



Financial Statements  
June 30, 2022 and 2021

# Fairview Municipal Hospital Authority

Fairview Municipal Hospital Authority

Table of Contents

June 30, 2022 and 2021

---

Independent Auditor’s Report .....	1
Financial Statements	
Statements of Net Position .....	4
Statements of Revenues, Expenses, and Changes in Net Position.....	6
Statements of Cash Flows .....	7
Notes to Financial Statements .....	9
Independent Auditor’s 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 .....	26
Schedule of Findings and Responses .....	28



## Independent Auditor's Report

Board of Trustees  
Fairview Municipal Hospital Authority  
Fairview, Oklahoma

### Report on Financial Statements

#### *Opinion*

We have audited the accompanying statements of net position of Fairview Municipal Hospital Authority (Authority), as of June 30, 2022 and 2021, and the related statements of revenues, expenses, and changes in net position and statements of cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fairview Municipal Hospital Authority, as of June 30, 2022 and 2021, 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.

#### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States *Government Auditing Standards*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Fairview Municipal Hospital Authority and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### Responsibilities of Management for the Financial Statements

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

What inspires you, inspires us. | [eidebailly.com](http://eidebailly.com)

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

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

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

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

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

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

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

Management has omitted the management’s discussion and analysis 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 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. Our opinions on the basic financial statements are not affected by the missing information.

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

In accordance with *Government Auditing Standards*, we have also issued our report dated December 19, 2022 on our consideration of the Authority’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 to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of the Authority’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Authority’s internal control over financial reporting and compliance.

The image shows a handwritten signature in cursive script that reads "Eide Sully LLP".

Oklahoma City, Oklahoma  
December 19, 2022

Fairview Municipal Hospital Authority  
 Statements of Net Position  
 June 30, 2022 and 2021

	2022	2021
Assets		
Current Assets		
Cash and cash equivalents	\$ 157,276	\$ 895,903
Cash and cash equivalents, restricted	79,436	555,861
Short term investments - certificate of deposit	740,823	1,505,509
Short term investments, restricted	770,717	-
Receivables		
Patient, net of estimated uncollectibles of approximately \$333,000 in 2022 and \$308,000 in 2021	688,295	600,619
Sales tax	69,583	69,583
Other	240,923	28,702
Supplies	170,716	200,528
Prepays	28,902	29,115
Total current assets	2,946,671	3,885,820
Capital Assets		
Capital assets not being depreciated	330,266	52,955
Capital assets being depreciated	3,168,546	3,548,199
Total capital assets	3,498,812	3,601,154
Total assets	\$ 6,445,483	\$ 7,486,974

Fairview Municipal Hospital Authority  
 Statements of Net Position  
 June 30, 2022 and 2021

	2022	2021
Liabilities and Net Position		
Current Liabilities		
Current maturities of long-term debt	\$ 161,649	\$ 398,611
Current Maturities of CMS advance payments	538,027	908,776
Accounts payable		
Trade	294,333	156,930
Estimated third party payor settlements	105,067	55,994
Accrued expenses		
Salaries and payroll taxes	195,573	188,986
Vacation	321,556	357,308
Other	1,001	3,797
Refundable advance - Provider Relief Fund	770,717	149,461
Total current liabilities	2,387,923	2,219,863
CMS Advance Payable, Less Current Maturities	-	622,484
Long Term Debt, Less Current Maturities	429,005	670,688
Total liabilities	2,816,928	3,513,035
Net Position		
Net investment in capital assets	2,908,158	2,531,855
Restricted, expendable for capital acquisitions	316,170	475,983
Unrestricted	404,227	966,101
Total net position	3,628,555	3,973,939
Total liabilities and net position	\$ 6,445,483	\$ 7,486,974

Fairview Municipal Hospital Authority  
 Statements of Revenues, Expenses, and Changes in Net Position  
 Years Ended June 2022 and 2021

	2022	2021
Operating Revenue		
Patient service revenue, net of provision for bad debts of \$441,162 in 2022 and \$427,956 in 2021	\$ 7,223,392	\$ 6,515,301
Other revenue	175,761	157,012
Total operating revenue	7,399,153	6,672,313
Operating Expenses		
Salaries and wages	4,734,306	4,558,867
Employee benefits	664,686	731,157
Professional fees and purchased services	1,085,366	1,003,652
Supplies	580,504	567,717
Depreciation and amortization	594,176	505,870
Other	692,608	637,960
Total operating expenses	8,351,646	8,005,223
Operating Loss	(952,493)	(1,332,910)
Nonoperating Revenues (Expenses)		
Sales tax	416,257	396,142
Forgiveness of Paycheck Protection Program loan	-	773,700
Investment income	8,211	12,167
Interest expense	(33,206)	(51,340)
Noncapital grants and gifts		
Provider Relief Fund	-	3,108,017
Other	38,596	102,783
Total nonoperating revenues, net	429,858	4,341,469
Revenues in Excess of (Less than) Expenses Before Capital Contributions and Grants	(522,635)	3,008,559
Capital Contributions and Grants	177,251	-
Change in Net Position	(345,384)	3,008,559
Net Position, Beginning of Year	3,973,939	965,380
Net Position, End of Year	\$ 3,628,555	\$ 3,973,939



