

Interim Unaudited Consolidated Financial Statements and Other Information

For The Period Ended March 31, 2023

The Cleveland Clinic Foundation
d.b.a. Cleveland Clinic Health System



**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Contents

Unaudited Consolidated Financial Statements

Unaudited Consolidated Balance Sheets	1
Unaudited Consolidated Statements of Operations and Changes in Net Assets.....	3
Unaudited Consolidated Statements of Cash Flows	5

Notes to Unaudited Consolidated Financial Statements	6
--	---

Other Information

Unaudited Consolidating Balance Sheets.....	20
Unaudited Consolidating Statements of Operations and Changes in Net Assets.....	21
Unaudited Consolidating Statements of Cash Flows	23
Utilization.....	24
Payor Mix.....	26
Research Support	27
Key Ratios.....	28

Management Discussion and Analysis of Financial Condition and Results of Operations.....	29
--	----

**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidated Balance Sheets
(\$ in thousands)

	March 31 2023	December 31 2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 438,874	\$ 858,372
Patient receivables	1,848,583	1,706,167
Investments for current use	63,991	63,991
Other current assets	862,816	874,568
Total current assets	3,214,264	3,503,098
Investments:		
Long-term investments	10,930,617	10,671,739
Funds held by trustees	5,956	5,689
Assets held for self-insurance	196,937	175,064
Donor restricted assets	1,326,298	1,298,527
	12,459,808	12,151,019
Property, plant, and equipment, net	6,009,110	5,971,764
Other assets:		
Pledges receivable, net	217,593	214,648
Trusts and interests in foundations	89,467	102,208
Operating lease right-of-use assets	350,871	336,398
Other noncurrent assets	902,089	858,860
	1,560,020	1,512,114
Total assets	\$ 23,243,202	\$ 23,137,995

**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidated Balance Sheets (continued)
(\$ in thousands)

	March 31 2023	December 31 2022
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 634,711	\$ 761,923
Compensation and amounts withheld from payroll	566,529	595,089
Current portion of long-term debt	110,533	107,757
Variable rate debt classified as current	686,329	686,329
Other current liabilities	664,688	778,807
Total current liabilities	2,662,790	2,929,905
Long-term debt	4,184,986	4,246,037
Other liabilities:		
Professional and general insurance liability reserves	232,871	216,544
Accrued retirement benefits	228,949	226,440
Operating lease liabilities	309,714	306,485
Other noncurrent liabilities	614,701	554,488
Total liabilities	8,234,011	8,479,899
Net assets:		
Without donor restrictions	13,260,414	12,918,776
With donor restrictions	1,748,777	1,739,320
Total net assets	15,009,191	14,658,096
Total liabilities and net assets	\$ 23,243,202	\$ 23,137,995

See notes to unaudited consolidated financial statements.

**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidated Statements of Operations and Changes in Net Assets

(\$ in thousands)

Operations

	Three Months Ended March 31	
	2023	2022
Unrestricted revenues		
Net patient service revenue	\$ 3,087,510	\$ 2,725,174
Other	425,331	309,744
Total unrestricted revenues	3,512,841	3,034,918
Expenses		
Salaries, wages, and benefits	2,031,792	1,841,477
Supplies	356,084	320,682
Pharmaceuticals	453,272	364,917
Purchased services and other fees	238,711	233,018
Administrative services	56,607	56,484
Facilities	107,476	107,487
Insurance	32,196	31,072
	3,276,138	2,955,137
Operating income before interest, depreciation, amortization, and special charges	236,703	79,781
Interest	41,950	35,727
Depreciation and amortization	162,502	148,556
Operating income (loss)	32,251	(104,502)
Nonoperating gains and losses		
Investment return	314,225	(212,508)
Derivative (losses) gains	(7,418)	30,096
Other, net	(3,599)	4,456
Net nonoperating gains and losses	303,208	(177,956)
Excess (deficiency) of revenues over expenses	335,459	(282,458)

(continued on next page)

**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidated Statements of Operations and Changes in Net Assets (continued)
(\$ in thousands)

Changes in Net Assets

	Three Months Ended March 31	
	2023	2022
Changes in net assets without donor restrictions:		
Excess (deficiency) of revenues over expenses	\$ 335,459	\$ (282,458)
Donated capital	66	-
Net assets released from restriction for capital purposes	3,359	2,503
Retirement benefits adjustment	(792)	(574)
Foreign currency translation	3,605	(6,391)
Other	(59)	(519)
Increase (decrease) in net assets without donor restrictions	341,638	(287,439)
Changes in net assets with donor restrictions:		
Gifts and bequests	28,746	41,089
Net investment income (loss)	26,762	(10,566)
Net assets released from restrictions used for operations included in other unrestricted revenues	(42,672)	(11,852)
Net assets released from restriction for capital purposes	(3,359)	(2,503)
Change in interests in foundations	(59)	(399)
Change in value of perpetual trusts	(61)	(428)
Other	100	-
Increase in net assets with donor restrictions	9,457	15,341
Increase (decrease) in net assets	351,095	(272,098)
Net assets at beginning of year	14,658,096	15,662,582
Net assets at end of period	\$ 15,009,191	\$ 15,390,484

See notes to unaudited consolidated financial statements.

**CLEVELAND CLINIC HEALTH SYSTEM
INTERIM UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidated Statements of Cash Flows
(\$ in thousands)

	Three Months Ended March 31	
	2023	2022
Operating activities and net nonoperating gains and losses		
Increase (decrease) increase in net assets	\$ 351,095	\$ (272,098)
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities and net nonoperating gains and losses:		
Retirement benefits adjustment	792	574
Net realized and unrealized (gains) losses on investments	(320,155)	236,559
Depreciation and amortization	161,306	148,556
Foreign currency translation (gain) loss	(3,605)	6,391
Donated capital	(66)	-
Restricted gifts, bequests, investment income, and other	(55,388)	(29,696)
Accreted interest and amortization of bond premiums	(1,863)	(1,840)
Net gain in value of derivatives	6,722	(35,621)
Changes in operating assets and liabilities:		
Patient receivables	(141,678)	(120,454)
Other current assets	(17,126)	(37,396)
Other noncurrent assets	(53,144)	(3,198)
Accounts payable and other current liabilities	(280,387)	(60,024)
Other liabilities	70,126	7,585
Net cash used in operating activities and net nonoperating gains and losses	(283,371)	(160,662)
Financing activities		
Proceeds from short-term borrowings	50,000	-
Payments on short-term borrowings	(50,000)	-
Principal payments on long-term debt	(78,434)	(77,626)
Change in pledges receivables, trusts and interests in foundations	14,817	(9,312)
Restricted gifts, bequests, investment income, and other	55,388	29,696
Net cash used in financing activities	(8,229)	(57,242)
Investing activities		
Expenditures for property, plant and equipment	(152,823)	(172,568)
Proceeds from sale of property, plant and equipment	11,015	10,401
Net change in cash equivalents reported in long-term investments	(92,383)	200,559
Purchases of investments	(1,054,968)	(1,050,700)
Sales of investments	1,159,993	1,169,680
Net cash (used in) provided by investing activities	(129,166)	157,372
Effect of exchange rate changes on cash	2,544	(5,594)
Decrease in cash and cash equivalents	(418,222)	(66,126)
Cash, cash equivalents and restricted cash at beginning of year	868,345	782,431
Cash, cash equivalents and restricted cash at end of period	\$ 450,123	\$ 716,305

See notes to unaudited consolidated financial statements.

1. Basis of Presentation

The accompanying unaudited consolidated financial statements have been prepared in accordance with generally accepted accounting principles (GAAP) for interim financial information. Accordingly, they do not include all of the information and footnotes required by GAAP for complete financial statements. In the opinion of management, all adjustments considered necessary for a fair presentation have been included and are of a normal and recurring nature. For further information, refer to the audited financial statements and notes thereto for the year ended December 31, 2022.

2. Organization and Consolidation

The Cleveland Clinic Foundation (Clinic) is a nonprofit, tax-exempt, Ohio corporation organized and operated to provide medical and hospital care, medical research, and education. The accompanying consolidated financial statements include the accounts of the Clinic and its controlled affiliates, d.b.a. Cleveland Clinic Health System (System).

The System is the leading provider of healthcare services in northeast Ohio. As of March 31, 2023, the System operates 20 hospitals with approximately 5,500 staffed beds. Fourteen of the hospitals are operated in the northeast Ohio area, anchored by the Clinic. The System operates 21 outpatient Family Health Centers and nine ambulatory surgery centers, as well as numerous physician offices, which are located throughout northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In Florida, the System operates five hospitals and a clinic located throughout southeast Florida, outpatient family health centers in West Palm Beach and Port St. Lucie, an outpatient family health and ambulatory surgery center in Coral Springs, and numerous physician offices located throughout southeast Florida. In London, the System operates a hospital and an outpatient facility. In addition, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada, and a specialized neurological clinical center in Las Vegas, Nevada. Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 120 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering critical and acute care services that is part of Mubadala Development Company's network of healthcare facilities located in Abu Dhabi, United Arab Emirates, with 364 staffed beds.

All significant intercompany balances and transactions have been eliminated in consolidation.

3. Use of Estimates

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

4. Net Patient Service Revenue and Patient Receivables

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled for providing patient care. These amounts are due from patients, third-party payors, and others and include variable consideration for retroactive revenue adjustments due to settlement of reviews and audits. Generally, the System bills the patients and third-party payors several days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The System believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

4. Net Patient Service Revenue and Patient Receivables (continued)

Because all of its performance obligations relate to contracts with a duration of less than one year, the System has elected to apply the optional exemption provided in FASB Accounting Standards Codification (ASC) 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The System is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The System accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based on historical collection trends and other analyses, the System has concluded that revenue for a given portfolio would not be materially different from accounting for revenue on a contract-by-contract basis.

The System has agreements with third-party payors that generally provide for payments to the System at amounts different from its established rates. For uninsured patients who do not qualify for charity care, the System recognizes revenue based on established rates, subject to certain discounts and implicit price concessions as determined by the System. The System determines the transaction price based on standard charges for services provided, reduced by explicit price concessions provided to third-party payors, discounts provided to uninsured patients in accordance with the System's policy, and implicit price concessions provided to uninsured patients. Explicit price concessions are based on contractual agreements, discount policies and historical experience. Implicit price concessions represent differences between amounts billed and the estimated consideration the System expects to receive from patients, which are determined based on historical collection experience, current market conditions and other factors.

Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The System estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant in the first three months of 2023 or 2022.

4. Net Patient Service Revenue and Patient Receivables (continued)

The System is paid a prospectively determined rate for the majority of inpatient acute care and outpatient, skilled nursing, and rehabilitation services provided (principally Medicare, Medicaid, and certain insurers). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Payments for capital are received on a prospective basis for Medicare and Medicaid. Payments are received on a prospective basis for the System's medical education costs, subject to certain limits. The System is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, and, in the normal course of business, the System is subject to contractual reviews and audits, including audits initiated by the Medicare Recovery Audit Contractor program. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The System believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

Settlements with third-party payors for retroactive adjustments due to reviews and audits are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care in the period the related services are provided. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known or as years are settled or are no longer subject to such reviews and audits. Adjustments arising from a change in estimated settlements were not significant in the first three months of 2023 or 2022.

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to established policies of the System. Charity care is defined as services for which patients have the obligation to pay but do not have the ability to do so. The System does not report charity care as net patient service revenue.

4. Net Patient Service Revenue and Patient Receivables (continued)

Net patient service revenue by major payor source, for the three months ended March 31, 2023 and 2022 is as follows (in thousands):

	<u>Three Months Ended</u> <u>March 31, 2023</u>		<u>Three Months Ended</u> <u>March 31, 2022</u>	
Medicare	\$ 1,201,071	39%	\$ 1,088,140	40%
Medicaid	339,510	11	289,056	11
Managed care and commercial	1,534,006	49	1,337,749	48
Self-pay	12,923	1	10,229	1
Net patient service revenue	<u>\$ 3,087,510</u>	<u>100%</u>	<u>\$ 2,725,174</u>	<u>100%</u>

5. Cash and Cash Equivalents

The System considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash equivalents are recorded at fair value in the consolidated balance sheets and exclude amounts held for long-term investment purposes and amounts included in long-term investment portfolios as those amounts are commingled with long-term investments.

The reconciliation of cash, cash equivalents, and restricted cash within the consolidated balance sheets that comprise the amount reported on the consolidated statements of cash flows at March 31, 2023 and December 31, 2022 is as follows (in thousands):

	<u>March 31</u> <u>2023</u>	<u>December 31</u> <u>2022</u>
Cash and cash equivalents	\$ 438,874	\$ 858,372
Restricted cash in investments	11,249	9,973
Total cash, cash equivalents, and restricted cash	<u>\$ 450,123</u>	<u>\$ 868,345</u>

Restricted cash in investments includes amounts held by the System's captive insurance subsidiary and restricted cash for various programs.

6. Fair Value Measurements

Fair value measurements are defined as the price 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.

Authoritative guidance provides an option to elect fair value as an alternative measurement for selected financial assets and liabilities not previously recorded at fair value. The System did not elect fair value accounting for any assets or liabilities that are not currently required to be measured at fair value.

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

**CLEVELAND CLINIC HEALTH SYSTEM
NOTES TO UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

6. Fair Value Measurements (continued)

The following tables present the financial instruments measured at fair value on a recurring basis as of March 31, 2023 and December 31, 2022, based on the valuation hierarchy (in thousands):

March 31, 2023

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 450,123	\$ —	\$ —	\$ 450,123
Money market funds	374,752	—	—	374,752
Fixed-income securities:				
U.S. treasuries	1,179,674	—	—	1,179,674
U.S. government agencies	—	53,594	—	53,594
U.S. corporate	—	522,831	—	522,831
U.S. government agencies asset-backed securities	—	425,480	—	425,480
Corporate asset-backed securities	—	235,726	—	235,726
Foreign	—	239,409	—	239,409
Fixed-income mutual funds	57,725	—	—	57,725
Common and preferred stocks:				
U.S.	170,271	90	—	170,361
Foreign	460,657	40,731	—	501,388
Equity mutual funds	78,543	—	—	78,543
Total cash and investments	2,771,745	1,517,861	—	4,289,606
Perpetual and charitable trusts	—	61,398	—	61,398
Total assets at fair value	<u>\$ 2,771,745</u>	<u>\$ 1,579,259</u>	<u>\$ —</u>	<u>\$ 4,351,004</u>
Liabilities				
Interest rate swaps	\$ —	\$ 39,388	\$ —	\$ 39,388
Total liabilities at fair value	<u>\$ —</u>	<u>\$ 39,388</u>	<u>\$ —</u>	<u>\$ 39,388</u>

**CLEVELAND CLINIC HEALTH SYSTEM
NOTES TO UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

6. Fair Value Measurements (continued)

December 31, 2022

	Level 1	Level 2	Level 3	Total
Assets				
Cash and investments:				
Cash and cash equivalents	\$ 868,345	\$ —	\$ —	\$ 868,345
Money market funds	271,914	—	—	271,914
Fixed-income securities:				
U.S. treasuries	1,161,381	—	—	1,161,381
U.S. government agencies	—	42,379	—	42,379
U.S. corporate	—	533,581	—	533,581
U.S. government agencies asset-backed securities	—	394,270	—	394,270
Corporate asset-backed securities	—	207,955	—	207,955
Foreign	—	243,748	—	243,748
Fixed-income mutual funds	40,821	—	—	40,821
Common and preferred stocks:				
U.S.	161,160	154	—	161,314
Foreign	435,047	34,203	—	469,250
Equity mutual funds	73,892	—	—	73,892
Total cash and investments	3,012,560	1,456,290	—	4,468,850
Perpetual and charitable trusts	—	74,080	—	74,080
Total assets at fair value	<u>\$ 3,012,560</u>	<u>\$ 1,530,370</u>	<u>\$ —</u>	<u>\$ 4,542,930</u>
Liabilities				
Interest rate swaps	\$ —	\$ 32,666	\$ —	\$ 32,666
Total liabilities at fair value	<u>\$ —</u>	<u>\$ 32,666</u>	<u>\$ —</u>	<u>\$ 32,666</u>

**CLEVELAND CLINIC HEALTH SYSTEM
NOTES TO UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

6. Fair Value Measurements (continued)

Financial instruments at March 31, 2023 and December 31, 2022 are reflected in the consolidated balance sheets as follows (in thousands):

	<u>March 31</u>	<u>December 31</u>
	<u>2023</u>	<u>2022</u>
Cash, cash equivalents, and investments measured at fair value	\$ 4,289,606	\$ 4,468,850
Commingled funds measured at net asset value	2,052,612	2,022,451
Alternative investments measured at net asset value	6,620,455	6,582,081
Total cash, cash equivalents, and investments	<u>\$ 12,962,673</u>	<u>\$ 13,073,382</u>
Perpetual and charitable trusts measured at fair value	\$ 61,398	\$ 74,080
Interests in foundations	28,069	28,128
Trusts and interests in foundations	<u>\$ 89,467</u>	<u>\$ 102,208</u>

Interest rate swaps (Note 7) are reported in other noncurrent liabilities in the consolidated balance sheets.

The following is a description of the System's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is determined as follows:

Investments classified as Level 2 are primarily determined using techniques that are consistent with the market approach. Valuations are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs, which include broker/dealer quotes, reported/comparable trades, and benchmark yields, are obtained from various sources, including market participants, dealers, and brokers.

The fair value of perpetual and charitable trusts in which the System receives periodic payments from the trust is determined based on the present value of expected cash flows to be received from the trust using discount rates ranging from 3.7% to 5.0%, which are based on Treasury yield curve interest rates or the assumed yield of the trust assets. The fair value of charitable trusts in which the System is a remainder beneficiary is based on the System's beneficial interest in the investments held in the trust, which are measured at fair value.

6. Fair Value Measurements (continued)

The fair value of interest rate swaps is determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations include a credit spread adjustment to market interest rate curves to appropriately reflect nonperformance risk. The credit spread adjustment is derived from other comparably rated healthcare entities' bonds. The System manages credit risk based on the net portfolio exposure with each counterparty.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

7. Derivative Instruments

The System has entered into various derivative financial instruments to manage interest rate risk and foreign currency exposures.

The System's objective with respect to interest rate risk is to manage the risk of rising interest rates on the System's variable rate debt. Consistent with its interest rate risk management objective, the System has entered into various interest rate swap agreements. During the term of these transactions, the System pays interest at a fixed rate and receives interest at a variable rate based on the London Interbank Offered Rate (LIBOR) or the Securities Industry and Financial Markets Association Index (SIFMA). The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative gains in the consolidated statements of operations and changes in net assets.

