Mary L	Unit Manager Ambulatory Care	139,552	134,031
Jocoy, Angela A	Rehab Services Quality Coordinator-ECMCC	109,644	106,184
Johnson, Desiree A	Charge Nurse	132,977	105,595
Johnson, Marie A	Vice President of Rehab Services	174,286	174,481
Johnson, Maureen B	Charge Nurse	167,577	118,866
Jones, Donna	Chief Quality of Care Officer and Operations Administ	284,012	275,834
Jones, Veronica L	Charge Nurse	149,478	118,865
Jonmaire, Kenneth F	Senior Director Outpatient Operations	144,647	135,970
Jordan, Laondrea L	General Duty Nurse	132,046	100,418
Julyan, Erika A	Senior Occupational Therapist	111,451	104,697
Juncewicz, Edmund	Anesthesiologist	528,862	484,500
Kabayiza, Thamar U	General Duty Nurse	124,859	109,724

Kaid, Rafiq	Charge Nurse	128,624	108,771
Kalinka, Lisa M	Nurse Practitioner Transplant	256,292	157,015
Kaminska, Stephanie	Physician Assistant	125,492	125,000
Kane, Justin C	General Duty Nurse	140,257	109,724
Kantorski, Ryan A	General Duty Nurse PT and PD	110,197	110,197
Kapral, Elizabeth B	Dentist ECMC	215,733	219,419
Karl, Joseph G	General Duty Nurse	8,557	104,000
Karl, Stephanie A	Nurse Case Manager	129,340	132,707
Katilus, Alan J	General Duty Nurse	144,905	106,530
Kaurich, Justine	Vice President of Operations	212,125	212,363
Kawka, April L	General Duty Nurse	116,360	106,530
Kayler, Liise K	Attending Physician	208,813	208,813
Kazmierczak, Jessica	Anesthetist	105,885	226,410
Keenan-USchold, Lisa A	Chief Clinical Psychologist	153,966	149,735
Keeney, Alicia C	Nursing Inservice Instructor Ambulatory Services	120,376	128,076
Kellner, Jean M	General Duty Nurse	105,700	106,530
Kelly-Planter, Jan-Marie D	General Duty Nurse	121,827	109,724
Kemp, Amanda M	Charge Nurse	164,061	108,772
Kemp, Michelle L	Nurse Case Manager	128,570	128,835
Kempston, Shauna L	General Duty Nurse	112,836	112,836
Kent, Joanne	Charge Nurse	130,456	108,771
Kiel, Christina A	General Duty Nurse	69,931	100,417
Kimble, Karen A	Behavioral Health Clinical Manager	131,083	130,543
Kimori, Everesto M	Nursing Care Coordinator	193,511	193,511
Kinkade, Phillip D	General Duty Nurse	128,440	109,724
Kinney, Elizabeth C	Charge Nurse	141,604	118,866
Kitson, Rebecca A	General Duty Nurse	109,035	109,725
Kleinhans, Shannon	Quality Care Coordinator	128,240	125,072
Knihnicki, Crystal J	General Duty Nurse	120,044	103,424
Koch, Elizabeth	Anesthesiologist	521,581	477,542
Kocz, Remek	Anesthesiologist	500,786	488,058
Kolb, Beth A	Charge Nurse	160,907	105,595
Kolber, Brooke	Dentist ECMC	112,538	112,538
Kolbert, Cynthia	Charge Nurse	129,928	118,866
Konikoff, Karen S	Vice President Critical Care & Emergency Services	123,090	183,856
Kordasiewicz, Lynn M	Nurse Practitioner Wound Care	173,155	166,561
Korff, Kathryn C	Dentist ECMC	275,932	315,999
Kostek, Heather M	Nursing Team Leader	97,530	120,758
Koszuta, Ceilia A	Nurse Case Manager	143,152	140,775
Kotoroka-Yiadam, Martin	Charge Nurse	130,576	105,595
Kovanic-Spiro, Paula	Assistant Director Social Work Servs	108,119	104,036
Kowarko, Joanne M	General Duty Nurse	118,378	100,418
Krakoviak, Daryl A	Assistant Director of Social Work BH	114,294	113,316
Krawczyk, Heather L	Charge Nurse	117,436	108,771
Kruse, Kelley M	General Duty Nurse	104,965	106,530
Kurek, Alecia L	Unit Manager MedicalSurgical	157,881	146,447
Kuropatwinski, David J	Nursing Team Leader	121,196	124,345
Kurzdorfer, Scott G	Minimum Data Set Specialist	100,971	110,497
Kuzdzal, Chelsie A	Assistant Program Director of Behavioral Health	68,345	104,036
Kwiatkowski, Andrew J	Director of Project Management HIT	175,308	165,526
La Porta, Kathleen A	Senior Clinical Laboratory Technologist	106,636	107,118
Labelle, Jamie L	Unit Manager Hemodialysis	145,544	146,447
Labelle, Marc P	Vice President Surgical Services	182,466	182,671
Lampka, Sydney N	Charge Nurse	107,371	102,525



Lancaster, Maria A	General Duty Nurse	79,476	100,418
Lang, Julie T	Project Manager HIT	111,223	111,348
Laraiso, Joelle L	General Duty Nurse	110,395	106,530
Larkin, Rachel L	Nursing Team Leader	69,191	124,344
Larson, Amanda M	General Duty Nurse	101,951	101,951
Lauer, Sandra L	Director of Continuum Care	150,074	139,584
Lavarney, Nicole M	Infection & Wound Care Preventionist LTC	146,168	140,775
Lawandus, Sarah E	Patient Safety Clinical Investigation Coordinator	116,250	132,706
Lawley, Melinda M	Unit Manager Critical Care	150,303	146,447
Leas, Adam C	General Duty Nurse	118,946	106,530
Leas, Christie L	General Duty Nurse	114,495	100,418
Lee, Pamela R	Senior VP of Operations ECOM	333,785	331,058
Leeds, Margaret M	General Duty Nurse	121,259	121,259
Leitten, Deborah A	General Duty Nurse	125,895	109,724
Lenhard, Eric	Pharmacist	153,256	146,583
Leonard, Jamie L	Charge Nurse	131,542	108,771
Lewandowski, Emily E	Pharmacist	127,017	140,272
Lewis, Gary D	Licensed Practical Nurse LTC	101,280	101,280
Lewis, Jennifer R	Charge Nurse	158,707	105,595
Lezynski, Sharon A	General Duty Nurse	143,328	109,724
Lilic, Dijana	Charge Nurse	203,532	118,865
Lillard, Jamie L	Charge Nurse	125,856	102,525
Linneborn, Tracey M	Assistant Director Social Work Servs	108,246	106,340
Lipiarz, Jennifer L	Charge Nurse	128,903	105,595
Liptak, Jacqueline Rae	Pharmacist	128,508	140,270
LoFaso, John	Anesthesiologist	215,077	440,001
Logel, Cassandra J	Clinical Documentation Specialist	122,091	108,771
Lorden, Bernard N	Network Analyst	143,439	110,994
Loree, Thom R	Attending Physician	992,690	991,129
Loughran, Vicki A	General Duty Nurse	112,241	109,725
Lowitzer, Heidi	Charge Nurse	124,685	108,771
Lowmaster, Stephen K	General Duty Nurse	100,603	103,423
Lucas, Paul J	General Duty Nurse	126,130	109,724
Ludlow, Charlene J	Senior VP of Nursing	370,898	371,314
Lydo, Kaitlin M	RN Trauma Registrar	122,636	117,233
Macaluso, Ann M	Pharmacist	40,915	140,270
Mack, Markita N	Unit Manager Critical Care	141,800	142,183
MacNeil, Sarah L	General Duty Nurse	167,599	106,530
MacTurk, Nancy A	General Duty Nurse	119,672	109,725
Madison, Mark E	General Duty Nurse	111,646	109,725
Madoo, Kevin M	Director of Plant Operations	129,914	130,060
Madore, Donat	General Duty Nurse	125,136	109,725
Maggio, Sarah L	ASSISTANT VP of BH Nursing & Edu	174,367	153,832
Maloney, Jennifer L	Unit Manager MedicalSurgical	147,117	146,447
Manning, Jeremy J	Charge Nurse	132,645	112,024
Marczak, Juliet M	Nurse Practitioner ECOM	158,227	161,709
Markiewicz, Anthony A	Vice President Clinical Business Intelligence and Infor	207,300	196,368
Marks, Jack E	General Duty Nurse	114,312	109,725
Marshall, Michelle L	PROGRAM DIRECTOR-BEHAVIORAL HEALTH	127,061	123,599
Marso, Lisa K	Anesthetist	266,951	244,284
Martin, Donna M	General Duty Nurse	110,215	109,725
Martina, Kristin L	Nursing Team Leader	163,797	117,233
Martinez, Kristen M	Director of Rehabilitation Services LTC	109,782	106,621
Masters, Raymond J	Anesthetist	246,789	244,283