Fairview Municipal Hospital Authority

Statements of Cash Flows

Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating Activities		
Receipts from or on behalf of patients	\$ 7,184,789	\$ 6,714,741
Other receipts and disbursements, net	137,995	164,378
Payments to suppliers and contractors	(2,191,050)	(2,237,607)
Payments to and on behalf of employees	(5,428,157)	(5,260,808)
Net Cash used for Operating Activities	<u>(296,423)</u>	<u>(619,296)</u>
Noncapital Related Financing Activities		
Recoupments of CMS advance payments	(993,233)	(102,081)
Receipts from Provider Relief Fund	621,256	149,461
Non capital contributions and donations	38,596	102,783
Net Cash from Noncapital Related Financing Activities	<u>(333,381)</u>	<u>150,163</u>
Capital and Capital Related Financing Activities		
Purchase of capital assets	(465,839)	(1,486,056)
Sales tax restricted to capital acquisitions	416,257	391,730
Debt proceeds	-	124,766
Principal payments on debt obligations	(504,640)	(370,753)
Interest paid on debt obligations	(33,206)	(51,340)
Net Cash used for Capital and Capital Related Financing Activities	<u>(587,428)</u>	<u>(1,391,653)</u>
Investing Activities		
Purchase of short-term investments	(6,031)	(1,505,509)
Investment income	8,211	12,167
Net cash from (used for) investing activities	<u>2,180</u>	<u>(1,493,342)</u>
Net Change in Cash and Cash Equivalents	(1,215,052)	(3,354,128)
Cash and Cash Equivalents, Beginning of Year	<u>1,451,764</u>	<u>4,805,892</u>
Cash and Cash Equivalents, End of Year	<u>\$ 236,712</u>	<u>\$ 1,451,764</u>
Reconciliation of Cash and Cash Equivalents to the Statements of Net Position		
Cash and cash equivalents	\$ 157,276	\$ 895,903
Cash, restricted	79,436	555,861
Total Cash and Cash Equivalents	<u>\$ 236,712</u>	<u>\$ 1,451,764</u>

Fairview Municipal Hospital Authority

Statements of Cash Flows

Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Reconciliation of Operating Loss to Net		
Cash used for Operating Activities		
Operating loss	\$ (952,493)	\$ (1,332,910)
Adjustments to reconcile operating loss to net cash used for operating activities		
Depreciation and amortization	594,176	505,870
Provision for bad debts	441,162	427,956
Changes in assets and liabilities		
Patient and other receivables	(563,808)	(323,605)
Supplies	29,812	(61,916)
Prepaid expenses	213	(1,636)
Estimated third party payor settlements	49,073	102,457
Accounts payable and other accrued expenses	134,607	35,272
Accrued salaries and payroll taxes	6,587	1,252
Accrued vacation	(35,752)	27,964
Net Cash used for Operating Activities	<u>\$ (296,423)</u>	<u>\$ (619,296)</u>
Supplemental Disclosure of Noncash Capital and Capital Related Financing Activities		
Equipment purchased through direct financing	<u>\$ 25,995</u>	<u>\$ 29,212</u>
Grant revenue included in accounts receivable	<u>\$ 177,251</u>	<u>\$ -</u>
Paycheck Protection Program Loan forgiveness	<u>\$ -</u>	<u>\$ 773,700</u>

**Note 1 - Principal Activity and Significant Accounting Policies**

The financial statements of Fairview Municipal Hospital Authority (Authority) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the Authority are described below.

**Reporting Entity**

The hospital is owned by the City of Fairview and is leased for a term of fifty years to the Fairview Municipal Hospital Authority under a lease agreement dated August 31, 1981. The Fairview Municipal Hospital Authority was established on September 2, 1980, pursuant to Title 60, Oklahoma Statutes 1971. The City of Fairview is the beneficiary. Management and control of the hospital was directed by a board of control that was appointed by the Fairview Municipal Hospital Authority. The operation of the hospital is governed by a Hospital Operating Agreement dated December 1, 1989. The hospital is located in Fairview, Oklahoma and is a critical access facility with 25 beds that also provides rural health clinic services.

On May 1, 2014, the Fairview Regional Medical Center Authority, a public trust, was established pursuant to Title 60 Oklahoma Statutes 2001, sections 176 to 180.4 inclusive, as amended and supplemented. The City of Fairview is the beneficiary. The initial trustees were trustees of the board of control discussed above.

On May 20, 2014, a sub-lease agreement was entered into between Fairview Municipal Hospital Authority, a public trust (landlord), and the Fairview Regional Medical Center Authority (tenant) for the hospital facilities on a month to month basis.

