

**The Kiowa County Hospital Authority**  
**d/b/a Elkview General Hospital**  
**A Component Unit of Kiowa County, Oklahoma**  
Independent Auditor's Reports and Financial Statements  
June 30, 2018 and 2017





**The Kiowa County Hospital Authority  
d/b/a Elkview General Hospital  
A Component Unit of Kiowa County, Oklahoma  
June 30, 2018 and 2017**

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## Independent Auditor's Report

Board of Trustees  
The Kiowa County Hospital Authority  
d/b/a Elkview General Hospital  
Hobart, Oklahoma

### Report on the Financial Statements

We have audited the accompanying financial statements of The Kiowa County Hospital Authority d/b/a Elkview General Hospital (the Hospital), a component unit of Kiowa County, Oklahoma, as of and for the years ended June 30, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express 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.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital 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***

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern. As discussed in *Note 14*, the Hospital has suffered recurring losses from operations, which raise substantial doubt about its ability to continue as a going concern. Management's plans in regard to these matters are also described in *Note 14*. The accompanying financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

### ***Other Matters***

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

Management has omitted the management's discussion and analysis information that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the 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. Our opinion on the basic financial statements is not affected by this missing information.

#### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated January 23, 2019, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the 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 Hospital's internal control over financial reporting and compliance.

**BKD, LLP**

Tulsa, Oklahoma  
January 23, 2019

**The Kiowa County Hospital Authority**  
**d/b/a Elkview General Hospital**  
**A Component Unit of Kiowa County, Oklahoma**  
**Balance Sheets**  
**June 30, 2018 and 2017**

**Assets**

	<b>2018</b>	<b>2017</b>
<b>Current Assets</b>		
Cash and cash equivalents	\$ 467,257	\$ 950,054
Short-term investments	898,425	369,635
Patient accounts receivable, net of allowance; 2018 – \$1,169,000, 2017 – \$1,625,000	1,509,738	1,398,492
Estimated amounts due from third-party payers	-	38,617
Supplies	290,261	297,265
Prepaid expenses and other	90,203	119,855
Total current assets	3,255,884	3,173,918
<b>Noncurrent Investments</b>	-	844,845
<b>Capital Assets, Net</b>	4,539,648	5,103,287
Total assets	\$ 7,795,532	\$ 9,122,050

**Liabilities and Net Position**

<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 369,086	\$ 18,708
Accounts payable	372,539	325,542
Accrued expenses	581,039	585,048
Estimated amounts due to third-party payers	137,814	-
Total current liabilities	1,460,478	929,298
<b>Long-Term Debt</b>	29,090	48,074
Total liabilities	1,489,568	977,372
<b>Net Position</b>		
Net investment in capital assets	4,491,472	5,036,505
Unrestricted	1,814,492	3,108,173
Total net position	6,305,964	8,144,678
Total liabilities and net position	\$ 7,795,532	\$ 9,122,050

**The Kiowa County Hospital Authority  
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Statements of Revenues, Expenses and Changes in Net Position  
Years Ended June 30, 2018 and 2017**

	<b>2018</b>	<b>2017</b>
<b>Operating Revenues</b>		
Net patient service revenue, net of provision for uncollectible accounts; 2018 – \$1,961,713, 2017 – \$2,674,799	\$ 11,080,660	\$ 10,456,838
Other	119,346	81,717
Total operating revenues	11,200,006	10,538,555
<b>Operating Expenses</b>		
Salaries and wages	6,070,725	6,005,730
Employee benefits	779,103	776,910
Purchased services and professional fees	1,417,679	944,014
Medical supplies and drugs	406,593	372,329
Supplies and other	3,651,489	3,456,844
Depreciation	724,164	774,100
Total operating expenses	13,049,753	12,329,927
<b>Operating Loss</b>	(1,849,747)	(1,791,372)
<b>Nonoperating Revenues (Expenses)</b>		
Investment income	15,360	60,360
Interest expense	(4,327)	(1,642)
Total nonoperating revenues (expenses)	11,033	58,718
<b>Deficiency of Revenues over Expenses and Decrease in Net Position</b>	(1,838,714)	(1,732,654)
<b>Net Position, Beginning of Year</b>	8,144,678	9,877,332
<b>Net Position, End of Year</b>	\$ 6,305,964	\$ 8,144,678