**CLEVELAND CLINIC HEALTH SYSTEM
NOTES TO UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

7. Derivative Instruments (continued)

The following table summarizes the System's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	System Pays	System Receives	Notional Amount at	
				March 31 2023	December 31 2022
Fixed	2024	3.42%	68% of LIBOR	\$ 19,585	\$ 21,195
Fixed	2024	3.45%	67% of LIBOR	2,615	2,615
Fixed	2027	3.56%	68% of LIBOR	96,530	101,622
Fixed	2028	5.12%	100% of LIBOR	30,100	31,535
Fixed	2028	3.51%	68% of LIBOR	22,935	24,125
Fixed	2030	5.07%	100% of LIBOR	49,975	49,975
Fixed	2030	5.06%	100% of LIBOR	49,950	49,950
Fixed	2031	3.04%	68% of LIBOR	30,950	34,400
Fixed	2032	4.32%	79% of LIBOR	1,718	1,750
Fixed	2032	4.33%	70% of LIBOR	3,435	3,500
Fixed	2032	3.78%	70% of LIBOR	1,718	1,750
Fixed	2032	3.58%	67% of LIBOR	8,140	8,140
Fixed	2036	4.90%	100% of LIBOR	47,900	47,900
Fixed	2036	4.90%	100% of LIBOR	74,700	74,700
Fixed	2037	4.62%	100% of SIFMA	50,050	50,050
Fixed	2039	4.62%	68% of LIBOR	19,975	19,975
				\$ 510,276	\$ 523,182

The System is exposed to fluctuations in various foreign currencies against its functional currency, the U.S. dollar (USD). The System uses foreign currency forward contracts to manage its exposure to fluctuations in the USD – British pound (GBP) exchange rate. Currency forward contracts involve fixing the USD – GBP exchange rate for delivery of a specified amount of foreign currency on a specified date. The currency forward contracts are typically cash settled in USD for their fair value at or close to their settlement date. The System had no foreign currency forward contracts outstanding at March 31, 2023 or December 31, 2022.

**CLEVELAND CLINIC HEALTH SYSTEM
NOTES TO UNAUDITED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2023**

7. Derivative Instruments (continued)

The following table summarizes the location and fair value for the System's derivative instruments (in thousands):

		Derivative Assets and Liabilities			
		March 31, 2023		December 31, 2022	
		Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivatives not designated as hedging instruments					
Interest rate swap agreements	Other noncurrent liabilities		\$ 39,388	Other noncurrent liabilities	\$ 32,666

The following table summarizes the location and amounts of derivative gains (losses) on the System's derivative instruments (in thousands):

		Location of Loss Recognized	Quarter ended March 31	
			2023	2022
Derivatives not designated as hedging instruments				
Interest rate swap agreements	Derivative (losses) gains		\$ (7,418)	\$ 30,096

The System has used various derivative contracts in connection with certain prior obligations and investments. Although minimum credit ratings are required for counterparties, this does not eliminate the risk that a counterparty may fail to honor its obligations. Derivative contracts are subject to periodic "mark-to-market" valuations. A derivative contract may, at any time, have a positive or negative value to the System. In the event that the negative value reaches certain thresholds established in the derivative contracts, the System is required to post collateral, which could adversely affect its liquidity. At March 31, 2023 and December 31, 2022 the System had no posted collateral. In addition, if the System were to choose to terminate a derivative contract or if a derivative contract were terminated pursuant to an event of default or a termination event as described in the derivative contract, the System could be required to pay a termination payment to the counterparty.

8. Pensions and Other Postretirement Benefits

The System maintains five defined benefit pension plans, including three tax-qualified funded plans and two unfunded plans. The CCHS Retirement Plan is a tax-qualified defined benefit pension plan that provides benefits to substantially all employees of the System, except those employed by Akron General, Mercy Hospital, Union Hospital or Indian River Hospital. All benefit accruals under the CCHS Retirement Plan ceased as of December 31, 2012. Martin Health System had a tax-qualified defined benefit plan covering substantially all of its employees who were hired before October 1, 2005, and met certain eligibility requirements. All benefit accruals under the Martin Health System defined benefit plan ceased as of January 1, 2013. On June 30, 2019, the Martin Health System defined benefit pension plan merged with the CCHS Retirement Plan, with the CCHS Retirement Plan being a single continuing pension plan. Akron General has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before 2004 and meet certain eligibility requirements. All benefit accruals under the Akron General defined benefit plan ceased as of December 31, 2017. Indian River Hospital has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before December 31, 2002 and meet certain eligibility requirements. All benefit accruals under the Indian River Hospital defined benefit plan ceased as of December 31, 2002. The benefits for the System's tax-qualified defined benefit pension plans are provided based on age, years of service, and compensation. The System's policy for its tax-qualified defined benefit pension plans is to fund at least the minimum amounts required by the Employee Retirement Income Security Act of 1974. The System maintains two unfunded, nonqualified defined benefit supplemental retirement plans, which cover certain professional staff and administrative employees.

The System sponsors two noncontributory, defined contribution plans, and eleven contributory, defined contribution plans covering System employees. The Cleveland Clinic Investment Pension Plan (IPP) is a noncontributory, defined contribution plan, which covers substantially all of the System's employees, except employees covered by the Cleveland Clinic Cash Balance Plan and those employed by Akron General, Mercy Hospital, Union Hospital, Martin Health System or Indian River Hospital. The System's contribution to the IPP for participants is based upon a percentage of employee compensation and years of service. The Cleveland Clinic Cash Balance Plan (CBP) is a noncontributory, defined contribution plan that covers certain professional and administrative employees not covered by the IPP. The System's contribution to the CBP is a percentage of employee compensation that is determined according to age. The System sponsors eleven tax-qualified contributory, defined contribution plans that cover substantially all employees, including two plans for Akron General, three plans for Union Hospital, two plans for Martin Health System, two plans for Indian River Hospital and a plan for Mercy Hospital. The plans generally permit employees to make pretax employee deferrals and to become entitled to certain employer matching contributions that are based on employee contributions.

8. Pensions and Other Postretirement Benefits (continued)

The components of net periodic benefit (credit) cost for defined benefit pension plans and the defined contribution plan expenses are as follows (in thousands):

	Quarter Ended March 31	
	2023	2022
Components of net periodic benefit cost:		
Service credit	\$ (608)	\$ (944)
Interest cost	19,155	13,587
Expected return on plan assets	(16,271)	(21,857)
Net amortization and deferral	(454)	(494)
Total defined benefit pension plans	1,822	(9,708)
Defined contribution plans	103,464	92,512
Total	\$ 105,286	\$ 82,804

The service credit component of net periodic benefit cost (credit) and the defined contribution plan expense are included in salaries, wages, and benefits in the consolidated statements of operations and changes in net assets. The components of net periodic benefit cost (credit) other than the service credit component are included in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

9. Subsequent Events

The System evaluated events and transactions occurring subsequent to March 31, 2023 through May 23, 2023, the date the unaudited consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition in the consolidated financial statements, and there were no nonrecognized subsequent events requiring disclosure.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidating Balance Sheets
(\$ in thousands)

	March 31, 2023				December 31, 2022			
	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated
Assets								
Current assets:								
Cash and cash equivalents	\$ 255,960	\$ 182,914	\$ -	\$ 438,874	\$ 551,714	\$ 306,658	\$ -	\$ 858,372
Patient receivables, net	1,499,139	381,095	(31,651)	1,848,583	1,392,179	348,632	(34,644)	1,706,167
Due from affiliates	22,915	81,492	(104,407)	-	13,354	45	(13,399)	-
Investments for current use	-	63,991	-	63,991	-	63,991	-	63,991
Other current assets	944,564	177,155	(258,903)	862,816	968,608	148,640	(242,680)	874,568
Total current assets	2,722,578	886,647	(394,961)	3,214,264	2,925,855	867,966	(290,723)	3,503,098
Investments:								
Long-term investments	9,818,869	1,111,748	-	10,930,617	9,604,363	1,067,376	-	10,671,739
Funds held by trustees	5,956	-	-	5,956	5,689	0	-	5,689
Assets held for self-insurance	-	196,937	-	196,937	-	175,064	-	175,064
Donor restricted assets	1,228,898	97,400	-	1,326,298	1,201,698	96,829	-	1,298,527
	11,053,723	1,406,085	-	12,459,808	10,811,750	1,339,269	-	12,151,019
Property, plant, and equipment, net	4,433,547	1,575,563	-	6,009,110	4,411,720	1,560,044	-	5,971,764
Other assets:								
Pledges receivable, net	192,751	24,842	-	217,593	190,567	24,081	-	214,648
Trusts and beneficial interests in foundations	63,490	25,977	-	89,467	63,882	38,326	-	102,208
Operating lease right-of-use assets	116,668	234,203	-	350,871	111,452	224,946	-	336,398
Other noncurrent assets	1,064,857	148,998	(311,766)	902,089	1,020,774	149,854	(311,768)	858,860
	1,437,766	434,020	(311,766)	1,560,020	1,386,675	437,207	(311,768)	1,512,114
Total assets	\$ 19,647,614	\$ 4,302,315	\$ (706,727)	\$ 23,243,202	\$ 19,536,000	\$ 4,204,486	\$ (602,491)	\$ 23,137,995
Liabilities and net assets								
Current liabilities:								
Accounts payable	\$ 483,922	\$ 150,897	\$ (108)	\$ 634,711	\$ 591,220	\$ 170,812	\$ (109)	\$ 761,923
Compensation and amounts withheld from payroll	500,388	66,141	-	566,529	518,372	76,717	-	595,089
Current portion of long-term debt	103,045	7,488	-	110,533	100,393	7,364	-	107,757
Variable rate debt classified as current	638,952	47,377	-	686,329	638,952	47,377	-	686,329
Due to affiliates	20,255	25,205	(45,460)	-	41	14,070	(14,111)	-
Other current liabilities	644,286	291,860	(271,458)	664,688	730,938	320,161	(272,292)	778,807
Total current liabilities	2,390,848	588,968	(317,026)	2,662,790	2,579,916	636,501	(286,512)	2,929,905
Long-term debt	3,383,142	1,088,930	(287,086)	4,184,986	3,462,400	1,070,725	(287,088)	4,246,037
Other liabilities:								
Professional and general insurance liability reserves	68,881	163,990	-	232,871	67,657	148,887	-	216,544
Accrued retirement benefits	227,837	1,112	-	228,949	225,303	1,137	-	226,440
Operating lease liabilities	81,641	228,073	-	309,714	87,717	218,768	-	306,485
Other noncurrent liabilities	563,263	129,373	(77,935)	614,701	506,249	52,450	(4,211)	554,488
	941,622	522,548	(77,935)	1,386,235	886,926	421,242	(4,211)	1,303,957
Total liabilities	6,715,612	2,200,446	(682,047)	8,234,011	6,929,242	2,128,468	(577,811)	8,479,899
Net assets:								
Without donor restrictions	11,350,361	1,934,733	(24,680)	13,260,414	11,045,547	1,897,909	(24,680)	12,918,776
With donor restrictions	1,581,641	167,136	-	1,748,777	1,561,211	178,109	-	1,739,320
Total net assets	12,932,002	2,101,869	(24,680)	15,009,191	12,606,758	2,076,018	(24,680)	14,658,096
Total liabilities and net assets	\$ 19,647,614	\$ 4,302,315	\$ (706,727)	\$ 23,243,202	\$ 19,536,000	\$ 4,204,486	\$ (602,491)	\$ 23,137,995

Please refer to Management's Discussion and Analysis for a listing of the hospitals in the Obligated Group.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidating Statements of Operations and Changes in Net Assets
(\$ in thousands)

Operations

	Three Months Ended March 31, 2023				Three Months Ended March 31, 2022			
	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated
Unrestricted revenues								
Net patient service revenue	\$ 2,613,885	\$ 581,417	\$ (107,792)	\$ 3,087,510	\$ 2,295,409	\$ 508,613	\$ (78,848)	\$ 2,725,174
Other	355,464	129,123	(59,256)	425,331	276,482	91,347	(58,085)	309,744
Total unrestricted revenues	2,969,349	710,540	(167,048)	3,512,841	2,571,891	599,960	(136,933)	3,034,918
Expenses								
Salaries, wages, and benefits	1,720,714	428,378	(117,300)	2,031,792	1,530,477	405,568	(94,568)	1,841,477
Supplies	277,754	78,416	(86)	356,084	261,652	59,045	(15)	320,682
Pharmaceuticals	406,597	46,675	-	453,272	322,254	42,663	-	364,917
Purchased services and other fees	197,749	57,449	(16,487)	238,711	186,218	56,818	(10,018)	233,018
Administrative services	7,111	56,647	(7,151)	56,607	25,676	36,910	(6,102)	56,484
Facilities	77,667	30,260	(451)	107,476	76,926	31,031	(470)	107,487
Insurance	25,737	32,007	(25,548)	32,196	24,648	32,167	(25,743)	31,072
	2,713,329	729,832	(167,023)	3,276,138	2,427,851	664,202	(136,916)	2,955,137
Operating income (loss) before interest, depreciation, and amortization expenses	256,020	(19,292)	(25)	236,703	144,040	(64,242)	(17)	79,781
Interest	33,602	8,348	-	41,950	27,672	8,055	-	35,727
Depreciation and amortization	127,055	35,472	(25)	162,502	126,540	22,033	(17)	148,556
Operating income (loss)	95,363	(63,112)	-	32,251	(10,172)	(94,330)	-	(104,502)
Nonoperating gains and losses								
Investment return	278,663	35,562	-	314,225	(187,231)	(25,277)	-	(212,508)
Derivative (losses) gains	(7,200)	(218)	-	(7,418)	30,678	(582)	-	30,096
Other, net	(3,662)	63	-	(3,599)	3,166	1,290	-	4,456
Net nonoperating gains and losses	267,801	35,407	-	303,208	(153,387)	(24,569)	-	(177,956)
Excess (deficiency) of revenues over expenses	363,164	(27,705)	-	335,459	(163,559)	(118,899)	-	(282,458)

Please refer to Management's Discussion and Analysis for a listing of the hospitals in the Obligated Group.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidating Statements of Operations and Changes in Net Assets (continued)
(\$ in thousands)

Changes in Net Assets

	Three Months Ended March 31, 2023				Three Months Ended March 31, 2022			
	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated
Changes in net assets without donor restrictions:								
Excess (deficiency) of revenues over expenses	\$ 363,164	\$ (27,705)	\$ -	\$ 335,459	\$ (163,559)	\$ (118,899)	\$ -	\$ (282,458)
Donated capital	50	16	-	66	-	-	-	-
Net assets released from restriction for capital purposes	3,108	251	-	3,359	2,160	343	-	2,503
Retirement benefits adjustment	(592)	(200)	-	(792)	(517)	(57)	-	(574)
Foreign currency translation	-	3,605	-	3,605	-	(6,391)	-	(6,391)
Other	(60,916)	60,857	-	(59)	(13,447)	12,928	-	(519)
Increase (decrease) in net assets without donor restrictions	304,814	36,824	-	341,638	(175,363)	(112,076)	-	(287,439)
Changes in net assets with donor restrictions:								
Gifts and bequests	22,343	6,403	-	28,746	27,908	13,181	-	41,089
Net investment income (loss)	25,722	1,040	-	26,762	(10,157)	(409)	-	(10,566)
Net assets released from restrictions used for operations included in other unrestricted revenues	(23,771)	(18,901)	-	(42,672)	(11,017)	(835)	-	(11,852)
Net assets released from restriction for capital purposes	(3,108)	(251)	-	(3,359)	(2,160)	(343)	-	(2,503)
Change in interests in foundations	(59)	-	-	(59)	(399)	-	-	(399)
Change in value of perpetual trusts	(907)	846	-	(61)	193	(621)	-	(428)
Other	210	(110)	-	100	125	(125)	-	-
Increase (decrease) in net assets with donor restrictions	20,430	(10,973)	-	9,457	4,493	10,848	-	15,341
Increase (decrease) in net assets	325,244	25,851	-	351,095	(170,870)	(101,228)	-	(272,098)
Net assets at beginning of year	12,606,758	2,076,018	(24,680)	14,658,096	13,298,608	2,366,654	(2,680)	15,662,582
Net assets at end of period	\$ 12,932,002	\$ 2,101,869	\$ (24,680)	\$ 15,009,191	\$ 13,127,738	\$ 2,265,426	\$ (2,680)	\$ 15,390,484

Please refer to Management's Discussion and Analysis for a listing of the hospitals in the Obligated Group.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Unaudited Consolidating Statements of Cash Flows
(\$ in thousands)