**Blended Component Unit**

Fairview Regional Medical Center Authority is a Title 60 Trust exempt under section 115 of the Internal Revenue Code. The Fairview Regional Medical Center Authority is included as a blended component unit of the Authority. The financial statements include the financial activity of the Fairview Municipal Hospital Authority and the Fairview Regional Medical Center Authority, collectively referred to as the Authority. Financial statements of the Fairview Regional Medical Center Authority can be obtained by contacting the Authority's Administrator.

**Measurement Focus and Basis of Accounting**

Measurement focus refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

**Basis of Presentation**

The statement of net position displays the Authority's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

*Net investment in capital assets* consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

*Restricted net position:*

Expendable – Expended net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation.

Nonexpendable – Nonexpendable net position is subject to externally imposed stipulations which require them to be maintained permanently by the Authority.

*Unrestricted net position* consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the Authority's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and Cash Equivalents**

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the Authority considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

**Restricted Cash**

Cash that has restrictions which change the nature or normal understanding of availability of the asset is reported separately on the statements of net position. Restricted cash includes proceeds from sales tax which are restricted for renovating, expanding, equipping, and maintaining the hospital facilities, debt payments incurred for those purposes and from the Provider Relief Fund (Note 3). Assets that are available for obligations classified as current liabilities are reported in current assets.

**Short-Term Investments**

Short-term investments consist of certificates of deposit with an original maturity of three to twelve months, excluding internally designated or restricted cash and investments.

**Patient Receivables**

Patient receivables are uncollateralized customer and third-party payor obligations. Unpaid patient receivables, excluding amounts due from third-party payors, are turned over to a collection agency if the receivables remain unpaid after the Authority's collections procedures. The Authority does not charge interest on the unpaid patient receivables. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

**Supplies**

Supplies are stated at lower of cost (first-in, first-out) or market.

**Capital Assets**

Capital assets acquisitions in excess of \$5,000 are capitalized and recorded at cost. Contributed capital assets are reported at their estimated fair 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. 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. Amortization is included in depreciation and amortization in the financial statements. The estimated useful lives of capital assets are as follows:

Land improvements	3 - 15 years
Buildings and improvements	5-40 years
Equipment	5-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from revenues in excess of expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

### **Compensated Absences**

The Authority's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. Employees are paid for accumulated paid time-off upon termination. The liability for compensated absences is reported as accrued vacation in the accompanying financial statements.

### **Operating Revenues and Expenses**

The Authority's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues and expenses of the Authority result from exchange transactions associated with providing health care services - the Authority's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

### **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, 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 agreements 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 established rates. Since the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of charges foregone for services provided under the Authority's charity care policy were approximately \$108,000 and \$143,000 for the years ended June 30, 2022 and 2021. Total direct and indirect costs related to these foregone charges were approximately \$54,000 and \$89,000 based on an average ratio of cost to gross charges.

### Grants and Contributions

From time to time, the Authority receives 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 is reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

### Sales Tax Revenue

The Authority received approximately 4% and 6% of its financial support during 2022 and 2021 from sales taxes levied. These funds were used entirely to support building renovations, major repairs and improvements. The tax was effective April 2002 and shall terminate after September 2027.

### Implementation of GASB No.87

As of July 1, 2020, the Authority adopted GASB Statement No. 87, Leases. The implementation of this standard establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The standard requires recognition of certain right to use leased assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. As of June 30, 2022 and 2021, the Authority did not have any leases which were required to be recognized under GASB Statement No. 87, Leases.

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

Medicare: The Authority is licensed as a Critical Access Hospital (CAH). The Authority is reimbursed for most acute care services under a cost reimbursement method with final settlement determined after submission of annual cost reports by the Authority and are subject to audits thereof by the Medicare Administrative Contractor (MAC). The Authority's Medicare cost reports have been audited by the MAC through the year ended June 30, 2020. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid: Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates with no retrospective adjustment.

Other: The Authority has also entered into payment agreements with certain commercial insurance carriers and other 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.

Concentration of gross revenues by major payor accounted for the following percentages of the Authority's patient service revenues for the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Medicare	47%	50%
Medicaid	11%	8%
Commercial	37%	37%
Self-pay	5%	5%
	<u>100%</u>	<u>100%</u>

Laws and regulations governing the Medicare, Medicaid, and other 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.

### **CMS Advance Payments**

The CMS advance payments balance consists of payments received from the Centers for Medicare & Medicaid Services (CMS), in order to increase cash flow for Medicare Part A providers who were impacted by the COVID-19 pandemic. The Authority received \$1,633,341 in advance payments during April 2020, which will be recouped through the Medicare claims processed beginning 365 days after payments are received and will continue until the balance of the advanced payments have been recouped, or for 29 months from the date that each advance payment was issued, at which point any remaining unpaid balance is due. The advanced payments balance is non-interest bearing through the 29-month repayment period. The portion expected to be recouped in the next 12 months is included in current liabilities and the portion expected to be recouped in greater than 12 months is presented in long-term liabilities in the accompanying statements of net position.

