
FINANCIAL STATEMENTS

for the years ended June 30, 2018 and 2017

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Effingham County Hospital Authority
Springfield, Georgia

Report on the Financial Statements

We have audited the accompanying financial statements of Effingham County Hospital Authority (Authority), a component unit of Effingham County, Georgia, which comprise the balance sheets as of June 30, 2018 and 2017, the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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P.O. Box 71309 2617 Gillionville Road Albany, GA 31708-1309 Tel. (229) 883-7878 Fax (229) 435-3152 Five Concourse Parkway Suite 1250 Atlanta, GA 30328 Tel. (404) 220-8494 Fax (229) 435-3152 An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Effingham County Hospital Authority as of June 30, 2018 and 2017, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 18 to the financial statements, certain overpayments from insurance contracts were discovered by management of the Authority during the current year. Accordingly, an adjustment has been made to beginning net position as of June 30, 2018 and 2017 and to insurance contractuals in 2017 to correct the error. Our opinion is not modified with respect to that matter.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 4 through 8 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 18, 2018, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Albany, Georgia

DRAFFIN + TuckER, LLP

October 18, 2018



Our discussion and analysis of Hospital Authority of Effingham County's (Authority's) financial performance provides an overview of the Authority's financial activities for the fiscal years ended June 30, 2018, 2017, and 2016. Please read it in conjunction with the Authority's financial statements, which begin on page 9.

On November 1, 2016, pursuant to a lease and transfer agreement, the Authority implemented a reorganization plan to lease its facilities and transfer its operating assets, as defined in the agreement, to Effingham Hospital, Inc., a nonprofit corporation. Effingham Hospital, Inc. shares the same Board of Directors as the Authority. Further, Effingham Hospital, Inc. is so closely related to the primary government that it is, in effect, the same as the primary government. For this reason, Effingham Hospital, Inc. is a blended component unit of the Authority.

Financial Highlights

- The Authority's net position decreased in 2018 by approximately \$6,700,000 (27%), increased in 2017 by approximately \$1,322,000 (6%) and increased in 2016 by approximately \$1,648,000 (8%).
- The Authority reported an operating loss of approximately \$10,068,000 in 2018, an operating loss of approximately \$1,375,000 in 2017, and an operating loss of \$1,769,000 in 2016.
- Cash decreased by \$2,478,280 (30%) in 2018, cash decreased by \$281,733 (3%) in 2017, and increased \$3,290,536 (62%) in 2016.

The Authority's financial statements consist of three statements – a balance sheet, a statement of revenues, expenses and changes in net position; and a statement of cash flows. These financial statements and related notes provide information about the activities of the Authority, including resources held by the Authority but restricted for specific purposes by contributors, grantors, or enabling legislation.

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The Balance Sheet and Statement of Revenues, Expenses, and Changes in Net Position

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

The statement of revenues and expenses and changes in net position present changes to the Authority's net position during the most recent fiscal year end period. This statement measures the success of the Authority's operations during the years ended June 30, 2018 and 2017 and can be used to assess profitability and credit worthiness. Activities are reported as either operating or nonoperating. Operating revenues are generally earned by providing goods or services to patients, residents and other customers. Operating expenses are incurred to acquire or produce the goods and services to carry out the Authority's mission. Nonoperating revenues and expenses result from activities other than providing goods and services related to patient care. All changes in net position are reported as soon as the underlying events occurred regardless of the timing of related cash flow.

The Statement of Cash Flows

This statement describes the sources of cash, for what the cash was used, and the change in cash balance during the reporting period. This statement aids in the assessment of the Authority's ability to generate future net cash flows and to meet the obligation and commitments as they come due. The primary source of operating cash flows was service revenues received from patients and residents and their public and provider insurance. Uses of these cash sources include payments as wages and benefits to employees and payments to suppliers and contractors for goods and services produced by the Authority.

The Authority's Net Position

The Authority's net position is the difference between its assets and liabilities reported on the balance sheets on pages 9 and 10. The Authority's net position changed in each of the past three years as reflected in Table 1 below.

Table I: Assets, Liabilities and Net Position

	<u>2018</u>	<u>2017</u>	<u>2016</u>
Current assets	\$ 14,987,555	\$ 14,785,148	\$ 13,337,625
Capital assets, net	27,557,393	27,098,230	28,745,520
Other noncurrent assets	11,276,805	<u>15,761,189</u>	14,794,157
Total assets	\$ <u>53,821,753</u>	\$ <u>57,644,567</u>	\$ <u>56,877,302</u>
Current liabilities	\$ 8,525,682	\$ 6,047,238	\$ 5,878,501
Long-term debt	<u>27,424,264</u>	27,025,221	<u>27,758,949</u>
Total liabilities	35,949,946	33,072,459	33,637,450
Net position:			
Net investment in capital assets	532,173	(660,718)	297,391
Restricted	3,234,478	2,745,745	2,301,191
Unrestricted	14,105,156	22,487,081	20,641,270
Total net position	17,871,807	24,572,108	23,239,852
Total liabilities and net position	\$ <u>53,821,753</u>	\$ <u>57,644,567</u>	\$ <u>56,877,302</u>

The Authority continues to pay all debts within terms. Long-term debt is exclusively made up of funds borrowed for the modernization project and a capital lease to acquire the da Vinci Robotic Surgical System.

Revenue, Expenses, and Changes in the Authority's Net Position

In 2018, 2017 and 2016, the Authority's net position changed as shown in Table 2.