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**Statements of Cash Flows**  
**Years Ended June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Operating Activities</b>		
Receipts from and on behalf of patients	\$ 11,145,845	\$ 10,865,828
Payments to suppliers and contractors	(5,397,009)	(4,629,905)
Payments to and on behalf of employees	(6,853,837)	(6,875,022)
Other receipts, net	124,249	81,717
	<u>(980,752)</u>	<u>(557,382)</u>
<b>Noncapital and Related Financing Activities</b>		
Proceeds from issuance of noncapital debt	350,000	-
	<u>350,000</u>	<u>-</u>
<b>Capital and Related Financing Activities</b>		
Principal paid on long-term debt	(18,606)	(18,238)
Interest paid on long-term debt	(4,327)	(1,642)
Purchase of capital assets	(165,428)	(42,728)
Proceeds from sale of capital assets	4,901	-
	<u>(183,460)</u>	<u>(62,608)</u>
<b>Investing Activities</b>		
Purchases of investments	(315,000)	(13,929)
Proceeds from disposition of investments	631,992	-
Interest on investments	14,423	15,447
	<u>331,415</u>	<u>1,518</u>
<b>Decrease in Cash and Cash Equivalents</b>	(482,797)	(618,472)
<b>Cash and Cash Equivalents, Beginning of Year</b>	<u>950,054</u>	<u>1,568,526</u>
<b>Cash and Cash Equivalents, End of Year</b>	<u>\$ 467,257</u>	<u>\$ 950,054</u>
<b>Reconciliation of Operating Loss to Net Cash Used in Operating Activities</b>		
Operating loss	\$ (1,849,747)	\$ (1,791,372)
Depreciation	724,164	774,100
Provision for uncollectible accounts	1,961,713	2,674,799
Changes in operating assets and liabilities		
Patient accounts receivable	(2,072,959)	(2,248,809)
Supplies and prepaid expenses	36,658	62,900
Estimated amounts due to or from third-party payers	176,431	(17,000)
Accounts payable and accrued expenses	42,988	(12,000)
	<u>\$ (980,752)</u>	<u>\$ (557,382)</u>



**The Kiowa County Hospital Authority  
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Notes to Financial Statements  
June 30, 2018 and 2017**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies**

***Nature of Operations and Reporting Entity***

The Kiowa County Hospital Authority d/b/a Elkview General Hospital (the Hospital) is a public trust organized under the provisions of Title 60 of the Oklahoma statutes. Kiowa County, Oklahoma (the County) is the Hospital's beneficiary. The Hospital is a component unit of the County, and the Board of County Commissioners appoints members to the Board of Trustees of the Hospital.

The Hospital primarily earns revenues by operating a 38-bed, short-term acute care hospital. The Hospital also operates physician clinics in the same geographical area.

***Basis of Accounting and Presentation***

The accompanying financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally, federal and state grants and county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program-specific (such as county appropriations), property taxes, investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of 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.

***Cash and Cash Equivalents***

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2018, there were no cash equivalents. At June 30, 2017, cash equivalents consisted primarily of money market accounts with brokers.

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***Risk Management***

The Hospital 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; and employee health, 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.

***Investments and Investment Income***

Investments in non-negotiable certificates of deposit are carried at amortized cost. All other investments are carried at fair value. Fair value is determined using quoted market prices.

Investment income includes dividend and interest income, realized gains and losses on investments carried at other than fair value and the net change for the year in the fair value of investments carried at fair value.

***Patient Accounts Receivable***

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

***Supplies***

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

***Capital Assets***

Capital assets are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	5–25 years
Buildings and improvements	5–40 years
Equipment	3–25 years

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***Capital Asset Impairment***

The Hospital evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss.

No asset impairment was recognized during the years ended June 30, 2018 and 2017.