Matteliano, Andrea Marie	Physician Assistant	90,385	125,000
Mattina, Adrienne A	General Duty Nurse	123,644	109,724
Matyjasik, Robin L	Clinical Resource Nurse Emerg Services	134,029	108,772
Maul, Sara E	Charge Nurse	115,083	112,024
Maxson, Karen L	General Duty Nurse	116,190	109,724
Mayer, John	Director of System Health and Safety	42,714	124,116
Mazur, Christopher	Senior Pharmacist ECMC	177,082	159,201
McAndrews, Lisa M	Charge Nurse	123,476	118,867
McCartan, Daniel P	Emergency Preparedness Manager	109,836	109,959
McCarthy, Kevin M	Senior Clinical Laboratory Technologist	115,553	101,260
McCloud, Arletha S	Charge Nurse	133,445	118,866
McCray, Timiah D	General Duty Nurse LTC	143,303	143,303
McCullor, Sandra J	Charge Nurse	130,734	118,866
Mcdougall, Sarah N	Pharmacist	143,369	143,437
McDuffie, Ann M	Nursing Team Leader Orthopedics	128,675	128,076
McGuigan, Jessica L	Unit Manager MedicalSurgical	143,323	146,447
McKeever, Ashley L	Anesthetist	262,555	244,284
McLaughlin, Gloria E	General Duty Nurse	121,085	109,724
McLean, Terrence R	Dentist ECMC	472,594	473,502
McNair, Antionette L	Nursing Care Coordinator	114,931	114,931
McRae, Jennifer	Nursing Team Leader LTC	124,270	113,812
Mehmedovic, Andrea J	Chief Clinical Laboratory Technologist	159,054	116,132
Mendola, Kathryn K	Director of Campaigns & Major Gifts	112,253	108,212
Menter, Danielle A	Charge Nurse	173,731	115,405
Merineau, Rock	Project Manager HIT	22,902	102,531
Metz, Martha R	Clinical Nurse Specialist Crit Care ER	132,733	139,511
Metzler, Ashley M	Unit Manager Post Anesthesia Care	153,858	146,447
Meyers, Tracy M	RN Trauma Registrar	131,003	128,076
Miano, Joanne C	Nurse Case Manager	139,012	140,774
Miller, Crystal M	General Duty Nurse	173,222	173,222
Miller, Kelly L	Emergency Department Patient Flow Team Lead	185,809	120,758
Miller, Loretta J	Safe Patient Handling Coordinator	123,798	113,799
Miller, Melissa K	Assistant Head Nurse	111,544	115,404
Minhas, Parveen K	Senior Nurse Practitioner-Transplant	272,210	181,046
Mitchell, Alexandria N	Unit Manager MedicalSurgical	148,705	146,447
Mitchell, Shawn D	General Duty Nurse	225,453	109,725
Mogavero, Joseph N	Healthcare Business System Manager	142,171	140,135
Moll, Scott Edward	Nursing Supervisor LTC	29,575	116,477
Monaghan, Anna E	General Duty Nurse	106,117	100,418
Mondoux, Jessica	Vice President Transplantation & Renal Care	150,707	175,999
Monkelbaan, Ashley Nicole	Nursing Team Leader LTC	103,538	104,146
Monnier, Thomas J	Director of Biomedical Services	107,842	111,394
Monnin, Katherine E	General Duty Nurse	90,853	100,417
Montague, Victoria J	Charge Nurse	152,656	108,771
Moody, Jacqueline	Charge Nurse	130,575	102,525
Mooney, Michelle H	Nurse Case Manager	141,406	140,775
Moore-Haley, Maureen M	General Duty Nurse	127,936	109,725
Morello, Joseph	General Duty Nurse	95,721	103,424
Morrissey, Colin P	Anesthetist	247,465	244,284
Moses, Beth A	Trauma Injury Prevention & Education Coo	132,409	128,076
Moses, Thomas M	Charge Nurse	116,978	102,525
Mosleh, Kaid A	General Duty Nurse	163,489	163,489
Mosley, Steven	Healthcare Information Security Analyst II	104,698	104,036
Mukandamutsa, Berthilde	Certified Nursing Assistant	116,491	116,491

Mulderig, Christian E	General Duty Nurse	111,976	100,418
Mullen, Meghan J	Trauma Program Manager	163,756	166,559
Mulvenna, Tina M	Admissions Coordinator LTC	105,960	108,771
Mund, Nadine M	Director of Corporate Compliance	138,646	138,646
Murawski, Phyllis A	Quality Officer	235,232	274,999
Murphy, Evelyn M	General Duty Nurse	108,807	109,725
Nagai, Michael Y	Attending Physician	608,758	599,409
Najmulski, Kellie	Nursing Team Leader	152,694	110,497
Nance, Michele D	Assistant Nurse Case Manager	127,041	118,866
Napierala, Randal J	Pharmacist	144,047	143,437
Nasca, Maureen S	Dentist ECMC	464,839	464,839
Nawojski, Kari A	Charge Nurse	239,572	115,405
Nawojski, Michelle	Minimum Data Set Specialist	109,472	110,497
Neff, Melissa A	Unit Manager Cardiac Cath Lab	243,699	146,447
Nesbitt, David L	Asst VP of Compliance and Senior Counsel	222,539	222,789
Nicotra, James P	Senior Director Outpatient Operations	80,350	128,882
Nieswiadomy, Kayla M	Nurse Practitioner Transplant	198,962	152,422
Nisbet, Kaela A	General Duty Nurse	116,576	103,424
Noller, Dawn M	General Duty Nurse	106,746	106,530
Nowak, Kevin	Anesthesiologist	523,038	457,777
Nowak, Kristine M	Behavioral Health Clinical Manager	136,286	130,543
Nowak, Lisa M	Nursing Team Leader LTC	160,587	117,234
Nowotarski, Donna M	Clinical Laboratory Technologist	111,123	100,441
Nye, Maria L	Charge Nurse	143,144	118,865
Obstarczyk, Valerie M	Clinical Documentation Specialist	113,568	108,772
Occhino, Erin L	Clinical Pharmacy Specialist	158,032	155,736
O'Connor, Ashley J	Charge Nurse	89,341	108,771
O'Connor, Brendan J	Clinical Resource Nurse Emerg Services	116,397	112,025
O'Neil, Vanessa	Assistant Director of Nursing LTC	131,922	140,000
Ordon, Cheryl A	Nurse Case Manager	140,407	140,774
Orloff, Patrick J	Director of Internal Audit	83,133	132,400
Orta, Adrian J	Clinical Systems Analyst	118,200	106,340
Ott, Michael C	Clinical Coord Pharmacy Services	171,873	162,661
Pagano, Christina M	Physician Assistant	141,047	135,970
Paladino, Matthew J	Anesthesiologist	535,756	487,094
Palermo, Loretta L	Emergency Department Patient Flow Team Lead	155,164	128,077
Paluchowski, Jeffrey M	Respiratory Care Practitioner LTC	123,489	123,489
Panesar, Mandip	Chief Medical Information Officer	474,057	470,457
Paolini, Cherise M	General Duty Nurse	107,219	109,725
Park-Brooks, Jessica S	General Duty Nurse	114,737	109,725
Parker, Adam	Assistant Director of Pharmacy	153,041	153,213
Parks, Mary A	Charge Nurse	130,947	115,405
Patterson, Caralyn R	Nursing Team Leader LTC	83,582	112,455
Patterson, Malanie	General Duty Nurse LTC	120,193	120,193
Patterson, Sandra J	Nursing Team Leader Ambulatory Services	36,719	122,853
Pawar, Ravinder K	General Duty Nurse	111,271	109,725
Payne, Angela M	Nursing Care Coordinator Emergency Dept	166,706	131,219
Peals, Letrice	Charge Nurse	27,310	110,699
Pellicane, Stephen R	General Duty Nurse	167,934	109,724
Pelton, Lisa A	General Duty Nurse	106,830	106,529
Perkins, Melissa S	Unit Manager MedicalSurgical	147,070	146,446
Perry, Melissa B	Clinical Resource Nurse	117,637	108,772
Pesta, Joslyn D	Pharmacist	142,249	140,271
Petit, Kristy L	Charge Nurse LTC	153,270	153,270

Petri, Jeanenne	General Duty Nurse	123,615	123,615
Petronsky, William M	Senior Rad Techonologist Imaging Specialist	106,454	104,764
Petry, Christina J	Nursing Team Leader Ostomy Wound Care	134,235	128,076
Phillips, Kristen F	Anesthetist	234,227	226,410
Phillips, Rachael	General Duty Nurse	41,393	100,418
Picciano, Cathleen M	Lead Clinical Documentation Specialist	18,260	122,852
Picciano, Thomas	Manager - Care Management	139,764	140,000
Piedmonte, Gina M	General Duty Nurse	117,162	109,724
Pierce, Erin B	General Duty Nurse	29,022	109,723
Pietrzyk, Mathew R	Clinical Teacher	9,033	137,565
Piscatelli, Nicole	Dentist ECMC	180,499	180,499
Pittman, Courtney S	Director of Patient Access Services	126,128	126,269
Pitz, Anita A	Charge Nurse	146,784	118,866
Plotnicki, Ursula	General Duty Nurse	118,180	100,417
Plueckhahn, Jennifer	Minimum Data Set Specialist	116,751	117,234
Pollock, Michael P	Info Technology Operations Manager	140,753	137,267
Poodry, Abby J	Charge Nurse	136,575	118,866
Popat, Saurin R	Attending Physician	477,588	477,588
Porter, Bradley S	Nursing Team Leader LTC	36,926	105,992
Porter, Tricia M	General Duty Nurse	171,726	109,725
Powers, Lauren Ashley	Pharmacist	21,590	140,270
Powers, Paul J	Information Systems Analyst	125,640	108,662
Powers, Shawntey M	Nursing Team Leader	125,209	124,344
Pressley, Charles G	Staff Counsel ECMC	136,661	136,815
Principe, Tamara L	Charge Nurse	120,559	105,595
Przybylak, Thomas L	Information Technology Systems Architect	35,000	130,000
Pulka, Ashley L	Pharmacist	143,277	143,437
Quatroche, Thomas	Chief Executive Officer ECMC	1,524,460	1,536,636
Queener, Fontella	General Duty Nurse	119,234	109,725
Quintin, Krystal	General Duty Nurse LTC	107,445	107,445
Radovic, Vladan	Attending Physician	414,827	388,068
Ransom, Autumn	General Duty Nurse	108,345	108,345
Rassman, Jeffrey	Physician Assistant	133,018	133,167
Rathgeber, Pandora P	General Duty Nurse	119,325	109,724
Ratinskaya, Olga M	General Duty Nurse	141,353	100,418
Reamsnyder, Cynthia A	General Duty Nurse	78,123	102,187
Reed, Karen S	Anesthesiologist	569,509	527,153
Reeners, Eric S	Director of Finance ECMC	146,812	144,201
Regelin, Lucas	Pharmacist	117,385	140,270
Reigle, Corey L	Charge Nurse	133,412	118,865
Reilly, Mary B	Vice President Critical Care & Emergency Services	170,711	175,999
Reinhardt, Julie A	General Duty Nurse	109,210	109,725
Remillard, Sara	Anesthetist	186,000	244,284
Renda, Amanda L	General Duty Nurse	115,900	103,423
Resetarits, Christopher M	Chief Anesthetist	288,077	288,400
Reynolds, Katrina R	General Duty Nurse	30,158	102,582
Reynolds, Tracy N	General Duty Nurse	122,724	100,418
Richardson, Eden M	Charge Nurse LTC	111,690	112,024
Ricks, Tiffany L	Charge Nurse	197,077	105,595
Riley, Peggy-Sue L	Charge Nurse	142,928	118,866
Ring, Alan J	Anesthetist	246,984	226,410
Riter, Debra A	Assistant Director of Social Work BH	110,718	113,316
Rizzo, Ann M	General Duty Nurse	114,561	109,725
Rizzo, Heather R	Anesthetist	192,209	192,209

