

Prairie Mountain Health
Consolidated Financial Statements
For the year ended March 31, 2022

Prairie Mountain Health

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For the year ended March 31, 2022

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**Prairie Mountain Health
Management's Responsibility**

For the year ended March 31, 2022

To the Board of Directors of Prairie Mountain Health:

Management has responsibility for preparing the accompanying consolidated financial statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian public sector accounting standards.

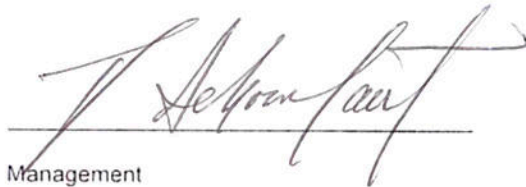
In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets safeguarded and financial records are properly maintained to provide reliable information for the preparation of the consolidated financial statements.

The Board of Directors and the Finance Committee are composed primarily of Directors who are neither management nor employees of the Region. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Finance Committee is appointed by the Board and has the responsibility of meeting with management and external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Committee is also responsible for recommending the appointment of the Region's external auditors.

MNP LLP, an independent firm of Chartered Professional Accountants, is appointed by the Board of Prairie Mountain Health to audit the consolidated financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Finance Committee and management to discuss their audit findings.



Management



Management

To the Board of Directors of Prairie Mountain Health:

Opinion

We have audited the consolidated financial statements of Prairie Mountain Health (the "Region"), which comprise the consolidated statement of financial position as at March 31, 2022, and the consolidated statements of operations, remeasurement gains and losses, changes in net financial assets (net debt) and cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Region as at March 31, 2022, and the results of its consolidated operations, its consolidated remeasurement gains and losses, changes in its net financial assets (net debt) and its consolidated cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the Region's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Region or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Independent Auditor's Report - Continued

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Region's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Region to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Region to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Brandon, Manitoba

June 22, 2022

MNP LLP

Chartered Professional Accountants


MNP

Prairie Mountain Health
Consolidated Statement of Financial Position
As at March 31
(in thousands of dollars)

	2022	2021
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 51,552	\$ 69,305
Accounts receivable (Note 4)	7,435	6,535
Investments (Note 6)	9,357	9,287
Due from Manitoba Health and Seniors Care (Note 5)	96,812	44,943
Other assets	292	298
	165,448	130,368
FINANCIAL LIABILITIES		
Accounts payable and accrued liabilities (Note 8)	\$ 78,506	\$ 45,693
Unearned revenue (Note 12)	26,222	24,449
Employee benefits payable (Note 9)	33,314	32,723
Employee future benefits payable (Note 9)	40,188	41,254
Capital lease (Note 11)	97	177
Long-term debt (Note 10)	137,770	142,537
	316,097	286,833
NET DEBT	\$ (150,649)	\$ (156,465)
OTHER ASSETS		
Inventories held for use	5,487	5,530
Prepaid expenses	1,557	2,547
Capital assets (Note 7)	266,456	276,754
	273,500	284,831
ACCUMULATED SURPLUS	\$ 122,851	\$ 128,366
ACCUMULATED SURPLUS IS COMPRISED OF:		
Accumulated capital and operating surplus (deficit)	117,373	122,661
Restricted (Note 14)	5,312	5,287
Accumulated remeasurement losses	166	418
	\$ 122,851	\$ 128,366

Commitments and contingencies (Note 18)

Approved on behalf of the Board

 Director

 Director

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

Prairie Mountain Health
Consolidated Statement of Operations
For the year ended March 31
(in thousands of dollars)

	Budget 2022		Actual 2022		Actual 2021
	Total	Operating	Capital	Total	Total
REVENUE					
Manitoba Health and Seniors Care revenue (Note 15)	\$ 488,146	\$ 558,805	\$ 18,929	\$ 577,734	\$ 503,058
Mental Health and Community Wellness revenue (Note 16)	30,523	30,653	-	30,653	30,523
Separately funded programs	1,836	1,493	-	1,493	1,386
Authorized/residential charges	35,708	35,566	-	35,566	35,465
Non-insured income	1,684	1,769	-	1,769	1,610
Other income	13,003	14,871	1,541	16,412	14,142
Investment income	596	854	-	854	671
	571,496	644,011	20,470	664,481	586,855
EXPENSES					
Acute care services	\$ 225,953	\$ 270,921	\$ -	\$ 270,921	\$ 229,079
Personal care home services	145,733	176,062	-	176,062	151,955
Therapy services	9,681	9,500	-	9,500	9,259
Community based home care services	40,181	40,423	-	40,423	38,011
Community based health services	30,369	36,167	-	36,167	29,950
Community based mental health services	26,102	27,886	-	27,886	25,101
Emergency medical services	-	95	-	95	439
Medical remuneration	47,139	41,590	-	41,590	46,364
Regional undistributed costs	20,090	37,885	-	37,885	30,109
Future employee benefits	3,500	3,309	-	3,309	3,523
Reserve for major repairs and equipment	121	155	-	155	46
Amortization of capital assets	20,572	-	19,827	19,827	20,915
Interest expense	5,143	-	4,935	4,935	5,398
Loss (gain) on disposal of capital assets	-	-	(13)	(13)	(29)
Minor equipment purchases	3,286	-	1,197	1,197	1,195
	577,870	643,993	25,946	669,939	591,315
SURPLUS (DEFICIT)	\$ (6,374)	\$ 18	\$ (5,476)	\$ (5,458)	\$ (4,460)
ANCILLARY OPERATIONS					
Ancillary income	\$ 2,710	\$ 3,053	\$ -	\$ 3,053	\$ 3,151
Ancillary expenses - other	1,837	2,781	-	2,781	2,905
Ancillary expenses - amortization of capital assets	-	-	329	329	438
ANCILLARY SURPLUS (DEFICIT)	873	272	(329)	(57)	(192)
SURPLUS (DEFICIT) FOR THE YEAR	\$ (5,501)	\$ 290	\$ (5,805)	\$ (5,515)	\$ (4,652)
ACCUMULATED SURPLUS (DEFICIT), BEGINNING OF YEAR		(2,865)	131,231	128,366	133,018
ACCUMULATED SURPLUS (DEFICIT), END OF YEAR		\$ (2,575)	\$ 125,426	\$ 122,851	\$ 128,366

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

Prairie Mountain Health
Consolidated Statement of Change in Net Assets (Debt)
For the year ended March 31
(in thousands of dollars)