	Three Months Ended March 31, 2023				Three Months Ended March 31, 2022			
	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated	Obligated Group	Non-Obligated Group	Consolidating Adjustments & Eliminations	Consolidated
Operating activities and net nonoperating gains and losses								
Increase (decrease) in total net assets	\$ 325,244	\$ 25,851	\$ -	\$ 351,095	\$ (170,870)	\$ (101,228)	\$ -	\$ (272,098)
Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities and net nonoperating gains and losses:								
Retirement benefits adjustment	592	200	-	792	517	57	-	574
Net realized and unrealized (gains) losses on investments	(285,990)	(34,165)	-	(320,155)	209,758	26,801	-	236,559
Depreciation and amortization	127,055	34,276	(25)	161,306	126,540	22,033	(17)	148,556
Foreign currency translation loss	-	(3,605)	-	(3,605)	-	6,391	-	6,391
Donated capital	(50)	(16)	-	(66)	-	-	-	-
Restricted gifts, bequests, investment income, and other	(47,099)	(8,289)	-	(55,388)	(17,545)	(12,151)	-	(29,696)
Transfers to (from) affiliates	60,918	(60,918)	-	-	13,448	(13,448)	-	-
Accreted interest and amortization of bond premiums	(1,904)	41	-	(1,863)	(1,886)	46	-	(1,840)
Net loss (gain) in value of derivatives	6,722	-	-	6,722	(35,621)	-	-	(35,621)
Changes in operating assets and liabilities:								
Patient receivables	(106,960)	(31,725)	(2,993)	(141,678)	(175,665)	(15,126)	70,337	(120,454)
Other current assets	(14,856)	(109,501)	107,231	(17,126)	(58,408)	(102,440)	123,452	(37,396)
Other noncurrent assets	(49,385)	(3,782)	23	(53,144)	(6,151)	2,896	57	(3,198)
Accounts payable and other current liabilities	(199,659)	(50,214)	(30,514)	(280,387)	78,146	(13,005)	(125,165)	(60,024)
Other liabilities	47,382	96,468	(73,724)	70,126	4,269	71,940	(68,624)	7,585
Net cash used in operating activities and net nonoperating gains and losses	(137,990)	(145,379)	(2)	(283,371)	(33,468)	(127,234)	40	(160,662)
Financing activities								
Proceeds from short-term borrowings	50,000	-	-	50,000	-	-	-	-
Payments on short-term borrowings	(50,000)	-	-	(50,000)	-	-	-	-
Proceeds from long-term borrowings	-	(2)	2	-	-	40	(40)	-
Principal payments on long-term debt	(77,286)	(1,148)	-	(78,434)	(76,339)	(1,287)	-	(77,626)
Change in pledges receivable, trusts and interests in foundations	3,147	11,670	-	14,817	(3,633)	(5,679)	-	(9,312)
Restricted gifts, bequests, investment income, and other	47,099	8,289	-	55,388	17,545	12,151	-	29,696
Net cash (used in) provided by financing activities	(27,040)	18,809	2	(8,229)	(62,427)	5,225	(40)	(57,242)
Investing activities								
Expenditures for property, plant and equipment	(124,838)	(27,985)	-	(152,823)	(117,263)	(55,305)	-	(172,568)
Proceeds from sale of property, plant and equipment	11,015	-	-	11,015	10,401	-	-	10,401
Net change in cash equivalents reported in long-term investments	(64,030)	(28,353)	-	(92,383)	22,171	178,388	-	200,559
Purchases of investments	(936,344)	(118,624)	-	(1,054,968)	(944,931)	(105,769)	-	(1,050,700)
Sales of investments	1,044,446	115,547	-	1,159,993	1,033,509	136,171	-	1,169,680
Transfers (to) from affiliates	(60,918)	60,918	-	-	(13,448)	13,448	-	-
Net cash (used in) provided by investing activities	(130,669)	1,503	-	(129,166)	(9,561)	166,933	-	157,372
Effect of exchange rate changes on cash	-	2,544	-	2,544	-	(5,594)	-	(5,594)
(Decrease) increase in cash and cash equivalents	(295,699)	(122,523)	-	(418,222)	(105,456)	39,330	-	(66,126)
Cash, cash equivalents and restricted cash at beginning of year	552,573	315,772	-	868,345	409,507	372,924	-	782,431
Cash, cash equivalents and restricted cash at end of period	\$ 256,874	\$ 193,249	\$ -	\$ 450,123	\$ 304,051	\$ 412,254	\$ -	\$ 716,305

Please refer to Management's Discussion and Analysis for a listing of the hospitals in the Obligated Group.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Utilization

The following table provides selected utilization statistics for the Cleveland Clinic Health System:

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
Total Staffed Beds ⁽¹⁾	4,859	5,128	5,328	5,114	5,436
Percent Occupancy ⁽¹⁾	69.9%	75.2%	73.8%	73.9%	74.9%
Inpatient Admissions ⁽¹⁾					
Acute	211,770	236,273	234,518	55,672	62,358
Post-acute	10,739	10,979	9,832	2,433	2,370
Total	222,509	247,252	244,350	58,105	64,728
Patient Days ⁽¹⁾					
Acute	1,044,240	1,223,899	1,209,026	299,654	315,932
Post-acute	82,334	86,875	78,732	19,304	19,016
Total	1,126,574	1,310,774	1,287,758	318,958	334,948
Average Length of Stay					
Acute	4.92	5.20	5.16	5.45	5.14
Post-acute	7.66	7.88	8.02	8.00	8.12
Surgical Facility Cases					
Inpatient	64,318	68,201	70,432	17,250	19,330
Outpatient	152,625	191,573	199,344	47,836	56,120
Total	216,943	259,774	269,776	65,086	75,450
Emergency Department Visits	757,055	902,027	907,039	202,786	229,483
Outpatient Observations	61,460	67,237	68,218	16,081	17,698
Outpatient Evaluation and Management Visits	5,683,571	6,776,857	7,071,400	1,600,739	1,854,730
Acute Medicare Case Mix Index - Health System	2.00	2.01	2.00	2.05	1.99
Acute Medicare Case Mix Index - Cleveland Clinic	2.87	2.89	2.94	2.99	2.97
Total Acute Patient Case Mix Index - Health System	1.91	1.93	1.92	1.98	1.93
Total Acute Patient Case Mix Index - Cleveland Clinic	2.76	2.79	2.84	2.87	2.84

⁽¹⁾ Acute and post-acute, including rehabilitative and psychiatric services within post-acute, but excluding newborns and bassinets.

Utilization statistics for Mercy Hospital are included beginning February 1, 2021, which is the date Mercy Hospital joined the System.

Utilization statistics for Cleveland Clinic London are excluded from the above table.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Utilization (continued)

The following table provides selected utilization statistics for the Obligated Group:

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
Total Staffed Beds ⁽¹⁾	4,018	3,931	4,104	3,396	3,589
Percent Occupancy ⁽¹⁾	70.3%	76.4%	74.9%	74.5%	75.8%
Inpatient Admissions ⁽¹⁾					
Acute	173,614	183,525	181,845	43,856	49,065
Post-acute	6,601	6,489	5,762	1,436	1,504
Total	180,215	190,014	187,607	45,292	50,569
Patient Days ⁽¹⁾					
Acute	875,432	967,101	951,259	237,608	253,187
Post-acute	53,504	52,771	46,895	11,650	12,924
Total	928,936	1,019,872	998,154	249,258	266,111
Surgical Facility Cases					
Inpatient	54,735	56,061	57,468	14,230	16,008
Outpatient	127,810	156,432	163,595	39,218	47,028
Total	182,545	212,493	221,063	53,448	63,036
Emergency Department Visits	574,683	654,701	659,911	153,151	175,706
Outpatient Observations	47,974	51,216	50,891	12,257	13,905
Outpatient Evaluation and Management Visits	4,857,870	5,574,968	5,919,844	1,400,882	1,625,468
Acute Medicare Case Mix Index	2.04	2.05	2.05	2.09	2.04
Total Acute Patient Case Mix Index	1.95	1.98	1.98	2.02	1.98

⁽¹⁾ Acute and post-acute, including rehabilitative and psychiatric services within post-acute, but excluding newborns and bassinets.

Please refer to Management's Discussion and Analysis for a listing of the hospitals in the Obligated Group.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Payor Mix

The following table shows payor mix as a percentage of gross patient service revenue for the Health System and Obligated Group as a whole:

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
Payor					
Managed Care and Commercial	34%	34%	34%	34%	33%
Medicare	51%	50%	51%	51%	51%
Medicaid	13%	14%	13%	13%	14%
Self-Pay & Other	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

**OBLIGATED GROUP
Based on Gross Patient Service Revenue**

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
Payor					
Managed Care and Commercial	36%	35%	35%	35%	34%
Medicare	49%	49%	50%	50%	50%
Medicaid	13%	14%	13%	13%	14%
Self-Pay & Other	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%

Please refer to Management’s Discussion and Analysis for a listing of the hospitals in the Obligated Group.

Payor mix for Mercy Hospital is included beginning February 1, 2021, which is the date Mercy Hospital joined the System.

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Research Support

(\$ in thousands)

The Clinic funds the annual cost of research from external sources, such as federal grants and contracts and contributions restricted for research, and internal sources, such as contributions, endowment earnings and revenue from operations. The following table summarizes the sources of research support for the Clinic:

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
External Grants Earned					
Federal Sources	\$117,931	\$116,049	\$161,270	\$35,313	\$37,870
Non-Federal Sources	94,173	129,010	138,925	36,831	35,399
Total	212,104	245,059	300,195	72,144	73,269
Internal Support	92,305	70,384	77,569	12,759	24,077
Total Sources of Support	\$304,409	\$315,443	\$377,764	\$84,903	\$97,346

**CLEVELAND CLINIC HEALTH SYSTEM
OTHER INFORMATION
FOR THE PERIOD ENDED MARCH 31, 2023**

Key Ratios

The following table provides selected key ratios:

	Year Ended December 31			YTD March 31	
	2020	2021	2022	2022	2023
Liquidity ratios					
Days of cash on hand	424	431	334	403	321
Days of revenue in accounts receivable	45	48	50	55	54
Coverage ratios					
Cash to debt (%)	216.1	251.7	228.8	247.7	228.2
Maximum annual debt service coverage (x)	5.7	7.0	3.4	6.4	3.9
Interest expense coverage (x)	8.5	11.9	3.9	10.3	4.7
Leverage ratios					
Debt to cash flow (x)	4.5	3.2	11.4	3.8	8.5
Debt to capitalization (%)	30.7	27.0	28.1	27.1	27.3
Debt to revenue (%)	49.6	42.0	38.8	40.5	37.0
Profitability ratios					
Operating margin (%)	2.2	6.0	(1.6)	(3.4)	0.9
Operating cash flow margin (%)	9.2	11.9	4.3	2.6	6.7
Excess margin (%)	11.3	15.9	(10.4)	(9.9)	8.8
Return on assets (%)	6.1	9.1	(5.4)	(4.8)	5.8

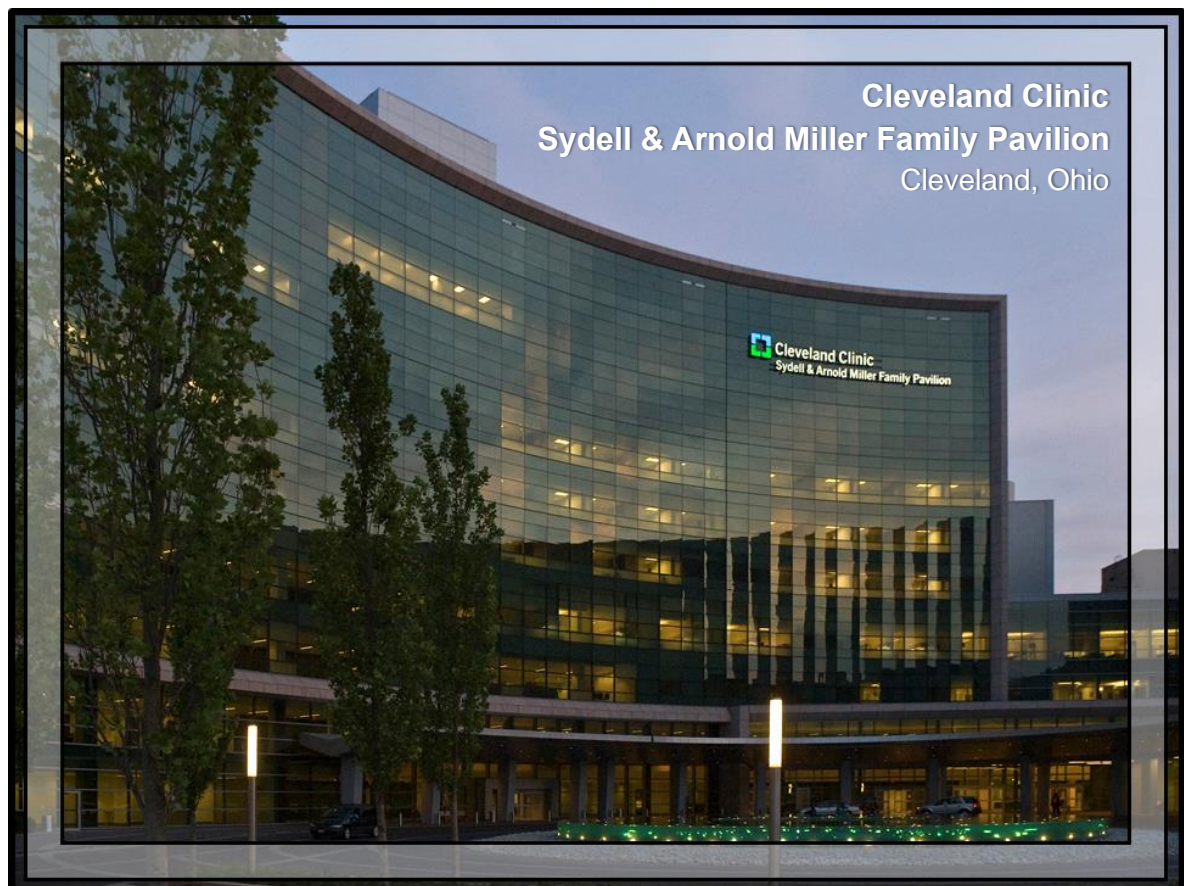
NOTES:

Liquidity, coverage and leverage ratios are calculated using a 12-month rolling income statement.

Maximum annual debt service coverage is based on the Obligated Group in accordance with the master trust indenture.

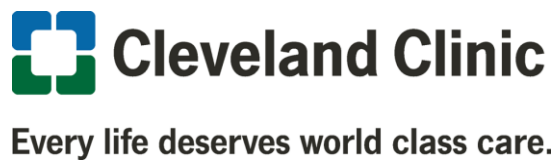
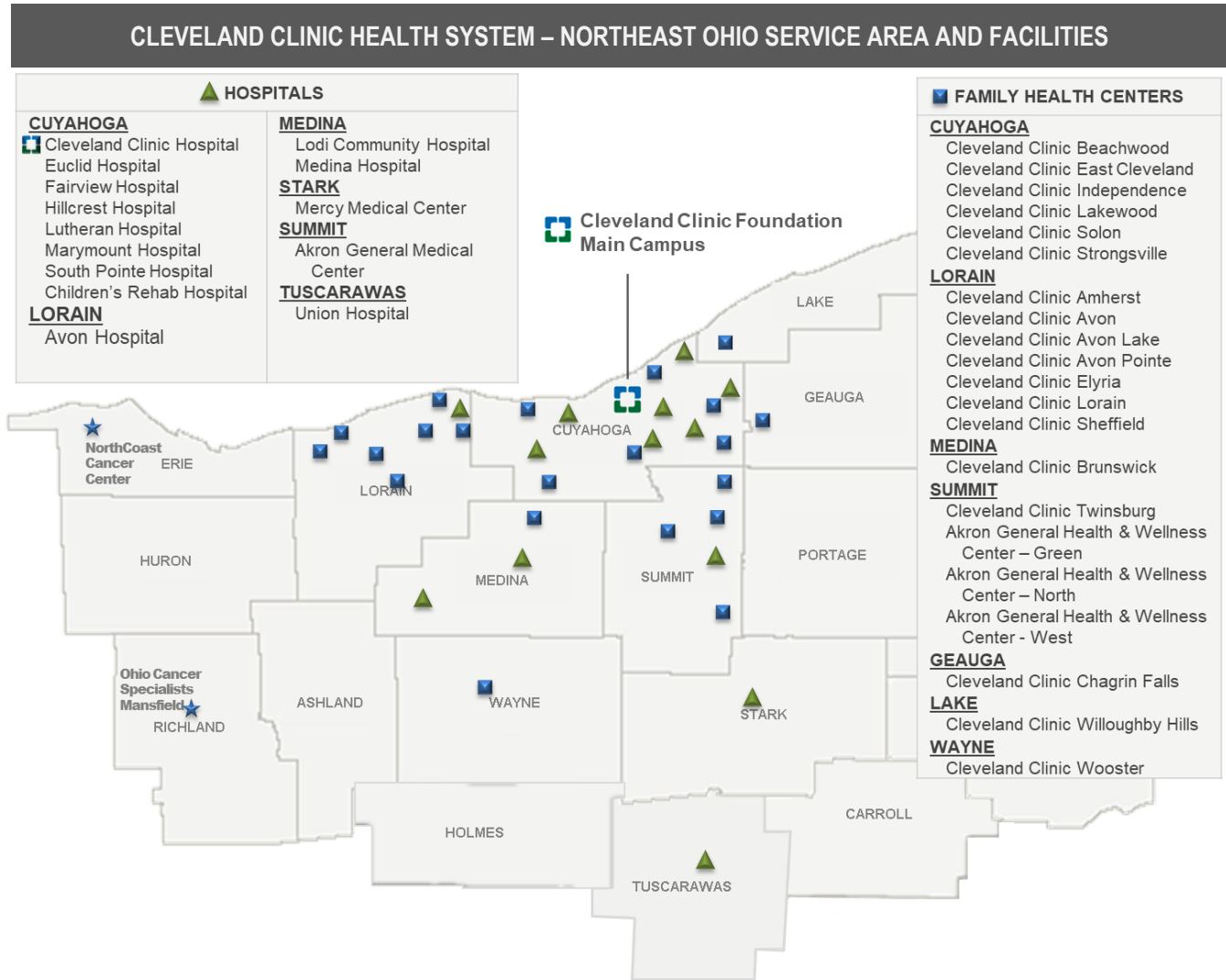
OVERVIEW

The Cleveland Clinic Health System (System) is a world-renowned provider of healthcare services that attracted patients from across the United States and from 128 other countries in 2022. As of March 31, 2023, the System operates 20 hospitals with approximately 5,500 staffed beds and is the leading provider of healthcare services in Northeast Ohio. Fourteen of the hospitals are operated in the Northeast Ohio area, anchored by The Cleveland Clinic Foundation (Clinic). The System operates 21 outpatient family health centers, nine ambulatory surgery centers, as well as numerous physician offices, which are located throughout Northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In Florida, the System operates five hospitals and a clinic located throughout Southeast Florida, outpatient family health centers in Port St. Lucie, Stuart and West Palm Beach, an outpatient family health and ambulatory surgery center in Coral Springs and numerous physician offices located throughout Southeast Florida. In London, the System operates a hospital and an outpatient facility. In addition, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada and a specialized neurological clinical center in Las Vegas, Nevada. Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 120 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering critical and acute care services that is part of Mubadala Development Company's network of healthcare facilities located in Abu Dhabi, United Arab Emirates with approximately 364 staffed beds.



