

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
Auditor's Reports and Financial Statements  
June 30, 2014 and 2013





**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**June 30, 2014 and 2013**

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## Independent Auditor's Report

Board of Trustees  
Jackson County Memorial Hospital Authority  
Altus, Oklahoma

### Report on the Financial Statements

We have audited the accompanying basic financial statements of Jackson County Memorial Hospital Authority (the Authority), a component unit of Jackson County, Oklahoma, and its discretely presented component unit, which are comprised of the balance sheets as of June 30, 2014 and 2013, and the statements of revenues, expenses and changes in net position and cash flows for the years then ended, and the related notes to the basic financial statements.

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

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

### *Auditor's Responsibility*

Our responsibility is to express opinions 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 opinions.

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of Jackson County Memorial Hospital Authority and its discretely presented component unit as of June 30, 2014 and 2013, and the respective changes in financial position and its cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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

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

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

In accordance with *Government Auditing Standards*, we have also issued our report dated December 9, 2014, 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 internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

*BKD, LLP*

Tulsa, Oklahoma  
December 9, 2014

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Management's Discussion and Analysis**  
**Years Ended June 30, 2014 and 2013**

***Introduction***

This management's discussion and analysis of the financial performance of Jackson County Memorial Hospital Authority (the Authority) provides an overview of the Authority's financial activities for the years ended June 30, 2014 and 2013. It should be read in conjunction with the accompanying financial statements of the Authority. Unless otherwise noted, information and financial data included in the management's discussion and analysis relates solely to the Authority and does not include the Authority's discretely presented component unit, JCMH Health Care Corporation (the Corporation). Unless otherwise indicated, dollar amounts are in thousands.

***Financial Highlights***

- Cash, cash equivalents and short-term investments increased in 2014 by \$1,399 or 15% and decreased in 2013 by \$331 or 4%.
- The outstanding balance of patient accounts receivable decreased in 2014 by \$2,557 or 23% and decreased in 2013 by \$919 or 8%.
- The Authority's net position decreased in 2014 by \$2,498 or 8% and decreased in 2013 by \$291 or 1%.
- The Authority reported an operating loss of \$2,438 and \$487 in 2014 and 2013, respectively. The operating loss in 2014 worsened by \$1,951 or 401% compared to the 2013 amount. The operating loss in 2013 worsened by \$2,995 or 119% compared to the operating income for 2012.

***Using This Annual Report***

The Authority's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These statements provide information about the activities of the Authority, including resources held by the Authority but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Jackson County Memorial Hospital Foundation (the Foundation), a nonprofit corporation organized and operated for the exclusive benefit and support of the Authority, is a component unit included in the Authority's financial statements, using the blended method. All significant intercompany accounts and transactions between the Authority and the Foundation have been eliminated in the accompanying financial statements. JCMH Health Care Corporation (the Corporation), a nonprofit corporation organized for the purpose of carrying out the objectives of the Authority and to enhance and support the health care services to the community of Altus, Oklahoma, and the surrounding Jackson County, Oklahoma, area, is included in the Authority's financial statements as a component unit using the discrete presentation method. The Authority is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

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

One of the most important questions asked about any organization's finances is, "Is the organization as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses and changes in net position report information about the Authority's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Authority's net position and changes in them. The Authority's total net position—the difference between assets and liabilities—is one measure of the Authority's financial health or financial position. Over time, increases or decreases in the Authority's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Authority's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients and local economic factors, should also be considered to assess the overall financial health of the Authority.

### ***The Statement of Cash Flows***

The statement of cash flows reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash and cash equivalents during the reporting period.

### ***The Authority's Net Position***

The Authority's net position is the difference between its assets and liabilities reported in the balance sheet. The Authority's net position decreased in 2014 by approximately \$2,498 or 8% over 2013 and decreased by \$291 or 1% in 2013 over 2012 as shown in Table 1.

**Table 1: Assets, Liabilities and Net Position (Amounts in Thousands)**

	2014	2013	2012
<b>Assets</b>			
Cash, cash equivalents and short-term investments	\$ 10,555	\$ 9,156	\$ 9,487
Patient accounts receivable, net	8,628	11,185	12,104
Other current assets	3,585	3,496	3,529
Capital assets, net	15,182	16,442	16,509
Other noncurrent assets	3,020	2,956	2,526
Total assets	<u>\$ 40,970</u>	<u>\$ 43,235</u>	<u>\$ 44,155</u>
<b>Liabilities</b>			
Long-term debt (including current maturities)	\$ 262	\$ 472	\$ 675
Other current liabilities	9,979	9,536	9,962
Total liabilities	<u>10,241</u>	<u>10,008</u>	<u>10,637</u>
<b>Net Position</b>			
Net investment in capital assets	14,920	15,970	15,835
Restricted expendable	125	120	111
Unrestricted	15,684	17,137	17,572
Total net position	<u>30,729</u>	<u>33,227</u>	<u>33,518</u>
Total liabilities and net position	<u>\$ 40,970</u>	<u>\$ 43,235</u>	<u>\$ 44,155</u>