Rizzo, John A	Unit Manager MedicalSurgical	137,011	138,058
Robb, Noel R	Charge Nurse	129,314	118,866
Roberts, Sara M	Lead Clinical Documentation Specialist	160,318	120,759
Robertson, Heather	Charge Nurse	135,984	115,405
Robertson, Reilly V	General Duty Nurse	160,088	103,424
Roblee, Chelsey L	Nursing Team Leader	132,491	124,345
Rodriguez, Erin T	Charge Nurse	119,120	115,405
Roeder, Anastasia M	Director of Development & Marketing ECMC	141,215	118,412
Rogan, Ilona E	EchoCardiography Technician	131,042	100,168
Rogers, Angeline P	Nurse Case Manager	141,774	140,774
Rohatgi, Nidhika	Pharmacist	33,293	140,270
Rohl, Kathleen M	Assistant Head Nurse	126,292	118,867
Rohloff, Sarina M	Director of Procurement Compliance	107,782	107,903
Rohrbacher, Bernhard J	Medical Specialist	129,541	129,541
Roman, Julie A	Clinical Documentation Specialist	158,743	115,404
Roof, Angela E	Nurse Case Manager	122,932	125,073
Roof, Donald P	Director of Materials Management	119,922	118,235
Roopchand, John-Paul	Network Analyst	106,220	104,036
Root, Sarah E	Infection & Wound Care Preventionist LTC	128,545	140,774
Ross, Nicole A	Pharmacist	148,950	140,271
Rossi, Lucia J	Vice President of Ambulatory Svs & Population Health	176,082	169,744
Rossitto, Rachael A	Chief of Service Dentistry	354,093	409,999
Ross-McComb, Holly G	Clinical Nurse Specialist Behavioral Hea	152,963	152,422
Rubin, Kari L	Nurse Case Manager	139,074	140,774
Rudyk, Jenine M	Unit Manager Critical Care	143,892	142,183
Rudyk, Stanley	General Duty Nurse	100,039	100,417
Ruh, Christine A	Assistant Director of Pharmacy	167,434	167,622
Rust, Shawna M	Charge Nurse	139,756	118,866
Rutkowski, Tammy M	General Duty Nurse	109,329	109,725
Rutty, Amy J	General Duty Nurse	114,089	109,725
Ryan, Taylor M	Charge Nurse	151,140	105,595
Saia, Sarah Jane	Nursing Inservice Instructor Psych	115,077	110,498
Sammarco-Delmont, Renee S	Unit Manager MedicalSurgical	167,809	146,446
Sands, Robert P	Anesthesiologist	358,612	516,815
Sanger, Tami L	Senior Clinical Laboratory Technologist	120,997	101,260
Santillo, Alexis L	Physician Assistant	130,733	125,000
Santo, Angela M	Charge Nurse	137,521	108,771
Sarkisian, Kevin G	Sr Healthcare Info Reporting Specialist	123,689	106,340
Sauer, Jillian M	Unit Manager MedicalSurgical	136,846	138,058
Sayles, Saryna M	General Duty Nurse	116,259	100,418
Scanlon, Lora A	General Duty Nurse	105,425	100,418
Scherer, Paul C	Healthcare Business Sys Analyst	120,807	115,635
Schihl, Cassandra L	Charge Nurse	153,304	105,595
Schoelerman, Ronald M	Assistant VP of BH & Community	159,993	153,829
Schubbe, Jayson	Healthcare Data Warehouse Architect	129,233	124,582
Schubbe, Michele A	Healthcare Business Sys Analyst	134,692	110,995
Schultz, Kathryn M	General Duty Nurse	112,705	100,419
Schultz, Rachael M	Anesthetist	158,674	158,674
Schummer, Abby J	General Duty Nurse	122,221	106,529
Schunke, Katrina M	Pharmacist	88,315	156,120
Schurr, Karen D	Clinical Asst to VP Surg & Card. Services	147,639	144,201
Schwanekamp, Karen A	Anesthetist	270,955	244,284
Schwartz, Danielle M	General Duty Nurse	142,352	142,352
Schwenk, Kurt W	Director of Budget ECMCC	132,741	132,613

Scrocco, Mary Carol	Nurse Practitioner Cardiovascular Lab	132,216	159,769
Scruggs, Tammie R	General Duty Nurse	72,093	105,251
Seay, Michelle D	Clinical Patient Care Liaison	155,718	152,121
Sell, Gregory S	Nursing Inservice Instructor Crit Care	107,922	113,813
Semrau, Jeffrey M	Senior Pharmacist ECMC	182,220	155,736
Senchoway, Laura M	Anesthetist	237,074	226,410
Serafin, Laura J	General Duty Nurse	151,798	151,798
Seweryniak, Sara M	General Duty Nurse	108,669	100,418
Shanahan, Robert M	Network Analyst	137,439	110,994
Shanley, Kayla M	General Duty Nurse	104,567	103,423
Shaw, Patrick T	Clinical Resource Nurse	121,583	115,404
Sheppard, Judith E	Nursing Supervisor LTC	159,898	140,774
Shine, Quivonna J	Nursing Supervisor LTC	3,818	114,439
Silfies, Robert F	Charge Nurse	134,121	102,526
Simon, Alexander P	Clinical Application Systems Manager	128,631	120,531
Simone, Jessica N	General Duty Nurse	112,135	100,418
Sitgreaves, Theresa A	Charge Nurse	116,659	112,024
Smith, Andrew N	Nurse Case Manager	148,872	140,774
Smith, Jennifer L	General Duty Nurse	111,916	109,725
Smith, Laura J	General Duty Nurse	109,399	100,418
Smith, Taneca V	Nurse Case Manager	133,122	128,836
Smolen, Ashley J	General Duty Nurse	112,731	106,530
Snyder, Brigitte	Charge Nurse	133,446	105,595
So, Timmy Jk	Assistant Director of Social Work BH	113,009	110,995
Sojda, Hollie M	EchoCardiography Technician	122,777	100,168
Sole, Jennifer A	Nursing Team Leader	137,561	128,076
Sorce, Lynn M	Charge Nurse	118,862	118,867
Soto-Gott, Sheree A	General Duty Nurse LTC	166,234	166,234
Sousis, Julie M	Assistant Director Ambulatory Services	122,629	119,733
Spencer, Jessica L	General Duty Nurse	111,138	100,418
Sperry, Howard E	Clinical Director Medicine	342,637	328,637
Stadler, Nicholas P	General Duty Nurse	131,598	100,418
Stanford, Benjamin A	Unit Manager MedicalSurgical	146,759	142,183
Staniorski, Paula F	General Duty Nurse	57,600	105,250
Stark, Angela M	General Duty Nurse	118,151	100,418
Steffen, Tracy H	Nurse Case Manager	139,572	140,774
Stegemann, Philip M	Chief of Orthopedic Surgery	76,574	117,148
Sterner, Jared T	Nursing Team Leader	139,165	120,759
Steward, Kevin R	Nursing Care Coordinator	166,511	152,121
Stobnicki, Cortney B	Anesthetist	261,068	244,284
Stoll, Jami S	Charge Nurse	91,914	102,525
Stroud, Kerry A	Nursing Care Coordinator	166,142	152,121
Sturtz, Janice M	Nursing Team Leader Ostomy Wound Care	122,041	124,344
Suchy, Thomas C	Attending Physician	502,116	498,623
Sullivan, Michele M	General Duty Nurse	136,644	109,724
Surowiec, Stephanie A	General Duty Nurse	105,079	100,418
Sutkowski, Jordan L	Charge Nurse	113,714	108,771
Sutton, Danielle R	Charge Nurse	132,407	118,866
Swain, Anthony R	Charge Nurse	125,974	118,866
Swain, Maureen A	Charge Nurse	59,961	114,021
Sweetland, Jennifer M	Nursing Informatics Manager	151,187	152,121
Sweitzer, Sarah M	General Duty Nurse PT and PD	159,883	159,883
Swiatkowski, Jonathan T	Chief Financial Officer ECMC	591,586	592,249
Swiderski, Leah	General Duty Nurse	124,164	124,164