**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

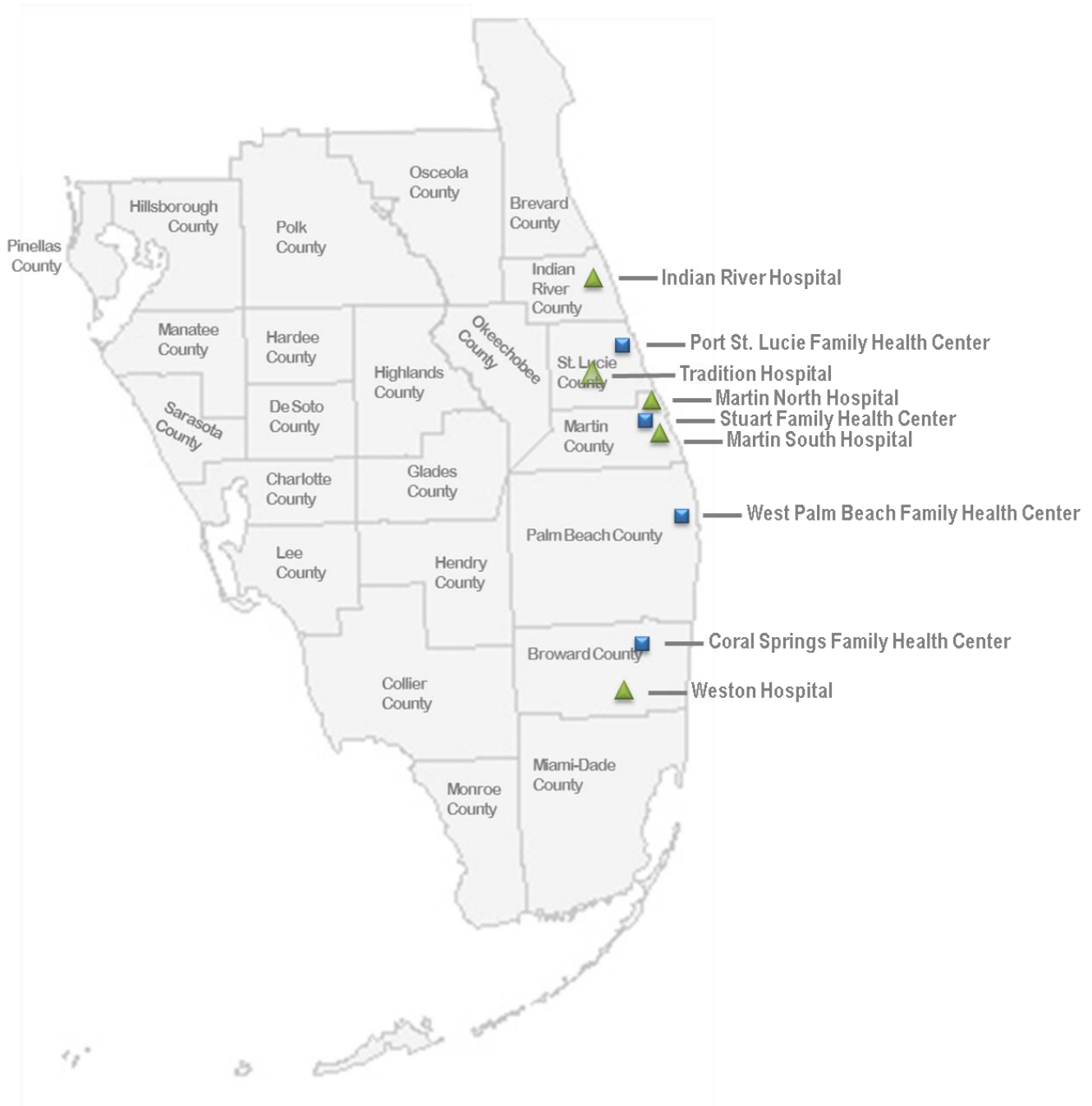
The location of the System’s hospitals, its family health centers and its specialized cancer centers in the Northeast Ohio area are identified on the following map:



**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The location of the System’s hospitals and family health centers in the Southeast Florida area are identified on the following map:

CLEVELAND CLINIC HEALTH SYSTEM – SOUTHEAST FLORIDA FACILITIES



**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The following table sets forth the hospitals operated by the obligated issuers and their affiliates, together with each hospital's staffed bed count as of March 31, 2023:

	Staffed Beds
<u>OBLIGATED</u>	
Cleveland Clinic	1,298
Avon Hospital	126
Euclid Hospital	166
Fairview Hospital	498
Hillcrest Hospital	462
Lutheran Hospital	192
Martin North Hospital	244
Martin South Hospital	100
Marymount Hospital	263
Medina Hospital	148
South Pointe Hospital	172
Tradition Hospital	177
Weston Hospital	258
	4,104
<u>NON-OBLIGATED</u>	
Akron General Medical Center	485
Children's Rehabilitation Hospital	25
Indian River Hospital	275
Lodi Hospital	20
London Hospital	184
Mercy Hospital	323
Union Hospital	96
	1,408
HEALTH SYSTEM	5,512



AWARDS & RECOGNITION

The Clinic was ranked as the fourth best hospital in the United States by *U.S. News and World Report* in its 2022-2023 edition of “America’s Best Hospitals.” For the past 24 years, the Clinic has been ranked among the top five hospitals in the United States. The Clinic’s Heart and Vascular Institute, located on the Clinic’s main campus, was recognized as the best cardiology and heart surgery program in the United States, an honor the Clinic has received annually for 28 consecutive years. The Clinic was nationally ranked in 13 specialties, including nine in the top ten nationwide, and is one of just 20 hospitals to earn a place on the *U.S. News’* 2022-2023 Honor Roll. The following table summarizes the Clinic’s national rankings by medical specialty:

2022-23 U.S. NEWS & WORLD REPORT RANKINGS



In the “HONOR ROLL”

Cleveland Clinic..... 4th

Ranked No. 1

Cardiology & Heart Surgery..... 1st

In America’s Top 10

Geriatrics..... 2nd

Rheumatology..... 2nd

Urology..... 2nd

Gastroenterology & GI Surgery 4th

Obstetrics & Gynecology 4th

Cancer 6th

Pulmonology & Lung Surgery 6th

Neurology & Neurosurgery 8th

In America’s Top 25

Diabetes & Endocrinology..... 11th

Ophthalmology..... 11th

Orthopedics..... 14th

Ear, Nose & Throat..... 23rd

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

Other System hospitals also received national recognition from *U.S. News and World Report*. Hospitals that received national rankings included the following: Fairview Hospital ranked 45th (tie) in neurology and neurosurgery; Hillcrest Hospital ranked 34th in cardiology and heart surgery, 39th in gastroenterology and GI surgery and 45th (tie) in neurology and neurosurgery; South Pointe Hospital ranked 49th in Geriatrics; and Weston Hospital ranked 37th in gastroenterology and GI surgery.

The publication also evaluated hospitals by state and metropolitan area with a methodology similar to that used to determine the national rankings. The Clinic was ranked as the best hospital in both the State of Ohio and the Cleveland metropolitan area, which includes the City of Cleveland and its surrounding counties. The report also ranked three additional System hospitals in the top hospitals in the Cleveland metropolitan area and Ohio: Hillcrest Hospital ranked third in the Cleveland metropolitan area and fourth in Ohio; Fairview Hospital ranked fourth in the Cleveland metropolitan area and fifth (tie) in Ohio; and South Pointe Hospital ranked fifth (tie) in the Cleveland Metro Area and 12th (tie) in Ohio. Akron General Medical Center, located in Summit County, was ranked first in the Akron metropolitan area and seventh (tie) in the State of Ohio. Mercy Hospital located in Stark County was ranked 19th in Ohio. In Florida, Weston Hospital was ranked first in the Miami-Fort Lauderdale metro area and fifth in the State of Florida; Indian River Hospital was ranked 18th (tie) in the State of Florida; and Martin Health was ranked 31st (tie) in the State of Florida.

Cleveland Clinic Children’s Hospital located on the Clinic’s main campus earned national recognition in nine out of ten pediatric specialties ranked by *U.S. News and World Report* in its 2022-2023 edition of “Best Children’s Hospitals.” For 14 consecutive years, the Cleveland Clinic Children’s Hospital has ranked among the nation’s top 50 pediatric hospitals. The following table summarizes the Clinic’s national rankings by pediatric specialty:

2022-23 U.S. NEWS & WORLD REPORT RANKINGS

BEST CHILDREN'S HOSPITALS
U.S. News & World Report
RANKED IN 9 SPECIALTIES
2022-23

Pediatric Ranking by Specialty

Cardiology & Heart Surgery	6 th
Neonatology	10 th
Gastroenterology & GI Surgery	13 th
Cancer	15 th
Urology	24 th
Nephrology	29 th
Pulmonology	30 th
Diabetes & Endocrinology	36 th
Neurology & Neurosurgery	40 th

Regionally, Cleveland Clinic Children's Hospital has also been ranked as the seventh best (tie) pediatric hospital in the Midwest and the third best (tie) in Ohio. In Northeast Ohio, Cleveland Clinic Children's Hospital ranked as the best in five of the specialties (cancer, cardiology and heart surgery, gastroenterology and gastrointestinal surgery, nephrology and urology).

In March 2023, the Clinic was again named the second best hospital in the world by *Newsweek* as part of its "World's Best Hospitals 2023" list. *Newsweek* partnered with global research data company Statista to rank the leading hospitals in 28 countries. According to *Newsweek*, its rankings are based on four data sources: online surveys of more than 80,000 medical experts from around the world; results from publicly available patient experience surveys; hospital quality metrics; and patient reported outcome measures. Fairview and Weston Hospitals were also ranked in the top 250 hospitals internationally, and the System had three other hospitals listed among the best hospitals nationwide.

In addition to being ranked as the number two hospital in the world, the Clinic was recognized as the number one hospital in the world for cardiac surgery in *Newsweek's* "World's Best Specialized Hospitals of 2023." The Clinic ranked among the world's best in all eleven specialties rated by *Newsweek* including cardiac surgery, cardiology, endocrinology, gastroenterology, neurology, neurosurgery, oncology, orthopedics, pediatrics, pulmonology and urology. In addition to the Clinic's main campus, Weston Hospital, Akron General Medical Center, Fairview Hospital and Hillcrest Hospital were also recognized among the world's best specialized hospitals in at least one specialty. *Newsweek* and Statista invited more than 40,000 medical experts to participate in surveys to recommend and assess various hospitals within their respective specializations. Survey results were validated by a global board of medical experts.

In May 2023, eight System hospitals received an "A" in the fall safety grades published by The Leapfrog Group, an independent national nonprofit organization that measures the quality and safety of American healthcare. The Leapfrog Hospital Survey evaluates individual hospitals on safety, quality, and efficacy and assigns letter grades of A, B, C, D or F. Nearly 3,000 hospitals across the nation voluntarily participate in the survey, which looks at more than 30 national performance measures from the Centers for Medicare and Medicaid Services and other data sources. Other System hospitals evaluated by the Leapfrog Group include five hospitals that received a "B" safety grade and four hospitals that received a "C" safety grade.

The Clinic has been recognized as one of the World's Most Ethical Companies for the 13th time. The Clinic is one of just six healthcare providers worldwide on the 2023 list by the Ethisphere Institute, which describes itself as "advancing the standards of ethical business practices that fuel corporate character, marketplace trust and business success." The 2023 list of the World's Most Ethical Companies includes 135 organizations from 19 countries and 46 industries. The Clinic, which earned its first Ethisphere ranking in 2009, has established itself as an industry leader through its strong ethics and compliance program and a variety of innovative initiatives that demonstrate its commitment to patients, caregivers and the community. Ethisphere develops its list of most ethical companies based on five core categories: governance; leadership and reputation; ethics and compliance programs; culture of ethics; and environmental and social impact.

In March 2023, *Forbes* and market researcher Statista recognized the System as one of “America’s Best Large Employers of 2023.” The selection was based on an independent survey of 60,000 Americans working for organizations with at least 1,000 employees. Participants were asked to rate their willingness to recommend their own employers to friends and family and to nominate organization other than their own. The final list ranks the 500 large employers that received the most recommendations.

CORPORATE GOVERNANCE

The Board of Directors of the Clinic is responsible for all of its operations and affairs and controls its property. The Board of Directors is also responsible for ensuring that the Clinic is organized, and at all times operated, consistent with its charitable mission and its status as an Ohio nonprofit corporation and tax-exempt charitable organization. The Board of Directors generally meets five times per year, including an annual meeting during which the Clinic’s officers are elected and standing committees are appointed. The size of the Board of Directors can range between 15 to 30 Directors (currently there are 29 Directors). The Board of Trustees serves as an advisor to the Board of Directors. Trustees actively serve on the committees of the Board of Directors. At present, there are 72 active Trustees, nine Professional Staff Trustees and 13 Emeritus Trustees. Directors and Trustees each serve four-year terms and are selected on the basis of their expertise and experience in a variety of areas beneficial to the Clinic. Directors and Trustees are not compensated for their service.

The Board of Directors annually appoints certain committees to perform duties that it delegates to them from time to time, subject to ratification of such action by the Board of Directors. The current committees are as follows:

Audit Committee	Board Policy Committee	Compensation Committee	Conflict of Interest and Managing Innovations Committee	Finance Committee
Governance Committee	Investment Committee	Medical Staff Appointment Committee	Philanthropy Committee	Technology Committee

Members of the Committees are chosen based on the interests and skills of individual Board members and the needs of the particular Committee. Most Committees meet three or four times per year, though a few (such as the Audit Committee and Governance Committee) meet more often. Board members also have the opportunity to participate in regular discussions on Safety, Quality and Patient Experience, Research and Education, Community Relations and Government Relations. The Governance Committee is authorized to function as an Executive Committee and has met on a regular basis during the COVID-19 pandemic. The Clinic is engaging in an ongoing review of its governance practices, as well as those of other top academic medical centers, to ensure the Clinic’s governance structures function at a high level.

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The System maintains a governance model for the Ohio regional hospitals that provides for regional hospital representation on the Clinic's Board of Directors while also maintaining separate boards of trustees for each hospital. The Ohio regional hospital boards meet quarterly and, among other topics, provide local input on quality and patient safety and community health needs. Each Ohio regional hospital has a president, all of whom report to the President of the Ohio Hospitals and Family Health Centers.

Concurrently with Martin Health and Indian River Hospital joining the System in 2019, the System established a separate Board of Directors to oversee the Florida hospitals. This Board of Directors has representatives from the Clinic Board of Directors and each of the Florida hospitals. Boards have also been maintained at Martin Health and Indian River Hospital to provide local input on quality and patient safety and community health needs. A board of trustees has been created for Weston Hospital to provide local input on quality and patient safety and community health needs.



Stephanie Tubbs Jones Health Center
East Cleveland, Ohio

APPOINTMENTS



Dennis Laraway was appointed Chief Financial Officer (CFO) effective March 13, 2023. Since 2017, Mr. Laraway has served as Executive Vice President and CFO at Banner Health, a 32-hospital health system based in Phoenix, Arizona. Throughout his career, he has built experience in mergers and acquisitions, capital formation and financing strategies, and management of insurance products for commercial and government populations. Mr. Laraway previously held CFO positions at various health systems in Arizona, New York and Texas.



David Peter, MD was appointed interim president of Cleveland Clinic Indian River Hospital effective January 1, 2023. Dr. Peter is board certified in hospice and palliative medicine and most recently served as the Chief Medical Officer at Cleveland Clinic Indian River Hospital, a position he previously held at Cleveland Clinic Akron General Hospital. Dr. Peter received his medical degree and residence training in emergency medicine at the University of Cincinnati.



Robert Lorenz, MD was appointed President of Cleveland Clinic London effective June 1, 2023. Dr. Lorenz has served the Clinic for over 20 years as both a clinician and an executive. He most recently served as the Executive Medical Director of Market and Network Services since 2020. Prior roles include section head of Head and Neck Surgery, Chief Medical Officer at Cleveland Clinic Abu Dhabi and Medical Director of Specialty Contracting. Dr. Tommaso Falcone, MD will continue to serve as the Interim Chief Executive Officer for Cleveland Clinic London until June 1, 2023.



Vickie Eaton Johnson was named the System's inaugural Chief Community Officer, effective May 1, 2023. Ms. Johnson has led the System's local efforts in Cleveland since 2014 as Senior Director of Government and Community Relations. In this new role, she will lead strategic community plans nationally and internationally while continuing to cultivate collaboration with local institutions, government agencies, elected leaders and healthcare professionals.



Allison Riffle, PharmD, MS was named interim Chief Pharmacy Officer, effective June 1, 2023. Dr. Riffle has been with the System since 2013 and has most recently served as Associate Chief Pharmacy Officer, supporting main campus inpatient services for the past three years. The System will conduct a national search for a new Chief Pharmacy Officer.



EXPANSION AND IMPROVEMENT PROJECTS

Due to the anticipated long-term growth in the demand for services and the desire to continually upgrade medical facilities, the System is investing in buildings, equipment and technology to better serve its patients.

The System has the following expansion and improvement projects currently in progress:

Neurological Institute Building – In July 2019, the Clinic announced plans to build a new Neurological Institute building on its main campus to accommodate the expansion of patient care, research and education. The new one million square-foot facility for the Neurological Institute will centralize all neurological care on the main campus, bringing together services currently delivered in eight locations. Construction is expected to begin in 2023 and the new facility is scheduled to open in late 2026. Services are expected to include digitized patient evaluations, imaging, neuro-simulation training, infusion therapy, neurodiagnostics and brain-mapping suites. The facility will also include research space dedicated to investigation and discovery of new therapies and will serve as the nucleus for neurology-related distance healthcare and digitized data processing and management. A portion of the construction costs are expected to be raised through fundraising efforts and donations.

Cole Eye Institute Expansion – In July 2019, the Clinic announced plans to expand the Cole Eye Institute on its main campus to accommodate the expansion of patient care, research and education. The expansion of the Cole Eye Institute began in 2022 and is expected to take about three years to complete. The new addition will add 150,000 square feet to the existing building and will feature an ophthalmic surgical center with operating rooms and new exam rooms, a new Center of Excellence in Ophthalmic Imaging and an expanded simulation center for education and training of residents and fellows. A portion of the construction costs are expected to be raised through fundraising efforts and donations.

Mentor Hospital – In February 2019, the Clinic announced plans to build a small hospital on 47 acres of vacant land in Lake County, Ohio. The hospital will be managed by Hillcrest Hospital and is expected to offer both inpatient and outpatient services including 34 inpatient beds, an emergency department, outpatient exam and procedure rooms, lab and imaging services. The hospital will have a flexible modular design that will allow it to adapt to changing community needs. The hospital is expected to open in July 2023.

Cleveland Innovation District –The Cleveland Innovation District (District) is designed to leverage talent and research across multiple world-class clinical and academic institutions to drive the next generation of health care technology. Included in the District is the Clinic’s Sheikha Fatima bint Mubarak Global Center for Pathogen and Human Health Research (Global Pathogen Research Center), which will add or renovate 400,000 square feet of research space on the Clinic’s main campus. Renovation of existing space has begun, and the Clinic is currently in the design phase for additional space on the Clinic’s main campus. For additional description of the Cleveland Innovation District, associated partnerships and related projects refer to “AFFILIATIONS AND PARTNERSHIPS.”

CLEVELAND CLINIC INNOVATIONS

Cleveland Clinic Innovations (CCI) encompasses commercial innovation, start-up company investments, licensing and healthcare technology partnership opportunities for the System. CCI moves the System toward its vision of being the best place to receive and partner for care by focusing on novel solutions. As one of the System's six core values, innovation allows the System to seek better and more efficient ways to achieve healthcare goals.