### **Note 3 - Provider Relief Fund**

The Authority received \$621,256 and \$149,461 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS) for the years ended June 30, 2022 and 2021. The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has a deadline to incur eligible expenses and lost revenues, varying based on the date the Authority received the funds. Unspent funds will be expected to be repaid.



These funds are considered subsidies and recorded as a liability when received and are recognized as revenues in the accompanying statements of revenues, expenses, and changes in net position as all terms and conditions are considered met. As these funds are considered subsidies, they are considered nonoperating activities. The terms and conditions are subject to interpretation, changes and future clarification, the most recent of which have been considered through the date that the financial statements were available to be issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As of June 30, 2022 and 2021, the Authority had a liability of \$770,717 and \$149,461, which was included in current liabilities on the accompanying statement of net position under refundable advance – Provider Relief Fund, as well as restricted Short term investments totaling \$770,717 and \$149,461, which is subject to the restrictions imposed by HHS. During the year ended June 30, 2022 and 2021, the Authority recognized \$0- and \$3,108,016 as revenue included as nonoperating activities on the statements of revenues, expenses, and changes in net position.

#### Note 4 - Deposits

The carrying amounts of the Authority's deposits at June 30, 2022 and 2021 as follows:

	<u>2022</u>	<u>2021</u>
Carrying Amount		
Cash Deposits in Banks	\$ 977,535	\$ 2,957,273

Deposits and investments are reported in the following statement of net position captions:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 157,276	\$ 895,903
Cash, restricted	79,436	555,861
Short-term investments	740,823	1,505,509
	<u>\$ 977,535</u>	<u>\$ 2,957,273</u>

#### Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned to it. State statutes authorize the Authority to invest its excess cash balances generally in time deposits, open accounts, certificates of deposit or certain repurchase agreements of commercial banks or trust companies, state or generally chartered savings and loan associations or generally chartered savings banks having offices in the state and in certain circumstances, specified United States Treasury obligations.

Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities or the state of Oklahoma; bonds of any city, county, school district or special road district of the state of Oklahoma; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits. The Authority has a general investment policy to minimize custodial credit risk.

The Authority's deposits in banks at June 30, 2022 and 2021 were entirely covered by federal depository insurance or by collateral held by the Authority's custodial bank in the Authority's name.

**Note 5 - Capital Assets**

Capital assets additions, retirements or transfers, and balances for the year ended June 30, 2022 are as follows:

	Balance June 30, 2021	Additions	Transfers and Retirements	Balance June 30, 2022
Capital assets not being depreciated				
Land	\$ 4,044	\$ -	\$ -	\$ 4,044
Construction in progress	48,911	277,311	-	326,222
Total capital assets not being depreciated	<u>\$ 52,955</u>	<u>\$ 277,311</u>	<u>\$ -</u>	<u>\$ 330,266</u>
Capital assets being depreciated				
Building and improvements	\$ 7,566,646	\$ -	\$ -	\$ 7,566,646
Equipment	5,282,063	214,523	-	5,496,586
Total capital assets being depreciated	<u>12,848,709</u>	<u>\$ 214,523</u>	<u>\$ -</u>	<u>13,063,232</u>
Less accumulated depreciation for:				
Building and improvements	5,917,166	\$ 215,366	\$ -	6,132,532
Equipment	3,383,344	378,810	-	3,762,154
Total accumulated depreciation	<u>9,300,510</u>	<u>\$ 594,176</u>	<u>\$ -</u>	<u>9,894,686</u>
Net capital assets being depreciated	<u>\$ 3,548,199</u>			<u>\$ 3,168,546</u>
Capital assets, net	<u>\$ 3,601,154</u>			<u>\$ 3,498,812</u>

Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Construction in progress at June 30, 2022, represents a physical therapy outpatient clinic. The estimated cost to complete the project is \$1.6 million. The project is being funded by an Economic Development Cares Act grant which requires a 20 percent match from the Authority. Funds from the grant will be disbursed to the Authority as eligible expenses are incurred. At June 30, 2022 the Authority had incurred expenditures of \$326,222 and submitted request for reimbursement from the grant totaling \$177,251 which is included in grants receivable and grant revenue in the accompanying financial statements. The project is expected to be completed April 2023.

Capital assets additions, disposal or transfers, and balances for the year ended June 30, 2021 are as follows:

	Balance June 30, 2020	Additions and Transfers	Transfers and Retirements	Balance June 30, 2021
Capital assets not being depreciated				
Land	\$ 4,044	\$ -	\$ -	\$ 4,044
Construction in progress	<u>18,196</u>	<u>72,812</u>	<u>(42,097)</u>	<u>48,911</u>
Total capital assets not being depreciated	<u>\$ 22,240</u>	<u>\$ 72,812</u>	<u>\$ (42,097)</u>	<u>\$ 52,955</u>
Capital assets being depreciated				
Building and improvements	\$ 7,566,646	\$ -	\$ -	\$ 7,566,646
Equipment	<u>3,797,510</u>	<u>1,442,456</u>	<u>42,097</u>	<u>5,282,063</u>
Total capital assets being depreciated	<u>11,364,156</u>	<u>\$ 1,442,456</u>	<u>\$ 42,097</u>	<u>12,848,709</u>
Less accumulated depreciation for:				
Building and improvements	5,681,228	\$ 235,938	\$ -	5,917,166
Equipment	<u>3,113,412</u>	<u>269,932</u>	<u>-</u>	<u>3,383,344</u>
Total accumulated depreciation	<u>8,794,640</u>	<u>\$ 505,870</u>	<u>\$ -</u>	<u>9,300,510</u>
Net capital assets being depreciated	<u>\$ 2,569,516</u>			<u>\$ 3,548,199</u>
Capital assets, net	<u>\$ 2,591,756</u>			<u>\$ 3,601,154</u>