Table 2: Revenues, Expenses, and Changes in Net Position

	<u>2018</u>	<u>2017</u>	<u>2016</u>
Operating revenues	\$ 43,998,839	\$ <u>41,388,349</u>	\$ 39,489,878
Expenses: Operating expenses Depreciation	51,146,167 2,921,095	39,454,605 3,308,320	37,738,995 3,520,234
Total expenses	54,067,262	42,762,925	41,259,229
Operating income (loss)	(10,068,423)	(1,374,576)	(1,769,351)
Nonoperating revenue (expense)	3,368,122	2,706,832	3,352,059
Excess revenues (expenses)	(6,700,301)	1,332,256	1,582,708
Beginning net position	24,572,108	23,239,852	21,657,144
Ending net position	\$ <u>17,871,807</u>	\$ <u>24,572,108</u>	\$ <u>23,239,852</u>

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Net position decreased for the fiscal year. This decrease is primarily due to the litigation settlement of \$4,100,000 and accompanying litigation and compliance settlement costs (see Note 17), and the overpayment for patient services under United Healthcare insurance contracts for the applicable fiscal year end periods of June 30, 2018 and 2017.

Capital Assets and Long-Term Debt

A recap of the Authority's long-term debt outstanding at June 30, 2018, 2017, and 2016 is as follows:

			Long-Term Debt	
<u>Description</u>	Interest <u>Rates</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
2010 Series A Capital lease	5.75% 3.00%	\$ 27,025,220 	\$ 27,758,949 	\$ 28,448,129
Total long-term debt		\$ <u>28,217,420</u>	\$ <u>27,758,949</u>	\$ <u>28,448,129</u>

Per the modernization project debt agreements, all existing debt was retired prior to the start of the modernization project. The remaining debt was used for the modernization project.

At the end of 2018, the Authority had approximately \$28 million invested in capital assets, net of accumulated depreciation. Additions during 2018 include renovations of the parking lot and Summit Cancer Care building and the acquisition of a da Vinci Single Console System through a capital lease.

See Notes 6 and 8 in the attached financial statements for additional information about capital assets and debt.

Contacting the Authority's Financial Management

This financial report is designed to provide our patients, suppliers, and creditors with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have any questions about this report or need additional financial information, please contact the Authority's management at Effingham Hospital, 459 Highway 119 South, Springfield, Georgia 31329.

BALANCE SHEETS as of June 30, 2018 and 2017

	<u>2018</u>	Restated 2017
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 5,897,545	\$ 8,375,825
Property tax receivable from Effingham County Patient accounts receivable, net of allowances and estimated uncollectibles of approximately \$16,503,000	296,280	278,076
in 2018 and \$13,851,000 in 2017	5,701,078	5,145,952
Supplies, at lower of cost (first-in, first-out) or market	1,188,204	348,284
Estimated third-party payor settlements	863,394	-
Other current assets	1,041,054	637,011
Total current assets	14,987,555	14,785,148
Noncurrent cash and investments:		
Internally designated for retirement plan	13,188	8,796
Internally designated for capital improvements	7,946,140	12,653,481
Internally designated for employee health insurance	7,597	303,167
Held by trustee under indenture	3,234,478	2,745,745
Total noncurrent cash and investments	11,201,403	15,711,189
Capital assets:		
Non-depreciable	1,301,938	862,849
Depreciable, net of accumulated depreciation	<u>26,255,455</u>	26,235,381
Total capital assets, net of accumulated depreciation	27,557,393	27,098,230
Other assets:		
Notes receivable	25,750	50,000
Other asset	49,652	
Total other assets	75,402	50,000
Total assets	\$ <u>53,821,753</u>	\$ <u>57,644,567</u>

	<u>2018</u>	Restated <u>2017</u>
LIABILITIES AND NET	POSITION	
Current liabilities:		
Current maturities of long-term debt	\$ 793,156	\$ 733,728
Accounts payable	3,449,869	2,216,164
Accrued expenses	4,066,125	2,528,377
Estimated third-party payor settlements	216,532	568,969
Total current liabilities	8,525,682	6,047,238
Long-term debt, net of current maturities	27,424,264	27,025,221
Total liabilities	35,949,946	33,072,459
Net position:		
Net investment in capital assets	532,173	(660,718)
Restricted:	332,173	(000,710)
Expendable	3,234,478	2,745,745
Unrestricted	<u>14,105,156</u>	22,487,081
Total net position	17,871,807	24,572,108

Total liabilities and net position \$ <u>53,821,753</u> \$ <u>57,644,567</u>

See accompanying notes to financial statements.

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION for the years ended June 30, 2018 and 2017

	<u>2018</u>	Restated 2017
Operating revenues:		
Net patient service revenue (net of provision for bad		
debts of approximately \$3,063,000 in 2018 and	Φ 42 174 072	Ф 40 0 20 7 60
\$4,407,000 in 2017)	\$ 43,154,962	\$ 40,839,760
Other revenue	843,877	548,589
Total operating revenues	43,998,839	41,388,349
Operating expenses:		
Salaries and wages	20,065,130	18,130,818
Employee benefits	4,514,196	3,666,022
Supplies and other	11,974,066	9,653,012
Purchased services	10,492,775	8,004,753
Depreciation	2,921,095	3,308,320
Litigation settlement – see Note 17	4,100,000	
Total operating expenses	<u>54,067,262</u>	42,762,925
Operating loss	(10,068,423)	(<u>1,374,576</u>)
Nonoperating revenues (expenses):		
Property tax income from Effingham County	3,648,661	3,600,000
Investment income	152,158	190,884
Interest expense	(1,114,841)	(1,084,052)
Rural hospital tax credit contributions	682,144	
Total nonoperating revenues	3,368,122	2,706,832
Excess revenues (expenses)	(<u>6,700,301</u>)	1,332,256
Net position, beginning of the year, as originally reported	25,620,289	23,304,996
Adjustment – see Note 18	(_1,048,181)	(65,144)
Net position, beginning of the year, as restated	<u>24,572,108</u>	23,239,852
Net position, end of year	\$ <u>17,871,807</u>	\$ <u>24,572,108</u>

See accompanying notes to financial statements.