		<i>Budget</i>	<i>Actual</i>	Actual
		2022	2022	2021
Surplus (deficit) for the year	\$	(5,501)	\$ (5,515)	\$ (4,652)
Acquisition of tangible capital assets			(9,858)	(8,566)
Amortization of tangible capital assets		20,572	20,156	21,353
Loss (gain) on sale of tangible capital assets		-	(13)	(70)
Proceeds on sale of tangible capital assets		-	13	2,524
Decrease (increase) of inventory		-	43	(373)
Decrease (increase) of prepaid expense		-	990	607
Change in Net Assets (Debt)	\$	15,071	\$ 5,816	\$ 10,823
Net Assets (Debt), beginning of year		\$	(156,465)	(167,288)
Net Assets (Debt), end of year		\$	(150,649)	(156,465)

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

Prairie Mountain Health
Consolidated Statement of Cash Flows
For the year ended March 31
(in thousands of dollars)

	2022	2021
OPERATING TRANSACTIONS		
Surplus (deficit) for the year	\$ (5,515)	\$ (4,652)
Adjustments to determine net cash provided by (used in) operating activities		
Loss (gain) on disposal of capital assets	(13)	(70)
Amortization of capital assets	20,156	21,353
Changes in non-cash operating working capital items:		
Accounts receivable	(900)	2,234
Due from Manitoba Health and Seniors Care	(51,869)	(10,254)
Loan receivable	-	91
Inventories held for use	43	(373)
Prepaid expenses	990	607
Other long term assets	6	-
Accounts payable and accrued liabilities	32,813	11,088
Unearned revenue	1,773	3,420
Employee future benefits	(475)	(546)
	(2,991)	22,898
CAPITAL TRANSACTIONS		
Proceeds on sale of capital assets	13	2,524
Cash used to acquire capital assets	(9,858)	(8,566)
	(9,845)	(6,042)
INVESTING TRANSACTIONS		
Portfolio investment transactions	(70)	(806)
FINANCING TRANSACTIONS		
Repayment of loans and advances	(4,847)	(10,739)
NET CHANGE IN CASH	(17,753)	5,311
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	69,305	63,994
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 51,552	\$ 69,305
Supplementary Information		
Interest received	\$ 854	\$ 671
Interest paid	4,935	5,398

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

Prairie Mountain Health
Consolidated Statement of Remeasurement Gains and Losses
For the year ended March 31
(in thousands of dollars)

	2022	2021
Accumulated remeasurement gains and (losses) at beginning of year	\$ 418	\$ (197)
Unrealized gains (losses) attributable to:		
Portfolio investments	(252)	615
Accumulated remeasurement gains (losses) at end of year	\$ 166	\$ 418

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

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

1. Organization

On May 28, 2012, Regulation 63/2012 under the Regional Health Authorities Act (the "Act") was passed to amalgamate the Assiniboine Regional Health Authority, Brandon Regional Health Authority Inc. and Parkland Regional Health Authority Inc. and a new Region named the "Western Regional Health Authority" was established for the western Manitoba health region. On December 10, 2012, Regulation 151/2012 was passed under the "Act" changing the Region's name to Prairie Mountain Health. Prairie Mountain Health ("the Region", "PMH") commenced activity on April 1, 2012. The Region is involved in the provision of health care services to the western region of Manitoba. The Region is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

2. Basis of accounting

a) Adoption of PSAS without sections 4200 – 4270

The Province of Manitoba directed healthcare organizations, including the Region to change its basis of accounting from the Canadian PSAS for Government Not-For-Profit Organizations ("PSAS for GNFPs"), which includes sections PSAS 4200 – PSAS 4270 to PSAS without sections PSAS 4200 – PSAS 4270 for the fiscal year beginning April 1, 2018.

The most significant changes as a result of adopting this basis of accounting include:

- Deferred contributions, capital will no longer be recognized by the region unless very specific criteria are met.
- Deferred contributions receivable, now referred to as capital funding receivable, may be recognized in certain circumstances where capital expenditures are undertaken on a reimbursement basis.
- Deferred contributions, future expenses, now referred to as unearned revenue, will be recognized when the region receives one-time funding for multi-year operating purposes. Any unspent funds at the end of a fiscal year will be recognized as unearned revenue in the consolidated statement of financial position.
- Long-term debt associated with the financing of capital equipment and projects will be recognized in the consolidated statement of financial position.
- Cash flowed to pay down the principal and interest on the debt associated with funded tangible capital assets will be recognized upon receipt of the funding.
- Financial statement presentation:
 - The Region's budget will be presented on the consolidated statement of operations along with current year and comparative year actual amounts.
 - The consolidated statement of financial position will present financial assets and liabilities to determine a net asset (debt) position; non-financial assets are shown separately and the accumulated surplus or deficit is the sum of the above-noted items.
 - The consolidated statement of changes in net assets (debt) will present the activity during the year that contributed to the change in the net asset (debt) position on the consolidated statement of financial position.
 - The consolidated statement of operations will show the services revenue and expenses split out between operating and capital activities.

b) Standard effective April 1, 2018

The Region undertook a review of PSAS 3430 – Restructuring Transactions, which took effect April 1, 2018. The Region's assessment of the impact of this section is that the creation of Shared Health Inc. ("Shared Health") and transfer of operations from PMH to Shared Health (Note 25) is in the scope of this standard. None of the Region's operations were transferred to Shared Health prior to March 31, 2019. This standard will apply to the transfer of operations that began April 1, 2019.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies

These financial statements have been prepared in accordance with the Canadian public sector accounting standards and include the following significant accounting policies:

a) Basis of reporting

The Region provides community health care services, acute health care services and long-term care services through devolved and contract facilities. The assets, liabilities, and operations of the following devolved organizations have been included in these financial statements:

Baldur Health Centre	Melita Health Centre
Benito Health Centre	Minnedosa Health Centre
Birtle Health Centre	Minnedosa Personal Care Home
Boissevain Health Centre	Neepawa Health Centre
Boissevain-Westview Lodge	Neepawa-Country Meadows Personal Care Home
Brandon Regional Health Centre	Pioneer Lodge Inc.
Carberry Health Centre	Reston Health Centre
Cartwright-Davidson Memorial Health Centre	Rideau Park Personal Care Home
Community and Home Care Health Services	Riverdale Personal Care Home Inc. Westwood Lodge
Community Mental Health Services	Rivers Health Centre
Child and Adolescent Treatment Centre - Brandon	Roblin District Health Centre
Dauphin Regional Health Centre	Rosburn Health Centre
Deloraine Health Centre	Russell Health Centre
Deloraine-Bren Del Win Lodge	Russell Personal Care Home
Elkhorn-Elkwood Manor	St. Paul's Personal Care Home
Erickson Health Centre	Sandy Lake Personal Care Home
Fairview Personal Care Home	Shoal Lake-Strathclair Health Centre
Gilbert Plains Health Centre	Souris Health Centre
Glenboro Health Centre	Swan Valley Health Centre
Grandview Hospital District	Swan Valley Lodge
Grandview Personal Care Home	Swan River Valley Personal Care Home
Hamiota Health Centre	Tiger Hills Villa Inc.
Hamiota Health Centre Lilac Residence (East Wing)	Treherne-Tiger Hills Health Centre
Hamiota Health Centre Lilac Residence (North Wing)	Virden Health Centre
Hartney Health Centre	Virden-Sherwood Nursing Home
Killarney-Tri Lake Health Centre	Virden-Westman Nursing Home
McCreary/Alonsa Health Centre	Wawanesa Health Centre