CCI identifies, assesses and commercializes transformative solutions via an innovative operating model. It focuses on three domain portfolios— therapeutics and diagnostics, medical devices, and digital health — and employs a unique approach to assess, protect, build, test and market the most promising ideas of System caregivers. Since its inception in 2000, CCI has transacted over 800 technology licenses, issued over 2,500 patents and contributed to several of the System's historical advancements.

A dedicated team in CCI invests in companies that address organizational priorities and healthcare white space opportunities to resolve pressing medical problems. The team transforms strategic licensed and patented solutions out of the System into investible, standalone companies. During 2022, the team guided the formation of two new spin-off companies while overseeing over \$25 million in investments across 14 unique portfolio companies. In the first quarter of 2023, the System invested \$10.3 million into the portfolio, with multiple pipeline investments under review. Since 2000, CCI has formed a total of 103 spin-off companies, 43 of which are currently operational, with 25 spin-offs monetized.

CCI's business development and partnerships team combines the strength of the Clinic's brand recognition with the expertise of internal and external stakeholders to accelerate technology deployment. Partnerships are formed through opportunities in co-development, co-investment and shared risk and returns while creating diversification in the System's revenue stream.

CCI operates the 50,000-square-foot Cleveland Clinic Incubator on the Clinic's main campus, home to the department and approximately 26 health technology companies.

AFFILIATIONS AND PARTNERSHIPS

The Clinic has entered into various affiliations with national and regional partners that are seeking to improve clinical quality, patient care, medical education and research. The goal of clinical affiliations is to provide value-added, high-quality clinical care to patients through the support, expansion and development of Institute-driven integrated care strategies. In addition, the Clinic has partnered with educational institutions with the goal of improving medical education and research.

In January 2021, the Clinic, the State of Ohio, JobsOhio and the Ohio Development Services Agency announced a partnership to support the Clinic's Global Pathogen Research Center. The Global Pathogen Research Center allows the Clinic to significantly expand its global commitment to infectious disease research and translational programs and brings together a research team focused on broadening the understanding of viral pathogens, virus-induced cancers, genomics, immunology and immunotherapies. The State of Ohio and

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

JobsOhio will invest \$200 million towards the initiative, and the Clinic plans an additional \$300 million as a co-investment to fuel discoveries in its research facilities. The Global Pathogen Research Center will be designed to create new start-up technology companies, attract world-leading corporations to Ohio and generate an estimated 1,000 new jobs at the Clinic by 2029.

The Global Pathogen Research Center is part of the District, which will include the Clinic, University Hospitals Health System, The MetroHealth System, Case Western Reserve University and Cleveland State University. The purpose of the District is to be a center of excellence to act as a catalyst for ongoing investment in Northeast Ohio, including the attraction of businesses and talent.

In October 2021, the Clinic and Brooks Automation opened a biorepository facility that will increase and centralize the storage capacity for biologic samples at the Clinic, while enhancing researchers' study of human tissue samples to more rapidly translate laboratory discoveries into new treatments for patients. The 22,000 square foot biorepository facility is located near the main campus and is the first building to open in the District.

In December 2021, the grocery store company Meijer, along with the City of Cleveland, the Clinic, Fairfax Renaissance Development Corporation (FRDC) and Fairmount Properties, broke ground on a mixed-use building in the Fairfax neighborhood of Cleveland near the main campus. The building, part of the District, will include a 40,000 square-foot Meijer grocery store and an apartment complex. The project is designed to help revitalize and transform the neighborhood, which has been identified by the U.S. Department of Agriculture as an urban food desert for its lack of accessible supermarkets, by creating a healthier community and supporting economic development in the area. In September 2022, groundbreaking took place for the Aura at Innovation Square, a mixed market-rate apartment development. The Aura, scheduled to open in late 2023, will include 82 one- and two-bedroom apartment units. The Aura is part of the Fairfax neighborhood revitalization effort spearheaded by FRDC and is located behind the building that will include the Meijer grocery store and additional apartment units.

In March 2021, the Clinic and IBM announced a planned ten-year partnership to establish the Discovery Accelerator, a joint Cleveland Clinic – IBM partnership with the mission of fundamentally advancing the pace of discovery in healthcare and life sciences through the use of high performance computing on the hybrid cloud, artificial intelligence and quantum computing technologies. The collaboration is anticipated to build a robust research and clinical infrastructure to empower big data medical research in ethical, privacy preserving ways, discoveries for patient care and novel approaches to public health threats such as the COVID-19 pandemic. Through the Discovery Accelerator, the Clinic and IBM researchers will use advanced computational technology to create and analyze data that supports the Global Pathogen Research Center in areas such as genomics, single cell transcriptomics, population health, clinical applications and chemical and drug discovery. As part of the collaboration, IBM installed its first private sector, on-premises IBM Quantum System One in the United States, located on the Clinic's main campus. Installation of the Quantum System One began in 2022 and went online in the first quarter of 2023. IBM also plans to install one of its next-generation 1,000+ qubit quantum systems on the Clinic's main campus in the coming years. This quantum program will be designed to actively engage with universities, government, industry, startups and other relevant organizations. It will leverage the Clinic's global enterprise to serve as the foundation of a new quantum ecosystem for life sciences, focused on advancing quantum skills and the mission of the center. A significant pillar of the program plans to focus on educating

the workforce of the future and creating jobs to grow the economy. The ten-year collaboration plans to include education and workforce development opportunities related to quantum computing.

INTERNATIONAL GROWTH

Cleveland Clinic London Hospital opened on March 29, 2022. The facility is the newest location in the System's expanding global footprint and the second in London, following the opening of an outpatient facility near the hospital in September 2021. Additionally, a second outpatient facility is expected to open in London in late 2023. The facilities are operated by Cleveland Clinic London Ltd, a private company limited by shares that is incorporated and domiciled in England and Wales. The Clinic through a subsidiary is the sole shareholder.

London Hospital has 184 inpatient beds, including 29 ICU beds, eight operating theaters and a 41-bed neurological rehabilitation ward. The hospital provides comprehensive medical and surgical services with a special focus on cardiovascular, digestive, neurological and orthopedic care utilizing the latest technology to care for a complex patient population. Alongside its core focus areas, the hospital also offers a full range of medical sub-specialties and comprehensive services for imaging, labs and interventional radiology. The hospital is using the latest medical and surgical technology including pharmacy barcoding and robot-powered medicine administration tracking, laser and robotic surgery capabilities and advanced electronic medical records.

In addition to the London Hospital, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada, and provides management services to Cleveland Clinic Abu Dhabi, a multispecialty 364-staffed bed hospital offering critical and acute care services that opened in March 2015.

In November 2022, Cleveland Clinic Abu Dhabi opened a new ten-story cancer treatment center that was constructed adjacent to the existing hospital tower. The center is modeled after the Clinic's Taussig Cancer Center and will expand the range of cancer treatments available with centralized oncology services providing dedicated clinical practice areas for advanced imaging, infusion, radiation, and chemotherapy, as well as a connection to the hospital's surgical areas.

In 2017, the Clinic launched Cleveland Clinic Connected, a global affiliation program that aims to improve patient care delivery around the world by enabling international healthcare providers both in the United States and internationally to access the Clinic's best practices. Facilities affiliated with the Clinic through the Cleveland Clinic Connected program will experience the Clinic model of care through the Clinic's collaboration and guidance in the areas of quality, patient safety and best practices for patient care and engagement. Patients at the facilities have the option of receiving distance health and second opinions from the Clinic where legally permissible, and physicians at the facilities have access to clinical and executive education opportunities aimed at improving healthcare delivery. The Clinic will also support continuous improvement through the provision of advisory services across a spectrum of clinical and non-clinical areas. While three Cleveland Clinic Connected agreements currently exist internationally, the Clinic recently announced its renewed commitment to expand this program in 2022 and beyond both domestically and internationally.

These international activities have increased the diversity of the System’s healthcare operations while promoting the Clinic’s clinical expertise in new markets.

STRATEGY

In 2021, as the Clinic celebrated its centennial year, a new mission statement was unveiled:

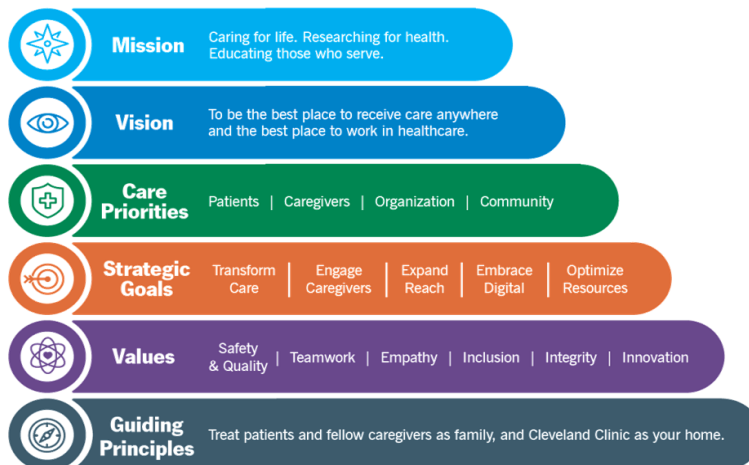
Caring for life
Researching for health
Educating those who serve

The new mission statement stays true to the past, encompasses the present and outlines the future of the System.

The healthcare industry sits at the intersection of economic pressure, insurance reform, technological breakthroughs and demographic shifts. Patients expect a seamless experience that is enabled by technology. Competition for patients is increasing, and healthcare costs are rising. Providers must demonstrate value to patients, insurers and regulators. Market conditions remain challenging for hospitals and health systems as labor pressures and elevated inflation will continue to compress margins for most providers. Combined with increasing payor pressures and a rapidly evolving competitive landscape, providers must manage rising expenses and execute sound strategic plans in order to continue caring for the communities they serve.

In 2019, the System announced a strategy to position the organization for success while simultaneously responding to the evolving healthcare landscape and emerging industry trends. Since then, this strategy has been examined and reassessed through the lens of industry disruption and shifting trends. The System’s ambition is unchanged, and its strategic framework remains in place. This strategy enables the System to focus, innovate and lead in an evolving healthcare environment.

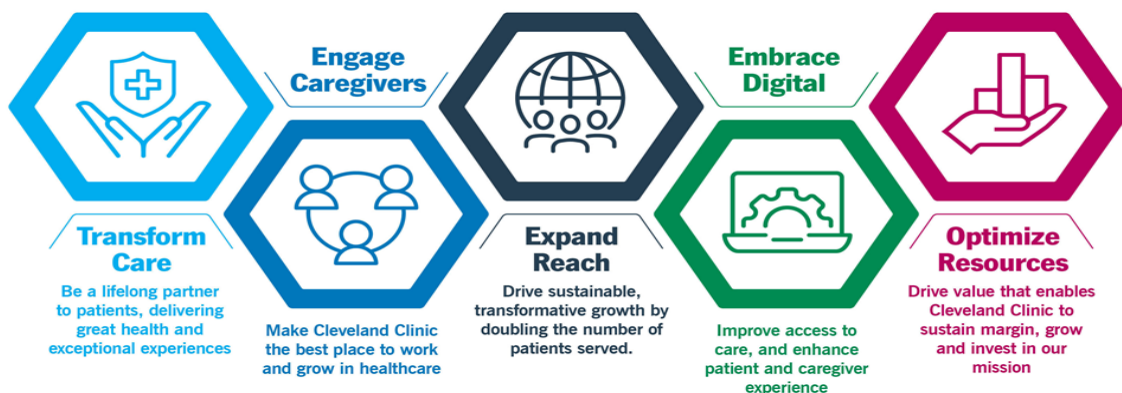
WHO WE ARE



**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The System's vision is to be the best place to receive care anywhere and the best place to work in healthcare. The strategy charts the course to achieve the mission and vision of the System, while navigating an industry undergoing dramatic change. The System's inclusive and transparent strategic planning process prioritizes work, focuses resources appropriately and monitors performance. Anchoring the strategy is the System's belief that modern nonprofit healthcare organizations must tend to four care priorities: care for patients; care for caregivers; care for the organization; and care for the community.

The strategy provides the System with the ability to prioritize activities and focus on advancing the System's mission, vision and values. In addition, the strategy addresses structural questions, including the formation of teams, governance of the System, allocation of resources and metrics to measure performance. All of the work conducted under the strategic framework must meet at least one of the following five strategic goals:



Transform Care: Cleveland Clinic Community Care is the System's platform for transforming primary care and addressing the physical, social and emotional aspects of care. Community Care physicians are part of teams that include advanced practice providers, nurses, medical assistants, behavioral health social workers, pharmacists, care coordinators and navigators. Specialists work with these teams to integrate specialty care into the patient journey. Key initiatives include simplifying the scheduling process, better understanding patient preferences, growing at-home offerings and forming education, research and community partnerships.

Engage Caregivers: Providing quality care requires a workforce that combines exceptional skills with unwavering empathy. The System's future depends on its ability to attract, engage and develop outstanding caregivers. The Caregiver Office and appointment of its first Chief Caregiver Officer demonstrates the System's commitment to fostering peak caregiver engagement, preventing burnout, enhancing culture of working as a team of teams and leveraging diversity as a strength. Key initiatives include building a diverse and inclusive culture, recruiting physicians and nurses, conducting workforce planning and educating caregivers on market trends.

Expand Reach: The System will continue to grow and serve more patients, in more ways, and in more places, while continuing its progress toward the goal of doubling the number of patients served. Increasing its ability to touch more lives requires sufficient resources. This means reinvesting in the patient care, research and education that have been the System's mission since 1921. The System has added new locations, renovated facilities in Ohio and Florida and opened Cleveland Clinic London, and it will continue to explore new and innovative partnership and alignment opportunities.

Embrace Digital: Digital technology will make care smarter, more affordable and more accessible. The System will better understand its patients through enhancing the electronic health record, the use of customer relationship management tools and the increased adoption of augmented intelligence and predictive analytics. The continuing expansion of virtual visits will provide convenience and access for more patients. Key initiatives include increasing virtual offerings in the inpatient, outpatient, primary care and home settings and ensuring transparent pricing for virtual care.

Optimize Resources: The System is finding new value by building a sustainable model of efficient care. This involves establishing metrics for efficiency in all areas. By analyzing buildings and their footprints, the System is making the best use of clinical areas and administrative space. The result is increased reinvestment in the System and its communities. Key initiatives include evaluating the System's facility footprint, ensuring caregivers practice at top of license, integrating technology systems and increasing productivity.

The System continues to identify and pursue ways to improve on every dimension of the enterprise's performance: the relentless pursuit of quality and safety; efficient organization and delivery of care; integration of research and education; and clear messaging of the System's value to the patient. The System is committed to a path that responds to changes in the environment and leads the field with novel approaches that preserve excellence in care, while offering sustainable models.



**Beachwood Family Health and Surgery Center
Beachwood, Ohio**

COMMUNITY BENEFIT AND ECONOMIC IMPACT

Community Benefit

The Clinic and its hospital affiliates within the System are comprised of charitable, tax-exempt healthcare organizations. The System's mission includes addressing health service needs and providing benefits to the communities it serves. The tax-exempt members of the System must satisfy a community benefit standard to maintain their tax-exempt status. Community benefit reporting for the System conforms to Internal Revenue Service (IRS) requirements and is reported on the IRS Form 990, the information return required to be filed annually with the IRS by exempt organizations.

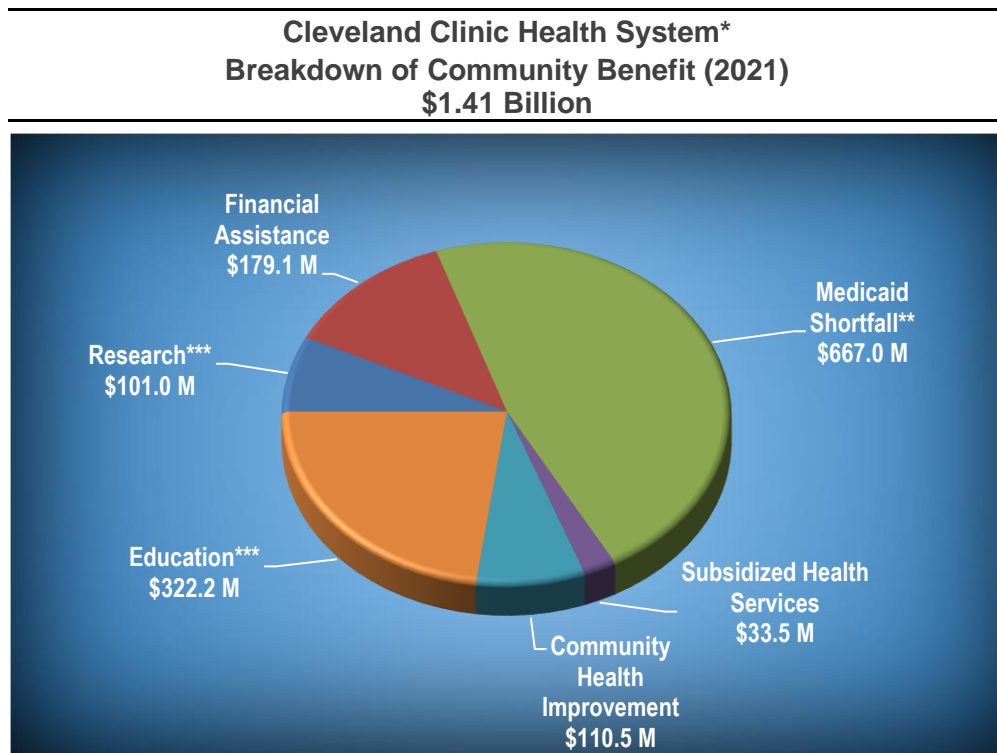
Community benefit includes activities or programs that improve access to health services, enhance public health, advance generalizable knowledge and relieve government burden. The primary categories for assessing community benefit include financial assistance, Medicaid shortfall, subsidized health services, community health improvement programs, research and education.

In 2021, the System provided \$1.41 billion in benefits to the communities it serves. Community benefit information for 2022 was not available at the time of issuance of this Management Discussion and Analysis.

Community Benefit in 2021 includes certain COVID-19 expenses incurred by the System in support of its initial and on-going response to the COVID-19 pandemic. Specifically, community-based clinical services were provided consisting of: COVID-19 clinics and screenings; public education related to COVID-19; and various COVID-19 public assistance programs. Additionally, the System invested in capital and equipment to prepare for the anticipated surge of patients requiring treatment and hospitalization. The System submitted claims to FEMA to reimburse costs related to the System's response to the COVID-19 pandemic. To the extent the COVID-19 costs reported as community benefit expense were reimbursed by FEMA, the reimbursement is reflected as direct offsetting revenue.