Syracuse, Wendy A	General Duty Nurse	119,753	103,424
Tadak, Monica J	Director of Revenue Capture and Integrity	146,145	143,005
Tadt, Stephanie R	Nurse Case Manager	138,244	140,774
Tague, Dana E	Nurse Practitioner Rehabilitation Services	180,896	166,561
Tait, Christopher A	Nurse Case Manager	141,807	140,774
Taylor, Austin J	General Duty Nurse PT and PD	101,945	101,945
Thanki, Pamela S	Senior Financial Analyst	117,242	113,022
Thimot, Veronica A	General Duty Nurse	116,154	100,418
Thomas, Dylan	Pharmacist	114,477	140,270
Thomas, Katheleen	Infection Prevention Practitioner	146,837	128,077
Thomas, Lakeisha A	Charge Nurse	126,761	102,525
Thomas, Michael	General Duty Nurse	113,366	100,418
Thomas, Sherry D	General Duty Nurse	47,822	102,186
Thompson, Denise B	Nursing Care Coordinator	162,683	147,690
Thoms, Amy C	Clinical Documentation Specialist	149,340	118,867
Thorpe, Lisa F	Director of Rehabilitation Services	151,644	143,067
Tiwana, Harwinder K	General Duty Nurse	44,207	105,248
Tkalich, Ostap	General Duty Nurse	101,730	101,730
Toal, Emily R	Charge Nurse	133,633	115,405
Tornabene, Jillian	Nurse Practitioner Orthopedic Services	152,183	148,000
Tornambe, Lynne L	Pharmacist	153,885	149,734
Torres, Carmen	Nurse Practitioner ECMC	189,481	166,560
Toscano, Shannon M	Charge Nurse	106,594	105,595
Toy, Amy M	Charge Nurse	134,794	118,865
Troise, Emily A	Nursing Inservice Instructor Crit Care	123,026	120,759
Turner, Charlaina J	General Duty Nurse PT and PD	120,852	120,852
Turner, Jacqueline E	General Duty Nurse	120,356	109,725
Turner, Marcy L	General Duty Nurse	137,271	103,424
Twichell, Jerome D	Senior Director Outpatient Operations	141,047	135,970
Urban, Paul	Assistant Info Tech Sys Architect	131,862	132,010
Vacanti, Angela	Manager Infection Control	156,968	152,121
Vacanti, Charles M	Nursing Team Leader	145,172	128,076
Vacanti, Jason M	General Duty Nurse	259,177	103,423
Vaccaro, Jessica R	Charge Nurse	126,703	108,771
VanSteenburg, Monica Dawyot	Anesthetist	222,405	226,410
Vazquez, Alexandra M	Charge Nurse	143,347	112,024
Vazquez, Dionna C	Utilization Review Nurse	174,119	103,424
Villacorta, Maria C	Charge Nurse	156,123	118,866
Volk, Karleigh Mary	Dentist ECMC	47,789	140,001
Vullo, Lori A	General Duty Nurse	106,382	106,530
Walden, Jenna M	Nurse Practitioner Transplant	130,499	148,000
Wallace, Lauren M	Nursing Team Leader LTC	117,043	110,497
Walsh, Evelyn P	Attending Physician	297,715	279,999
Walter, Robert H	Chief Clinical Laboratory Technologist	142,443	122,899
Walters, Amy M	General Duty Nurse	125,425	109,724
Walters, Kimberly J	General Duty Nurse	170,862	109,724
Wang, Nana	Pharmacist	128,947	140,270
Warmus, Renelle M	Nurse Case Manager	135,918	136,675
Warren, Daniel R	Manager of Financial Reporting	110,446	102,999
Warren, Susan I	General Duty Nurse	121,372	106,530
Weaver, Stephanie C	Clinical Teacher Dedicated Education Unit Instructor	134,300	132,706
Weber, Joseph P	Network Analyst	137,839	110,994
Weigand, Sara J	General Duty Nurse	104,237	104,237
Weise, Thomas H	Nursing Supervisor LTC	127,230	121,428

Weiss, Katherine A	Pharmacist	183,835	156,121
Weiss, Nicole	Pharmacist	146,013	140,270
Weld, Tiffani Marie	Charge Nurse	156,991	105,595
Welka, Andrew J	Anesthesiologist	509,545	466,151
West, Ashley M	Nurse Case Manager	140,653	140,774
West, Lindsey A	Unit Manager MedicalSurgical	135,036	134,031
Wheeler, Jennifer L	General Duty Nurse	97,885	100,417
Whelan, Stephen D	Nursing Inservice Instructor Psych	117,392	110,498
Whipkey, Colleen M	Charge Nurse	116,546	118,867
White, Katie L	General Duty Nurse	105,898	103,423
Wickett, Rachel C	General Duty Nurse	161,294	100,418
Wiggins, Shaniqua P	General Duty Nurse	107,689	107,689
Wik, Michelle L	Charge Nurse	145,038	108,772
Wilde, Michelle A	Charge Nurse	141,677	118,865
Williams, Kameo S	General Duty Nurse LTC	131,917	131,917
Williams, Sara K	General Duty Nurse	114,175	103,424
Williams, Sonia	Assistant Director Ambulatory Services	130,566	127,481
Williams, Stephanie A	General Duty Nurse	174,836	103,424
Williamson, Katrina L	General Duty Nurse	108,706	109,725
Wilson, Brittany M	Nursing Inservice Instructor ECMC	103,542	101,795
Wilson, Karyn M	Assistant Director Ambulatory Services	115,043	114,571
Wilson, Nicolette M	Vice President Revenue Cycle	189,193	189,405
Wilson, Tiffany A	Charge Nurse	133,259	112,024
Wing, Kathryn M	General Duty Nurse	109,169	109,725
Wise, Sean P	Charge Nurse	112,577	105,595
Wittenbrink, Timothy B	Nursing Team Leader	122,050	117,234
Wittmann, Paula A	Charge Nurse	133,025	118,866
Wojtowicz, Jean M	General Duty Nurse	110,429	109,725
Wolf, Jo Ann S	Vice President Medical Surgical Nursing Services	160,480	175,999
Wood, Jamie L	General Duty Nurse	124,574	109,724
Wood, Rebecca A	Charge Nurse	117,548	108,771
Woodruff, Stephen R	Administrator LTC	174,851	175,048
Woods, Kara A	Physician Assistant	139,287	135,970
Wright, Kiayra-Elexus T	General Duty Nurse	102,188	102,188
Wright, Shaunda M	Unit Manager Behavioral Health	157,338	142,182
Yak, Joseph Y	Chief Clinical Laboratory Technologist	134,832	116,132
Yates, Robert A	Anesthetist	246,973	226,410
Yerdon, Kerri L	General Duty Nurse	133,035	100,418
York-Renaud, Jamie L	Nursing Inservice Instructor OR	135,810	128,076
Yotter, Emily A	Charge Nurse	5,102	104,338
Young, Amanda N	Junior Staff Counsel ECMC	102,884	102,999
Young, Grace K	General Duty Nurse PT and PD	102,896	102,896
Zajac, Jamie E	Emergency Department Patient Flow Team Lead	153,724	128,077
Zak, Katherine J	General Duty Nurse	135,985	109,724
Zanghi, Marie R	Nurse Case Manager	126,053	140,774
Zayac, Jason A	Anesthesiologist	410,569	447,000
Zdon, Glen W	Unit Manager Hemodialysis	135,998	138,058
Zielinski, Danielle M	General Duty Nurse	105,316	100,418
Zimmer, Michelle L	Charge Nurse	152,811	118,866
Zinzola, Amie M	General Duty Nurse	146,853	103,424
Zolnowski, Kimberly	Charge Nurse	138,570	112,024
Zynda, Elizabeth A	Nurse Practitioner Transplant	226,703	161,710