Significant changes in the Authority's 2014 assets are found in patient accounts receivable, net; cash, cash equivalents and short-term investments; and capital assets, net. Patient accounts receivable decreased by approximately \$2,557 or 23% primarily due to general decreases in volume during the current year. The increase in cash, cash equivalents and short-term investments of approximately \$1,399 or 15% was due primarily to increased amounts of certificates of deposit held at year-end. The decrease in capital assets, net was primarily due to significant disposals of assets that were completely or near completely depreciated.

There were no significant changes in the Authority's 2014 liabilities as compared to 2013.

Significant changes in the Authority's 2013 assets are found in patient accounts receivable, net and cash, cash equivalents and short-term investments. Patient accounts receivable decreased by approximately \$919 or 8% primarily due to general decreases in volume during the current year. The decrease in cash, cash equivalents and short-term investments of approximately \$331 or 4% was due primarily to reduced amounts of certificates of deposit held at year-end.

Significant changes in the Authority's 2013 liabilities are related to changes in other current liabilities. Other current liabilities decreased approximately \$426 or 4% primarily due to the amount of days since the last check run before June 30, 2013, as compared to June 30, 2012, and the reduction in the discretionary retirement plan contribution at June 30, 2013.



## ***Operating Results and Changes in the Authority's Net Position***

In 2014, the Authority's net position decreased by approximately \$2,498 or 8% as shown in Table 2. This decrease is made up of several different components and represents a decrease of approximately \$2,207 compared with the decrease in net position for 2013 of approximately \$291 or 1%. The Authority's change in net position decreased from an increase of approximately \$2,118 in 2012 to an decrease of \$291 in 2013 or a decrease of approximately \$2,409 or 114%.

**Table 2: Operating Results and Changes in Net Position (Amounts in Thousands)**

	2014	2013	2012
<b>Operating Revenues</b>			
Net patient service revenue	\$ 61,458	\$ 67,196	\$ 69,107
Other operating revenues	2,727	1,274	2,039
Total operating revenues	64,185	68,470	71,146
<b>Operating Expenses</b>			
Salaries, wages and employee benefits	40,668	42,366	41,906
Purchased services and professional fees	5,760	6,050	6,466
Depreciation and amortization	2,696	2,668	2,509
Other operating expenses	17,499	17,873	17,757
Total operating expenses	66,623	68,957	68,638
<b>Operating Income (Loss)</b>	(2,438)	(487)	2,508
<b>Nonoperating Revenues (Expenses)</b>			
Investment income	44	37	32
Noncapital gifts and grants	43	641	136
Interest expense	(23)	(35)	(44)
Loss on investments in joint ventures	(129)	(456)	(521)
Total nonoperating revenues (expenses)	(65)	187	(397)
<b>Capital Gifts</b>	5	9	7
<b>Increase (Decrease) in Net Position</b>	\$ (2,498)	\$ (291)	\$ 2,118

## ***Operating Income (Loss)***

The first component of the overall change in the Authority's net position is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. In two of the past three years, the Authority has reported an operating loss.

The operating loss for 2014 increased by approximately \$1,951 or 401% as compared to 2013. The primary components of the increased operating loss are:

- A decrease in net patient service revenue of approximately \$5,738 or 9%. This decrease is due primarily to the Authority having lower reimbursements by third-party payers and decreased patient volumes in 2014 versus 2013.

- An increase in other operating revenue of approximately \$1,453 or 114%. This increase is due primarily to approximately \$1,486 received in 2014 from Medicare and Medicaid for meaningful use of electronic health records implementation compared to \$59 received in 2013.
- A decrease in salaries, wages and employee benefits of approximately \$1,698 or 4%. This decrease is due primarily to a decrease in the number of employees.

The operating loss for 2013 of approximately \$487 was a decrease from the operating income of approximately \$2,508 in 2012. The primary components of the change from an operating income to a loss for 2013 were a decrease in net patient service revenue of approximately \$1,911 or 3%; a decrease in other operating revenue of approximately \$765 or 38%; and an increase in salaries, wages and employee benefits of approximately \$460 or 1%.