The following chart summarizes community benefits for the System:



- * Includes all System operations in Ohio, Nevada and Florida
- ** Includes net Hospital Care Assurance Program contribution of \$14.8 million
- *** Research and Education are reported net of externally sponsored funding of \$169.8 million.

Financial Assistance: Financial Assistance represents the cost of providing free or discounted medically necessary care to patients unable to pay some or all of their medical bills. The System’s financial assistance policy provides free or discounted care to uninsured patients with incomes up to 400 percent of the federal poverty level and who meet certain other eligibility criteria by state. This policy covers both hospital care and services provided by the System’s employed physicians.

Medicaid Shortfall: The System is a leading provider of Medicaid services in Ohio. The Medicaid program provides healthcare coverage for low-income families and individuals and is funded by both state and federal governments. Medicaid shortfall represents the difference between the costs of providing care to Medicaid beneficiaries and the reimbursement received by the System.

Subsidized Health Services: Subsidized health services yield low or negative margins, but these programs are needed in the community. Subsidized health services provided in the System include pediatric programs, psychiatric/behavioral health programs, obstetrical services, chronic disease management and outpatient clinics.

Community Health Improvement: The System is actively engaged in numerous community health improvement programs, including initiatives designed to address issues of health equity and social determinants of health, as well as serve vulnerable and at-risk populations in the community. Community

health improvement programs typically fall into three categories: community health services; cash and in-kind donations; and community building. The System's community health improvement initiatives for 2021 include costs associated with the System's response to the COVID-19 pandemic as well as traditional community programs in chronic disease prevention and management, clinical services, workforce development and enrollment assistance for government funded health programs.

A few of the System's community health improvement initiatives are highlighted below:

- Community health education and clinical services for community residents regarding continued COVID-19 impact in local neighborhoods.
- Wellness initiatives to residents, schools and community based organizations in the areas of disease prevention, personal safety, behavioral health, stress management, nutrition improvement and exercise.
- Community farmers markets, urban gardens, food donations and a mobile food pantry provided access to fresh local products and supplemental food programs to address food insecurity issues.
- The System provided no-cost clinical care to under- and uninsured families at community sites. For example, the Langston Hughes Health and Education Center, a Fairfax neighborhood site, provided community education, cancer screening and chronic disease management services.
- Collaborative initiatives with community nonprofit organizations and local governments addressed critical population issues.
 - Taskforce strategies focused on decreasing opioid prescription use and overdose deaths.
 - Hospitals and counties provided methods to decrease infant mortality including proactive centering programs.
 - Initiatives regarding reducing lead poisoning in the City of Cleveland.
- Workforce development programs were provided to middle school and high school students to enhance graduation rates, pursue secondary education and obtain employment.

Research: From a community benefit perspective, medical research includes basic, clinical and community health research, as well as studies on healthcare delivery. Community benefits include research activities supported by government and foundation sources; corporate and other grants are excluded from community benefits. The System uses internal funding to cover shortfalls in outside resources for research.

Education: The System provides a wide range of high-quality medical education, including accredited training programs for residents, physicians, nurses and other allied health professionals. The System maintains one of the largest graduate medical education programs in the nation. At the postgraduate level, the System's Center of Continuing Education has developed one of the largest and most diverse continuing medical education programs in the world. The System also operates the tuition-free Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, dedicated to the teaching of physician-scientists.

Community Health Needs Assessment

The System completes comprehensive community health needs assessments (CHNA) once every three years for each hospital. Internal Revenue Code Section 501(r)(3) requires nonprofit hospital organizations to conduct a CHNA every three years and adopt an implementation strategy to identify the community health needs that each hospital will address.

To obtain an in-depth understanding of the community risk indicators, population trends and healthcare needs, the System has gathered and will gather various data, including:

- demographic and health statistical data;
- information on socio-economic barriers to care, including income, culture, language, education, insurance, housing and health equity;
- national, state and local disease prevalence;
- health behavior; and
- medical research and health professional education.

Information is also gathered from persons representing the broad interests of the community, including those with special knowledge or expertise in public health.

Key CHNA needs identified throughout the System include:

- COVID-19 and pandemic implications;
- access to affordable healthcare;
- substance use disorder and mental health;
- chronic disease prevention and management (heart disease, cancer, diabetes, asthma, obesity);
- maternal and infant mortality;
- medical research;
- education (physician shortage); and
- social determinants of health and health equity concerns

Hospital implementation strategies that address the health needs identified in the assessments have been developed by individual hospital leadership teams and have been added to the Clinic's website in compliance with the regulatory requirements. The current CHNA reports and implementation strategies for the System hospitals are available on the Clinic's website (www.clevelandclinic.org/CHNAReports).

Economic Impact

The System is one of the largest private employers in the State of Ohio. The System's most recent Economic and Fiscal Impact Report was released in 2021 and was based on 2019 data. In 2019 the System generated \$21.6 billion of the total economic activity in Ohio and has directly and indirectly supported more than 133,000 jobs generating approximately \$8.8 billion in wages and earnings. The System's economic activity was accountable for \$2.3 billion in federal income taxes and \$1.3 billion in total state and local taxes paid by employees and vendors. System-supported households spent \$7.8 billion on goods and services, and the System purchased \$2.3 billion of goods and services from Ohio

businesses. In addition to Ohio, the System contributed \$4.1 billion in total economic output and supported more than 25,000 jobs in the State of Florida.

The System's Economic and Fiscal Impact Report is the result of an economic analysis completed by the Silverlode Consulting Corp. The report was completed in part using the IMPLAN® economic impact model, which is used by more than 1,000 universities and government agencies to estimate economic and fiscal impacts. Additional information regarding the System's economic impact is available on the Clinic's website.

SUSTAINABILITY

The System supports healthy environments for healthy communities, recognizes the link between environmental and human health and strives to responsibly address and mitigate its environmental impacts. The System has sustainability goals related to energy efficiency, climate resilience, diverting waste to landfill, water stewardship, local and sustainable purchasing, toxicity reduction, green building, tree planting and education. As a national leader in healthcare, the System is in a position to lead by example in the adoption of environmental best practices.

The System acknowledges its obligation and opportunity to reduce its carbon footprint, make its facilities climate resilient and minimize the health impacts of climate change. The System is also embedding climate change into the curriculum at Cleveland Clinic Lerner College of Medicine and integrating sustainability in its healthcare delivery model to equip the next generation of physicians to care for communities impacted by climate change.

As a leader in the healthcare industry, the System has publicly committed to compiling an annual sustainability report for its patients, caregivers, communities and global stakeholders through two leading international frameworks: The United Nations Global Compact and the Global Reporting Initiative. The compilation, titled "Serving Our Present, Caring for Our Future," includes performance metrics and stories, highlights accomplishments and communicates challenges as the System strives to reach its goals. The complete report is available on the Clinic's website (www.clevelandclinic.org/ungc).

The Clinic is a member of Practice Greenhealth, the nation's leading sustainable healthcare community, which empowers its members to reduce their environmental impacts through tools, best practices and knowledge to support health, financial and community goals. In 2022, the Clinic, five regional hospitals and two family health centers received Practice Greenhealth Environmental Excellence Awards. The Environmental Excellence Awards are the nation's premier recognition program for environmental performance in the health care sector. Launched in 2002, the awards program recognizes health care facilities and health systems for their commitment to environmental stewardship and their sustainability achievements.

The System's energy program is designed to enhance the patient experience while reducing operating expenses. As the model of healthcare evolves, the System is committed to reducing environmental, economic and human impact by reducing energy intensity. The System's commitments to both affordable

care and external partnerships with ENERGY STAR and the Better Buildings Challenge included goals of becoming 20% more energy efficient by 2020 from a 2010 baseline on more than 20 million square feet of facilities. The System met this goal and is the third healthcare system to achieve this level of energy reduction. The System set a new goal in 2021 to make its facilities 40% more efficient by 2030 and joined the Department of Energy’s Better Climate Challenge in 2022. As a partner in the challenge, the System has committed to reducing enterprise-wide scope 1 and 2 greenhouse gas emissions by at least 50% by 2030 without the use of offsets.

A central component of the Systems’ ongoing commitment to responsible energy management is to construct buildings that conform to the U.S. Green Building Council’s Leadership in Energy and Environmental Design (LEED). LEED is a third-party certification program and the nationally accepted benchmark for design, construction and operation of environmentally responsible and energy-efficient buildings. The System currently has 18 LEED-certified buildings that encompass more than six million square feet. The System has five buildings that are certified LEED-Gold, including the Cleveland Clinic Incubator, Marymount Hospital Surgical Expansion, Twinsburg Family Health and Surgery Center, the Tomsich Pathology Laboratories building and the Sheila and Eric Samson Pavilion at Health Education Campus. The System is currently pursuing LEED certification for Cleveland Clinic London Hospital and Mentor Hospital.

The Clinic supports sustainable transportation initiatives that improve air quality for healthier communities. To improve Ohioans’ access to electric vehicle (EV) charging infrastructure, the Ohio EPA awarded \$3.25 million in grants to support the installation of EV charging stations in April 2021. Through the competitive grant application process, the Clinic received 15% of the available grant funds to support the installation of 124 charging spaces—20% of the total supported through the grant—at 22 Clinic locations. Upon installation in 2023, the System will be a leading provider of public accessible EV charging stations in Northeast Ohio and in the healthcare industry.



The System’s tree planting programs are designed to promote equity and resilience in surrounding communities. Since 2016, the Clinic has planted more than 4,000 trees at its facilities and in local neighborhoods and has created 12 parks. Community plantings include thousands of free trees provided to caregivers to plant at their residences through its Caregiver Tree Giveaway Program. The Arbor Day Foundation recognized the Clinic and Akron General Medical Center with its Tree Campus Healthcare designation the past two years for its impact on community wellness through tree education, investment and community engagement.

DIVERSITY & INCLUSION

The System provides healthcare services to patients and families from a global community. The Office of Diversity and Inclusion (ODI), created in 2006, makes diversity, equity, inclusion and cultural competence a critical part of the System's mission with a goal of creating a culture where caregivers integrate diversity, equity and inclusion throughout the enterprise.

In December 2020, the Clinic announced that it has partnered with OneTen, a coalition of 37 large U.S. employers, to train, hire and promote one million Black Americans into family-sustaining jobs with opportunities for advancement. The coalition will achieve this goal over the next 10 years. OneTen is working with the Clinic and other partner employers to improve workplace inclusivity practices and connect talent providers to partner employers. OneTen's focus will be on reducing exclusionary hiring practices, identifying robust and new talent sources and ensuring that adequate and equitable career pathways for advancement exist.

In January 2021, the Cleveland Clinic established the Diversity, Inclusion and Racial Equity Executive Council, which is a diverse Cleveland Clinic leadership advisory team from across the enterprise that helps drive transformational change central to achieving the Clinic's aspiration of building a culture of diversity, equity and inclusion that is free from racism, bias and health disparities that adversely impact caregivers, patients and communities. This council is in alignment with the Clinic's pledge to be part of the solution in supporting of the City of Cleveland's resolution declaring racism as a public health crisis.

Forbes named the Clinic among America's Best Employers for Diversity for the sixth year in a row in 2023. In order to determine the rankings, *Forbes* partnered with market research company Statista to survey 50,000 Americans working for businesses with at least 1,000 employees. Participants were asked to share their opinions and rate their organizations on age, gender, ethnicity, disability, sexual orientation, equality, general diversity and other criteria. The results ranked 500 employers based on the employers that received the most recommendations while also considering employers that have diverse boards and executive teams as well as proactive diversity and inclusion initiatives.

For the 13th consecutive year, DiversityInc named the Clinic to its 2022 list of Top Hospitals and Health Systems in the country for diversity, equity and inclusion. The Clinic ranked second on the 2022 list. The Clinic has made the rankings each year since the list for healthcare organizations began in 2010. The ranking are empirically driven and assess performance based on a number of factors including leadership accountability, human capital diversity metrics, talent programs, workforce practices, supplier diversity and philanthropy.

In March 2022, the System was recognized by the Human Rights Campaign Healthcare Equality Index for its dedication and commitment to LGBTQ+ inclusion. Ten System hospitals achieved Leader status, the highest overall designation, and were noted for their active participation in embracing and adopting LGBTQ+-inclusive practices. Hospital systems are ranked based on their LGBTQ+-centered policies and practices.

CONFLICT OF INTEREST

The System maintains policies that require internal reporting of outside financial and fiduciary interests to ensure that potential conflicts of interests do not inappropriately influence research, patient care, education, business or professional decision making. In connection with these policies, the System developed the Innovation Management and Conflict of Interest Program, which is designed to promote innovation while at the same time reducing, eliminating or managing real or perceived bias either due to System personnel consulting with pharmaceutical, medical device and diagnostic companies (industry) or the commercialization efforts undertaken by the System to develop discoveries and make them accessible to patients. The program works with physicians, managers and other employees who interact with industry to manage any conflicts. Provisions related to whether or not “compelling circumstances” are required to justify conducting research in the presence of related financial interests have been modified in policies that went into effect in 2013, consistent with the value the System places on beneficial relationships with industry. The System is committed to a process that maintains integrity in innovation and places the interests of its patients first. The Innovation Management and Conflict of Interest Program reviews situations in which a physician or other clinician prescribes or uses products of a company in their practice and has a financial relationship with that company. When appropriate, the program will put management plans in place to address any conflict (for example, by disclosure). The goal of this policy is not to interfere with the practice of medicine.

An initiative to bring transparency to the System’s relationships with industry has been in place since 2008 in which the specific types of interactions that individual physicians and scientists have with industry were disclosed on publicly-accessible web pages on the System’s internet site. Information can be accessed by patients that describes the training, type of practice and accomplishments of a specific doctor or scientist, as well as the names of companies with which the doctor has financial or fiduciary relations as an inventor, consultant, speaker or board member. These disclosures are updated regularly. The System was the first academic medical center in the country to have made these interactions public. Many other academic medical centers have followed the System’s lead by providing similar disclosures. The System maintains a Conflict of Interest in Education Policy to reflect its values and represent its and its employees’ best interests. This policy is responsive to guidelines from the Association of American Medical Colleges, the Institute of Medicine and other organizations. It places restrictions on outside speaking activities that are not Accreditation Council for Continuing Medical Education approved and are generally considered marketing. Speakers must present content that is data-driven and balanced; speakers must create their own slides or use only unbranded slides created by industry. This policy puts the System in step with other top academic medical centers that have already banned speaker’s bureaus. In addition, the policy requires instructors to disclose relevant financial interests with companies to trainees.

The Innovation Management and Conflict of Interest Committee of the System has also established processes with cross-membership and seamless interactions and communications with the Board of Directors’ Conflict of Interest and Managing Innovations Committee.

Board members of the Clinic and the regional hospitals in the System are required to complete annual disclosure questionnaires. These questionnaires are designed to identify possible conflicts of interest that may exist and ensure that any such conflicts do not inappropriately influence the operations of the System.

The information obtained from these questionnaires is used to respond to the related-party transactions and other disclosures required by the IRS on Form 990. The Forms 990 for the Clinic and for the System are available on the Clinic's website, as well as additional information regarding the Clinic's Board of Directors and any business relationships the Directors may have with the System.

ENTERPRISE RISK MANAGEMENT

The System maintains a multi-phase enterprise risk management (ERM) process to develop a formal and systematic approach to the identification, assessment, prioritization and reporting of risks. The process is closely linked with the System's strategic and annual planning. The ultimate objective is to create an enterprise-wide risk management model that contains sustainable reporting and monitoring processes and embeds risk management into the System's culture to more effectively mitigate risks. The System established an ERM Steering Committee and engaged a consulting firm to support this process.

In the ERM process, risk identification is conducted resulting in a System risk profile that categorizes individual risks based on their impact upon the System's ability to meet its strategic objectives. During this process, certain risks are identified as top risks and then further separated into sub-risks and individual risk components. Extensive risk assessments and mitigation analyses have been prepared during this process whereby risk components are evaluated according to their likelihood of occurring and potential impact should they occur. Risk mitigation activities, including risk response effectiveness, are examined, reviewed and updated as part of this evaluation. Risk identification and evaluation is continuously conducted through biennial risk interviews with senior leaders, monthly interactions with the ERM Steering Committee and the everyday activities of risk owners throughout the System. ERM is an on-going program, with regular reporting to senior management, including the Audit Committee of the Board of Directors, the body with oversight responsibility for ERM.

INTERNAL CONTROL OVER FINANCIAL REPORTING

The System regularly evaluates its internal control environment over the System's financial reporting processes through an initiative based upon concepts established in the Sarbanes-Oxley Act of 2002. The goals of the initiative are to ensure the integrity and reliability of financial information, strengthen internal control in the reporting process, reduce the risk of fraud and improve efficiencies in the financial reporting process. The initiative reviews all aspects of the financial reporting process, identifies potential risks and ensures that they have been mitigated utilizing a management self-assessment process. As a result of this initiative, management of the System issued a report on the effectiveness of its internal control over financial reporting as part of the issuance of its consolidated financial results for 2022, which is the 14th year the management report was completed. As part of the internal control evaluation process for 2022, certifications were completed by 149 members of System management, including top leadership. The System is one of the first nonprofit hospitals to issue a management report on the effectiveness of internal control over financial reporting, a step that further increases the transparency of the organization. There were no changes in internal controls over financial reporting during the three months ended March 31, 2023 that have materially affected, or are likely to materially affect, the internal controls over financial reporting for the System.

PATIENTS SERVED

The following table summarizes patient utilization statistics for the System:

Utilization Statistics

	For the quarter ended March 31			
	2023	2022	Variance	%
Inpatient admissions ⁽¹⁾				
Acute admissions	62,358	55,672	6,686	12.0%
Post-acute admissions	2,370	2,433	-63	-2.6%
	64,728	58,105	6,623	11.4%
Patient days ⁽¹⁾				
Acute patient days	315,932	299,654	16,278	5.4%
Post-acute patient days	19,016	19,304	-288	-1.5%
	334,948	318,958	15,990	5.0%
Surgical cases				
Inpatient	19,330	17,250	2,080	12.1%
Outpatient	56,120	47,836	8,284	17.3%
	75,450	65,086	10,364	15.9%
Emergency department visits	229,483	202,786	26,697	13.2%
Observations	17,698	16,081	1,617	10.1%
Clinic outpatient evaluation and management visits	1,854,730	1,600,739	253,991	15.9%
⁽¹⁾ Excludes newborns				

Utilization statistics for London Hospital are excluded from the above table for comparative purposes as the hospital opened in 2022 and continues to ramp-up patient services.