The Region also provides health care services, by means of operating agreements, through non-devolved facilities. The health care services provided are delivered under the control of the Region as the major funder. The financial position and results of operations of these related organizations have been consolidated in these financial statements. The following facilities are non-devolved:

Ste. Rose Health Centre
Winnipegosis General Hospital
Mossey River Personal Care Home Inc. – Winnipegosis
The Salvation Army Dinsdale Personal Care Home – Brandon

All significant inter-divisional transactions of non-devolved and contract facilities have been eliminated.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

a) Basis of reporting (continued)

Funds paid to non-devolved facilities in accordance with their operating agreements that are not expended in the relevant fiscal year shall be deemed to be an operating surplus. Any operating surplus at year end shall be deducted from the non-devolved facilities' future payments, unless otherwise approved in writing by PMH. PMH shall not approve retention of surpluses that exceed two percent (2%) of total funding from PMH. PMH will not be responsible for any deficits incurred by the non-devolved facilities in providing the required programs/services.

The Region also receives funding from the Brandon Regional Health Centre Foundation, the Fairview Foundation and Dauphin Hospital Foundation and other community foundations/auxiliaries, which organize fundraising drives to raise funds for the use of the Region or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of its Board of Directors. As there is no control, significant influence or economic interest between the Region and the Foundations, no financial information regarding the foundations are reported or disclosed in the financial statements of the Region.

b) Revenue recognition

Provincial government transfers for operating purposes are recognized as revenue in the period in which all eligibility criteria and/or stipulations have been met and the amounts are authorized. Any funding received prior to satisfying these conditions are considered unearned until conditions have been met. When revenue is received without eligibility criteria or stipulations, it is recognized when the transfer from the Province of Manitoba is authorized, except when and to the extent the transfer gives rise to an obligation that meets the definition of a liability for the Region.

Funding received for the acquisition or development of tangible capital assets is recognized as revenue in one of three ways:

- i. Assets funded by approved/funded debt: revenue is recognized when the debt principal and interest payment funding is received.
- ii. Assets funded by an allocation of cash: revenue is recognized when the funded asset is purchased or developed.
- iii. Assets funded based on services provided for a specified period of time: revenue is recognized over the specified period of service.

Any unrestricted non-government contributions or grants are recorded as revenue in the year received or in the years the funds are committed to the Region if the amount can be reasonably estimated and collection is reasonably assured. All non-government contributions or grants that are externally restricted such that they must be used for a specified purpose are recognized as revenue in the period in which the resources are used for the purpose or purposes specified. Any externally restricted inflow received before the criterion has been met is reported as unearned revenue until the resources are used for the purpose or purposes specified.

Provincial Funding

During the 2020-21 fiscal year, the Manitoba government transferred responsibility for the administration of the Mental Health Act to the Minister of Mental Health and Community Wellness (MHCW) from the Minister of Manitoba Health and Seniors Care (MHSC), previously known as Manitoba Health Seniors, and Active Living (MHSAL). A portion of the In-Globe and Out-of-Global funding has moved to MHCW from MHSC. Overall funding to the Region has not changed; however funding will be received separately from each health department. MHCW funding guidelines and reporting requirements have yet to be defined.

In Globe funding

In Globe funding is funding approved by MHSC and MHCW, for Regional Health programs unless otherwise specified as Out of Globe funding. This includes volume changes and price increases for the four service categories of Acute Care, Long Term Care, Community and Mental Health, and Home Care. All additional costs in these four service categories must be absorbed within the global funding provided.

Prairie Mountain Health
Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

b) Revenue recognition (continued)

Out of Globe funding

Out of Globe funding is funding approved by MHSC for specific programs.

Any operating surplus related to Out of Globe funding arrangements is recorded on the statement of financial position as a payable to MHSC until such time as MHSC reviews the consolidated financial statements. At that time MHSC determines what portion of the approved surplus may be retained by the Region, or repaid to MHSC.

Conversely, any operating deficit related to Out of Globe funding arrangements is recorded on the statement of financial position as a receivable from MHSC until such time as MHSC reviews the financial statements. At that time, MHSC determines their final funding approvals, which indicate the portion of the deficit that will be paid to the Region. Any unapproved costs not paid by MHSC are absorbed by the Region.

Non-Insured income

Non-insured income is revenue received for products and services where the recipient does not have MHSC coverage or where coverage is available from a third party. Revenue is recognized when the product is received and/or the service is rendered.

Ancillary income

Ancillary income comprises amounts received for preferred accommodations, non MHSC activities and parking fees. Revenue is recognized when the service is provided.

Other income

Other income comprises recoveries for a variety of uninsured goods and services sold to patients or external customers. Revenue is recognized when the good is sold or the service is provided.

Investment income

Investment income comprises interest from cash, interest from fixed income investments, and realized gains and losses on the sale of investments. Revenue is recognized on an accrual basis. Interest on fixed income investments is recognized over the terms of these investments using the effective interest method.

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

c) Contributed materials and services

Contributions of materials are recognized at fair market value only to the extent that they would normally be purchased and an official receipt for income tax purposes has been issued to the donors.

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

d) Cash and cash equivalents

The Region considers deposits in banks, certificates of deposit and other short-term investments with original maturities of 90 days or less at the date of acquisition as cash and cash equivalents.

e) Financial instruments

Measurement of financial instruments

The Region initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

Prairie Mountain Health
Notes to the Consolidated Financial Statements

*For the year ended March 31, 2022
(in thousands of dollars)*

3. Significant accounting policies (continued)

e) Financial instruments (continued)

The Region subsequently measures all its financial assets and financial liabilities at cost or amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the Statement of Remeasurement Gains and Losses in the period incurred.

The Region uses the following measurement classifications for its financial assets and financial liabilities:

Cash and cash equivalents	Amortized Cost
Accounts receivable	Amortized Cost
Due from Manitoba Health	Amortized Cost
Investments	Fair Value
Accounts payable and accrued liabilities	Amortized Cost
Employee future benefits obligations	Amortized Cost

In accordance with Public Sector Accounting (PSA) standards adopted for April 1, 2011, the Region has elected to record investments at fair value, using market bid prices at year-end as a basis for valuation. Purchases and sales of investments are recorded at the trade date and transaction costs are expensed as incurred and recorded in the consolidated statement of operations. Any discount or premium arising on purchase is amortized over the period of maturity in order to reflect a yield based on purchase costs and a carrying value of the amount expected to be realized at maturity. Interest earned on investments and gains or losses resulting from net settlements in the period are recorded in the Statement of Operations.