***Compensated Absences***

Hospital policies permit most employees to accumulate paid leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as paid leave benefits are earned whether the employee is expected to realize the benefit as time off or in cash.

Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized.

Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments, such as Social Security and Medicare taxes, computed using rates in effect at that date.

***Net Position***

Net position of the Hospital is classified in two components. Net investment in capital assets consists of capital assets, net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets.

***Net Patient Service Revenue***

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

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**Charity Care**

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

**Income Taxes**

As an essential government function of the County, the Hospital is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code (IRC) and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

**Supplemental Hospital Offset Payment Program**

On January 17, 2012, the Centers for Medicare and Medicaid Services (CMS) approved the State of Oklahoma’s Supplemental Hospital Offset Payment Program (SHOPP). The SHOPP is currently scheduled to sunset on December 31, 2020. The SHOPP is designed to assess Oklahoma hospitals a supplemental hospital offset fee that will be placed in pools after receiving federal matching funds. The total fees and matching funds will then be allocated to hospitals as directed by legislation.

During the years ended June 30, the Hospital had the following activity related to the SHOPP:

	<b>2018</b>	<b>2017</b>
SHOPP funds received	\$ 674,000	\$ 610,000
SHOPP assessment fees paid	330,000	332,000
Net SHOPP benefit	\$ 344,000	\$ 278,000

The annual amounts to be received and paid by the Hospital over the term of the SHOPP are subject to change annually based on various factors involved in determining the amount of federal matching funds. Based on the current information available, the annual benefit to the Hospital over the term of the SHOPP is not expected to be materially different than the net amounts received in 2018. SHOPP revenue is recorded as part of net patient service revenue and SHOPP assessment fees are recorded as part of other expenses in the accompanying statements of revenues, expenses and changes in net position.

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***Revisions***

Certain immaterial revisions have been made to the 2017 financial statements for reporting of cash flows from investing activities. These revisions did not have a significant impact on the financial statement line items impacted.

**Note 2: Net Patient Service Revenue**

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

- **Medicare** – Inpatient acute care services and substantially all outpatient services rendered to Medicare 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. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.
- **Medicaid** – Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid using prospectively determined rates or established fees. These payment rates vary based on clinical, diagnostic and other factors.

Approximately 57% and 56% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2018 and 2017, respectively, excluding revenue related to the Hospital's participation in the SHOPP. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

**Note 3: Deposits, Investments and Investment Income**

***Deposits***

Custodial credit risk is the risk that in the event of a bank failure a government's deposits may not be returned to it. The Hospital's deposit policy for custodial credit risk requires compliance with

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the provisions of state law. State law requires that all deposits of public trusts be insured with federal depository insurance or collateralized.

At June 30, 2018 and 2017, none of the Hospital's bank balances of \$1,431,861 and \$1,786,093, respectively, were exposed to custodial credit risk. At June 30, 2018 and 2017, all of the Hospital's bank balances in excess of FDIC limits were collateralized by irrevocable letters of credit from the Federal Home Loan Bank.

**Investments**

At June 30, the Hospital had the following investments and maturities:

Type	Fair Value	Maturities in Years			
		Less than 1	1-5	6-10	More than 10
<b>2018</b>					
BDC Funds	\$ 41,900				
<b>2017</b>					
Exchange-traded funds					
Bonds	\$ 314,031	\$ -	\$ 85,042	\$ 228,989	\$ -
Equities	328,672	328,672	-	-	-
	642,703	\$ 328,672	\$ 85,042	\$ 228,989	\$ -
BDC Funds	40,963				
	\$ 683,666				

**Interest Rate Risk** – Interest rate risk is the risk of exposure to fair value losses arising from rising interest rates. The Hospital's policy does not address interest rate risk. The Hospital's investments in exchange-traded funds (ETF), other than bond ETFs, are presented as investments with a maturity of less than one year because the average maturity of the funds is less than one year.

**Credit Risk** – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. At June 30, 2017, the Hospital's investments in bond ETFs were not rated by Standard & Poor's or Moody's Investors Service. The Hospital had no investments in bond ETFs at June 30, 2018.