### ***Nonoperating Revenues and Expenses***

Nonoperating revenues and expenses consist of investment income, noncapital gifts and grants, loss on investments in joint ventures and interest expense. Interest expense continues to decrease each year with no new capital leases or other debt issued in 2014 and 2013. The Authority's noncapital gifts and grants for 2014 and 2013 were approximately \$43 and \$641, respectively. No money was received from the Corporation in 2014 as compared to \$500 in 2013. The Authority recognized approximately \$129 and \$456 in 2014 and 2013, respectively, in losses related to its joint venture investments.

### ***The Authority's Cash Flows***

Changes in the Authority's cash flows are consistent with changes in operating income and losses, nonoperating revenues and expenses and the changes in net patient accounts receivable and capital assets, net as discussed earlier.

### ***Capital Assets and Debt Administration***

#### **Capital Assets**

At the end of 2014 and 2013, the Authority had approximately \$15,182 and \$16,442, respectively, invested in capital assets, net of accumulated depreciation, as detailed in *Note 5* to the financial statements. The Authority had capital asset additions of approximately \$1,758 and \$2,707 in 2014 and 2013, respectively.

#### **Debt**

At June 30, 2014 and 2013, the Authority had debt only relating to capital leases. During both 2014 and 2013, the Authority purchased no equipment under capital leases. Approximately \$262 and \$472 are outstanding under capital lease obligations at June 30, 2014 and 2013, respectively.

### ***Contacting the Authority's Financial Management***

This financial report is designed to provide the Authority's patients, suppliers, taxpayers and creditors with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Authority's chief financial officer by telephoning 580.379.5510.

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Balance Sheets**  
**June 30, 2014 and 2013**

**Assets**

	<b>2014</b>		<b>2013</b>	
	<b>Primary Government</b>	<b>Component Unit – JCMH HCC</b>	<b>Primary Government</b>	<b>Component Unit – JCMH HCC</b>
<b>Current Assets</b>				
Cash and cash equivalents	\$ 3,947,745	\$ 3,594,896	\$ 4,831,029	\$ 6,174,623
Short-term investments	6,607,825	5,348,276	4,325,038	215,193
Patient accounts receivable, net of allowance; 2014 – \$7,795,000, 2013 – \$8,613,000	8,627,713	-	11,185,017	-
Trade accounts receivable, net of allowance; 2014 – \$50,000, 2013 – \$74,000	-	160,040	-	228,682
Due from the Authority	-	63,845	-	647,656
Other receivables – related parties	726,919	-	796,797	-
Other receivables	268,018	711	11,121	54,776
Supplies	1,692,425	317,981	1,624,895	294,653
Prepaid expenses and other	897,403	30,122	802,933	27,845
Estimated amounts due from third-party payer	-	-	260,000	-
Total current assets	<u>22,768,048</u>	<u>9,515,871</u>	<u>23,836,830</u>	<u>7,643,428</u>
<b>Capital Assets, Net</b>	<u>15,182,132</u>	<u>15,957,855</u>	<u>16,442,290</u>	<u>16,568,362</u>
<b>Other Assets</b>				
Investments in joint ventures	2,843,344	-	2,728,476	-
Other	<u>176,525</u>	<u>148,762</u>	<u>227,779</u>	<u>163,638</u>
	<u>3,019,869</u>	<u>148,762</u>	<u>2,956,255</u>	<u>163,638</u>
Total assets	<u>\$ 40,970,049</u>	<u>\$ 25,622,488</u>	<u>\$ 43,235,375</u>	<u>\$ 24,375,428</u>

## Liabilities and Net Position

	2014		2013	
	Primary Government	Component Unit – JCMH HCC	Primary Government	Component Unit – JCMH HCC
<b>Current Liabilities</b>				
Current maturities of long-term debt	\$ 151,389	\$ -	\$ 211,512	\$ -
Accounts payable	2,110,984	616,095	2,337,304	531,227
Accrued payroll and other expenses	7,592,780	-	7,198,795	-
Estimated amounts due to third-party payers	275,000	-	-	-
Total current liabilities	10,130,153	616,095	9,747,611	531,227
<b>Long-Term Debt</b>	111,110	-	260,676	-
Total liabilities	10,241,263	616,095	10,008,287	531,227
<b>Net Position</b>				
Net investment in capital assets	14,919,633	15,957,855	15,970,102	16,568,362
Restricted expendable for capital expenditures	124,846	-	119,824	-
Unrestricted	15,684,307	9,048,538	17,137,162	7,275,839
Total net position	30,728,786	25,006,393	33,227,088	23,844,201
Total liabilities and net position	\$ 40,970,049	\$ 25,622,488	\$ 43,235,375	\$ 24,375,428