STATEMENTS OF CASH FLOWS for the years ended June 30, 2018 and 2017

	<u>2018</u>	Restated 2017
Cash flows from operating activities:		
Cash received from patients and payors	\$ 41,384,005	\$ 38,813,324
Cash payments to vendors and other suppliers	(22,356,995)	(17,364,244)
Cash payments to employees	(25,067,328)	(22,562,567)
Cash received from other	843,877	548,589
Cash payment for litigation settlement	(<u>2,050,000</u>)	
Net cash used by operating activities	(_7,246,441)	(564,898)
Cash flows from investing activities:		
Interest on investments	622,023	627,642
Purchase of investments	(406,396)	(12,157,218)
Sales of investments	4,644,843	12,345,183
Net cash provided by investing activities	4,860,470	815,607
Cash flows from noncapital financing activities:		
Property tax receipts from Effingham County	3,630,457	3,618,648
Rural hospital tax credit contributions	682,144	
Net cash provided by noncapital financing activities	4,312,601	3,618,648
Cash flows from capital and related financing activities:		
Principal paid on long-term debt	(733,728)	(689,180)
Interest paid on long-term debt	(1,114,841)	(1,084,052)
Purchase of capital assets	(<u>2,357,814</u>)	(_1,628,911)
Net cash used by capital and related financing		
activities	(4,206,383)	(<u>3,402,143</u>)
Net increase (decrease) in cash and cash equivalents	(2,279,753)	467,214
Cash and cash equivalents, beginning of year	11,443,644	10,976,430
Cash and cash equivalents, end of year	\$ <u>9,163,891</u>	\$ <u>11,443,644</u>

STATEMENTS OF CASH FLOWS, Continued for the years ended June 30, 2018 and 2017

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Reconciliation of cash and cash equivalents to the	<u>2018</u>	Restated 2017
balance sheets:		
Cash and cash equivalents in current assets	\$ 5,897,545	\$ 8,375,825
Noncurrent cash and investments:		
Internally designated for retirement plan	13,188	8,796
Internally designated for capital improvements	11,083	10,111
Internally designated for employee health insurance	7,597	303,167
Held by trustee under indenture	3,234,478	2,745,745
Total cash and cash equivalents	\$ <u>9,163,891</u>	\$ <u>11,443,644</u>
Reconciliation of operating loss to net cash flows from operating activities:		
Operating loss	\$(10,068,423)	\$(1,374,576)
Adjustments to reconcile operating loss to net cash		
provided (used) by operating activities:		
Depreciation	2,921,095	3,308,320
Provision for bad debts	3,062,976	4,407,154
Physician notes receivable write-off	177,467	184,410
Changes:		
Accounts receivable	(3,618,102)	(8,814,904)
Supplies	(839,920)	16,239
Estimated third-party payor settlements	(1,215,831)	269,455
Other current assets	(404,043)	(183,426)
Other assets	(202,869)	50,000
Accounts payable	1,403,461	856,703
Accrued expenses	(512,252)	715,727
Litigation settlement	2,050,000	
Net cash used by operating activities	\$(<u>7,246,441</u>)	\$(<u>564,898</u>)

Supplemental disclosure of cash flow information:

- Purchases of capital assets in accounts payable as of June 30, 2017 was \$170,000.
- Effingham County Hospital Authority held investments at June 30, 2018 and 2017 with a fair value of \$7,935,057 and \$12,643,370, respectively. During 2018 and 2017, the net change in fair value of these investments was a decrease of \$143,557 and \$436,758, respectively.
- The Authority entered into a capital lease obligation of \$1,192,200 for new equipment in 2018. See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS June 30, 2018 and 2017

1. <u>Summary of Significant Accounting Policies</u>

Reporting Entity

Effingham County Hospital Authority (Authority) is a public corporation. It was created by the Board of Commissioners of Effingham County, Georgia (County) to operate, control, and manage the operations of a hospital and a skilled nursing facility. The Board of County Commissioners nominates the Board of Directors of the Authority, and the Authority may not issue debt that will be guaranteed by the County without the County's approval. The Board of County Commissioners has guaranteed debt of the Authority. For these reasons, the Authority is considered to be a component unit of Effingham County, Georgia.

On November 1, 2016, pursuant to a lease and transfer agreement, the Authority implemented a corporate restructuring to lease its facilities and transfer its operating assets, as defined in the agreement, to Effingham Hospital, Inc. (Hospital), a nonprofit corporation for a period of 40 years. Effingham Hospital, Inc. shares the same Board of Directors as the Authority. For this reason, Effingham Hospital, Inc. is a blended component unit of the Authority. The activity presented in the accompanying financial statements and notes to the financial statements represent the operations of the Hospital.

Use of Estimates

The preparation of financial statements in accordance 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 financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise Fund Accounting

The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. The Authority prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less. Certain money market deposits are considered cash and cash equivalents on the statement of cash flows.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Allowance for Doubtful Accounts

The Authority provides an allowance for doubtful accounts based on an evaluation of the overall collectibility of the accounts receivable. As accounts are known to be uncollectible, the accounts are charged against the allowance. The Hospital updated its charity care and uninsured discount policies during 2017 as discussed in Notes 2 and 3.

Noncurrent Cash and Investments

Noncurrent cash and investments include assets held by trustees under indenture agreements and designated assets set aside by the Board of Directors for retirement, capital improvements, and employee health insurance, over which the Board retains control and may at its discretion subsequently use for other purposes.