**Custodial Credit Risk** – For an investment, custodial credit risk is the risk that in the event of the failure of the counterparty the Hospital will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. The Hospital's investment policy does not address how investments are to be held.

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**Concentration of Credit Risk** – The Hospital places no limit on the amount that may be invested in any one issuer. At June 30, 2018 and 2017, the Hospital’s investment in FS Investment Corporation III funds (BDC Funds) constituted 100% and 6%, respectively, of its total investments.

**Foreign Currency Risk** – This risk relates to adverse effects on the fair value of an investment from changes in exchange rates. The Hospital had no investments denominated in foreign currency at June 30, 2018 and 2017.

**Summary of Carrying Values**

The carrying values of deposits and investments shown above are included in the accompanying balance sheets as follows:

	<b>2018</b>	<b>2017</b>
Carrying value		
Deposits	\$ 1,323,782	\$ 1,480,868
Investments	41,900	683,666
	\$ 1,365,682	\$ 2,164,534
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 467,257	\$ 950,054
Short-term investments	898,425	369,635
Noncurrent investments	-	844,845
	\$ 1,365,682	\$ 2,164,534

**Investment Income**

Investment income for the years ended June 30 consisted of:

	<b>2018</b>	<b>2017</b>
Interest and dividend income	\$ 14,423	\$ 15,447
Net increase in fair value of investments	937	44,913
	\$ 15,360	\$ 60,360

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**Note 4: Patient Accounts Receivable**

The Hospital grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at June 30 consisted of:

	<u>2018</u>	<u>2017</u>
Medicare	\$ 896,174	\$ 614,779
Medicaid	103,385	96,759
Other third-party payers	459,883	481,256
Patients	<u>1,219,296</u>	<u>1,830,698</u>
	2,678,738	3,023,492
Less allowance for uncollectible accounts	<u>1,169,000</u>	<u>1,625,000</u>
	<u>\$ 1,509,738</u>	<u>\$ 1,398,492</u>

**Note 5: Capital Assets**

Capital assets activity for the years ended June 30 was:

	<u>2018</u>				
	<u>Beginning Balance</u>	<u>Additions</u>	<u>Disposals</u>	<u>Transfers</u>	<u>Ending Balance</u>
Land	\$ 40,901	\$ -	\$ -	\$ -	\$ 40,901
Land improvements	87,313	-	-	-	87,313
Buildings and improvements	6,322,275	-	-	-	6,322,275
Equipment	9,266,801	143,560	(35,620)	2,560	9,377,301
Construction in progress	-	21,868	-	(2,560)	19,308
	<u>15,717,290</u>	<u>165,428</u>	<u>(35,620)</u>	<u>-</u>	<u>15,847,098</u>
Less accumulated depreciation					
Land improvements	85,741	354	-	-	86,095
Buildings and improvements	3,470,845	237,433	-	-	3,708,278
Equipment	<u>7,057,417</u>	<u>486,377</u>	<u>(30,717)</u>	<u>-</u>	<u>7,513,077</u>
	<u>10,614,003</u>	<u>724,164</u>	<u>(30,717)</u>	<u>-</u>	<u>11,307,450</u>
Capital assets, net	<u>\$ 5,103,287</u>	<u>\$ (558,736)</u>	<u>\$ (4,903)</u>	<u>\$ -</u>	<u>\$ 4,539,648</u>



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	2017				Ending Balance
	Beginning Balance	Additions	Disposals	Transfers	
Land	\$ 40,901	\$ -	\$ -	\$ -	\$ 40,901
Land improvements	87,313	-	-	-	87,313
Buildings and improvements	6,322,275	-	-	-	6,322,275
Equipment	9,216,221	40,942	-	9,638	9,266,801
Construction in progress	7,852	1,786	-	(9,638)	-
	<u>15,674,562</u>	<u>42,728</u>	<u>-</u>	<u>-</u>	<u>15,717,290</u>
Less accumulated depreciation					
Land improvements	85,387	354	-	-	85,741
Buildings and improvements	3,231,426	239,419	-	-	3,470,845
Equipment	6,523,090	534,327	-	-	7,057,417
	<u>9,839,903</u>	<u>774,100</u>	<u>-</u>	<u>-</u>	<u>10,614,003</u>
Capital assets, net	<u>\$ 5,834,659</u>	<u>\$ (731,372)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,103,287</u>