**Note 6 - Long-Term Debt**

The Authority's long-term debt from direct borrowings and capital leases at June 30, 2021 and 2020 consists of:

	Balance June 30, 2021	Additions	Payments	Balance June 30, 2022	Due Within One Year
Long-term notes payable:					
Note payable to bank (1)	\$ 310,100	\$ -	\$ 310,100	\$ -	\$ -
Note payable to bank (2)	553,624	-	111,199	442,425	119,364
Note payable (3)	41,200	-	41,200	-	-
Note payable (4)	6,503	-	4,524	1,979	1,979
Note payable (5)	10,550	-	6,175	4,375	4,375
Note payable (6)	26,326	-	7,031	19,295	7,165
Note payable (7)	120,996	-	23,154	97,842	24,098
Note payable (8)	-	25,995	1,257	24,738	4,668
Total long-term debt	<u>\$ 1,069,299</u>	<u>\$ 25,995</u>	<u>\$ 504,640</u>	<u>\$ 590,654</u>	<u>\$ 161,649</u>

  

	Balance June 30, 2020	Additions	Payments/ Forgiveness	Balance June 30, 2021	Due Within One Year
Long-term notes payable:					
Note payable to bank (1)	\$ 504,309	\$ -	\$ 194,209	\$ 310,100	\$ 204,145
Note payable to bank (2)	662,654	-	109,030	553,624	113,063
Note payable (3)	90,640	-	49,440	41,200	41,200
Note payable (4)	11,533	-	5,030	6,503	5,028
Note payable (5)	16,937	-	6,387	10,550	5,421
Note payable (6)	-	29,212	2,886	26,326	6,598
Note payable (7)	-	124,766	3,770	120,996	23,156
Paycheck Protection Program loan	773,700	-	773,700	-	-
Total long-term debt	<u>\$ 2,059,773</u>	<u>\$ 153,978</u>	<u>\$ 1,144,452</u>	<u>\$ 1,069,299</u>	<u>\$ 398,611</u>

The terms and due dates of the Authority's notes payable at June 30, 2022 and 2021 are as follows:

- (1) Note payable to bank, 5% interest rate, due in monthly installments of \$17,917 including interest, collateralized by 1% sales tax ordinance. Obligation satisfied December 2021.
- (2) Note payable to bank, 3.85% interest rate, due in monthly installments of \$11,032 including interest, through January 2026, collateralized by accounts receivable, equipment and real estate.
- (3) Note payable to finance company, 4% imputed interest rate, due in monthly installments of \$2,297 including interest. Obligation satisfied March 2022.
- (4) Note payable to vendor 10% imputed interest rate due in monthly installments of \$478 including interest through March 2023.
- (5) Note payable to vendor 6.6% imputed interest rate due in monthly installments of \$511 including interest through September 2023.
- (6) Note payable to vendor 8.3% imputed interest rate due in monthly installments of \$716 including interest through January 2025.
- (7) Note payable to vendor 4% imputed interest rate due in monthly installments of \$2,298 including interest through April 2026.

Scheduled principal and interest repayments on long-term notes payable is as follows

<u>Years Ending June 30,</u>	<u>Long-Term Notes</u>		<u>Total</u>
	<u>Principal</u>	<u>Interest</u>	
2023	\$ 161,649	\$ 22,235	\$ 183,884
2024	159,901	14,677	174,578
2025	161,595	7,894	169,489
2026	103,234	1,772	105,006
2027	4,275	112	4,387
Total	<u>\$ 590,654</u>	<u>\$ 46,690</u>	<u>\$ 637,344</u>

## **Note 7 - Retirement Plan**

### **Defined Contribution Plan**

The Authority adopted a defined contribution 457 Savings Plan covering substantially all employees who have over 1,000 hours of service and are at least 21 years of age.

The Plan allows for eligible employees to contribute a percentage of pre-tax annual compensation as defined in the Plan. The Authority may make optional profit sharing contributions subject to certain limitations imposed by the Internal Revenue Service. The Authority did not make any contributions during the years ended June 30, 2021, 2020 and 2019.

Participants are immediately vested in their voluntary contribution plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after three years of service.