The Region uses the following classifications of fair value measurements for its portfolio investments:

Prices quoted in active markets	Level 1
Observable bid prices in the markets	Level 2
Source other than observable market	Level 3

Impairment

At the end of each reporting period, the Region assesses whether there are any indications that a financial asset may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the Region, including but not limited to the following events: significant decline in fair market value, significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; or bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the Region determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset.

When the Region identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset in the cost or amortized cost category, it reduces the carrying amount of the asset to the highest of the following:

- i. the present value of the cash flows expected to be generated by holding the asset discounted using a current market rate of interest appropriate to the asset;
- ii. the amount that could be realized by selling the asset at the statement of financial position date; and
- iii. the amount the Region expects to realize by exercising its rights to any collateral held to secure repayment of the asset net of all costs necessary to exercise those rights

The carrying amount of the asset in the cost or amortized cost category is reduced directly or through the use of an allowance account. The amount of the reduction is recognized as an impairment loss in the statement of operations.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

e) Financial instruments (continued)

When the extent of impairment of a previously written-down asset in the cost or amortized cost category decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, directly or by adjusting the allowance account. The amount of the reversal is recognized in the consolidated statement of operations in the period the reversal occurs.

When the Region identifies a loss in value that is other than a temporary decline of a financial asset in the fair value category, the asset is written down to recognize the loss. The amount of the loss is recognized in the statement of operations and is not reversed if there is a subsequent increase in value.

Transaction costs

Transaction costs are added to the carrying value of items in the cost or amortized cost category when they are initially recognized, and expensed in the period incurred for items in the fair value category. Transaction costs include fees and commissions paid to agents, advisors, brokers and transfer taxes and duties. Transaction costs do not include debt premiums or discounts, financing costs or internal administrative or holding costs.

Risk management

The Region is exposed to various risks through its financial instruments. The following analysis provides a measure of the Region's risk exposure and concentrations:

Financial instruments	Risks			
	Credit	Liquidity	Market risk	
			Currency	Interest Rate
Cash	X			X
Amounts receivable	X		X	
Accounts payable and accrued liabilities		X	X	

The Region manages its exposure to the risks associated with financial instruments that have the potential to affect its operating and financial performance in accordance with its Risk Management Policy. The objective of the policy is to reduce volatility in cash flow and earnings. The Board of Directors monitors compliance with risk management policies and reviews risk management policies and procedures on an annual basis.

The Region also has a specific Investment Policy that details the asset quality and proportion of fixed income and equity securities in which investments are made.

The Region does not use derivative financial instruments to manage its risks.

Credit risk

Credit risk arises from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the Region could incur a financial loss. The Region's accounts receivable are comprised mostly of amounts due from the Government of Manitoba and from the facilities it funds, minimizing credit risk. The Region's policy is to limit extending credit to individuals and has been proactive in the implementation of processes to accept prepayment for products and services.

Management regularly reviews the aging of accounts receivable balances. Amounts deemed uncollectible are written down to their expected realizable values, by making an allowance for doubtful accounts adjustment, as soon as the account is determined not to be fully collectible. The Region considers the following factors in determining collectability: age of the amount outstanding, knowledge gained surrounding change in economic circumstances of the third party, and the history of collectability based on the type of revenue stream.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

e) Financial instruments (continued)

Prior to authorizing the provision of a loan, the Region's management reviews the financial position of the potential loan recipient and considers current and historical evidence of cash flows and economic circumstances. It is not a policy of the Region to grant loans, however, special considerations are reviewed with the Board of Directors prior to a provision being granted. The Region's management regularly reviews loan balances and the principal and interest payments due to assess collectability and risk of loss. Valuation allowances are made when collection is in doubt. When there is sufficient evidence to support that an amount is uncollectible with no realistic prospect of recovery, a valuation allowance is recorded in order to reflect the loan, or class of loans, at the lower of cost and net recoverable value. Once all or part of a loan is written-off, it is not subsequently reversed. Interest is accrued on loans receivable to the extent it is deemed collectable.

Liquidity risk

Liquidity risk is the risk that the Region will not be able to meet a demand for cash or fund its obligations as they come due. The Region meets its liquidity requirements by anticipating investing and financing activities and holding assets that can be readily converted into cash. The Region has operating lines of credit available totaling \$24,500,000 should it be required to meet temporary fluctuations in cash requirements. Lines of credit are approved by Manitoba Health and are in effect for the period ending March 31, 2022. The Region is not currently accessing the operating lines of credit.

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk and interest rate risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate relative to the Canadian dollar due to changes in foreign exchange rates.

The functional currency of the Region is the Canadian dollar. The Region's transactions in U.S. dollars are infrequent and are limited to non-resident charges, certain purchases and capital asset acquisitions. The Region does not use foreign exchange forward contracts to manage foreign exchange transaction exposures. The Region's investment portfolio does not hold any investments in foreign currency.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the Region to interest rate risk arises from its interest bearing assets. The Region's cash includes amounts on deposit with financial institutions that earn interest at market rates. The Region manages its exposure to the interest rate risk of its cash by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis. Fluctuations in market rates of interest on cash do not have a significant impact on the Region's results of operations.

The primary objective of the Region with respect to its fixed income investments is to generate income and preserve capital. The Region manages the interest rate risk exposure of its fixed income investments by using a laddered portfolio with varying terms to maturity. The laddered structure of maturities helps to enhance the average portfolio yield while reducing the sensitivity of the portfolio to the impact of interest rate fluctuations.

Changes to risk

There have been no changes to the Region's risk exposures from the prior year.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

f) Inventories held for use

Inventories consist of medical supplies, drugs, linen and other supplies that are measured at average cost, except drugs which are valued at the actual cost using the first-in, first-out method. The cost of inventories includes purchase price, shipping, unrebated portion of goods and services tax, and provincial tax. Inventory is expensed when put into use.

g) Capital assets

Purchased capital assets are recorded at cost. The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use. Land is carried at cost or fair market value at the date of acquisition and is not amortized.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized in the consolidated statement of operations when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the capital asset exceeds its fair value. An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

Contributed capital assets are recorded at fair value at the date of contribution.