<u>Investments in Debt and Equity Securities</u>

Investments in debt and equity securities are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenue when earned.

Capital Assets

The Authority's capital assets are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful life is assigned using AHA Useful Lives Guidelines listed below. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation in the financial statements.

Land improvements

Buildings and building improvements

Equipment, computers and furniture

15 to 20 Years
20 to 40 Years
3 to 7 Years

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Costs of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Financing Costs

Costs incurred in connection with the issuance of bonds and notes are expensed in the period in which they are incurred.

Compensated Absences

The Authority's employees earn personal time off (PTO) at varying rates depending on years of service. Employees may accumulate PTO up to a specified maximum. Any days above the maximum on June 30th every year will expire. Employees are allowed to cash in unused personal time off hours if they have satisfied certain criteria. Employees also earn extended days off (EDO) based on varying rates depending on years of service. Employees may accumulate EDO up to a specified maximum. After full time employees have exceeded the base accumulation, 25% of the accrued EDO above the base accumulation will be paid annually. A maximum EDO payment to any employee is 20 hours. Any days above the maximum on June 30th every year will expire. Employees are not paid for EDO if they leave or are terminated by the Authority.

Net Position

Net position of the Authority is classified into three components. *Net investment in capital assets* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted expendable net position* are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Authority, including amounts deposited with trustees as required by revenue bond indentures. *Unrestricted net position* is the remaining net amount of assets and liabilities that do not meet the definition of *net investment in capital assets* or *the restricted net position*.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

1. <u>Summary of Significant Accounting Policies, Continued</u>

Operating Revenues and Expenses

The Authority's statements of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Authority's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Authority provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Grants and Contributions

The Authority occasionally receives grants from Effingham County, Georgia, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenue. Amounts restricted to capital acquisitions are reported after nonoperating revenue and expenses.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Restricted Resources

When the Authority has both restricted and unrestricted resources available to finance a particular program, it is the Authority's policy to use restricted resources before unrestricted resources.

Income Taxes

The Authority is a governmental entity and is exempt from income taxes. Effingham Hospital, Inc. is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Hospital applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Hospital only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of June 30, 2018 and 2017 or for the years then ended. The Hospital's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Risk Management

The Authority is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Authority is self-insured for employee health insurance, see Note 9. See Note 10 for additional information related to the Authority's general and professional coverage.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Impairment of Long-Lived Assets

The Authority evaluates, on an ongoing basis, the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Authority has not recorded any impairment charges in the accompanying statements of revenues, expenses, and changes in net position for the years ended June 30, 2018 and 2017.

Fair Value Measurements

GASB Statement No. 72 – Fair Value Measurement and Application defines fair value 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. Fair value is an exit price at the measurement date from the perspective of a market participant that controls the asset or is obligated for the liability. GASB 72 also establishes a hierarchy of inputs to valuation techniques used to measure fair value. If a price for an identical asset or liability is not observable, a government should measure fair value using another valuation technique that maximizes the use of relevant observable inputs and minimizes the use of unobservable inputs. GASB 72 describes the following three levels of inputs that may be used:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that a government can access at the measurement date. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2: Observable inputs such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- Level 3: Unobservable inputs for an asset or liability. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Prior Year Reclassification

Certain reclassifications have been made to the fiscal year 2017 financial statements to conform to the fiscal year 2018 presentation. These reclassifications had no impact on the change in net position in the accompanying financial statements.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

2. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. The Authority does not believe that there are any significant credit risks associated with receivables due from third-party payors.

A summary of the payment arrangements with major third-party payors follows:

Medicare

Effective May 15, 2000, the Authority was granted Critical Access Hospital (CAH) designation by the Medicare Program. The CAH designation places certain restrictions on daily acute care inpatient census and an annual, average length of stay of acute care inpatients. Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology.

Nursing home services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system called Resource Utilization Groups (RUGs).

The Authority is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor (MAC). The Authority's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the MAC through June 30, 2015.

Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain outpatient services rendered to the Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The Authority is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary. The Authority's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through June 30, 2015.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

2. Net Patient Service Revenue, Continued

• Medicaid, Continued

The Authority has also entered into contracts with certain managed care organizations (CMOs) to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these CMOs consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Long-term care services are reimbursed by the Medicaid program based on a prospectively determined per diem. The per diem is determined by the facility's historical allowable operating costs adjusted for certain incentives and inflation factors.

The Authority participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Authority receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Authority's estimated uncompensated cost of services to Medicaid and uninsured patients. The ICTF is funded through intergovernmental transfers from participating public hospitals and matching federal funds. The net amount of ICTF payments recognized in net patient service revenue was approximately \$664,000 and \$987,000 for the years ended June 30, 2018 and 2017, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately \$1,653,000 and \$1,514,000 for the years ended June 30, 2018 and 2017, respectively.

• Other Arrangements

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

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

2. Net Patient Service Revenue, Continued

• Uninsured Patients

In November 2016, Effingham Hospital, Inc. updated its Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, an individual will not be charged more than the Amounts Generally Billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care. AGB is calculated by reviewing claims that have been paid in full (including deductibles and coinsurance paid by the patient) to the Hospital for medically necessary care by Medicare and private health insurers during a 12-month look-back period. Since implementation of the updated policy, the Hospital recognized discounts from established charges to uninsured patients of approximately \$8,883,000 and \$4,671,000 for 2018 and 2017, respectively.