2024 \$100K Procurement Report ECMCC

Vendor Name	Payments	Reporting Year	Contract Start	Contract End	Purpose
MCKESSON DRUG CO	\$61,172,776	2024	2/1/2021	8/31/2028	Commodities/Supplies
METZ CULINARY MANAGEMENT	\$18,947,148	2024	4/6/2019	8/31/2027	Other Professional Services
CARDINAL VALUE LINK	\$13,591,797	2024	12/1/2012	6/30/2027	Commodities/Supplies
UNIVERSITY MEDICAL RESIDENT SERVICES, P.C.	\$12,565,379	2024	1/4/2019	1/3/2029	Other Professional Services
UBMD PSYCHIATRY	\$12,485,599	2024	8/1/2016	12/31/2025	Other Professional Services
GENERAL PHYSICIAN, P.C.	\$12,482,990	2024	12/1/2023	11/30/2028	Other Professional Services
ERIE COUNTY COMPTROLLER'S OFFICE	\$12,341,865	2024	1/22/2010	Evergreen	Other
APOGEE MEDICAL MANAGEMENT	\$11,387,674	2024	9/1/2015	6/30/2029	Other Professional Services
GRIDER SUPPORT SERVICES, LLC	\$ 9,659,355	2024	3/1/2012	Evergreen	Other
UPSTATE NEW YORK TRANSPLANT	\$ 9,322,135	2024	8/2/2016	Evergreen	Commodities/Supplies
ACADEMIC MEDICAL SERVICES, INC.	\$ 8,999,718	2024	3/8/2018	3/7/2025	Other Professional Services
THE RESEARCH FOUNDATION	\$ 8,980,450	2024	12/2/2011	12/31/2050	Other Professional Services
UNIV. @ BFLO SURGEONS, INC.	\$ 8,972,300	2024	7/1/2022	6/30/2025	Other Professional Services
GREAT LAKES MEDICAL IMAGING, LLC	\$ 8,835,959	2024	9/1/2015	8/31/2027	Other Professional Services
BUFFALO INTERNIST AND ASSOCIATES	\$ 5,962,784	2024	6/13/2017	12/31/2025	Other Professional Services
ZIMMER BIOMET	\$ 5,955,282	2024	12/29/2022	6/30/2026	Commodities/Supplies
TRELLIS RX, LLC	\$ 5,422,986	2024	5/1/2021	4/30/2026	Other Professional Services
UNIVERSITY EMERGENCY MEDICAL	\$ 4,395,812	2024	8/1/2017	7/31/2027	Other Professional Services
SYNTHESE	\$ 3,573,396	2024	9/18/2019	10/24/2026	Commodities/Supplies
STRYKER ORTHOPAEDICS	\$ 3,476,272	2024	9/20/2022	3/31/2027	Commodities/Supplies
GLOBUS MEDICAL INC	\$ 3,470,159	2024	4/30/2015	9/30/2026	Commodities/Supplies
SMITH & NEPHEW US	\$ 3,469,558	2024	9/11/2020	12/31/2025	Commodities/Supplies
CARDINAL HEALTH MED PROD &	\$ 3,092,580	2024	12/1/2012	6/30/2027	Commodities/Supplies
UB FAMILY MEDICINE INC.	\$ 3,065,807	2024	6/1/2020	5/31/2027	Other Professional Services
UNIV. ORTHOPAEDIC SERVICES	\$ 2,588,987	2024	12/31/2021	12/31/2025	Other Professional Services
KALEIDA HEALTH	\$ 2,547,828	2024	11/24/2014	Evergreen	Other
ROCHE DIAGNOSTIC CORP	\$ 2,537,390	2024	5/1/2002	5/21/2025	Commodities/Supplies
ARTHREX	\$ 2,317,348	2024	10/1/2018	2/12/2025	Commodities/Supplies
SUPPLEMENTAL HEALTH CARE	\$ 2,275,733	2024	12/8/2016	10/27/2025	Staffing Services
BAXTER HEALTHCARE CORP	\$ 2,238,206	2024	9/11/2024	9/30/2027	Commodities/Supplies
UB NEUROSURGERY, INC.	\$ 2,231,057	2024	9/30/2019	9/29/2027	Other Professional Services
ABBOTT LABORATORIES, INC.	\$ 2,090,398	2024	3/1/2022	2/28/2025	Commodities/Supplies
CARDINAL HEALTH	\$ 1,896,090	2024	5/1/2020	8/30/2027	Commodities/Supplies
AMERGIS HEALTHCARE STAFFING	\$ 1,872,179	2024	8/23/2023	8/22/2026	Staffing Services
KSL DIAGNOSTICS, INC	\$ 1,867,104	2024	1/7/2019	9/30/2025	Other Professional Services
CORE BTS INC	\$ 1,804,583	2024	12/20/2023	11/30/2025	Technology - Software
LAB CORP OF AMERICA	\$ 1,728,468	2024	10/1/2018	9/30/2026	Other Professional Services
CLEAN CARE LINEN	\$ 1,696,671	2024	5/2/2019	5/1/2025	Other Professional Services
MEDICAL SOLUTIONS, LLC	\$ 1,656,543	2024	12/4/2018	12/3/2025	Staffing Services
DELL MARKETING LP	\$ 1,648,686	2024	11/30/2015	11/29/2025	Technology - Hardware
TORNIER INC	\$ 1,531,404	2024	9/20/2022	3/31/2027	Commodities/Supplies
INTUITIVE SURGICAL INC	\$ 1,493,042	2024	12/31/2021	12/30/2026	Commodities/Supplies
THE MARTIN GROUP LLC	\$ 1,381,138	2024	6/9/2014	12/31/2025	Other Professional Services
UB PATHOLOGISTS INC.	\$ 1,333,295	2024	2/14/2022	2/13/2026	Other Professional Services
BOSTON SCIENTIFIC CORPORATION	\$ 1,295,200	2024	4/28/2016	4/27/2026	Commodities/Supplies
MEDICAL INFORMATION TECHNOLOGIES IN	\$ 1,111,397	2024	7/14/2011	7/13/2025	Technology - Software
PHARMERICA	\$ 1,044,534	2024	12/1/2022	6/30/2025	Commodities/Supplies
JOHNSON & JOHNSON HLTH CARE SYS INC	\$ 1,033,824	2024	9/18/2019	10/24/2026	Commodities/Supplies
MEDTRONIC INC NEUROLOGICAL DIV	\$ 1,016,520	2024	8/30/2020	9/11/2026	Commodities/Supplies
PARTS SOURCE	\$ 1,013,258	2024	9/1/2023	8/31/2026	Commodities/Supplies
SUICIDE PREVENTION &	\$ 993,587	2024	10/1/2018	9/30/2026	Other Professional Services
CREEKRIDGE CAPITAL, LLC	\$ 983,693	2024	2/24/2009	1/24/2025	Financial Services
DEPUY ACE MEDICAL COMPANY	\$ 968,818	2024	9/18/2019	10/24/2026	Commodities/Supplies
AMERISOURCE BERGEN DRUG CORP	\$ 965,610	2024	2/5/2021	2/4/2028	Commodities/Supplies
UNIVERSITY DENTAL RESIDENT SERVICES, P.C.	\$ 958,769	2024	1/4/2019	1/3/2029	Other Professional Services
NATIONAL GRID	\$ 920,699	2024	1/22/2010	Evergreen	Other
CHUDY PAPER COMPANY, INC.	\$ 883,744	2024	11/1/2023	10/31/2026	Commodities/Supplies
KALEIDA HEALTH	\$ 849,149	2024	1/17/2012	Evergreen	Other
JOHNSON CONTROLS FIRE PROTECTION LP	\$ 832,317	2024	8/27/2019	8/26/2034	Design and Construction/Maintenance
CITY OF BUFFALO	\$ 828,203	2024	1/22/2010	Evergreen	Other
CARASOFT TECHNOLOGY CORPORATION	\$ 816,485	2024	1/12/2018	6/4/2025	Technology - Software

STERICYCLE INC	\$ 814,785	2024	6/1/2022	5/31/2027	Other Professional Services
WILLIAM BELLES PC	\$ 811,682	2024	12/1/2022	11/30/2025	Other Professional Services
HEWLETT-PACKARD COMPANY	\$ 765,399	2024	6/30/2013	12/19/2028	Technology - Hardware
W L GORE & ASSOC INC	\$ 759,745	2024	10/29/2020	7/31/2026	Commodities/Supplies
STRYKER INSTRUMENTS	\$ 755,042	2024	5/10/2019	6/30/2025	Commodities/Supplies
STERIS CORPORATION	\$ 743,761	2024	2/1/2021	1/31/2027	Commodities/Supplies
MANUFACTURERS & TRADERS TRUST	\$ 741,484	2024	11/12/2021	5/11/2025	Financial Services
MEDLINE INDUSTRIES INC	\$ 728,554	2024	1/1/2022	12/31/2026	Commodities/Supplies
MERIDIAN IT INC.	\$ 728,309	2024	1/1/2024	12/31/2028	Technology - Software
SIEMENS MEDICAL SOLUTIONS	\$ 723,326	2024	10/21/2021	10/20/2026	Other Professional Services
PHILIPS MEDICAL SYSTEMS	\$ 717,020	2024	10/1/2022	9/30/2025	Commodities/Supplies
PHILIPS MEDICAL SYSTEMS NA CO	\$ 716,269	2024	6/1/2021	5/31/2027	Commodities/Supplies
INTEGRA LIFESCIENCES CORP	\$ 695,430	2024	12/1/2020	11/30/2026	Commodities/Supplies
UB FOUNDATION ACTIVITES	\$ 685,897	2024	1/4/2019	1/3/2029	Other Professional Services
3M HEALTH INFORMATION	\$ 674,846	2024	10/1/2018	Evergreen	Technology - Software
MEDTRONIC SPINAL AND BIOLOGICS	\$ 663,249	2024	5/2/2012	9/30/2026	Commodities/Supplies
STRYKER CRANIOMAXILLOFACIAL	\$ 658,957	2024	11/1/2019	10/31/2025	Commodities/Supplies
EXPERIAN HEALTH, INC.	\$ 652,062	2024	12/21/2021	2/4/2027	Technology - Software
BIOCARE SD	\$ 644,554	2024	1/1/2015	6/30/2028	Commodities/Supplies
AMERICAN RED CROSS BLOOD SVCS	\$ 625,571	2024	7/19/2021	7/19/2025	Commodities/Supplies
BUFFALO TRANSPORTATION INC.	\$ 605,899	2024	5/24/2021	5/23/2025	Other Professional Services
DELL FINANCIAL SERVICES LLC	\$ 605,505	2024	11/30/2022	11/29/2025	Financial Services
BECTON, DICKINSON AND COMPANY	\$ 585,279	2024	12/1/2023	11/30/2026	Commodities/Supplies
ABBOTT LABORATORIES DIAGNOSTIC DIV	\$ 545,049	2024	4/15/2021	10/31/2025	Commodities/Supplies
WNY UROLOGY ASSOCIATES LLC	\$ 528,458	2024	10/1/2018	9/30/2025	Other Professional Services
HEALOGICS WOUND CARE &	\$ 517,273	2024	1/18/2019	9/2/2029	Other Professional Services
FRESENIUS USA MARKETING, INC.	\$ 514,490	2024	8/1/2020	7/31/2028	Commodities/Supplies
XENTEGRA-GOV, LLC	\$ 501,740	2024	11/23/2022	6/26/2027	Technology - Software
TREACE MEDICAL CONCEPTS, INC	\$ 500,867	2024	10/23/2020	10/31/2025	Commodities/Supplies
HILL-ROM CO INC	\$ 496,133	2024	3/1/2022	2/28/2025	Commodities/Supplies
MAGAVERN, MAGAVERN & GRIMM LLP	\$ 494,283	2024	7/1/2022	7/1/2027	Legal Services
ALLSCRIPTS-MISYS LLC	\$ 482,992	2024	5/4/2010	Evergreen	Technology - Software
LAUNCHTECH, LLC	\$ 478,590	2024	12/20/2023	Evergreen	Technology - Hardware
J&J DETAILS & MAINTENANCE LLC	\$ 478,584	2024	12/11/2023	12/11/2024	Other Professional Services
INTIVITY, INC.	\$ 476,760	2024	8/1/2020	5/31/2029	Commodities/Supplies
BRITE	\$ 468,298	2024	12/23/2022	1/31/2026	Technology - Software
CS BUSINESS SYSTEMS INC.	\$ 464,453	2024	3/14/2024	Evergreen	Technology - Software
HEALTH SYSTEM SERVICE	\$ 461,427	2024	6/1/2016	5/31/2025	Commodities/Supplies
ALTERA DIGITAL HEALTH, INC.	\$ 452,430	2024	2/7/2022	Evergreen	Technology - Software
FERGUSON ELECTRIC SVC	\$ 448,009	2024	10/1/2020	9/30/2025	Design and Construction/Maintenance
FUJIFILM HEALTHCARE AMERICAS	\$ 442,204	2024	3/1/2024	2/28/2029	Technology - Software
STANSBERRY AND KNIGHT	\$ 436,420	2024	3/28/2018	12/31/2025	Other Professional Services
CDW GOVERNMENT INC	\$ 429,509	2024	11/1/2020	10/31/2026	Commodities/Supplies
KCI	\$ 427,046	2024	6/1/2022	5/31/2025	Commodities/Supplies
NUANCE	\$ 425,318	2024	6/30/2014	6/30/2025	Technology - Software
B BRAUN MEDICAL INC.	\$ 424,035	2024	7/1/2023	7/1/2026	Commodities/Supplies
HEALTH CATALYST, INC.	\$ 422,525	2024	8/6/2018	8/5/2026	Technology - Software
UNIVERSITY GYNECOLOGISTS	\$ 422,496	2024	10/1/2016	9/30/2025	Other Professional Services
KEYSTONE PERFUSION SERVICES, PC	\$ 421,958	2024	1/1/2020	4/1/2025	Other Professional Services
KERECIS	\$ 418,616	2024	4/1/2024	3/31/2027	Commodities/Supplies
PARAGON 28, INC.	\$ 417,172	2024	9/21/2020	8/31/2027	Commodities/Supplies
RICOTTA, MATTREY, CALLOCCHIA,	\$ 409,477	2024	4/1/2021	4/1/2026	Legal Services
AXOGEN CORP	\$ 387,698	2024	8/4/2021	3/31/2027	Commodities/Supplies
UB ORAL AND MAXILLOFACIAL	\$ 371,118	2024	6/17/2020	6/15/2027	Other Professional Services
UKG KRONOS SYSTEMS, LLC	\$ 370,679	2024	12/30/2022	12/31/2027	Technology - Software
OLYMPUS AMERICA INC	\$ 367,295	2024	11/18/2022	11/17/2025	Commodities/Supplies
FFF ENTERPRISES INC	\$ 365,668	2024	4/24/2020	3/31/2025	Commodities/Supplies
SUMMIT HEALTH CARE	\$ 359,650	2024	9/2/2014	11/30/2025	Other Professional Services
MIZUHO AMER INC	\$ 359,308	2024	2/1/2023	1/31/2027	Commodities/Supplies
INSPIRE MEDICAL SYSTEMS, INC.	\$ 354,075	2024	4/2/2018	4/1/2025	Commodities/Supplies
CHANGE HEALTHCARE	\$ 353,016	2024	6/1/2008	8/31/2025	Staffing Services
UNIV. OPHTHALMOLOGY SERVICE, INC.	\$ 351,207	2024	4/1/2013	2/28/2029	Other Professional Services
PATTERSON DENTAL INC	\$ 349,201	2024	4/1/2023	3/31/2026	Commodities/Supplies
FAVORITE HEALTHCARE STAFFING INC	\$ 342,404	2024	7/22/2021	12/31/2025	Staffing Services
DCB ELEVATOR CO INC	\$ 339,596	2024	7/20/2023	7/19/2028	Design and Construction/Maintenance