**Note 6: Line of Credit**

The Hospital periodically borrows funds from a bank to finance operations on an interim basis. This line of credit bears interest at 3.50%, is secured by a certificate of deposit and matures less than one year from issuance. Subsequent to year-end, this line of credit was repaid in full using the certificate of deposit held as collateral. The following is a summary of line of credit transactions for the year ended June 30, 2018:

Beginning balance	\$ -
Additions	350,000
Deductions	<u>-</u>
Ending balance	<u>\$ 350,000</u>

**Note 7: Medical Malpractice Claims**

The Hospital purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims

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experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

**Note 8: Long-Term Obligations**

The following is a summary of long-term obligation transactions for the Hospital for the year ended June 30:

	<b>2018</b>				
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Deductions</b>	<b>Ending Balance</b>	<b>Current Portion</b>
Capital lease obligation	\$ 66,782	\$ -	\$ (18,606)	\$ 48,176	\$ 19,086
	<b>2017</b>				
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Deductions</b>	<b>Ending Balance</b>	<b>Current Portion</b>
Capital lease obligation	\$ 85,020	\$ -	\$ (18,238)	\$ 66,782	\$ 18,708

**Capital Lease Obligation**

The Hospital is obligated under a lease for equipment that is accounted for as a capital lease. Assets under capital lease at June 30, 2018 and 2017, totaled \$94,517, net of accumulated depreciation of \$42,302 and \$23,501, respectively. The following is a schedule by year of future minimum lease payments under the capital lease, including interest at a rate of 2.00%, together with the present value of the future minimum lease payments:

<b>Year Ending June 30,</b>	<b>Capital Lease Obligation</b>
2019	\$ 19,880
2020	19,880
2021	9,940
Total minimum lease payments	49,700
Less amount representing interest	1,524
Present value of future minimum lease payments	\$ 48,176

**The Kiowa County Hospital Authority  
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Notes to Financial Statements  
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**Note 9: Charity Care**

In support of its mission, the Hospital voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Uncompensated costs relating to these services are as follows:

	<b>2018</b>	<b>2017</b>
Charity allowances	\$ 90,000	\$ 58,000
State Medicaid	213,000	191,000
	\$ 303,000	\$ 249,000

In addition to uncompensated costs, the Hospital also commits significant time and resources to endeavors and critical services that meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, home health programs, community educational services and various support groups.

**Note 10: Pension Plans**

The Hospital sponsors an IRC Section 401(a) retirement plan for the exclusive benefit of eligible employees and their beneficiaries. To be eligible for the plan, an employee must be 21 years of age and have completed at least 1,000 hours of service during the last year. Employees become vested in this plan over a seven-year period. Pension expense is recorded for the amount of the Hospital's required contributions, determined in accordance with the terms of the plan. The plan is administered by a board of trustees. The plan provides retirement and death benefits to plan members and their beneficiaries. Benefit provisions are contained in the plan document and were established and can be amended by action of the Hospital's governing body. The Hospital made no contributions to the plan in 2018 and 2017.

The Hospital also sponsors a defined contribution plan under the rules of IRC Section 457(b) for the exclusive benefit of eligible employees and their beneficiaries. To be eligible for the plan, an employee must be 20 years of age and have completed at least 1,000 hours of service during the last year. This plan is maintained for employee contributions only. The plan is administered by the chief executive officer of the Hospital. The plan provides retirement and death benefits to plan members and their beneficiaries. Benefit provisions are contained in the plan document and were established and can be amended by action of the Hospital's governing body. Contribution rates for plan members expressed as a percentage of covered payroll were 4.8% and 4.5% for 2018 and

**The Kiowa County Hospital Authority  
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A Component Unit of Kiowa County, Oklahoma  
Notes to Financial Statements  
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2017, respectively. Contributions actually made by plan participants aggregated approximately \$214,000 and \$206,000 for the years ended June 30, 2018 and 2017, respectively.