Patients served activity in the first quarter of 2022 was negatively impacted by the suspension of non-essential surgeries and procedures during the pandemic surge but has shown a strong and steady recovery of core services throughout 2022 and the first quarter of 2023. Patient activity has increased in each quarter from the first quarter of 2022 through the first quarter of 2023 as the System continues to

have strong patient demand for clinical services. The System continues to implement initiatives to expand access to patient care while striving to ensure the safety of patients, caregivers and visitors.

Inpatient acute admissions for the System increased 12.0% in the first quarter of 2023 compared to the same period in 2022, including a 11.3% increase in Ohio and a 14.1% increase in Florida.

Total surgical cases for the System increased 15.9% in the first quarter of 2023 compared to the same period in 2022, including a 15.3% increase in Ohio and a 17.8% increase in Florida.

Evaluation and management visits for the System increased 15.9% in the first quarter of 2023 compared to the same period in 2022, including a 17.4% increase in Ohio a 9.6% increase in Florida.

LIQUIDITY

Cash and Investments

The majority of the System's cash and cash equivalents are held in operating bank accounts for general expenditures. The System is continually monitoring its forecasted operating performance and cash position using various scenarios and assumptions to ensure that there is sufficient liquidity to meet the cash needs of the organization.

The System's objectives for its investment portfolio are to target returns over the long-term that exceed the System's capital costs so as to optimize its asset/liability mix and preserve and enhance its strong financial structure. The asset allocation of the portfolio is broadly diversified across global equity and global fixed income asset classes and alternative investment strategies and is designed to maximize the probability of achieving the long-term investment objectives at an appropriate level of risk while maintaining a level of liquidity to meet the needs of ongoing portfolio management. This allocation is formalized into a strategic policy benchmark that guides the management of the portfolio and provides a standard to use in evaluating the portfolio's performance.

Investments are primarily maintained in a master trust fund administered using a bank as custodian. The Cleveland Clinic Investment Office (CCIO) is charged with the day-to-day management of the System's investments and their strategic direction. These portfolios include the System's general short-term and long-term investment portfolios, its defined benefit pension fund and the captive insurance fund. The System has established formal investment policies that support the System's investment objectives and provide an appropriate balance between return and risk.

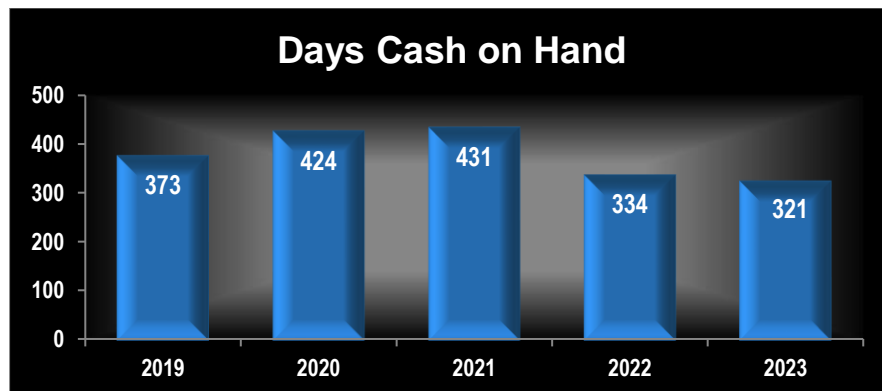
**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The following table sets forth the allocation of the System’s cash and investments in its general investment portfolios and captive insurance fund at March 31, 2023 and December 31, 2022:

	March 31, 2023		December 31, 2022	
Cash and cash equivalents	\$ 824,875	6%	\$ 1,140,259	9%
Fixed income securities*	2,715,295	21%	2,624,979	20%
Marketable equity securities*	2,802,048	22%	2,726,063	21%
Alternative investments	6,620,455	51%	6,582,081	50%
Total cash and investments	\$ 12,962,673	100%	\$ 13,073,382	100%
Less restricted investments**	(1,593,182)		(1,543,271)	
Unrestricted cash and investments	\$ 11,369,491		\$ 11,530,111	
Days cash on hand	321		334	

* Fixed income securities and marketable equity securities include mutual funds and commingled investment funds within each investment allocation category.
** Restricted investments include funds held by trustees, assets held for self-insurance and donor restricted assets.

The following chart summarizes days cash on hand for the System at December 31 for the last four years and at March 31, 2023:



At March 31, 2023, total cash and investments for the System (including restricted investments) were \$13.0 billion, a decrease of approximately \$110.7 million from \$13.1 billion at December 31, 2022. Cash inflows consist of unrestricted investment gains of \$320.2 million and net increases in restricted gifts and income of \$70.2 million. Cash inflows were offset by cash used in operating activities of \$283.4 million, net capital expenditures for property, plant and equipment of \$141.8 million and principal payments on debt of \$78.4 million.

Included in the System’s cash and investments are investments held for self-insurance. These investments totaled \$260.9 million at March 31, 2023, with an asset mix of 8% cash and short-term investments, 36% fixed

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

income securities, 29% equity investments and 27% alternative investments. The asset mix reflects the need for liquidity and the objective to maintain stable returns utilizing a lower tolerance for risk and volatility consistent with insurance regulatory requirements.

Also included in the System's cash and investments at March 31, 2023 are \$6.0 million of funds held by trustees as posted collateral. Collateral is primarily comprised of \$5.0 million related to a futures and options program within the System's investment portfolio. The System maintains various interest rate swap contracts that require collateral be posted when the market value of a contract in a liability position exceeds a certain threshold. The collateral is returned as the liability is reduced. There were no amounts held as collateral related to the System's interest rate swap contracts at March 31, 2023. Investment objectives of funds held by the trustees are designed to preserve principal by investing in highly liquid cash or fixed income investments. At March 31, 2023, the asset mix of funds held by trustees was 94% cash and short-term investments and 6% fixed income securities.

The System invests in alternative investments to increase the portfolio's diversification. Alternative investments are primarily limited partnerships that invest in marketable securities, privately held securities, real estate, and derivative products and are reported based on the net asset value of the investment.

Alternative investments at March 31, 2023 and December 31, 2022 consist of the following:

**Alternative Investments
(Dollars in thousands)**

	March 31, 2023		December 31, 2022	
Hedge funds	\$	3,536,910 53%	\$	3,537,479 54%
Private equity/venture capital		3,083,545 47%		3,044,602 46%
Total alternative investments	\$	6,620,455 100%	\$	6,582,081 100%

Alternative investments have varying degrees of liquidity and are generally less liquid than the traditional equity and fixed income classes of investments. Over time, investors may earn a premium return in exchange for this lack of liquidity. Hedge funds typically contain redeemable interests and offer the most liquidity of the alternative investment classes. These investment funds permit holders periodic opportunities to redeem interests at frequencies that can range from daily to annually, subject to lock-up provisions that are generally imposed upon initial investment in the fund. It is common, however, that a small portion (5-10%) of withdrawal proceeds are held back from distribution pending the fund's annual audit, which can be up to a year away. Private equity/venture capital funds typically have non-redeemable partnership interests. Due to the inherent illiquidity of the underlying investments, the funds generally contain lock-up provisions that prohibit redemptions during the fund's life. Distributions from the funds are received as the underlying investments in the fund are liquidated. These investments have an initial subscription period, under which commitments are made to contribute a specified amount of capital as called for by the general partner of the fund. The System periodically reviews unfunded commitments to ensure adequate liquidity exists to fulfill anticipated contributions to alternative investments.

Investment Return

Return on investments, including income on alternative investments, is reported as nonoperating gains and losses except for interest and dividends earned on assets held by the captive insurance subsidiary, which are included in other unrestricted revenues. Donor restricted investment return on restricted investments is included in net assets with donor restrictions.

The System's long term investment portfolio, which excludes assets held for self-insurance, reported preliminary investment gains of 2.9% in the first quarter of 2023 compared to losses of 1.9% during the same period in 2022. The preliminary investment returns do not include all of the valuation adjustments of private equity investments that have not yet issued their final earnings reports.

Total investment return for the System is comprised of the following:

Investment Return (Dollars in thousands)

	For the quarter ended March 31	
	2023	2022
Other unrestricted revenue:		
Interest income and dividends	\$ 740	\$ 475
Nonoperating gains and losses, net:		
Interest income and dividends	25,819	20,634
Net realized (losses) gains on sales of investments	(2,005)	18,405
Net change in unrealized gains (losses) on investments	166,199	(174,984)
Equity method income (loss) on alternative investments	131,963	(67,530)
Investment management fees	(7,751)	(9,033)
	314,225	(212,508)
Other changes in net assets:		
Investment income (loss) on restricted investments	26,762	(10,566)
Total investment return	\$ 341,727	\$ (222,599)

Operating Lines of Credit

As of March 31, 2023, the System has two operating lines of credit totaling \$300 million with no amounts drawn and \$300 million in available capacity. The lines of credit are structured with \$150 million expiring on May 24, 2023 and \$150 million expiring on April 22, 2024. In April, the System amended the line of credit expiring in 2023 and extended the maturity date to April 4, 2025.

Long-term Debt

At March 31, 2023, outstanding current and long-term debt for the System totaled \$5.0 billion, comprised of \$4.7 billion in bonds and notes, \$112.5 million in finance leases and \$162.0 million in unamortized net premium, offset by \$29.8 million of unamortized debt issuance costs. Bonds and notes are structured with approximately 76% fixed-rate debt and 24% variable-rate. The System utilizes various interest rate swap derivative contracts to manage the risk of increased debt service resulting from rising market interest rates on variable-rate bonds. The total notional amount on the System's interest rate swap contracts at March 31, 2023 was \$510.3 million. Using an interest rate benchmark, these contracts convert variable-rate debt to a fixed-rate, which further reduces the System's exposure to variable interest rates. The interest rate swap contracts can be unwound by the System at any time, whereas the counterparty has the option to unwind the contracts only upon an event of default as defined in the contracts. The System is working with its counterparties to address its derivative contracts that have historically used LIBOR as part of the interest calculation to transition them to a replacement index. The System expects that all of its derivative contracts will adhere to the International Swaps and Derivatives Association's IBOR Fallback Protocol, which provides for automatic substitution of an applicable term adjusted SOFR rate plus a spread for such tenors of LIBOR upon the cessation of their availability.

As of March 31, 2023, approximately \$600 million of variable-rate debt are bonds secured by irrevocable direct pay letters of credit or standby bond purchase agreements, and another \$26 million are bonds directly placed with a financial institution. Debt supported by letters of credit or standby bond purchase agreements that expire within one year, require repayment of a remarketing draw within one year, or contain a subjective clause that would allow the lender to declare an event of default and cause immediate repayment of such bonds are classified as current liabilities.

The remaining \$490 million of variable-rate debt includes \$89 million of floating rate notes and \$401 million of variable-rate bonds supported by the System's self-liquidity program. On May 1, 2023 the System remarketed the Series 2019C Bonds and converted the interest rate from a floating rate to a fixed rate of 2.75% with a five-year mandatory tender date. Debt supported by self-liquidity includes the Series 2014A CP Notes and certain variable-rate bonds that are remarketed in commercial paper or weekly mode. Bonds and notes supported by self-liquidity are classified as current liabilities. The System has sufficient liquidity within its investment portfolio to support the self-liquidity program.

The System maintains the Cleveland Clinic Health System Obligated Group Commercial Paper Program (CP Program), which provides for the issuance of the Series 2014A CP Notes. The CP Program was established in November 2014 and will terminate no later than January 2044. The Series 2014A CP Notes may be issued from time to time in a maximum outstanding face amount of \$100 million and are supported by the System's self-liquidity program. At March 31, 2023, the System did not have any outstanding Series 2014A CP Notes.

The System is subject to certain restricted covenants associated with its debt, including provisions related to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these covenants at March 31, 2023.

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The System through a United Kingdom subsidiary issued £665 million of sterling notes (2018 Sterling Notes) in 2018 pursuant to a private placement agreement. The proceeds of the 2018 Sterling notes were used to support expansion in London. The outstanding 2018 Sterling Notes have been converted to U.S. dollars in the consolidated balance sheet using exchange rates of \$1.24 and \$1.21 at March 31, 2023 and December 31, 2022, respectively.

Outstanding long-term debt (including current portion) for the System as of March 31, 2023 and December 31, 2022 consist of the following:

**Hospital Revenue Bonds and Notes
(Dollars in thousands)**

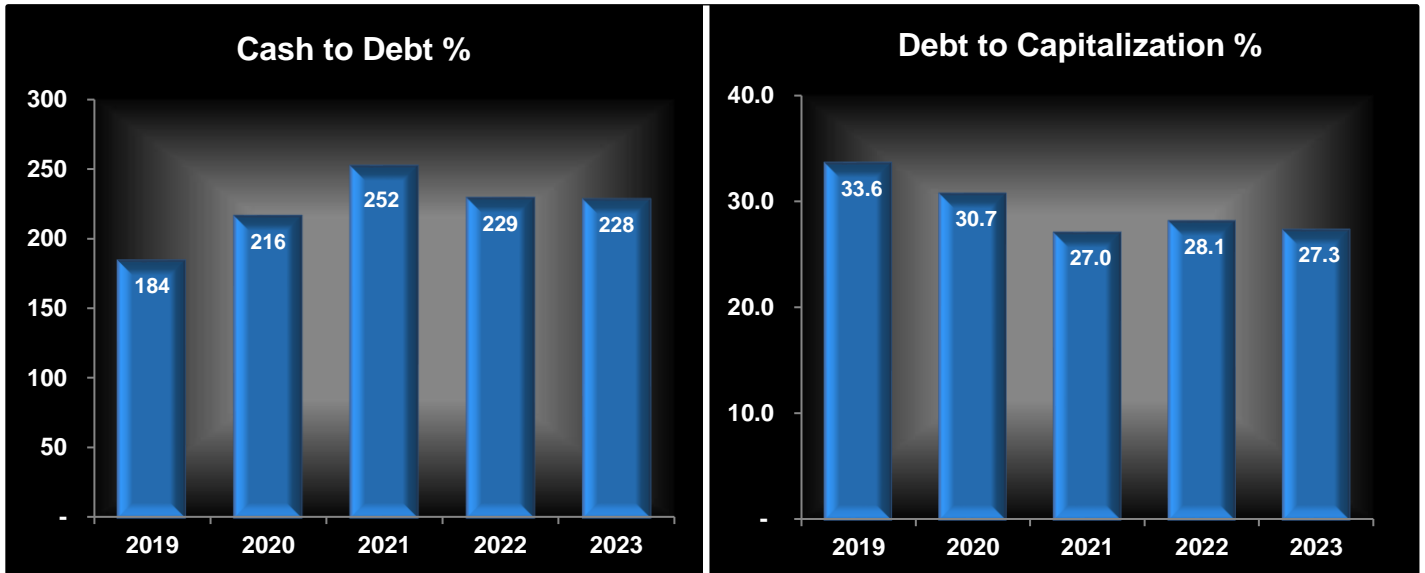
Series	Type	Final Maturity	March 31 2023	December 31 2022
2021A Bonds	Fixed	2049	\$ 83,810	\$ 83,810
2021B Bonds	Fixed	2039	189,185	198,240
2021 Term Loan	Fixed	2025	33,285	49,350
2020 Term Loan	Fixed	2025	5,920	5,920
2019A Bonds	Fixed	2046	247,045	247,045
2019B Bonds	Fixed	2046	250,320	250,320
2019C Bonds ¹	Floating	2052	89,000	89,000
2019D Bonds	Variable	2052	119,340	119,340
2019E Bonds	Variable	2052	130,405	130,405
2019F Bonds	Variable	2052	130,405	130,405
2019G Bonds	Fixed	2042	241,835	241,835
2018 Sterling Notes ²	Fixed	2068	821,409	801,984
2017A Bonds	Fixed	2043	721,850	746,325
2017B Bonds	Fixed	2043	161,655	163,235
2017C Bonds	Fixed	2032	6,660	7,190
2016 Private Placement	Fixed	2046	325,000	325,000
2016 Term Loan	Variable	2026	15,170	15,170
2014 Taxable Bonds	Fixed	2114	400,000	400,000
2013A Bonds	Fixed	2042	34,955	34,955
2013B Bonds	Variable	2039	201,160	201,160
2013 Keep Memory Alive Bonds	Variable	2037	50,050	50,050
2013 Bonds, Martin	Variable	2032	10,755	10,755
2011B Bonds	Fixed	2031	18,190	19,995
2011C Bonds	Fixed	2032	78,870	95,750
2008B Bonds	Variable	2042	327,575	327,575
2003C Bonds	Variable	2035	41,905	41,905
Notes Payable	Varies	Varies	1,453	1,620
Finance Leases	Varies	Varies	112,495	117,643
			\$ 4,849,702	\$ 4,905,982

¹Converted from floating rate to fixed rate on May 1, 2023

²Converted to U.S. dollars using foreign exchange rates at the period end date

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The following charts summarize cash-to-debt and debt-to-capitalization ratios for the System at December 31 for the last four years and at March 31, 2023.



BOND RATINGS

The obligated group's outstanding bonds have been assigned ratings of Aa2 (stable outlook) and AA (stable outlook) by Moody's and S&P, respectively.

In January 2023, S&P affirmed its AA rating on the obligated group's outstanding debt and maintained its stable outlook. S&P cited various reasons to support the rating, including a unique and very strong enterprise profile, growing and diversifying operations in three states and internationally, healthy unrestricted reserves, a growing capacity with continued high demand for services and an effective leadership team that has consistently executed its strategic plans. S&P also noted that the System has strong research and philanthropy capabilities as well as a national and international reputation for quality and innovative services. Challenges to the current rating include weak financial results in 2022, Northeast Ohio's unfavorable demographic trends, the System's robust capital spending program and a highly competitive service area in Ohio and Florida.

In July 2021, Moody's affirmed its Aa2 rating on the obligated group's outstanding debt and maintained its stable outlook. Moody's cited various factors to support this rating and outlook, including an international brand, a centralized and integrated governance structure, strong liquidity with sustained good operating cashflow margins and exceptional fundraising abilities. In its report, Moody's indicated that these strengths compensate for challenges such as the impact of the pandemic on patient volumes, moderately high debt levels, execution risks of multiple strategies related to the London expansion and ongoing integration of Florida acquisitions and competition in the constrained northeast Ohio market and in Florida.

CONSOLIDATED RESULTS OF OPERATIONS

For the Quarters Ended March 31, 2023 and 2022

The following narrative describes the consolidated results of operations for the System for the quarters ended March 31, 2023 and 2022.