UP TO DATE	\$ 338,393	2024	9/1/2023	8/31/2028	Technology - Software
MORRISON LIVING	\$ 333,130	2024	1/1/2013	12/31/2023	Other Professional Services
BROOK, INC	\$ 329,335	2024	7/1/2022	6/30/2025	Technology - Software
EVERGREEN MEDICAL SERVICES, INC	\$ 324,822	2024	11/28/2021	11/30/2026	Design and Construction/Maintenance
AMER EXPRESS CPC	\$ 320,813	2024	9/30/2021	9/29/2026	Other
RUPP PFALZGRAF LLC	\$ 314,023	2024	11/1/2019	5/3/2027	Legal Services
CENTRAL RADIOPHARMACEUTICAL SVC	\$ 311,403	2024	4/12/2024	10/1/2026	Commodities/Supplies
WRIGHT MEDICAL TECHNOLOGY INC	\$ 306,761	2024	5/19/2021	12/31/2025	Commodities/Supplies
MERGE HEALTHCARE	\$ 304,986	2024	6/29/2017	Evergreen	Technology - Software
SYSMEX	\$ 303,247	2024	8/1/2022	7/31/2025	Commodities/Supplies
US POSTAL SERVICE	\$ 300,000	2024	6/4/2001	Evergreen	Commodities/Supplies
GRAYLINE NIAGARA FALLS/BUFFALO	\$ 295,510	2024	12/4/2017	11/15/2024	Other Professional Services
BIOFIRE DIAGNOSTICS LLC	\$ 293,830	2024	1/1/2021	1/31/2029	Commodities/Supplies
AMN LEADERSHIP SOLUTIONS, INC	\$ 292,302	2024	4/9/2018	4/9/2026	Other Professional Services
SYNTHESES MAXILLOFACIAL	\$ 290,689	2024	9/18/2020	11/12/2027	Commodities/Supplies
ABBVIE INC	\$ 290,459	2024	10/31/2022	10/31/2027	Commodities/Supplies
MENTAL HEALTH ADVOCATES	\$ 288,246	2024	5/9/2019	5/9/2025	Other Professional Services
ROACH, BROWN,	\$ 284,921	2024	4/13/2021	4/14/2026	Legal Services
TRI-DELTA RESOURCES CORP	\$ 278,520	2024	5/1/2022	4/30/2025	Technology - Software
VOCERA COMMUNICATIONS INC	\$ 277,590	2024	12/13/2019	9/30/2024	Technology - Hardware
WELLSKY CORPORATION	\$ 268,252	2024	3/26/2019	3/26/2026	Technology - Software
HEALTHSTREAM	\$ 265,236	2024	7/31/2024	7/30/2029	Technology - Software
KIDENEY ARCHITECTS PC	\$ 261,093	2024	5/31/2018	5/30/2025	Design and Construction/Maintenance
SIRTEX MEDICAL, INC.	\$ 260,855	2024	7/13/2023	Evergreen	Commodities/Supplies
OPTUM360 LLC	\$ 257,304	2024	5/22/2017	5/21/2027	Technology - Software
VERIZON WIRELESS	\$ 254,634	2024	5/30/2008	2/25/2030	Other
TELEFLEX LLC	\$ 252,006	2024	7/1/2022	6/30/2026	Commodities/Supplies
COOK INC	\$ 250,384	2024	7/1/2022	6/30/2025	Commodities/Supplies
AQUA SCIENCES INC	\$ 241,308	2024	10/17/2001	Evergreen	Other Professional Services
FREED MAXICK CPAs PC	\$ 238,721	2024	1/1/2022	12/31/2025	Consulting Services
DRFIRST.COM INC	\$ 237,920	2024	9/1/2011	9/15/2025	Technology - Software
ISECURE, LLC	\$ 237,632	2024	7/24/2022	7/23/2025	Technology - Software
PENUMBRA, INC.	\$ 236,842	2024	11/1/2021	10/31/2027	Commodities/Supplies
BUFFALO CITY MISSION	\$ 235,550	2024	8/3/2015	10/31/2025	Other
CARESTREAM HEALTH INC	\$ 231,850	2024	11/12/2020	12/25/2027	Technology - Software
ARTERIOCYTE MEDICAL SYSTEMS	\$ 231,490	2024	7/1/2021	6/30/2027	Commodities/Supplies
VOYCE, INC.	\$ 229,156	2024	8/1/2021	7/31/2025	Other Professional Services
FISHER HEALTHCARE	\$ 228,779	2024	1/1/2019	4/30/2028	Commodities/Supplies
LAWLEY AGENCY, LLC	\$ 227,344	2024	5/1/2021	4/30/2026	Other Professional Services
INTELLIGENT MEDICAL OBJECTS, INC.	\$ 224,675	2024	8/1/2013	11/19/2025	Technology - Software
DRAEGER MEDICAL	\$ 222,853	2024	7/1/2023	6/30/2026	Commodities/Supplies
ORTHOPIX, INC.	\$ 215,859	2024	11/1/2023	10/31/2026	Commodities/Supplies
OFFICE DEPOT	\$ 213,633	2024	8/1/2023	7/31/2026	Commodities/Supplies
KARL STORZ ENDOSCOPY-AMERICA	\$ 213,041	2024	1/1/2024	12/31/2026	Commodities/Supplies
INT'L INSTITUTE OF BFLO	\$ 212,580	2024	1/1/2018	2/28/2026	Other Professional Services
NXSTAGE MEDICAL INC	\$ 212,233	2024	6/8/2021	6/7/2025	Commodities/Supplies
AIRGAS EAST	\$ 211,689	2024	11/1/2020	5/31/2026	Commodities/Supplies
BAYER CORPORATION	\$ 209,520	2024	1/1/2024	12/31/2026	Commodities/Supplies
DE LAGE LANDEN FINANCIAL	\$ 208,818	2024	2/15/2024	2/14/2027	Financial Services
CROWN CASTLE FIBER, LLC.	\$ 207,149	2024	3/2/2010	4/27/2026	Telecommunication Equipment or Services
CANON MEDICAL SYSTEMS USA, INC.	\$ 203,875	2024	2/10/2021	2/9/2026	Other Professional Services
SYNOVIS MICRO COMPANIES ALLIANCE	\$ 203,150	2024	1/31/2012	Evergreen	Commodities/Supplies
SAMIE, MOHAMMAD REZA	\$ 201,710	2024	6/1/2016	5/31/2025	Other Professional Services
PRESS GANEY ASSOCIATES INC	\$ 200,069	2024	7/1/2014	7/31/2025	Other Professional Services
RSM MCGLADREY INC	\$ 199,100	2024	12/3/2018	Evergreen	Consulting Services
WNY TRANSPORTATION SERVICES,	\$ 194,231	2024	10/1/2020	9/30/2025	Other Professional Services
TRISALUS LIFE SCIENCES	\$ 193,750	2024	9/19/2023	9/19/2025	Commodities/Supplies
THE CHARTIS GROUP, LLC	\$ 190,837	2024	6/10/2019	9/30/2025	Consulting Services
NALCO CO	\$ 190,463	2024	4/27/2018	4/26/2028	Commodities/Supplies
UNITED NETWORK FOR ORGAN SHARING	\$ 187,010	2024	3/31/2017	Evergreen	Other Professional Services
SIEMENS INDUSTRY INC	\$ 186,835	2024	5/20/2022	2/28/2025	Other Professional Services
WNY INDEPENDENT LIVING	\$ 183,948	2024	9/1/2020	8/31/2026	Other Professional Services
GREAT LAKES BUILDING SYSTEMS	\$ 183,411	2024	8/27/2019	8/26/2034	Design and Construction/Maintenance
XEROX CORPORATION	\$ 177,033	2024	8/1/2019	7/31/2025	Other
BUFFALO PAPER AND TWINE CO	\$ 175,122	2024	11/1/2023	10/31/2026	Commodities/Supplies