The Region's objectives when managing capital assets are to safeguard its ability to operate as a going concern so it can continue to provide services to its members. An Annual Health Plan including an operating and capital budget is developed and monitored to ensure the Region's capital is maintained at an appropriate level. There were no changes in the Region's approach to capital management during the period.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses. Capital assets, excluding vehicles, are amortized on a straight-line basis over their estimated useful lives as follows:

Parking lots	8-15 years
Land improvements	15 years
Buildings and leasehold improvements	20-40 years
Building service equipment/equipment	4-20 years
Computer software and equipment	3-5 years

Vehicles are amortized on a declining balance basis using 30% as the annual rate and are included in Building service equipment/equipment.

h) Foreign currency transactions

Monetary assets and liabilities of the Region which are denominated in foreign currencies are translated at year-end exchange rates. Non-monetary assets and liabilities are translated at rates in effect at the date the assets were acquired and liabilities incurred. Revenue and expenses are translated at the rates of exchange in effect at their transaction dates. The resulting gains and losses are included in the consolidated statement of operations.

i) Management estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Areas requiring use of significant estimates include useful life of capital assets, allowance for accounts deemed uncollectable and amounts recognized for employee benefit obligations. Changes to the underlying assumptions and estimates or legislative changes in the near term could have a material impact on the provision recognized. These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in operations in the periods in which they become known.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

3. Significant accounting policies (continued)

j) Impact of COVID-19 on Significant Judgements, Estimates, and Assumptions

In March 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ("COVID-19") as a pandemic, which resulted in a series of public health and emergency measures that have been put in place to combat the spread of the virus. Governments and central banks have reacted with significant monetary and fiscal interventions designed to stabilize economic conditions.

Significant expenditures were incurred by the Region as part of the response to combat COVID-19. Throughout the fiscal year, the Region was reimbursed by MHSC for those costs identified as incremental expenditures due to the COVID-19 pandemic. While these amounts have been paid to the Region, it is anticipated that MHSC will perform audit procedures subsequent to year-end that may result in revised settlement of the revenues provided for these expenditures. In addition, transfers were received from Government of Manitoba Central Services for certain personal protective equipment and capital equipment. The Region has recognized grant revenue for these transfers.

The duration and impact of the COVID-19 pandemic continues to be unknown at this time, as is the efficacy of the government and central bank interventions.

4. Accounts receivable

The Region's exposure to credit risk for accounts receivable as at March 31 is as follows:

	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	2022
Patients/residents	\$ 807	\$ 528	\$ 283	\$ 7,426	\$ 9,044
Trade receivables	2,784	211	40	633	3,668
GST receivable	424	333	10	-	767
Foundations	2	12	7	50	71
Approved capital funding	311	119	60	-	490
Accrued interest	12	-	-	-	12
	4,340	1,203	400	8,109	14,052
Less allowance for doubtful accounts:					
Patients/residents	-	-	-	(6,512)	(6,512)
Trade receivables	-	-	-	(105)	(105)
	-	-	-	(6,617)	(6,617)
	\$ 4,340	\$ 1,203	\$ 400	\$ 1,492	\$ 7,435

	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	2021
Patients/residents	\$ 684	\$ 439	\$ 282	\$ 5,984	\$ 7,389
Trade receivables	2,088	669	5	556	3,318
GST receivable	400	283	6	-	689
Foundations	42	2	2	13	59
Approved capital funding	325	98	65	-	488
Accrued interest	21	-	-	-	21
	3,560	1,491	360	6,553	11,964
Less allowance for doubtful accounts:					
Patients/residents	-	-	-	(5,357)	(5,357)
Trade receivables	-	-	-	(72)	(72)
	-	-	-	(5,429)	(5,429)
	\$ 3,560	\$ 1,491	\$ 360	\$ 1,124	\$ 6,535

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
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5. Due from MHSC

The amount recorded as a receivable from the Province for pre-retirement and related vacation costs was initially determined based on the value of the corresponding actuarial liability for pre-retirement costs as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its on-going annual funding to the Region, an amount equivalent to the change in pre-retirement liability, which includes annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related pre-retirement liabilities.

	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	2022
Other operations	\$ 59,166	\$ (4)	\$ (3)	\$ 2,601	\$ 61,760
Out of Globe 2019/20	-	-	-	(1,303)	(1,303)
Out of Globe 2020/21	-	-	-	(314)	(314)
Out of Globe 2021/22	(455)	-	-	-	(455)
Approved capital funding	36	7	4	257	304
Vacation	-	-	-	17,109	17,109
Vacation-Non-Devolved Facilities	-	-	-	748	748
Pre-retirement	-	-	-	18,136	18,136
Pre-retirement-Non-Devolved Facilities	-	-	-	827	827
	58,747	3	1	38,061	96,812
Less: allowance for doubtful accounts	-	-	-	-	-
	\$ 58,747	\$ 3	\$ 1	\$ 38,061	\$ 96,812

	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	2021
Other operations	\$ 8,895	\$ (7)	\$ (3)	\$ 72	\$ 8,957
Out of Globe 2019/20	-	-	-	(1,303)	(1,303)
Out of Globe 2020/21	(302)	-	-	-	(302)
Approved capital funding	42	149	64	516	771
Vacation	-	-	-	17,109	17,109
Vacation-Non-Devolved Facilities	-	-	-	748	748
Pre-retirement	-	-	-	18,136	18,136
Pre-retirement-Non-Devolved Facilities	-	-	-	827	827
	-	-	-	-	-
Less: allowance for doubtful accounts	-	-	-	-	-
	\$ 8,635	\$ 142	\$ 61	\$ 36,105	\$ 44,943

6. Investments

	2022		2021	
	Cost	Fair Value	Cost	Fair Value
Cash & cash equivalents	\$ 467	\$ 467	\$ 492	\$ 492
Municipal, provincial and federal bonds at interest rates from 1.60%-8.10% with varying maturities up to December 15, 2025	1,509	1,493	1,900	1,944
Corporate bonds at interest rates from 2.53%-5.10% with varying maturities up to September 10, 2025	5,573	5,192	4,690	4,664
Equity pooled investments at interest rates from 1.30%-3.20%	1,616	2,179	1,761	2,161
Investment in Tiger Hills Villa	26	26	26	26
	\$ 9,191	\$ 9,357	\$ 8,869	\$9,287

Investments primarily consist of bonds and guaranteed investment certificates (GIC's) with maturity dates of 12 months or greater from date of acquisition. Investments are fixed income instruments issued or guaranteed by Canadian governments and corporations and include federal and provincial bonds, municipal bonds, corporate debentures and mortgage-backed securities, with a minimum A rating by an independent rating agency.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

7. Capital assets

	2022		
	Cost	Accumulated Amortization	Net Book Value
Land and parking lots	\$ 4,620	\$ -	\$ 4,620
Land improvements	5,574	3,449	2,125
Buildings and leasehold improvements	440,499	220,909	219,590
Building service equipment/equipment	145,584	110,408	35,176
Assets under capital lease	587	587	-
Construction in progress	4,945	-	4,945
	\$ 601,809	\$ 335,353	\$ 266,456

	2021		
	Cost	Accumulated Amortization	Net Book Value
Land and parking lots	\$ 4,620	\$ -	\$ 4,620
Land improvements	5,433	3,193	2,240
Buildings and leasehold improvements	439,281	209,601	229,680
Building service equipment/equipment	136,889	100,984	35,905
Assets under capital lease	2,101	1,537	564
Construction in progress	3,745	-	3,745
	\$ 592,069	\$ 315,315	\$ 276,754

Construction in progress commitment

Several Projects with total costs incurred to date of **\$4,945** (\$3,745 – 2021) are in various stages of completion. Total expected costs for these projects are \$9,199.