Operating income for the System in the first quarter of 2023 was \$32.3 million, resulting in an operating margin of 0.9%, as compared to an operating loss of \$104.5 million and an operating margin of -3.4% in the first quarter of 2022. The higher operating income resulted from a 15.7% increase in operating revenues that outpaced a 10.9% increase in operating expenses in the first quarter of 2023 compared to the same period in 2022. Nonoperating gains for the System were \$303.2 million in the first quarter of 2023 compared to nonoperating losses of \$178.0 million in the first quarter of 2022. The increase from the prior year was primarily due to positive investment returns in the first quarter of 2023 compared to the same period in 2022. Overall, the System reported an excess of revenues over expenses of \$335.5 million in the first quarter of 2023 compared to a deficiency of revenues over expenses of \$282.5 million in the first quarter of 2022.

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

The System's net patient service revenue increased \$362.3 million (13.3%) in the first quarter of 2023 compared to the same period in 2022. Patients served were higher than the first quarter of 2022 as the System continues to have strong demand for services. Additionally, the first quarter of 2022 was impacted by the pandemic and the postponement of elective patient services during that time period. Acute admissions increased 12.0%, total surgical cases increased 15.9% and outpatient evaluation and management visits increased 15.9% in the first quarter of 2023 compared to the same period in 2022. Net patient revenue has benefited from rate increases on the System's managed care contracts that became effective in 2023. Over the last few years, the System has initiated national, regional and local revenue management projects designed to improve patient access throughout the System while striving to ensure the safety of patients, caregivers and visitors.

Other unrestricted revenues increased \$115.6 million (37.3%) in the first quarter of 2023 compared to the same period in 2022. The increase in other unrestricted revenues was primarily due to a \$60.1 million increase in outpatient pharmacy revenue primarily due to higher utilization of outpatient and specialty drugs and a \$41.3 million increase in gifts and assets released from restriction primarily driven by a few large gifts received in 2023 and an annual philanthropy event that was held in the first quarter of 2023 that did not occur in 2022 due to the pandemic.

Total operating expenses increased \$341.2 million (10.9%) in the first quarter of 2023 compared to the same period in 2022. The growth in expenses is primarily due to higher patient volumes and inflationary trends that increased salaries, wages and benefits, supplies expenses and pharmaceutical costs. Nationwide labor shortages have created staffing challenges that have resulted in increased overtime costs and premium pay for employed caregivers as well as an increase in the utilization of agency nurses and other temporary personnel to meet the demand of patient activity. Agency personnel costs have remained elevated in the first quarter of 2023 but are below peak levels experienced during 2022 due to various workforce strategies implemented by the System to reduce its reliance on agency personnel. The System continues to develop and implement cost reduction and containment initiatives designed to make a more affordable care model for patients and to enable investments in key strategic initiatives.

Salaries, wages and benefits increased \$190.3 million (10.3%) in the first quarter of 2023 compared to the same period in 2022. Salaries, excluding benefits, increased \$167.5 million (10.7%) due primarily to annual salary adjustments averaging 3% across the System that were awarded in the second quarter of 2022 and a 6.7% increase in full-time equivalent employees (including agency personnel) in the first quarter of 2023 compared to the same period in 2022. The System has implemented various initiatives to recruit and retain caregivers that have reduced vacancy and turnover rates in 2023 compared to 2022. Benefit costs increased \$22.8 million (8.2%) during the same period primarily due to the growth in the full-time equivalent employees and salaries. The System experienced a \$13.9 million increase in FICA expenses, an \$11.0 million increase in defined contribution plan expenses and a \$2.5 million increase in parental leave.

Supplies expense increased \$35.4 million (11.0%) in the first quarter of 2023 compared to the same period in 2022. The increase in supplies was due to a \$32.2 million increase in medical supplies and implantables and a \$3.2 million increase in non-medical supplies. The increase in medical supplies and implantables is primarily due to increases in net patient revenue and recent inflationary trends for many supplies.

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

Pharmaceutical costs increased \$88.4 million (24.2%) in the first quarter of 2023 compared to the same period in 2022. The increase in pharmaceuticals is primarily due to recent inflationary trends and increased utilization in outpatient areas including retail and specialty pharmacy. The System has also experienced a corresponding increase in outpatient pharmacy revenues related to the increased utilization.

Purchased services and other fees increased \$5.7 million (2.4%) in the first quarter of 2023 compared to the same period in 2022. The increase in purchased services was primarily related to an increase in purchased medical services to meet the demand of higher patient activity and the opening of the London Hospital.

Administrative services increased \$0.1 million (0.2%) in the first quarter of 2023 compared to the same period in 2022. Professional and consulting fees decreased \$5.8 million, which was offset by a \$3.3 million increase in research activity expenses and a \$2.9 million increase in travel and education costs.

Facilities expense was flat in the first quarter of 2023 compared to the same period in 2022.

Insurance expense increased \$1.1 million (3.6%) in the first quarter of 2023 compared to the same period in 2022. The increase in insurance expense is primarily due to added coverages written by the System's captive insurance subsidiary. The System's medical professional insurance program has been influenced by the impact of both regular and social inflation that has created an upward national trend of jury verdicts and settlement amounts.

Interest expense increased \$6.2 million (17.4%) in the first quarter of 2023 compared to the same period in 2022. The increase in interest expense is primarily due to an increase in interest rates on variable-rate debt partially offset by a decrease in interest expense due to the reduction in debt from regularly scheduled principal payments in 2023.

Depreciation and amortization expenses increased \$13.9 million (9.4%) in the first quarter of 2023 compared to the same period in 2022. Changes in depreciation include property, plant and equipment that was fully depreciated in 2022, offset by depreciation for property, plant and equipment that was acquired and placed into service in 2022 and 2023, including depreciation expense for London Hospital that opened at the end of the first quarter in 2022.

Gains and losses from nonoperating activities are recorded below operating income in the statement of operations. These items resulted in net gains to the System of \$303.2 million in the first quarter of 2023 compared to net losses of \$178.0 million in the first quarter of 2022, resulting in a favorable variance of \$481.2 million. Investment returns were favorable by \$526.7 million in the first quarter of 2023 compared to the same period in 2022 due to favorable financial markets in the first quarter of 2023. Derivative gains and losses were unfavorable by \$37.5 million in the first quarter of 2023 compared to the same period in 2022. Derivative gains and losses result from changes in interest rate benchmarks associated with the System's interest rate swap agreements, including net interest paid or received under the swap agreements. Other nonoperating gains and losses were unfavorable by \$8.1 million in the first quarter of 2023 compared to the same period in 2022 due to an unfavorable variance in the portion of net periodic pension cost recognized in the statement of operations.

BALANCE SHEET – MARCH 31, 2023 COMPARED TO DECEMBER 31, 2022

The following narrative describes the consolidated balance sheets for the System as of March 31, 2023 and December 31, 2022.

Cash and cash equivalents decreased \$419.5 million (48.9%) from December 31, 2022 to March 31, 2023. The majority of the System's cash and cash equivalents are held in operating bank accounts for general expenditures. The decrease in cash equivalents relates to regularly scheduled debt service payments made in January 2023, the timing of operating cash flows and transfers from the investment portfolio.

Patient accounts receivable increased \$142.4 million (8.3%) from December 31, 2022 to March 31, 2023. The increase in patient receivables is primarily attributable to the increase in net patient revenue in 2023 compared to 2022 and rate increases on the System's managed care contracts that became effective in January 2023. Patient accounts receivable also tend to be seasonally higher in the first quarter as many insurance plans have annual deductible requirements. These balances are generally more difficult to collect than traditional insurance payors. The System has various initiatives to enhance cash collection efforts and create efficiencies in the revenue cycle process. Days revenue outstanding for the System, which is calculated based on average daily revenue for the most recent quarter, increased from 50 days at December 31, 2022 to 54 days at March 31, 2023.

Investments for current use were unchanged from December 31, 2022 to March 31, 2023. Investments for current use includes funds held by the bond trustee that are used to pay current debt service payments. There were no funds held by the bond trustee reported in investments for current use as of March 31, 2023 or December 31, 2022. Investments for current use also includes assets held for self-insurance that will be used to pay the current portion of estimated claim liabilities. Assets held for self-insurance were unchanged from December 31, 2022 to March 31, 2023.

Other current assets decreased \$11.8 million (1.3%) from December 31, 2022 to March 31, 2023. The decrease in other current assets was primarily due to a \$40.1 million decrease in receivables related to government programs that provide assistance to hospitals due to the timing of payments for the program and a \$24.4 million decrease in assets held for sale due to property that was reclassified to property, plant and equipment. The decreases in other current assets were partially offset by a \$28.5 million increase in prepaid expenses and a \$24.8 million increase in receivables related to international management fees.

Unrestricted long-term investments increased by \$258.9 million (2.4%) from December 31, 2022 to March 31, 2023. The increase in long-term investments was primarily due to \$314.2 million of unrestricted investment gains experienced in the System's investment portfolio that reported preliminary investment returns of 2.9% in the first quarter of 2023. Other changes in unrestricted investments include transfers to operating cash based on the liquidity needs of the System.

Funds held by trustees increased \$0.3 million (4.7%) from December 31, 2022 to March 31, 2023. The increase in funds held by trustees is primarily due to a \$0.2 million increase in collateral posted with the counterparties on the System's futures program.

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

Assets held for self-insurance increased by \$21.9 million (12.5%) from December 31, 2022 to March 31, 2023. The increase in self-insurance assets is primarily due to insurance premiums received by the System's captive insurance company and positive investment returns in its investment portfolio.

Donor restricted assets increased \$27.8 million (2.1%) from December 31, 2022 to March 31, 2023. The increase in restricted assets was primarily from the receipt of donor restricted gifts and investment gains on restricted investments in excess of expenditures from restricted funds.

Net property, plant and equipment increased \$37.3 million (0.6%) from December 31, 2022 to March 31, 2023. The System had net expenditures for property, plant and equipment of \$152.8 million, offset by depreciation expense of \$162.5 million. The System also transferred \$24.4 million of assets from assets held for sale to property, plant and equipment, had proceeds from the sale of property, plant and equipment of \$11.0 million and foreign currency translation gains of \$21.1 million. Capital expenditures in 2023 include amounts paid on retainage liabilities recorded at December 31, 2022 and exclude assets acquired through finance leases and other financing arrangements. Retainage liabilities increased \$9.6 million, and new finance leases totaled \$2.7 million in the first quarter of 2023. Expenditures for property, plant and equipment were incurred at numerous facilities across the System and include expenditures for strategic construction, expansion and technological investment as well as replacement of existing facilities and equipment. For a description of a few of the System's current projects, refer to "EXPANSION AND IMPROVEMENT PROJECTS."

Pledges receivable increased \$2.9 million (1.4%) from December 31, 2022 to March 31, 2023. The increase in pledges receivable was due to new pledges received in 2023 offset by the reclassification of regularly scheduled principal payments from long-term to current that are due within one year.

Trusts and interests in foundations decreased \$12.7 million (12.5%) from December 31, 2022 to March 31, 2023. The decrease in trusts and interests in foundations is comprised of a \$12.7 million decrease in perpetual and charitable trusts primarily due to trust distribution payments to the System.

Operating lease right-of-use assets increased \$14.5 million (4.3%) from December 31, 2022 to March 31, 2023. The increase in operating lease right-of-use assets was primarily due to the addition of new operating leases recorded during 2023 offset by the reduction in value of future lease payments through the recognition of operating lease expenses.

Other noncurrent assets increased \$43.2 million (5.0%) from December 31, 2022 to March 31, 2023. The increase in other noncurrent assets was due primarily to a \$28.0 million increase in deferred compensation plan assets (and corresponding increase in noncurrent liabilities) primarily due to changes in investment markets, a \$10.3 million increase in investments in affiliates including receivables related to joint venture rehabilitation hospitals and other affiliate investments and a \$11.2 million increase in cloud computing implementation costs. These increases in other noncurrent assets were partially offset by an \$8.1 million decrease in third-party receivables.

Accounts payable decreased \$127.2 million (16.7%) from December 31, 2022 to March 31, 2023. The decrease in accounts payable was primarily attributable to the timing of payment processing for trade

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

payables. These increases were partially offset by a \$9.6 million increase in retainage liabilities for current construction projects.

Compensation and amounts withheld from payroll decreased \$28.6 million (4.8%) from December 31, 2022 to March 31, 2023. The decrease in compensation and amounts withheld from payroll was primarily attributable to the timing of payroll offset by the growth in employee benefit accruals.

Current portion of long-term debt increased \$2.8 million (2.6%) from December 31, 2022 to March 31, 2023. Changes in the current portion of long-term debt include the reclassification of regularly scheduled principal payments from long-term to current that are due within one year, offset by principal payments made in 2023.

Variable-rate debt classified as current was unchanged from December 31, 2022 to March 31, 2023. Variable-rate debt classified as current consists of long-term variable-rate bonds supported by the System's self-liquidity program and bonds with letters of credit or standby bond purchase agreements that expire within one year, require repayment of a remarketing draw within one year or contain a subjective clause that would allow the lender to declare an event of default and cause immediate repayment of such bonds. The System does not expect to make principal payments on these bonds in the next year but classifies them as current for accounting purposes.

Other current liabilities decreased \$114.1 million (14.7%) from December 31, 2022 to March 31, 2023. The decrease in other current liabilities is primarily due to a \$96.0 million decrease in state franchise fee liabilities due to the timing of payments and a \$33.4 million decrease in accrued interest payable related to debt that pays interest semi-annually in January and July of each year. These decreases were offset by an \$11.9 million increase in operating lease liabilities.

Long-term debt decreased \$61.1 million (1.4%) from December 31, 2022 to March 31, 2023. The decrease in long-term debt is primarily due to the reclassification of regularly scheduled principal payments from long-term to current for debt payments due within one year.

Professional and general insurance liability reserves increased \$16.3 million (7.5%) from December 31, 2022 to March 31, 2023. The increase in insurance liability reserves is due to expenses recorded for the accrual of current and prior year claims estimates in excess of claim liability payments.

Accrued retirement benefits increased \$2.5 million (1.1%) from December 31, 2022 to March 31, 2023. The increase in accrued retirement benefits is comprised of a \$3.6 million increase in other postretirement benefit liabilities offset by a \$1.1 million decrease in certain defined benefit pension plan liabilities.

Operating lease liabilities increased \$3.2 million (1.1%) from December 31, 2022 to March 31, 2023. The increase in operating lease liabilities was primarily due to the addition of new operating leases recorded in 2023 offset by the reclassification of operating lease payments from long-term to short-term.

Other noncurrent liabilities increased \$60.2 million (10.9%) from December 31, 2022 to March 31, 2023. The increase in other noncurrent liabilities is primarily due to a \$29.3 million increase in deferred compensation plan liabilities (and corresponding increase in noncurrent assets) primarily due to changes

**CLEVELAND CLINIC HEALTH SYSTEM
MANAGEMENT DISCUSSION AND ANALYSIS
FOR THE PERIOD ENDED MARCH 31, 2023**

in investment markets, a \$17.2 million increase in third-party reserves and a \$6.7 million increase in the fair value of interest rate swap derivative liabilities.

Total net assets increased \$351.1 million (2.4%) from December 31, 2022 to March 31, 2023. Net assets without donor restrictions increased \$341.6 million (2.6%) primarily due to an excess of revenues over expenses of \$335.5 million, foreign currency translation gains of \$3.6 million and net assets released from restriction for capital purposes of \$3.4 million. Net assets with donor restrictions increased \$9.5 million (0.5%), primarily due to gifts of \$28.7 million and investment gains of \$26.8 million offset by assets released from restrictions of \$46.0 million.



Martin Memorial Medical Center
Stuart, Florida

FORWARD-LOOKING STATEMENTS

Forward-looking statements contained in this report and other written reports and oral statements are made based on known events and circumstances at the time of release, and as such, are subject in the future to unforeseen uncertainties and risks. All statements regarding future performance, events or developments are forward-looking statements. It is possible that the System's future performance may differ materially from current expectations depending on economic conditions within the healthcare industry and other factors. Among other factors that might affect future performance are:

- The impact of a pandemic, epidemic or outbreak of an infectious disease such as COVID-19, including but not limited to (1) a quarantine, temporary shutdown, overburdening of facilities or diversion of patients, (2) bed, staffing or supply shortages, (3) reduced patient volumes and operating revenues, (4) the loss of employment and health insurance for a significant portion of the population, or (5) staffing reductions resulting from vaccination mandates of employees;
- The ending of the public health emergency and national emergency with respect to the COVID-19 outbreak, including the associated waivers and modifications in a range of areas, including in the Medicare, Medicaid and CHIP programs and in private health insurance;
- Changes to the Medicare and Medicaid reimbursement systems resulting in reductions in payments and/or changes in eligibility of patients to qualify for Medicare and Medicaid, including but not limited to the termination of continuous Medicaid coverage requirements in place during the COVID-19 pandemic;
- Legislative reforms or actions that reduce the payment for, and/or utilization of, healthcare services, such as the Patient Protection and Affordable Care Act and/or draft legislation to address reimbursement cuts related to the Sustainable Growth Rate Formulas;
- Possible repeal and/or replacement of the Patient Protection and Affordable Care Act, and repeal of the individual mandate;
- Adjustments resulting from Medicare and Medicaid reimbursement audits, including audits initiated by the Medicare Recovery Audit Contractor program;
- Future contract negotiations between public and private insurers, employers and participating hospitals, including the System's hospitals, and other efforts by these insurers and employers to limit hospitalization costs and coverage;
- Increased competition in the areas served by the System and limited options to respond to the same in part due to uncertainty in the enforcement of antitrust laws;
- The ability of the System to integrate the hospitals in Florida into a regional health system;
- The ability of the System to access capital for the funding of capital projects;
- Availability of malpractice, cyber or other insurance at reasonable rates, if at all;
- The System's ability to recruit and retain professionals;
- The ability of the Clinic to continue developing the London Hospital and operate in that market;
- General economic and business conditions, internationally, nationally and regionally, including the impact of interest rates, inflation, foreign currencies, financial market conditions and volatility and increases in the number of self-pay patients;

- The increasing number and severity of cyber threats and the costs of preventing them and protecting patient and other data;
- The declining population in the Greater Cleveland area;
- Impact of federal and state laws on tax-exempt organizations relating to exemption from income taxes, sales taxes, real estate taxes, excise taxes and bond financing;
- Management, utilization and increases in the cost of medical drugs and devices as technological advancement progresses without concurrent increases in federal reimbursement;
- Ability of the System to adjust its cost structure and reduce operating expenses; and
- Changes in accounting standards or practices.

The System undertakes no obligation to update or publicly revise these forward-looking statements to reflect events or circumstances that arise after the date of this report.



Every life deserves world class care.