MAKO SURGICAL CORPORATION	\$ 175,000	2024	9/21/2022	9/20/2027	Commodities/Supplies
ZOLL MEDICAL CORPORATION	\$ 172,174	2024	9/1/2022	8/31/2025	Commodities/Supplies
STRYKER ENDOSCOPY	\$ 169,407	2024	1/1/2024	12/31/2026	Commodities/Supplies
QIAGEN	\$ 167,843	2024	3/15/2021	Evergreen	Commodities/Supplies
MID-CITY OFFICE FURNITURE	\$ 167,704	2024	12/5/2023	12/1/2028	Commodities/Supplies
FLEXICARE, INC	\$ 167,400	2024	5/1/2023	8/31/2026	Commodities/Supplies
ADVANCED STERILIZATION	\$ 159,554	2024	3/1/2021	2/28/2027	Commodities/Supplies
ALLOSOURCE	\$ 158,569	2024	7/1/2021	6/30/2027	Commodities/Supplies
VANTIVE US HEALTHCARE LLC	\$ 158,176	2024	2/2/2024	Evergreen	Commodities/Supplies
DENTSPLY IH, INC.	\$ 157,550	2024	6/2/2014	Evergreen	Commodities/Supplies
GE HEALTHCARE FIN SERVICES	\$ 155,964	2024	12/15/2023	12/15/2026	Commodities/Supplies
TELETRACKING	\$ 151,276	2024	3/1/2016	10/5/2028	Technology - Software
RISKONNECT, INC.	\$ 149,373	2024	6/17/2022	6/16/2025	Technology - Software
GP ROCHESTER dba PAUL DAVIS	\$ 149,040	2024	11/20/2023	11/20/2026	Design and Construction/Maintenance
PENTAX MEDICAL	\$ 148,731	2024	4/1/2018	1/31/2026	Commodities/Supplies
BAXTER BIOSCIENCE	\$ 147,963	2024	7/1/2022	6/30/2025	Commodities/Supplies
LINDE GAS & EQUIPMENT INC.	\$ 147,832	2024	11/1/2020	5/31/2026	Commodities/Supplies
CROTHALL HEALTHCARE	\$ 146,320	2024	3/1/2019	12/31/2023	Other Professional Services
PALO ALTO NETWORKS	\$ 146,104	2024	2/14/2014	2/13/2027	Technology - Software
PMA COMPANIES	\$ 144,446	2024	10/1/2021	9/30/2026	Other Professional Services
TRUSTED MANAGED SERVICES	\$ 144,116	2024	7/1/2024	6/30/2027	Other Professional Services
PRE-EMPLOY.COM INC	\$ 143,890	2024	7/31/2017	Evergreen	Other Professional Services
GENERAL PHYSICIAN SUB II, PLLC	\$ 143,440	2024	1/1/2018	Evergreen	Other Professional Services
NEVRO CORPORATION	\$ 143,150	2024	10/12/2023	10/11/2025	Commodities/Supplies
UNIVERSITY NEUROLOGY, INC.	\$ 142,996	2024	6/14/2016	12/31/2025	Other Professional Services
INTELLIPRINT SOLUTIONS, INC	\$ 139,571	2024	8/1/2022	7/31/2025	Commodities/Supplies
ORLICK, ARTHUR	\$ 138,703	2024	1/1/2018	12/31/2025	Other Professional Services
TERUMO MEDICAL CORPORATION	\$ 138,157	2024	11/12/2018	9/30/2025	Commodities/Supplies
CONSORTIUM INFORMATION SERVICES INC	\$ 136,639	2024	7/2/2001	Evergreen	Technology - Software
LARRY'S DENTAL LAB, INC.	\$ 132,964	2024	12/31/2022	12/31/2025	Commodities/Supplies
INNOVICE, LLC	\$ 132,603	2024	9/14/2023	9/13/2025	Commodities/Supplies
BARD PERIPHERAL VASCULAR INC	\$ 132,329	2024	2/1/2023	1/31/2026	Commodities/Supplies
MCG HEALTH LLC	\$ 131,352	2024	8/1/2022	7/31/2025	Technology - Software
LIFENET	\$ 128,385	2024	7/1/2021	6/30/2027	Commodities/Supplies
B.E. SMITH LLC	\$ 128,101	2024	4/9/2018	4/9/2026	Staffing Services
GE HEALTHCARE	\$ 126,883	2024	1/1/2024	12/31/2026	Other Professional Services
FREE UP MD, LLC	\$ 126,622	2024	1/12/2023	1/11/2025	Other Professional Services
KLS MARTIN L P	\$ 125,544	2024	11/1/2019	10/31/2025	Commodities/Supplies
CARINGTON HOME SAFETY, INC	\$ 125,487	2024	3/31/2023	3/30/2026	Technology - Software
SPOK, INC.	\$ 123,565	2024	2/5/2022	2/5/2027	Technology - Software
UNITED UNIFORM CO INC	\$ 123,118	2024	4/29/2022	4/28/2027	Commodities/Supplies
PROVATION SOFTWARE, INC	\$ 121,436	2024	7/29/2024	7/28/2027	Technology - Software
CREST/GOOD MFG CO INC	\$ 119,601	2024	1/4/2012	Evergreen	Commodities/Supplies
ECOLAB/MICROTEK MEDICAL	\$ 117,644	2024	3/1/2020	2/28/2025	Commodities/Supplies
WESCO DISTRIBUTION INC.	\$ 117,293	2024	1/10/2024	1/10/2029	Commodities/Supplies
HYLAND SOFTWARE, INC.	\$ 116,462	2024	9/30/2015	Evergreen	Technology - Software
HENRY SCHEIN PRACTICE SOLUTIONS	\$ 116,238	2024	1/1/2022	12/31/2025	Commodities/Supplies
ORTHO CLINICAL DIAGNOSTICS	\$ 115,963	2024	2/1/2022	1/31/2025	Commodities/Supplies
MANATT PHELPS & PHILLIPS LLP	\$ 115,100	2024	3/20/2024	12/31/2025	Consulting Services
CALYXO INC	\$ 114,706	2024	5/16/2024	5/15/2026	Commodities/Supplies
VERTOS MEDICAL, INC	\$ 113,700	2024	5/1/2021	4/30/2025	Commodities/Supplies
SIEMENS MEDICAL	\$ 113,598	2024	12/15/2022	12/15/2027	Commodities/Supplies
ANGIO DYNAMICS INC	\$ 113,166	2024	12/1/2023	11/30/2026	Commodities/Supplies
BUFFALO CPR &	\$ 111,904	2024	8/16/2017	Evergreen	Other Professional Services
EAST COAST ORTHOTIC	\$ 111,835	2024	6/20/2016	6/19/2025	Commodities/Supplies
MICROSOFT CORPORATION	\$ 111,421	2024	1/26/2022	1/25/2027	Technology - Software
CARA MEDICAL	\$ 111,022	2024	3/15/2012	Evergreen	Commodities/Supplies
BUFFALO CANVAS	\$ 110,875	2024	11/1/2020	10/31/2025	Commodities/Supplies
RELIEVANT MEDSYSTEMS, INC	\$ 110,205	2024	5/1/2023	4/30/2025	Commodities/Supplies
HYBRIDGE SOLUTIONS, INC.	\$ 108,957	2024	5/31/2023	6/2/2027	Other Professional Services
RONCO SPECIALIZED SYSTEMS INC	\$ 108,250	2024	8/27/2019	8/26/2034	Commodities/Supplies
ALPHATEC SPINE INC	\$ 106,651	2024	4/1/2018	7/31/2025	Commodities/Supplies
VERITY SOLUTIONS GROUP, INC.	\$ 105,600	2024	6/15/2018	6/14/2025	Technology - Software
BAXTER HEALTHCARE CORP	\$ 104,392	2024	2/1/2014	1/31/2025	Commodities/Supplies
THIRD PARTY REIMBURSEMENT	\$ 103,933	2024	1/31/2022	1/30/2027	Other Professional Services

GLAXO SMITH KLINE	\$ 103,683	2024	7/1/2015	6/30/2025	Commodities/Supplies
TRI-ANIM HEALTH SERVICES INC	\$ 102,753	2024	5/1/2023	8/31/2026	Technology - Software
POWER-FLO TECHNOLOGIES INC	\$ 102,658	2024	7/1/2022	6/30/2025	Commodities/Supplies
WINDSTREAM	\$ 101,655	2024	9/28/2021	9/15/2025	Telecommunication Equipment or Services
CAREFUSION	\$ 101,510	2024	7/1/2021	6/30/2026	Other Professional Services
ARC BUILDING PARTNERS, LLC	\$ 101,375	2024	2/18/2019	2/18/2029	Design and Construction/Maintenance
ZAVATION MEDICAL PRODUCTS	\$ 100,074	2024	12/6/2021	12/5/2029	Commodities/Supplies

BY-LAWS  
OF  
ERIE COUNTY MEDICAL  
CENTER CORPORATION

As Amended Through  
September 23, 2022

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**BY-LAWS**  
**OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**

PREAMBLE

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

ARTICLE I  
OFFICES

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

ARTICLE II  
PURPOSE OF BY-LAWS

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

ARTICLE III  
CORPORATE PURPOSE

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

ARTICLE IV  
ERIE COUNTY MEDICAL CENTER CORPORATION BOARD OF DIRECTORS

Section 1. General Powers.