## **Note 8 - Supplemental Hospital Offset Payment Program Act**

The Supplemental Hospital Offset Payment Program Act (SHOPP), designated as House Bill 1381 (HB 1381), was passed during 2011 implementing a fee on hospitals to generate matching funds to the state of Oklahoma from federal sources. The program is designed to assess Oklahoma hospitals, unless exempt, a supplemental hospital offset payment program fee. The collected fees will be placed in pools and then allocated to hospitals as directed by legislation. The Oklahoma Health Care Authority (OHCA) does not guarantee that allocations will equal or exceed the amount of the supplemental hospital offset payment program fee paid by the hospital.

Critical access hospitals are excluded from paying the supplemental hospital offset fee but are still eligible to receive SHOPP funds. The Authority records receipts as reduction in Medicaid contractual adjustments. Future changes in law or regulation at the federal or state level can adversely affect or eliminate SHOPP.

The Authority received SHOPP payments totaling approximately \$372,000 and \$157,000 for the years ended June 30, 2022 and 2021, respectively, which is included in net patient service revenue.

### Note 9 - Concentrations of Credit Risk

The Authority grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2022 and 2021 were as follows:

	2022	2021
Medicare and Medicaid	35%	45%
Other third-party payors	36%	32%
Patients	29%	23%
	<u>100%</u>	<u>100%</u>

### Note 10 - Contingencies

#### Risk Management

The Authority is exposed to various risks of loss from torts; theft of, damage, of assets; business interruptions; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

#### Malpractice Insurance

The Authority has insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

#### Litigation, Claims and Disputes

The Authority is subject to the usual contingencies in the normal course of operations relating to the performance of task under its various programs. In the opinion of management, the ultimate settlement of litigation, claims and disputes in process will not be material to the financial position, operations, or cash flows of the Authority. The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations, specifically those relating to Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time.

Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

### COVID-19 Pandemic

During 2022 and 2021, the world-wide coronavirus pandemic impacted national and global economies. The Authority is closely monitoring its operations, liquidity and capital resources and is actively working to minimize the current and future impact of this unprecedented situation. As of the date of issuance of these financial statements, the current and future full impact to the Authority is not known.

### Note 11 - Presentation of Blended Component Units

The following summarized combining information for Fairview Municipal Hospital Authority and Fairview Regional Medical Center Authority which has been presented as a blended component unit, as of and for the year ended June 30, 2022:

Statement of net position at June 30, 2022:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
<b>Assets</b>			
Current assets	\$ 316,170	\$ 2,630,501	\$ 2,946,671
Capital assets	1,964,216	1,534,596	3,498,812
<b>Total Assets</b>	<b>\$ 2,280,386</b>	<b>\$ 4,165,097</b>	<b>\$ 6,445,483</b>
<b>Liabilities</b>			
Current liabilities	\$ 120,355	\$ 2,267,568	\$ 2,387,923
Long-term liabilities	323,061	105,944	429,005
<b>Total liabilities</b>	<b>443,416</b>	<b>2,373,512</b>	<b>2,816,928</b>
<b>Net Position</b>			
Net investment in capital assets	1,521,791	1,386,367	2,908,158
Restricted, expendable for capital acquisitions	316,170	-	316,170
Unrestricted	(991)	405,218	404,227
	<b>1,836,970</b>	<b>1,791,585</b>	<b>3,628,555</b>
<b>Total liabilities and net position</b>	<b>\$ 2,280,386</b>	<b>\$ 4,165,097</b>	<b>\$ 6,445,483</b>

Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Statement of Revenues, Expenses and Changes in Net Position as of June 30, 2022:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
Operating Revenues			
Net patient service revenue	\$ -	\$ 7,223,392	\$ 7,223,392
Other operating revenue	-	175,761	175,761
Total operating revenue	<u>-</u>	<u>7,399,153</u>	<u>7,399,153</u>
Operating Expenses			
Depreciation	299,932	294,244	594,176
Other operating expenses	2,000	7,755,470	7,757,470
Total operating expense	<u>301,932</u>	<u>8,049,714</u>	<u>8,351,646</u>
Operating Loss	<u>(301,932)</u>	<u>(650,561)</u>	<u>(952,493)</u>
Nonoperating Revenue (Expense)			
Sales tax revenue	416,257	-	416,257
Interest expense	657	7,554	8,211
Other	(25,355)	(7,851)	(33,206)
Noncapital Grants and Gifts	-	38,596	38,596
Total non operating revenue	391,559	38,299	429,858
Capital Contributions and Grants	<u>177,251</u>	<u>-</u>	<u>177,251</u>
Change in Net Position	266,878	(612,262)	(345,384)
Net Position, Beginning of Year	<u>1,570,092</u>	<u>2,403,847</u>	<u>3,973,939</u>
Net Position, End of Year	<u>\$ 1,836,970</u>	<u>\$ 1,791,585</u>	<u>\$ 3,628,555</u>



Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Statement of Cash Flows as of June 30, 2022:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
Net Cash used for Operating Activities	\$ 5,304	\$ (301,727)	\$ (296,423)
Net Cash used for Noncapital Financing Activities	-	(333,381)	(333,381)
Net Cash used for Capital and Related Financing Activities	(332,925)	(254,503)	(587,428)
Net Cash from Investing Activities	<u>657</u>	<u>1,523</u>	<u>2,180</u>
Change in Cash and Cash Equivalents	(326,964)	(888,088)	(1,215,052)
Cash and Cash Equivalents, Beginning of Year	<u>406,400</u>	<u>1,045,364</u>	<u>1,451,764</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 79,436</u></u>	<u><u>\$ 157,276</u></u>	<u><u>\$ 236,712</u></u>

Statement of Net Position at June 30, 2021:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
<b>Assets</b>			
Current assets	\$ 475,983	\$ 3,409,837	\$ 3,885,820
Capital assets	1,961,620	1,639,534	3,601,154
Total Assets	<u><u>\$ 2,437,603</u></u>	<u><u>\$ 5,049,371</u></u>	<u><u>\$ 7,486,974</u></u>
<b>Liabilities</b>			
Current liabilities	\$ 320,995	\$ 1,898,868	\$ 2,219,863
Long-term liabilities	546,516	746,656	1,293,172
Total liabilities	<u>867,511</u>	<u>2,645,524</u>	<u>3,513,035</u>
<b>Net Position</b>			
Net investment in capital assets	1,097,896	1,433,959	2,531,855
Restricted, expendable for capital acquisitions	475,983	-	475,983
Unrestricted	(3,787)	969,888	966,101
	<u>1,570,092</u>	<u>2,403,847</u>	<u>3,973,939</u>
Total liabilities and net position	<u><u>\$ 2,437,603</u></u>	<u><u>\$ 5,049,371</u></u>	<u><u>\$ 7,486,974</u></u>

Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Statement of Revenues, Expenses and Changes in Net Position as of June 30, 2021:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
Operating Revenues			
Net patient service revenue	\$ -	\$ 6,515,301	\$ 6,515,301
Other operating revenue	-	157,012	157,012
Total operating revenue	<u>-</u>	<u>6,672,313</u>	<u>6,672,313</u>
Operating Expenses			
Depreciation	329,391	176,479	505,870
Other operating expenses	2,000	7,497,353	7,499,353
Total operating expense	<u>331,391</u>	<u>7,673,832</u>	<u>8,005,223</u>
Operating Loss	<u>(331,391)</u>	<u>(1,001,519)</u>	<u>(1,332,910)</u>
Nonoperating Revenue (Expense)			
Sales tax revenue	396,142	-	396,142
Provider Relief Funds revenue	-	3,108,017	3,108,017
Forgiveness of PPP Loan	-	773,700	773,700
Interest expense	(44,252)	(7,088)	(51,340)
Investment Income	1,008	11,159	12,167
Grants	-	102,783	102,783
Total non operating revenue (expense)	352,898	3,988,571	4,341,469
Change in Net Position	21,507	2,987,052	3,008,559
Net Position Beginning of Year	<u>1,548,585</u>	<u>(583,205)</u>	<u>965,380</u>
Net Position End of Year	<u>\$ 1,570,092</u>	<u>\$ 2,403,847</u>	<u>\$ 3,973,939</u>

Fairview Municipal Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Statement of Cash Flows as of June 30, 2021:

	Fairview Municipal Hospital Authority	Fairview Regional Medical Center Authority	Total
Net Cash used for Operating Activities	\$ (151,463)	\$ (467,833)	\$ (619,296)
Net Cash from Noncapital Financing Activities	149,461	702	150,163
Net Cash from (used for) Capital and Capital related Financing Activities	20,544	(1,412,197)	(1,391,653)
Net Cash from (used for) Investing Activities	<u>1,008</u>	<u>(1,494,350)</u>	<u>(1,493,342)</u>
Change in Cash and Cash Equivalents	19,550	(3,373,678)	(3,354,128)
Cash and Cash Equivalents, Beginning of Year	<u>386,850</u>	<u>4,419,042</u>	<u>4,805,892</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 406,400</u></u>	<u><u>\$ 1,045,364</u></u>	<u><u>\$ 1,451,764</u></u>



**Independent Auditor’s 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***

Board of Trustees  
Fairview Municipal Hospital Authority  
Fairview, 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 Fairview Municipal Hospital Authority (Authority) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Authority’s basic financial statements, and have issued our report thereon dated December 19, 2022.

**Report on Internal Control over Financial Reporting**

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

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings and Responses, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

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 Authority’s financial statements will not be prevented or detected and corrected on a timely basis. We consider the following deficiencies described in the accompanying Schedule of Findings and Responses to be material weaknesses, 2022-001 and 2022-002.

**What inspires you, inspires us. | [eidebailly.com](http://eidebailly.com)**

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. We consider the following deficiency described in the accompanying Schedule of Findings and Responses, to be a significant deficiency, 2022-003.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. 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 instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying Schedule of Findings and Responses as item 2022-004.