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended June 30, 2014 and 2013**

	2014		2013	
	Primary Government	Component Unit – JCMH HCC	Primary Government	Component Unit – JCMH HCC
<b>Operating Revenues</b>				
Net patient service revenue, net of provision for uncollectible accounts; 2014 – \$8,253,855, 2013 – \$7,001,044	\$ 61,457,733	\$ -	\$ 67,196,417	\$ -
Medical equipment and supplies sales and rentals, net of provision for uncollectible accounts; 2014 – \$47,509, 2013 – \$76,390	-	1,383,574	-	1,606,327
Lease revenue	-	773,028	-	776,107
Scanner services revenue	-	2,247,340	-	2,364,523
Retirement center revenue	-	1,443,584	-	1,461,628
Other	2,726,595	-	1,273,715	-
Total operating revenues	64,184,328	5,847,526	68,470,132	6,208,585
<b>Operating Expenses</b>				
Salaries and wages	32,698,664	-	34,089,943	-
Employee benefits	7,968,982	-	8,276,095	-
Purchased services and professional fees	5,759,559	807,382	6,050,474	905,094
Supplies and other	17,499,760	2,928,190	17,872,834	3,027,116
Depreciation and amortization	2,696,058	917,270	2,667,898	922,055
Total operating expenses	66,623,023	4,652,842	68,957,244	4,854,265
<b>Operating Income (Loss)</b>	(2,438,695)	1,194,684	(487,112)	1,354,320
<b>Nonoperating Revenues (Expenses)</b>				
Investment income	43,984	48,008	36,687	31,935
Noncapital gifts and grants	43,102	(80,500)	641,611	(621,100)
Interest expense	(22,916)	-	(34,677)	-
Loss on investments in joint ventures	(128,799)	-	(456,001)	-
Total nonoperating revenues (expenses)	(64,629)	(32,492)	187,620	(589,165)
<b>Excess (Deficiency) of Revenues over Expenses Before Capital Gifts</b>	(2,503,324)	1,162,192	(299,492)	765,155
<b>Capital Gifts</b>	5,022	-	8,953	-
<b>Increase (Decrease) in Net Position</b>	(2,498,302)	1,162,192	(290,539)	765,155
<b>Net Position, Beginning of Year</b>	33,227,088	23,844,201	33,517,627	23,079,046
<b>Net Position, End of Year</b>	\$ 30,728,786	\$ 25,006,393	\$ 33,227,088	\$ 23,844,201

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Statements of Cash Flows**  
**Years Ended June 30, 2014 and 2013**

	2014		2013	
	Primary Government	Component Unit – JCMH HCC	Primary Government	Component Unit – JCMH HCC
<b>Operating Activities</b>				
Receipts from and on behalf of patients	\$ 64,550,037	\$ 2,247,340	\$ 68,035,268	\$ 2,373,445
Receipts from and on behalf of customers – medical equipment and supplies sales and rentals	-	1,444,822	-	1,647,922
Receipts from and on behalf of residents – retirement center	-	1,450,978	-	1,461,628
Receipts from equipment and medical office space leasing	-	773,028	-	776,107
Payments to suppliers and contractors	(23,702,367)	(3,627,623)	(23,971,597)	(3,754,499)
Payments to employees	(40,061,759)	-	(42,858,417)	-
Other receipts and payments, net	2,645,255	637,876	1,562,944	(620,867)
Net cash provided by operating activities	3,431,166	2,926,421	2,768,198	1,883,736
<b>Noncapital Financing Activities</b>				
Noncapital gifts and grants received (made)	43,102	(80,500)	641,611	(621,100)
Net cash provided by (used in) noncapital financing activities	43,102	(80,500)	641,611	(621,100)
<b>Capital and Related Financing Activities</b>				
Principal paid on long-term debt	(209,689)	-	(202,619)	-
Interest paid on long-term debt	(22,916)	-	(34,677)	-
Purchase of capital assets	(1,658,816)	(411,300)	(2,684,257)	(170,493)
Proceeds from sale of capital assets	11,317	70,727	9,542	-
Capital gifts	5,022	-	8,953	-
Net cash used in capital and related financing activities	(1,875,082)	(340,573)	(2,903,058)	(170,493)
<b>Investing Activities</b>				
Net change in short-term investments	(2,281,747)	(5,133,083)	687,386	201,351
Investment income received	42,944	48,008	38,861	31,935
Capital contributions to joint ventures, net	(243,667)	-	(874,335)	-
Net cash provided by (used in) investing activities	(2,482,470)	(5,085,075)	(148,088)	233,286
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	(883,284)	(2,579,727)	358,663	1,325,429
<b>Cash and Cash Equivalents, Beginning of Year</b>	4,831,029	6,174,623	4,472,366	4,849,194
<b>Cash and Cash Equivalents, End of Year</b>	\$ 3,947,745	\$ 3,594,896	\$ 4,831,029	\$ 6,174,623