Revenue from the Medicare and Medicaid programs accounted for approximately 17% and 21%, respectively, of the Authority's net patient service revenue for the year ended June 30, 2018, and 16% and 25%, respectively, of the Authority's net patient service revenue for the year ended June 30, 2017. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and the Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RACs have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

3. <u>Uncompensated Services</u>

Uncompensated care includes charity and indigent care services of approximately \$8,883,000 and \$10,409,000 in 2018 and 2017, respectively. The cost of charity and indigent care services provided during 2018 and 2017 was approximately \$3,399,000 and \$3,803,000, respectively, computed by applying a total cost factor to the charges foregone.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Gross patient charges	\$ <u>133,478,351</u>	\$ <u>120,000,486</u>
Uncompensated services:		
Charity and indigent care	8,882,549	10,409,216
Medicare	20,492,468	18,054,482
Medicaid	9,482,185	7,275,334
Other allowances	48,403,211	39,014,540
Bad debts	3,062,976	4,407,154
Total uncompensated		
services	90,323,389	79,160,726
Net patient service revenue	\$ <u>43,154,962</u>	\$ <u>40,839,760</u>

The Authority accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the Authority. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's ability to pay, the Authority utilizes the generally recognized Federal Poverty Guidelines, but also includes certain cases where incurred charges are significant when compared to the patient's income. These charges are not included in net patient service revenues. The costs and expenses incurred in providing these services are included in the Authority's excess revenues (expenses) in the statements of revenues, expenses and changes in net position.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

4. <u>Deposits and Investments</u>

As discussed in Note 1, the Authority's investments are generally carried at fair value.

Deposits and investments as of June 30, 2018 and 2017 are classified in the accompanying financial statements as follows:

	<u>2018</u>	<u>2017</u>
Balance sheets:		
Cash and cash equivalents	\$ 5,897,545	\$ 8,375,825
Noncurrent cash and investments:		
Internally designated for retirement plan	13,188	8,796
Internally designated for capital improvements	7,946,140	12,653,481
Internally designated for employee health		
insurance	7,597	303,167
Held by trustee under indenture	3,234,478	2,745,745
Total	\$ <u>17,098,948</u>	\$ <u>24,087,014</u>
Deposits and investments consist of the following:		
1	¢ 0.162.901	¢ 11 1/12 6/1/1
Deposits with financial institutions	\$ <u>9,163,891</u>	\$ <u>11,443,644</u>
Cash and cash equivalents	220,498	282,875
Certificates of deposit	248,633	900,800
Debt securities	7,465,926	11,459,695
Total investments	7,935,057	12,643,370
Total deposits and investments	\$ <u>17,098,948</u>	\$ <u>24,087,014</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

4. <u>Deposits and Investments, Continued</u>

Disclosure Relating to Custodial Credit Risk

Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Authority will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Authority does not have an investment policy for custodial credit risk. At June 30, 2018 and 2017, the Authority owned approximately \$7,715,000 and \$12,643,000, respectively, in securities that were uninsured, unregistered, and held by the Authority's brokerage firm in the brokerage firm's name. Securities held in the Authority's brokerage account are protected by insurance coverage in the amount of \$500,000 through the Securities Investor Protection Corporation (SIPC). In addition, the Authority's brokerage firms provide additional insurance protection for amounts in excess of the SIPC limit. The Authority's bank deposits at June 30, 2018 and 2017 are entirely insured or collateralized with securities held by the pledging financial institution's designated trustee in the Authority's name.

At June 30, 2018, the Hospital had deposits at major financial institutions which exceeded Federal Depository Insurance limits. Management believes the credit risk related to these deposits is minimal.

Disclosure Relating to Interest Rate Risk

The Authority manages its exposure to declines in fair values from rising interest rates by investing in debt securities with short to intermediate maturities. As of June 30, 2018 and 2017, the Authority had the following investments in debt securities and weighted average maturities:

	2018		201	17
	<u>Amount</u>	Weighted Average Maturity (<u>In Years</u>)	<u>Amount</u>	Weighted Average Maturity (In Years)
Debt securities:				
Corporate bonds	\$ 2,217,274	6.8	\$ 3,717,402	6.4
Municipal bonds	5,248,652	16.2	7,742,293	17.0
Certificates-of-deposit	248,633	1.0	900,800	1.4
Total	\$ <u>7,714,559</u>	<u>12.5</u>	\$ <u>12,360,495</u>	<u>12.7</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

4. <u>Deposits and Investments, Continued</u>

Disclosures Relating to Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. The Authority manages its exposure to credit risk by requiring in its investment policy, that securities be rated "BBB" or greater by a nationally recognized rating agency. The investment policy allows the financial advisor to invest in U.S. Treasury securities, corporate bonds, corporate senior secured notes, certificates-of-deposits, and municipal bonds.

As of June 30, 2018 and 2017, the Authority's investments in debt securities had the following ratings:

		Ratin	g as of June 30,	2018
	Amount	AA	<u>A</u>	BBB
Debt securities: Corporate bonds Municipal bonds	\$ 2,217,274 5,248,652	\$ 496,913 3,504,063	\$ 859,085 1,744,589	\$ 861,276 -
Total debt securities	\$ <u>7,465,926</u>	\$ <u>4,000,976</u>	\$ <u>2,603,674</u>	\$ <u>861,276</u>
	_	Ratin	g as of June 30,	2017
	<u>Amount</u>	<u>AA</u>	<u>A</u>	BBB
Debt securities: Corporate bonds Municipal bonds	\$ 3,717,402 	\$ 1,077,001 5,242,324	\$ 927,036 2,499,969	\$ 1,713,365
Total debt securities	\$ 11,459,695	\$ 6,319,325	\$ 3,427,005	\$ 1.713.365

Disclosures Relating to Concentration of Credit Risk

The Authority's investment policy prohibits investments in any one issuer (other than U.S. Treasury securities and money market mutual funds) that are in excess of 5% of the Authority's total investments. Accordingly, the Authority did not own investments from any one issuer in excess of 5% as of June 30, 2018 and 2017.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

5. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Authority at June 30, 2018 and 2017 consisted of these amounts:

	<u>2018</u>	<u>2017</u>
Patient accounts receivable:		
Receivables from patients and their insurance carriers	\$ 16,523,155	\$ 12,581,382
Receivable from Medicare	3,590,344	3,928,461
Receivable from Medicaid	2,090,492	2,487,485
Total gross patient accounts receivable	22,203,991	18,997,328
Less contractual allowances and		
estimated uncollectibles	16,502,913	13,851,376
Patient accounts receivable, net	\$ <u>5,701,078</u>	\$ <u>5,145,952</u>
A		
Accounts payable and accrued expenses: Payable to employees (including payroll taxes)	¢ 2.016.125	¢ 2520277
Payable to suppliers	\$ 2,016,125 1,510,294	\$ 2,528,377 793,166
Other	3,989,575	1,422,998
Total accounts payable and accrued expenses	\$ <u>7,515,994</u>	\$ <u>4,744,541</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

6. <u>Capital Assets</u>

Capital asset changes for the years ended June 30, 2018 and 2017 were as follows:

	2017 <u>Balance</u>	Additions	Retirements	Transfers	2018 <u>Balance</u>
Land	\$ 619,242	\$ -	\$ -	\$ -	\$ 619,242
Construction-in- progress	243,607	1,239,127	(101)	(799,937)	682,696
Total capital assets not being					
depreciated	862,849	1,239,127	(101)	(<u>799,937</u>)	1,301,938
Building and					
improvements	29,565,060	173,962	(29,989)	691,087	30,400,120
Equipment	22,972,744	<u>1,963,350</u>	(<u>39,581</u>)	<u>108,850</u>	25,005,363
Total capital assets being depreciated	52,537,804	<u>2,137,312</u>	(<u>69,570</u>)	<u>799,937</u>	55,405,483
Less accumulated depreciation for: Building and					
improvements	10,459,886	1,166,630	(29,989)	-	11,596,527
Equipment	15,842,537	<u>1,750,545</u>	(<u>39,581</u>)		<u>17,553,501</u>
Total accumulated depreciation	26,302,423	<u>2,917,175</u>	(<u>69,570</u>)		29,150,028
Capital assets being depreciated, net	26,235,381	(779,863)		799,937	26,255,455
Total capital assets, net	\$ <u>27,098,230</u>	\$ <u>459,264</u>	\$(<u>101</u>)	\$	\$ <u>27,557,393</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

6. <u>Capital Assets, Continued</u>

	2016 Balance	Additions	Retirements	Transfers	2017 <u>Balance</u>
Land	\$ 619,242	\$ -	\$ -	\$ -	\$ 619,242
Construction-in- progress	847,425	1,154,893		(1,758,711)	243,607
Total capital assets not being					
depreciated	1,466,667	1,154,893		(1,758,711)	862,849
Building and					
improvements	28,035,768	4,137	-	1,525,155	29,565,060
Equipment	22,244,778	644,548	(12,500)	95,918	<u>22,972,744</u>
Total capital assets being depreciated	50,280,546	648,685	(12,500)	<u>1,621,073</u>	52,537,804
Less accumulated depreciation for: Building and					
improvements	9,293,250	1,151,816	-	14,820	10,459,886
Equipment	13,708,443	<u>2,156,504</u>	(<u>12,500</u>)	(<u>9,910</u>)	<u>15,842,537</u>
Total accumulated depreciation	23,001,693	3,308,320	(<u>12,500</u>)	4,910	26,302,423
Capital assets being depreciated, net	27,278,853	(<u>2,659,635</u>)		<u>1,616,163</u>	26,235,381
Total capital assets, net	\$ <u>28,745,520</u>	\$(<u>1,504,742</u>)	\$ <u> - </u>	\$(<u>142,548</u>)	\$ <u>27,098,230</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

7. Notes Receivable

Notes receivable consist primarily of loans to physicians under recruiting arrangements and secured by promissory notes. In general, the loans are being forgiven over a period of time in which the physician practices medicine in Springfield, Georgia. If the physician discontinues medical practice in this town, the outstanding principal and accrued interest become due immediately. The amount forgiven and charged to expense during 2018 and 2017 was approximately \$177,000 and \$184,000, respectively.

Notes receivable also consist of educational loans to employees secured by promissory notes. In general, the educational loans are forgiven over a period of time in which the employee works for the Authority. If the employee leaves the Authority, the outstanding principal and accrued interest become due immediately.

8. <u>Long-Term Debt</u>

A summary of long-term debt at June 30, 2018 and 2017 follows:

	<u>2018</u>	<u>2017</u>
2010 Series A Revenue Certificates, payable in varying semi-annual amounts ranging from \$1,167,125 to \$1,213,925. Interest rates on coupons are 5.75% payable semi-annually on April 20 and October 20.	\$ 27,025,220	\$ 27,758,949
Capital lease obligation, with interest rate of 3.00% and monthly payments ranging from \$12,000 to \$24,587.	1,192,200	-
Less current maturities of long-term debt	28,217,420 <u>793,156</u>	27,758,949 <u>733,728</u>
Long-term debt	\$ <u>27,424,264</u>	\$ <u>27,025,221</u>

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

8. <u>Long-Term Debt, Continued</u>

A schedule of changes in the Authority's long-term debt follows:

	2017 <u>Balance</u>	<u>Additions</u>	Reductions	2018 Balance	Amounts Due Within One Year
Mortgage Capital lease	\$ 27,758,949	\$ -	\$ 733,729	\$ 27,025,220	\$ 781,156
obligations		1,192,200		1,192,200	12,000
Total long- term debt	\$ 27,758,949	\$ <u>1,192,200</u>	\$ <u>733,729</u>	\$ <u>28,217,420</u>	\$ <u>793,156</u>
	2016 <u>Balance</u>	Additions	Reductions	2017 Balance	Amounts Due Within One Year
Mortgage	\$ <u>28,448,129</u>	\$	\$ <u>689,180</u>	\$ <u>27,758,949</u>	\$ <u>733,728</u>

In December 2010, the Authority issued Federally Taxable Recovery Zone Economic Development Bonds (Direct Pay) in the form of 2010 Series A Bonds for \$28,640,000 and 2010 Series B bonds for \$2,300,000. In connection with this bond issue, the Federal Housing Administration (FHA) issued a commitment dated December 6, 2010, which was assigned to the FHA approved lender Berkadia Commercial Mortgage LLC (Berkadia) for a mortgage in the amount of \$30,940,000. The proceeds from the bond issue were used to acquire Government National Mortgage Association (GNMA) Securities from Berkadia which are securitizations of the mortgage loan to the Authority. In addition, the Authority is required to deposit certain amounts with the trustee for interest payments. During the construction period, the Authority requested monies from Berkadia in the form of draws. As each draw was funded by Berkadia, the draws were securitized as GNMA securities and sold to the bond trustee. In 2013, the construction project was completed and the Series A and B bonds have been fully secured by GNMA securities, which are held in trust. The Berkadia mortgage is collateralized by the assets and revenues derived from the assets of the Authority.

The Bonds are special limited obligations of the Authority and are secured by the revenues and income derived from the trust estate, which consists of the proceeds of the bond issue, the deposits held by the trustee and the GNMA securities. The Authority does not have access to the trust accounts.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

8. <u>Long-Term Debt, Continued</u>

The mortgage established a debt service reserve fund. The deposits related to this account are included in the assets held by trustee under indenture in the balance sheets. The mortgage also requires the Authority to meet certain measures of financial and operational performance as long as the mortgage is outstanding. The Authority is in compliance with these requirements.

In June 2018, the Authority entered into a capital lease with an interest rate of 3.00% with monthly payments ranging from \$12,000 to \$24,587.

Scheduled principal and interest repayments on long-term debt are as follows:

_	Long-Ter	rm Debt	Capital Lease	Obligations
Year Ending June 30:	Principal	<u>Interest</u>	<u>Principal</u>	Interest
2019	\$ 781,156	\$ 1,674,954	\$ 12,000	\$ 32,982
2020	831,650	1,624,460	295,043	29,695
2021	885,407	1,570,703	295,043	21,628
2022	942,640	1,513,471	295,043	13,308
2023	1,003,571	1,452,539	295,071	4,739
2024-2028	6,078,947	6,201,603	-	-
2029-2033	8,314,598	3,965,953	-	-
2034-2037	8,187,251	1,023,159		
Total	\$ <u>27,025,220</u>	\$ <u>19,026,842</u>	\$ <u>1,192,200</u>	\$ <u>102,352</u>

The 2010A Bonds were issued as "Recovery Zone Economic Development Bonds" for purposes of the Revenue Recovery Act, Section 6431 of the Code. Pursuant to the Revenue Recovery Act and the Code, the Authority receives cash subsidy payments from the United States Department of the Treasury equal to 45% of the interest payable on the 2010A Bonds on or about each interest payment date. The rebate of approximately \$688,000 and \$667,000 for 2018 and 2017, respectively, has been applied against interest expense. The cash payment does not constitute a full faith and credit guarantee of the United States government, but is required to be paid by the United States Treasury under the Revenue Recovery Act. Pursuant to the provisions of IRS Notice 2009-50, 2009-26 I.R.B. 1118, the State of Georgia was allocated \$355,785,000 of the national Recovery Zone Economic Development Bond volume cap. The Authority received an allocation from the State of Georgia for the 2010A Bonds and has designated the 2010A Bonds as Recovery Zone Economic Development Bonds in order to receive Revenue Recovery Zone Bonds Federal Direct Payments. The Revenue Recovery Zone Bonds Federal Direct Payments are not pledged as security for the 2010A Bonds.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

9. <u>Employee Health Insurance</u>

The Authority has a self-insurance program under which a third-party administrator processes and pays claims. The Authority reimburses the third-party administrator for claims incurred and paid and has purchased stop-loss insurance coverage for claims in excess of \$100,000 for each individual employee. Total expenses relative to this plan were approximately \$2,674,000 and \$1,900,000 for 2018 and 2017, respectively.

10. <u>Malpractice Insurance</u>

The Authority is covered by a general and professional liability insurance policy with a specified deductible per incident and excess coverage on a claims-made basis. Liability limits related to this policy in 2018 and 2017 are \$1,000,000 per occurrence and \$3,000,000 in aggregate. The Authority uses a third-party administrator to review and analyze incidents that may result in a claim against the Authority.