### **Authority's Responses to Findings**

The Authority's response to the findings identified in our audit is described in the accompanying Schedule of Findings and Responses. The Authority's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

### **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 Authority'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 Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

The image shows a handwritten signature in cursive script that reads "Eide Sully LLP".

Oklahoma City, Oklahoma  
December 19, 2022

**Material Weaknesses In Internal Control Over Financial Reporting:**

**2022-001      Preparation of Financial Statements**

*Criteria:* A properly designed system of internal control over financial reporting includes the preparation of an entity's financial statements and accompanying notes to the financial statements by internal personnel of the entity. Management is responsible for establishing and maintaining internal control over financial reporting and procedures related to the fair presentation of the financial statements in accordance with standards established by the U.S. generally accepted accounting principles (GAAP) and Governmental Accounting Standards Board (GASB).

*Condition:* The Authority does not have an internal control system designed to provide for the preparation of the financial statements, including the accompanying footnotes and statement of cash flows, as required by GAAP and GASB. As auditors, we were requested to draft the financial statements and accompanying notes to the financial statements.

*Cause:* This deficiency is partly due to limited resources in the financial reporting process due to budgetary constraints. Furthermore, management has elected to have the financial statements and footnotes prepared by a party outside of management.

*Effect:* The effect of this condition is that the year-end financial reporting is prepared by a party outside of the Authority. The outside party does not have the constant contact with ongoing financial transactions that internal staff have. Furthermore, it is possible that new standards may not be adopted and applied timely to the interim financial reporting.

*Auditor's Recommendation:* We recommend that management continue reviewing operating procedures in order to obtain the maximum internal control over financial reporting possible under the circumstances to enable staff to draft the financial statements internally.

*Management Response:* Management feels that committing the resources necessary to remain current on GAAP and GASB reporting requirements and corresponding footnote disclosures would lack benefit in relation to the cost but will continue evaluating on a going forward basis.

**2022-002      Clinic Patient Revenue Recognition**

*Criteria:* A properly designed system of internal control over financial reporting allows entities to initiate, record, process and report financial report data reliably in the proper accounting period in accordance with GAAP.

*Condition:* During the course of our engagement, we noted that the Authority incorrectly reported clinic revenue in a period that the revenue was not earned.

**Findings Related to Financial Statements: (continued)**

*Cause:* The Authority was not obtaining completed charges from the clinic on a timely basis. This caused a significant number of unbilled encounters which delayed billing and revenue recognition.

*Effect:* Inadequate review could adversely affect the Authority's ability to detect and correct unintentional or intentional misstatements.

*Auditor's Recommendation:* We recommend the Authority review and update policies and procedures for clinic billing.

*Management Response:* Management agrees with the finding and will work with the clinic physicians to ensure timely billing.

**Significant Deficiency in Internal Control Over Financial Reporting:**

**2022-003      Segregation of Duties**

*Criteria:* A properly designed system of internal control segregates the initiation, record keeping, and authorization of transactions.

*Condition:* During the course of our engagement, we noted that the Authority has limited staff completing incompatible accounting functions due to the size of the entity.

*Cause:* The Authority's size and budget constraints limit the number of personnel and does not facilitate the segregation of duties necessary to adequately separate procedures.

*Effect:* Inadequate segregation of duties could adversely affect the Authority's ability to detect and correct unintentional or intentional misstatements in a timely manner by employees in the normal course of performing their assigned functions.

*Auditor's Recommendation:* It is the responsibility of management and those charged with governance to make the decisions whether to accept the degree of risk associated with this condition because of cost or other considerations. In addition, we recommend that the functions be reviewed to determine if additional segregation is feasible to improve efficiency and effectiveness of the financial management of the organization.

*Management Response:* Management accepts the risk associated with this condition and continues to monitor the assignment of duties to obtain maximum internal control under the circumstances.

**Noncompliance with Laws, Regulations, Contracts, and Grant Agreements:**

**2022-004 Timely Filing of Single Audit**

*Criteria:* 45 CFR 75.501 establishes a non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year. 45 CFR 75.512 establishes the audit must be completed and the data collection form and reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's report or nine months after the end of the audit period. As a result of COVID, a six-month extension was automatically granted for fiscal year ends June 30, 2021 and prior.

*Condition:* The Authority's reporting package and data collection form was not submitted within the later of the fifteen-month (includes the six-month extension) required time period identified by the standards.

*Cause:* The Authority was unable to complete and issue the Authority's June 30, 2021, single audit testing in a timely manner. The Authority prepared multiple schedules of allowable expenses due to revisions of the guidance provided by the Health Resources and Services Administration (HRSA) and interpretations by outside consultants. When the reporting of expenses was completed, an incorrect scheduled of expenses was inadvertently used. This created a delay in providing support for testing and completing the single audit.

*Effect:* The Authority is not in compliance with 45 CFR 75.512 which could have a direct and material effect on the Center's financial statements as the resolution of any potential single audit findings are unknown.

*Recommendation:* We recommend management complete and submit the reporting package as soon possible.

*Views of Responsible Officials:* Management agrees with the finding.