**Note 11: Disclosures About Fair Value of Assets and Liabilities**

Fair value is 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 measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets or liabilities

**Recurring Measurements**

The following tables present the fair value measurements of assets recognized in the accompanying financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30:

	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>2018</b>				
<b>Investments Measured at NAV<sup>(A)</sup></b>				
BDC Funds	\$ 41,900			
Total investments measured at NAV	\$ 41,900			

**The Kiowa County Hospital Authority  
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	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>2017</b>				
<b>Investments by Fair Value Level</b>				
Exchange traded funds				
Bonds	\$ 314,031	\$ 314,031	\$ -	\$ -
Equities	<u>328,672</u>	<u>328,672</u>	<u>-</u>	<u>-</u>
Total investments by fair value level	<u>642,703</u>	<u>\$ 642,703</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Investments Measured at NAV<sup>(A)</sup></b>				
BDC Funds	<u>40,963</u>			
Total investments measured at NAV	<u>40,963</u>			
Total investments measured at fair value	<u>\$ 683,666</u>			

(A) Certain investments that are measured using the net asset value (NAV) per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the accompanying balance sheets.

**Investments**

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset-pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. The Hospital had no Level 2 or Level 3 investments at June 30, 2018 and 2017.

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**d/b/a Elkview General Hospital**  
**A Component Unit of Kiowa County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2018 and 2017**

**Note 12: Contingencies**

***Litigation***

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Hospital's commercial insurance, for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

**Note 13: Risks and Uncertainties**

***Investments***

The Hospital invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying balance sheets.

**Note 14: Management's Consideration of Going Concern Matters**

The Hospital has incurred significant losses for several years and currently has reduced working capital due to recurring negative cash flows. The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern, realizing assets and liquidating liabilities in the ordinary course of business. Management implemented a reduction in force during the year and is considering several alternatives for mitigating these conditions during the next year. These include evaluating the financial viability of current service lines and implementation of cost containment strategies. Although not currently planned, realization of assets in other than the ordinary course of business in order to meet liquidity needs could incur losses not reflected in these financial statements.

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern; however, the above conditions raise substantial doubt about the Hospital's ability to do so. The accompanying financial statements do not include any adjustments to reflect the possible future effects on the recoverability and classification of assets or the amounts and classifications of liabilities that may result should the Hospital be unable to continue as a going concern.

**The Kiowa County Hospital Authority  
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June 30, 2018 and 2017**

Subsequent to year-end, the Hospital repaid all outstanding balances on the line of credit totaling \$533,000. Of this amount, \$350,000 was outstanding as of June 30, 2018, and the remaining was drawn subsequent to year-end.

**Report on Internal Control over Financial Reporting and on  
Compliance and Other Matters Based on an Audit of  
Financial Statements Performed in Accordance with  
Government Auditing Standards**

**Independent Auditor's Report**

Board of Trustees  
The Kiowa County Hospital Authority  
d/b/a Elkview General Hospital  
Hobart, Oklahoma

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of The Kiowa County Hospital Authority d/b/a Elkview General Hospital (the Hospital), which comprise the balance sheet as of June 30, 2018, and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 23, 2019, which contained *Emphasis of Matter* and *Other Matters* paragraphs regarding substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time and omission of required supplementary information.

***Internal Control over Financial Reporting***

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

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

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



Board of Trustees  
The Kiowa County Hospital Authority  
d/b/a Elkview General Hospital

### ***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### ***Purpose of This Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

**BKD, LLP**

Tulsa, Oklahoma  
January 23, 2019

**The Kiowa County Hospital Authority  
d/b/a Elkview General Hospital  
A Component Unit of Kiowa County, Oklahoma  
Schedule of Findings and Responses  
Year Ended June 30, 2018**

**Reference  
Number**

**Finding**

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No matters are reportable.