8. Accounts payable and accrued liabilities

	2022	2021
Accounts payable and accrued liabilities	\$ 12,775	\$ 13,166
Salary and payroll deductions payable	63,898	30,729
Pension payable	1,816	1,776
Accrued interest	17	22
	\$ 78,506	\$ 45,693

Prairie Mountain Health
Notes to the Consolidated Financial Statements

*For the year ended March 31, 2022
(in thousands of dollars)*

9. Employee future benefits

Employee future benefits include an accrued benefit obligation for vacation, pre-retirement, and sick leave benefits.

Vacation benefits obligation

The accrued benefit obligation for vacation benefits is valued using employee vacation banked balances at March 31 and salary rates. The total on the financial statements for vacation benefits at March 31, 2022 is **\$ 33,314** (\$32,723 – 2021) and is considered a short term obligation.

The long term portion of employee future benefits is made up of pre-retirement and sick leave benefits as follows:

	2022	2021
Pre-retirement benefits obligation	\$ 33,638	\$ 34,371
Sick leave benefits obligation	6,550	6,883
	\$ 40,188	\$ 41,254

Pre-retirement benefits obligation

The accrued benefit obligation for pre-retirement benefits is actuarially determined using the projected unit credit service pro-rated on service actuarial cost method and management's best estimates of expected future rates of return on assets, termination rates, employee demographics, salary rate increases plus age related merit/promotion scale with nil for disability and employee mortality and withdrawal rates. The most recent actuarial report was prepared at March 31, 2022. The valuation includes employees who qualify at the fiscal year-end date and an estimate for the remainder of the employees who have not yet met the years of service criteria. The accrued pre-retirement benefit obligation for March 31, 2022 is based on an extrapolation of that valuation.

Based upon collective agreements and/or non-union policy, employees are entitled to a pre-retirement leave benefit if they are retiring in accordance with the provisions of the applicable group pension plan. The Region's contractual commitment is to pay based upon one of the following (dependent on the agreement/policy applicable to the employee):

- a) The Region's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for current active plan members of the Healthcare Employees Pension Plan (HEPP), is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:
 - i. has ten years service and has reached the age of 55 or
 - ii. qualifies for the Rule of 80 (where their age plus employment service totals 80)
 - iii. retires at or after age 65
 - iv. terminates employment at any time due to permanent disability
- b) The Region's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Civil Service Superannuation Plan, is to pay out the following severance pay upon retirement to employees who have reached the age of 55 and have nine or more years of service:
 - i. one week of severance pay for each year of service up to 15 years of service
 - ii. two weeks of additional severance pay for each increment of five years of service past the 15 years of service up to 35 years of service
- c) The Region's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the MGEU Collective Agreement, is to pay out one week's pay for each year of accumulated service, or portion thereof, upon retirement if the employee has accumulated ten (10) or more years of accumulated service, up to a maximum of fifteen (15) week's pay.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

9. Employee future benefits (continued)

The actuarial valuation was based on a number of assumptions about future events as follows:

	2022	2021
Discount rate - March 31	4.00%	2.65%
Rate of salary increase - April 1	3.00%	3.50%
EARSL - March 31 (in years)	14.0	8.0

Actuarial gains and losses can arise in a given year as a result of (a) the difference between the actual return on plan assets in that year and the expected return on plan assets for that year, (b) the difference between the actual accrued benefit obligations at the end of the year and the expected accrued benefit obligations at the end of the year and (c) changes in actuarial assumptions. For the fiscal year beginning April 1, 2013, and in accordance with Canadian public sector accounting standards, gains or losses that arise in a given year, along with past service costs that arise from pre-retirement benefits plan amendments, are to be amortized into income over the expected average remaining service life (EARSL) of the related employee group. Prior to April 1, 2013 valuation, gains or losses have been recognized in the period they were incurred.

The pre-retirement valuation includes employees who qualify at the fiscal year-end date and an estimate for the remainder of the employees who have not yet met the years of service criteria. The following table presents information about accrued pre-retirement benefit obligations, the change in value and the balance of the obligation at March 31, 2022.

Change in Benefit Obligation – Pre-retirement

	2022	2021
Pre-retirement benefit obligation, beginning of year	\$ 36,883	\$ 37,734
Current period service cost	2,760	2,679
Interest cost	956	984
Benefits paid	(4,355)	(4,412)
Actuarial (gain)/loss	(518)	(102)
Pre-retirement benefit obligation, end of year	35,726	36,883
Unamortized net actuarial gain (loss)	(2,088)	(2,512)
Pre-retirement accrued benefit liability, end of year	\$ 33,638	\$ 34,371

Funding for the pre-retirement obligation is recoverable from MHSC for costs incurred up to March 31, 2004 on an Out-of-Globe basis in the year of payment. As of April 1, 2004, In-Globe funding has been amended to include these costs.

Sick leave benefits obligation

For the year ending March 31, 2013, the Region adopted accrual accounting for the sick leave plan according to Canadian public sector accounting standards section PS3255. Prior to that date the Region recognized benefit expenses equal to its payments for the actual payouts and no liability for accumulated sick leave was recorded in the statement of financial position. At the beginning of fiscal year April 1, 2011, a valuation of the Region's obligations for the accumulated sick leave banked was done for accounting purposes using the average usage of sick days used in excess of the annual sick days earned. Factors used in the calculation are as follows:

- Average employee daily wage
- Number of sick days used in the year
- Number of sick days earned in the year
- Excess days of used over earned
- Dollar value of the excess
- Number of unused sick days

Prairie Mountain Health

Notes to the Consolidated Financial Statements

*For the year ended March 31, 2022
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9. Employee future benefits (continued)

Key assumptions used in the valuation were based on Management's best estimates. The valuation used the same assumptions about future events as was used for the pre-retirement valuation above. The following table presents information about the accrued sick leave benefit obligation, the change in value and the balance of the obligation:

Change in Benefit Obligation – Sick Leave	2022	2021
Sick Leave benefit obligation, beginning of year	\$ 5,460	\$ 5,777
Current period service cost	460	447
Interest cost	140	150
Expected benefits paid	(817)	(895)
Actuarial (gain)/loss	(1,875)	(19)
Sick Leave benefit obligation, end of year	3,368	5,460
Unamortized net actuarial gain (loss)	3,182	1,423
Sick Leave benefit liability, end of year	\$ 6,550	\$ 6,883

10. Long-term debt

	2022	2021
Loans payable to Treasury Division at interest rates from 3.00% to 5.75%, due from January 31, 2021 to February 29, 2036, with monthly payments of principal from \$23 to \$183 plus interest, secured by promissory note	\$ 58,485	\$ 66,703
Loans payable to Treasury Division at interest rates from 2.45% to 3.20%, due from March 31, 2023 to March 31, 2060, with monthly payments of principal and interest from \$12 to \$123, secured by promissory note	58,867	61,748
Loans payable to Treasury Division at interest rates from 1.50% to 2.25%, due from February 28, 2031 to February 28, 2041, with monthly payments of principal and interest from \$1 to \$39, secured by promissory note	3,985	4,393
Loan payable to Treasury Division at interest rate of 2.75%, due February 29, 2032, with a monthly payment of principal and interest of \$26, secured by promissory note	2,699	-
Lines of credit and floating loans payable to Treasury Division, interest at 0.55%	11,333	6,613
Mortgages payable to Canada Mortgage and Housing Corporation at interest rates from 7.25% to 10.50%, due from October 1, 2022 to May 1, 2029, with monthly payments of principal and interest from \$1 to \$7, secured by buildings	2,288	2,844
Mortgages payable to Manitoba Housing at interest rates from 7.75% to 10.75%, due from April 30, 2022 to December 31, 2023, with monthly payments of principal and interest from \$5 to \$6, secured by buildings	113	236
	\$ 137,770	\$ 142,537

Principal payments due in the next five years are as follows:

2023	\$ 12,371
2024	11,984
2025	10,680
2026	9,418
2027	9,194
Thereafter	84,123
	\$ 137,770

Prairie Mountain Health

Notes to the Consolidated Financial Statements

*For the year ended March 31, 2022
(in thousands of dollars)*

10. Long-term debt (continued)

Previously, each year MHSC and Manitoba Finance's Treasury Division ("Treasury Division") would review the current third-party debt held by the Region and determine which loan balances should be transferred into fixed or long-term loans at the Treasury Division. If a loan was chosen to be fixed, the third party debt was settled by MHSC and the long-term loans would subsequently be held by Treasury Division. Treasury Division would then issue a promissory note for the Authority and MHSC would then provide monthly principal and interest payments to Treasury Division on behalf of the Authority.

Beginning with the year ended March 31, 2019 and with restatements of the March 31, 2018 consolidated statement of financial position, the loans held by Treasury Division with the promissory notes for the Region are now recognized in the consolidated statement of financial position of the Region.

11. Obligations under capital lease

	2022	2021
Royal Bank of Canada monthly payments including interest of \$6, bears interest at 2.6%, secured by the underlying equipment, expiring August 2022	\$ 97	\$ 177
Principal payments due in the next year are as follows:	2023	97

12. Unearned revenue

Unearned operating revenue represents the unspent amount of funding received for the Region's operating expenses not yet incurred. Unearned capital revenue represents advance funding, received from MHSC, foundations or other funders.

	Operating	Capital	2022	2021
Balance, beginning of year	\$ 5,691	\$ 18,758	\$ 24,449	\$21,029
Amount received during the year	5,897	3,605	9,502	9,676
Less: amount recognized as revenue - programs	(4,268)	(2,758)	(7,026)	(5,778)
Less: amount recognized as revenue - ancillary services	-	(622)	(622)	(478)
Less: transfers to Shared Health	-	(81)	(81)	-
Balance, end of year	\$ 7,320	\$ 18,902	\$ 26,222	\$24,449

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
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13. Pension plan

The majority of the employees of the Region are members of the Healthcare Employees Pension Plan - HEPP (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual health entities within the related group and as such, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore, the plan is accounted for as a defined contribution plan in accordance with Canadian public sector accounting standards, section 3250.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing Plan assets in trust through the Plan investment policy. Pension expense is based on Plan management's best estimates, in consultation with its actuaries to provide assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for the employer contributions to HEPP to remain a constant percentage of employee's contributions. Variances between actual funding estimates and actual experience may be material and any differences are generally to be funded by the participating members.

On October 17, 2017 HEB Manitoba and the Board of the Healthcare Employees' Pension Plan (HEPP) announced changes designed to enhance the long-term sustainability of the Plan's defined benefit commitment. There are transition rules for current members. Future members who begin employment after December 1, 2019 must be age 55 to retire and will not be eligible for supplementary or bridge benefits.

The Healthcare Employees' Pension Plan is subject to the provisions of the Pension Benefits Act, Manitoba. This Act requires that the Plan's actuaries conduct two valuations – a going-concern valuation and a solvency valuation. In 2010, HEB Manitoba completed the solvency exemption application process, and has now been granted exemption for the solvency funding and transfer deficiency provision. As at December 31, 2018 the Plan's going concern ratio was 107.2%.

During the year, the Region contributed **\$25,819** (\$23,791 – 2021) to the Pension Plan using contribution rates set out in the Plan as follows:

	2022	2021
Employee contributions		
% of Basic Annual Earnings below YMPE*	8.9%	8.9%
% of Basic Annual Earnings above YMPE	10.5%	10.5%
Employer contributions		
% of Basic Annual Earnings below YMPE	8.9%	8.9%
% of Basic Annual Earnings above YMPE	10.5%	10.5%

(*YMPE – Yearly Maximum Pensionable Earnings)

14. Restricted assets

The Board of Directors has restricted net assets related to non MHSC activities of **\$5,312** (\$5,287 - 2021). The revenue earned on these restricted assets is used for the operations of these non MHSC activities and for possible capital asset purchases. Restricted net assets consist of donations, bequests, revenue from ancillary operations and other contributions.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

15. MHSC revenue

	2022	2021
Allocation per Funding Document	\$ 458,670	\$ 459,647
Add One Time Funding:		
Salary and benefit settlements	59,413	4,959
Primary care/community program improvement initiatives	151	579
Mental Health program improvement initiatives	931	1,123
Family physician stipends	286	-
Workers compensation rebate recovery	(1,971)	-
Emergency services billings	40	40
Transitional care program expansion	-	161
ICU program expansion	973	-
COVID-19	41,728	12,030
Various program improvement initiatives	(235)	(90)
Total funding approved by MHSC	559,986	478,449
Add/(Deduct):		
Fee for service radiology income	-	5,175
Medical remuneration non-global receivable (payable)	(390)	(314)
Capital interest receivable (payable)	(17)	(8)
Capital principal receivable (payable)	(48)	20
Funding for interest payments on Treasury Division loans	4,765	5,190
Funding for principal payments on Treasury Division loans	11,527	12,882
Funding for capital asset purchases	1,911	1,664
Total revenue from MHSC	\$ 577,734	\$ 503,058