Various claims and assertions have been made against the Authority in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate consideration has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

11. Retirement Plan

The Authority provides retirement benefits for its employees through the Effingham Hospital TSA Plan (Plan), a defined contribution plan. Effingham Hospital administers the Plan. Plan provisions and contribution requirements are established and may be amended by the Authority's Board of Directors. Employees must contribute \$200 or more to be eligible to participate in the Plan. Employees are eligible to participate in the elective deferral portion of the Plan on his/her first day of employment. Employees are eligible to participate in the matching contributions portion of the Plan upon attainment of three years of service. Employees may make contributions to the Plan such that total contributions do not exceed the maximum annual amount as set periodically by the Internal Revenue Service. Employee contributions to the Plan were approximately \$451,000 and \$232,000 for the years ended June 30, 2018 and 2017, respectively. The Authority makes a contribution equal to 3% of the budgeted compensation of eligible employees each year. The contribution is allocated to the employee's retirement account based on the ratio of employee compensation to total compensation of eligible employees. The Authority's contributions to the Plan were approximately \$396,000 and \$385,000 for the years ended June 30, 2018 and 2017, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

11. Retirement Plan, Continued

Employees are vested immediately in their contributions. Vesting in the Authority's contribution portion of their accounts is based on years of continuous services. Forfeited nonvested accounts may be used to pay Plan expenses. The Authority recognized no forfeitures in pension expense during 2018 or 2017.

12. <u>Commitments and Contingencies</u>

Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Authority has implemented a compliance plan focusing on such issues. No assurance can be made that the Authority will not be subjected to future investigations with accompanying monetary damages.

Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare at the national and the state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. No assurance can be made that these changes will not adversely affect the Authority.

Litigation

The Authority is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Authority's future financial position or results from operations. See malpractice insurance disclosures in Note 10. See Note 17 for information regarding a litigation settlement during 2018.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

13. Property Tax Income

During 2010, Effingham County (County) entered into an agreement with the Authority to make monthly payments to support the continuous operation of the Authority. The County guaranteed a minimum monthly payment of \$300,000, totaling to a minimum annual payment of \$3,600,000. These payments will continue until the 2010 Bonds have been paid in full and are not required to be paid back by the Authority. To fund the payments to the Authority, the County levied an annual tax on all taxable property located within the boundaries of the County.

14. Fair Values of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments.

- Cash and cash equivalents, estimated third-party payor settlements; accounts payable and accrued expenses: The carrying amount reported in the balance sheets approximates their fair value due to the short-term nature of these instruments.
- *Noncurrent investments:* These assets consist primarily of certificates of deposit and debt securities. See Note 15 for fair value measurements.
- Long-term debt: The fair value of the Authority's remaining long-term debt is estimated based on the quoted market value for same or similar debt instruments.

The carrying amounts and fair values of the Authority's long-term debt at June 30, 2018 and 2017 are as follows:

	2018		2017		_
	Carrying Amount	Fair Value	Carrying Amount	Fair Value	
Long-term debt	\$ 27,025,220	\$ <u>28,618,088</u>	\$ 27,758,949	\$ 29,908,047	

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

15. Fair Value Measurement

The Authority categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets, Level 2 inputs are significant other observable inputs, and Level 3 inputs are significant unobservable inputs.

The Authority has the following fair value measurements as of June 30, 2018 and 2017:

<u>June 30, 2018</u>	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (<u>Level 1</u>)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (<u>Level 3</u>)
		* ** ** ** ** ** ** **		•
Cash and cash equivalents	\$ 220,498	·	\$ -	\$ -
Certificates of deposit	248,633		248,633	-
Municipal bonds	5,248,652		5,248,652	-
Corporate bonds	2,217,274		2,217,274	
Total	\$ <u>7,935,057</u>	\$ <u>220,498</u>	\$ <u>7,714,559</u>	\$
<u>June 30, 2017</u>				
Cash and cash equivalents	\$ 282,875	\$ 282,875	\$ -	\$ -
Certificates of deposit	900,800	-	900,800	-
Municipal bonds	7,742,293		7,742,293	_
Corporate bonds	3,717,402		3,717,402	_
corporate conds	3,717,402		3,717,702	
Total	\$ 12,643,370	\$ <u>282,875</u>	\$ <u>12,360,495</u>	\$

CDs, municipal bonds and corporate bonds classified in Level 2 of the fair value hierarchy are estimated using a third-party pricing service utilizing daily market data.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

16. Concentrations of Credit Risk

The Authority grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors follows:

	<u>2018</u>	<u>2017</u>
Medicare	20%	20%
Medicaid	5%	6%
Blue Cross	12%	9%
Other third-party payors	56%	63%
Patients	<u>_7</u> %	2%
Total	<u>100</u> %	<u>100</u> %

17. <u>Litigation Settlement</u>

During fiscal year 2018, the Drug Enforcement Administration (DEA) determined that oxycodone tablets were unaccounted for and were believed to have been diverted over more than a four-year period, in violation of the Authority's responsibilities under the Controlled Substances Act. The DEA also determined that the Authority failed to notify the DEA of the suspected diversion within the time required by federal law.

The Authority reached an agreement with the Department of Justice and the DEA to pay a civil penalty of \$4,100,000 to be made in two equal payments. The first payment, which was paid during fiscal year 2018, was to be made within 10 days of the settlement agreement. The second payment is to be paid within 365 days of the settlement agreement.

18. Prior Period Adjustment

During fiscal year 2018, management discovered the Authority was overpaid for patient services under United Healthcare (UHC) insurance contracts. UHC began reviewing all patients seen by the Authority. During this review, it was determined that most of the overpayment occurred during fiscal year 2017. To appropriately reflect the Authority's estimated liability for the overpayments, an adjustment of \$1,048,181 was recorded to accrue a liability for the overpayments as of June 30, 2017. This adjustment also increased other contractuals and reduced beginning net position for the year ended June 30, 2017 of \$983,037 and \$65,144, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued June 30, 2018 and 2017

19. <u>Rural Hospital Tax Credit Contributions</u>

The State of Georgia (State) passed legislation which will allow individuals or corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations during calendar years 2017 through 2021. The Hospital submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2017 and 2018. Contributions received under the program approximated \$682,000 during fiscal year 2018. The Hospital will have to be approved by the State to participate in the program in each subsequent year.