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

Section 2. Hiring Powers.

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

Section 3. Voting Directors.

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

Section 4. Nonvoting Representatives.

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

Section 5. Resignation.

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

Section 6. Removal.

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

Section 7. Vacancies.

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

Section 8. Monthly Meetings.

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

Section 9. Annual & Special Meetings.

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

Section 10. Open Meetings Law.

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

Section 11. Quorum.

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

Section 12. Telephone Meetings.

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

Section 13. Action by Written Consent.

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

Section 14. Minutes of Meetings.

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

Section 15. Compensation.

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

Section 16. Defense and Indemnification.

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

Section 17. Extension of Credit.

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

ARTICLE V  
OFFICERS

Section 1. General.

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

Section 2. Election, Term of Office.

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

Section 3. Resignation.

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

Section 4. Removal.

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

Section 5. Vacancies.

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

Section 6. Chairperson of the Board.

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

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

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

Section 8. Chief Executive Officer.

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

Section 9. President.

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

Section 10. Secretary & Assistant Secretary.

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

Section 11. Treasurer.

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

Section 12. Immediate Past Chair.

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

ARTICLE VI  
COMMITTEES

General Rules

Section 1. General.

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

Section 2. Appointment of Committees.

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

Section 3. Structure of Committees.

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

Section 4. Resignation.

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



Section 5. Removal.

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

Section 6. Vacancies.

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

Section 7. Quorum.

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

Section 8. Voting.

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

Section 9. Minutes.

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

Standing Committees

Section 10. The Executive Committee.

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

Section 11. The Quality Improvement Committee.

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

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

Section 12. The Finance Committee.

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

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

Section 13. The Audit & Compliance Committee.

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

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

Section 14. Buildings and Grounds Committee.

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

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

Section 15. The Human Resources Committee.

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

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

Section 16. The Executive Compensation/Evaluation Committee.

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

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

Section 17. The Terrace View Quality Improvement Committee.

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

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

Section 18. The Governance Committee.

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

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

Section 19. The Investment Committee.

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

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

Section 20. The Contracts Committee.

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

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

ARTICLE VII

MEDICAL/DENTAL STAFF

Section 1. Organization.

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

Section 2. Medical Staff Governance Documents.

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

Section 3. Appointment of Medical Staff.

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

Section 4. Authority for Medical Staff Conduct.

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

Section 5. Duties of the Medical Staff.

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

Section 6. Quality of Patient Care.

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

Section 7. Rights at Meetings.

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

ARTICLE VIII  
STANDARDS OF PATIENT CARE

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

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

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

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

ARTICLE X  
SUBSIDIARY CORPORATIONS AND ENTITIES

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

ARTICLE XI  
CODE OF ETHICS AND CONFLICTS OF INTEREST

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

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

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

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

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

Section 2. Implementation of Code of Ethics.

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

Section 3. Compliance.

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

Section 4. Conflict of Interest Policy.

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



Section 5. Disclosure of Personal Interest and Abstention.

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

Section 6. Self-Dealing.

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

Section 7. Influence of Decision Makers.

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

Section 8. No Forfeit of Office or Employment.

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

ARTICLE XII  
AMENDMENTS

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

**A Resolution of the Board of Directors of Erie County Medical Center Corporation  
Approving Changes to the Corporation By-Laws**

Approved March 25, 2025

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WHEREAS, in accordance with Article XII of the Erie County Medical Center Corporation (the “Corporation”) By-Laws, the Corporation may amend the By-Laws by the affirmative vote of a quorum of members at an annual, regular, or special meeting of the Board of Directors (the “Board”), following presentation of such proposed amendment at least thirty (30) days prior; and

WHEREAS, Article VI, Section 18 of the By-Laws delegates responsibility to the Board’s Governance Committee to annually review and, as necessary, make recommendations to the Board regarding updates to the By-Laws; and

WHEREAS, the Governance Committee reviewed the By-Laws and presented the attached recommended changes to the Board; and

WHEREAS, on February 25, 2025, the Board was presented with the proposed changes to the By-Laws;

WHEREAS, on March 25, 2025, a quorum of the Board met and voted to approve the recommended changes;

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The Board of Directors of Erie County Medical Center Corporation approves and ratifies the proposed changes to the Corporation By-Laws in accordance with the recommendations of the Governance Committee.
2. The Corporation is authorized to take all necessary steps to implement this Resolution.
3. This Resolution shall take effect immediately.

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Sharon L. Hanson  
Corporation Secretary

BY-LAWS  
OF  
ERIE COUNTY MEDICAL  
CENTER CORPORATION

As Amended Through  
*September 23, 2022*

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**BY-LAWS**  
**OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**

PREAMBLE

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

ARTICLE I  
OFFICES

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

ARTICLE II  
PURPOSE OF BY-LAWS

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

ARTICLE III  
CORPORATE PURPOSE

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

ARTICLE IV  
ERIE COUNTY MEDICAL CENTER CORPORATION BOARD OF DIRECTORS

Section 1. General Powers.

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



Section 2. Hiring Powers.

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

Section 3. Voting Directors.

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

Section 4. Nonvoting Representatives.

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

Section 5. Resignation.

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

Section 6. Removal.

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

Section 7. Vacancies.

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

Section 8. Monthly Meetings.

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

Section 9. Annual & Special Meetings.

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

Section 10. Open Meetings Law.

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

Section 11. Quorum.

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

Section 12. Telephone Meetings.

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

Section 13. Action by Written Consent.

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

Section 14. Minutes of Meetings.

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

Section 15. Compensation.

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

Section 16. Defense and Indemnification.

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

Section 17. Extension of Credit.

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

ARTICLE V  
OFFICERS

Section 1. General.

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

Section 2. Election, Term of Office.

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

Section 3. Resignation.

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

Section 4. Removal.

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

Section 5. Vacancies.

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

Section 6. Chairperson of the Board.

The Directors shall, by majority vote, select one of the fifteen Directors as the Chairperson of the Board. The Chairperson shall preside over all meetings of the Board, shall chair the Executive Committee of the Board, and shall have such other duties as the Directors may provide. Other than the Governance Committee, the Chairperson shall serve ex officio on all Board committees with full voting rights, though his presence shall not be counted for establishment of a quorum on committees if he serves only by nature of being ex officio. The Chairperson shall serve for a two-year term of office. No member of the Board shall be permitted

to serve more than two consecutive two-year terms as Chairperson of the Board.

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

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

Section 8. Chief Executive Officer.

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

~~Section 9. — President.~~

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

Section 409. Secretary & Assistant Secretary.

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

Assistant Secretary, if applicable, or any member designated by the Chairperson shall act as the Secretary for that meeting.

Section ~~410~~.      Treasurer.

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

Section ~~421~~. Immediate Past Chair.

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

ARTICLE VI  
COMMITTEES

General Rules

Section 1.      General.

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

Section 2.      Appointment of Committees.

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

Section 3.      Structure of Committees.

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

Section 4.      Resignation.

A committee member may resign at any time by giving written notice to the Chairperson

of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 5. Removal.

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

Section 6. Vacancies.

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

Section 7. Quorum.

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

Section 8. Voting.

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

Section 9. Minutes.

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

Standing Committees

Section 10. The Executive Committee.

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

Section 11. The Quality Improvement Committee.

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

- a. Inform the Board of patient safety, performance improvement and quality assurance issues of relevance to ECMCC.
- b. Establishment, maintenance and operation of a coordinated quality assurance program integrating the review of activities of all hospital services in order to enhance the quality of patient care and to identify and prevent professional malpractice. The

specific responsibilities of the Committee are further set forth in the quality assurance plan of the hospital.

c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 12. The Finance Committee.

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

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

Section 13. The Audit & Compliance Committee.

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

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

7. Promote ethics, integrity, and compliance with laws, policies, and procedures.
- e. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 14. Buildings and Grounds Committee.

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

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

Section 15. The Human Resources Committee.

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

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

Section 16. The Executive Compensation/Evaluation Committee.

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

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

Section 17. The Terrace View Quality Improvement Committee.

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



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

Section 18. The Governance Committee.

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

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

Section 19. The Investment Committee.

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

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

- Corporation's investment advisors and investment managers.
- i. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 20. The Contracts Committee.

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

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

ARTICLE VII  
MEDICAL/DENTAL STAFF

Section 1. Organization.

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

Section 2. Medical Staff Governance Documents.

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

Section 3. Appointment of Medical Staff.

Appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall be responsible for granting and defining the scope of the clinical privileges to be exercised by each member of the Medical Staff, including but not limited to providing approval of modifications, suspensions and termination of such privileges and Medical Staff membership in accordance with the Medical Staff Governance Documents and written ECMCC policies. In

acting on matters of Medical Staff membership and scope of privileges, the Board shall consider the recommendations of the Medical Staff's Medical Executive Committee. The procedures for Medical Staff appointment are more specifically outlined in the Medical Staff's Credentials Procedure Manual.

Section 4. Authority for Medical Staff Conduct.

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

Section 5. Duties of the Medical Staff.

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

Section 6. Quality of Patient Care.

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

Section 7. Rights at Meetings.

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

ARTICLE VIII  
STANDARDS OF PATIENT CARE

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

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

Health Law Article 24-A for the protection of human subjects.

- g. ECMCC shall have available at all times personnel sufficient to meet patient care needs.

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

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

ARTICLE X  
SUBSIDIARY CORPORATIONS AND ENTITIES

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

ARTICLE XI  
CODE OF ETHICS AND CONFLICTS OF INTEREST

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

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

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

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

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

Section 2. Implementation of Code of Ethics.

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

Section 3. Compliance.

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

Section 4. Conflict of Interest Policy.

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

Section 5. Disclosure of Personal Interest and Abstention.

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

Section 6. Self-Dealing.

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

Section 7. Influence of Decision Makers.

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

Section 8. No Forfeit of Office or Employment.

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

ARTICLE XII  
AMENDMENTS

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