16. MHCW revenue

	2022	2021
Allocation per Funding Document	\$ 30,653	\$ 30,523

17. Capital disclosures

The Region operates a number of elderly persons housing facilities which are subject to capital requirements as part of Canada Mortgage and Housing Corporation (CMHC) and Manitoba Housing. Under the terms of agreements with Manitoba Housing and CMHC, replacement reserve accounts are to be credited with amounts as determined in consultation with Manitoba Housing. These funds, along with accumulated interest, must be held in a separate bank account and/or invested only in accounts or instruments insured by the Canada Deposit Insurance Corporation, or as may otherwise be approved by Manitoba Housing or CMHC from time to time. The funds in the account may only be used as approved. Withdrawals are credited to interest first and then principal.

Pursuant to the operating agreements with Manitoba Housing for Riverdale Personal Care Home Inc., Westwood Lodge, Tiger Hills Villa Inc. and Hamiota District Health Centre Inc., Lilac Residence (North Wing) elderly persons housing facilities, on a cumulative basis for all Manitoba Housing properties, any excess subsidy funding provided to the Region is to be repaid. Where a cumulative deficiency exists for Manitoba Housing properties, the shortfall is the responsibility of Manitoba Housing subject to approval of project costs.

Prairie Mountain Health
Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

18. Commitments and contingencies

- a) The Region has entered into various operating lease commitments. The amounts payable over the next four years are as follows:

2023	\$ 1,244
2024	999
2025	373
2026	14

- b) The Region is subject to individual legal actions arising in the normal course of business. It is not expected that these legal actions will have a material adverse effect on the financial position of the Region.
- c) Effective January 1, 2003 the Region joined in the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks for its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they were members and these losses could be material. No reassessments have been made to March 31, 2022.
- d) Labour agreements with certain unions have expired and plan to be negotiated during the upcoming year. The results have not been included in the Region's results as they are indeterminable at this time.

19. Liability for contaminated sites

Effective for fiscal years beginning on or after April 1, 2015, public sector accounting standards requires recognition of a liability for remediation of contaminated sites where contamination exceeds environment site standards and a reasonable estimate of the amount can be made. Reporting requirements are limited to the contamination of soil, water and sediment. As of March 31, 2022, the Region has no known contaminated sites or no known future potential contaminated sites.

20. Related party transactions

The Region provides community health services through operations directly owned by the Region as well as through other organizations and agencies via a variety of agreements (Notes 3(a), 3(b), 5 and 18). Transactions between the related parties are recorded at the exchange amount.

21. Trusts under administration

At March 31, the balance of funds held in trust are as follows:

	2022	2021
Resident trust funds	\$ 342	\$ 346

These funds are not included in the balances of the Region's consolidated financial statements.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

22. Expenses by type

	2022	2021
Personnel Services	\$ 527,651	\$ 461,884
Grants/Transfer Payments	8,548	8,097
Transportation	12,155	5,602
Communication	631	642
Supplies and Services	81,509	72,708
Debt Servicing	5,016	5,466
Minor Capital	4,362	5,094
Amortization	20,156	21,353
Other Operating	13,021	13,812
Balance, end of year	\$ 673,049	\$ 594,658

23. Disclosure of allocated expenses

Allocated expenses relate to expenses that have been assigned amongst programs where acute care and personal care homes share the same facility, and would not include all facilities under the Region. The portion of expense allocated is as follows:

	Acute	Personal Care Homes	Community	2022	2021
Administration	\$ 830	\$ 742	\$ -	\$ 1,572	\$ 1,492
Food Services	3,407	13,575	-	16,982	16,575
Housekeeping	3,252	2,017	-	5,269	5,264
Laundry	1,798	1,428	-	3,226	3,251
Nursing	593	653	-	1,246	1,197
Medical & Surgical Supplies	745	476	-	1,221	902
Plant Operations	6,552	1,532	-	8,084	7,833
Plant Maintenance	3,384	2,343	-	5,727	5,554
Balance, end of year	\$ 20,561	\$ 22,766	\$ -	\$ 43,327	\$ 42,068

24. Economic dependence

The Region received approximately 87% (86% - 2021) of its total revenue from MHSC and is economically dependent on Manitoba Health for continued operations. This volume of funding transactions is normal within the industry, as regional health authorities are primarily funded by their respective provincial Ministries of Health.

25. Restructuring transaction

Shared Health, a provincial organization, was established to support a centralized and better-connected provincial health planning process; and develop a provincial clinical and preventative services plan, effective April 1, 2018. As of April 1, 2019, the following significant operations of the Region were transferred to Shared Health:

- Information and Communications Technology (includes Electronic Health Records and Telehealth)
- Brandon Diagnostic Services
- Emergency Medical Services
- Medical Transportation Coordination Centre

This restructuring included the transfer of approximately \$51 million in operating funding.

Prairie Mountain Health

Notes to the Consolidated Financial Statements

For the year ended March 31, 2022
(in thousands of dollars)

25. Restructuring transaction (continued)

The carrying values of the non-capital assets and liabilities transferred on April 1, 2019 were:

Financial Assets	\$ 4,341
Liabilities	\$ 5,713
Restructuring Gain	\$ 1,372

The restructuring gain was included as part of the Regional undistributed costs on the Consolidated Statement of Operations. There were no contingent liabilities transferred to Shared Health as part of the restructuring transaction and the Region did not incur any restructuring costs. Shared Health has agreed to assume the non-capital contractual obligations of the transferred departments.

An Order of Council is expected during the 2022/23 fiscal year that will allow for the transfer of the associated tangible capital assets and related liabilities for the above departments. Any capital contractual obligations will transfer along with the capital assets and related liabilities at a future point in time.

26. Comparative figures

Comparative figures have been restated to compare to current year presentation.

27. Wage Settlements

Labour agreements with certain unions (excluding MNU) have expired and plan to be negotiated during the upcoming year. These consolidated financial statements include an estimate of amounts expected to be settled. The amount recorded is an estimate based on wage increase percentages applied in the settlement of the MNU Collective Agreement, which may be subject to change, and could result in an exposure in that the liability may be in excess of the amount accrued. The extent of the liability accrued is not being disclosed as this could have an adverse effect on the outcome.

28. Subsequent Events

Beginning in April 2022, portions of Addictions Foundation of Manitoba (AFM) became part of Prairie Mountain Health. Portions of the Human Resources department, and the Bio-Medical Engineering department within Prairie Mountain Health, will become part of Shared Health.