See Notes to Financial Statements

	2014		2013	
	Primary Government	Component Unit – JCMH HCC	Primary Government	Component Unit – JCMH HCC
Operating income (loss)	\$ (2,438,695)	\$ 1,194,684	\$ (487,112)	\$ 1,354,320
Items not requiring cash				
Depreciation and amortization	2,696,058	917,270	2,667,898	922,055
Provision for uncollectible accounts	8,523,855	47,509	7,001,044	76,390
(Gain) loss on sale of capital assets	(7,419)	(31,364)	36,055	6,140
Accrued self-insurance costs	325,000	-	25,000	-
Loss on abandonment of construction project costs	280,858	40,025	58,022	53,251
Changes in				
Patient, trade and other accounts receivable, net	(6,153,570)	21,133	(5,829,019)	(25,873)
Supplies, prepaid expenses and other assets	(110,746)	68,485	(152,317)	32,633
Estimated amounts due to/from third-party payers	535,000	-	(80,000)	-
Due from the Authority	-	583,811	-	(567,176)
Accounts payable and accrued expenses	<u>(219,175)</u>	<u>84,868</u>	<u>(471,373)</u>	<u>31,996</u>
Net cash provided by operating activities	<u>\$ 3,431,166</u>	<u>\$ 2,926,421</u>	<u>\$ 2,768,198</u>	<u>\$ 1,883,736</u>
<b>Supplemental Cash Flows Information</b>				
Capital asset acquisitions included in accounts payable	\$ 155,514	\$ -	\$ 93,674	\$ -

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

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

***Nature of Operations***

Jackson County Memorial Hospital Authority (the Authority) was created under a trust indenture dated July 1, 1981, as a public trust under provisions of Title 60 of the Oklahoma Statutes for the benefit of Jackson County, Oklahoma. The Authority is a component unit of Jackson County, Oklahoma, and the Board of County Commissioners appoints the members of the Authority's Board of Trustees.

The Authority operates Jackson County Memorial Hospital (the Hospital) under a bargain lease agreement with Jackson County, Oklahoma. The lease term is from July 1, 1981 to June 30, 2031, or until such date as all indebtedness incurred by the Authority has been paid.

The Hospital, located in Altus, Oklahoma, primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in Jackson County and the surrounding area. It also operates a home health agency, a skilled nursing facility and various outpatient clinics in the same geographic area.

***Reporting Entity***

The Jackson County Memorial Hospital Foundation (the Foundation) is a nonprofit corporation organized and operated for the exclusive benefit and support of the Authority. The Foundation and the Authority operate under the same governing Board of Trustees. Accordingly, the Foundation is included as a component unit in the Authority's financial statements using the blended method. All significant intercompany accounts and transactions between the Authority and the Foundation have been eliminated in the financial statements.

JCMH Health Care Corporation (the Corporation) is a legally separate nonprofit corporation formed in 1986 under the provisions of the *Oklahoma Nonprofit Corporations Act*. The Corporation's purpose is to carry out the objectives of the Authority and to enhance the health care services to the community of Altus, Oklahoma, and surrounding areas. Upon dissolution of the Corporation, its assets remaining after payment or adequate provision for the payment of all liabilities and obligations of the Corporation shall be distributed to the Authority. The Board of Trustees of the Authority appoints the members of the Corporation's Board of Trustees. The Corporation is considered a component unit of the Authority and is discretely presented in the Authority's financial statements. See *Note 15* for condensed disclosures specific to the Corporation. Complete financial statements of the Corporation may be obtained by contacting its management at 580.379.5510.

The Authority and the Foundation have a fiscal year-end of June 30. The Corporation has a fiscal year-end of December 31. All information in the accompanying financial statements and footnotes related to the Corporation is as of and for the years ended December 31, 2013 and 2012, respectively.



**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

***Basis of Accounting and Presentation***

The financial statements of the Authority 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 voluntary nonexchange transactions (principally noncapital gifts) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions. Investment income, voluntary nonexchange transactions and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Authority 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 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 Authority considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2014 and 2013, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

***Risk Management***

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

The Authority is self-insured for a portion of its exposure to risk of loss from workers' compensation and employee health claims. Annual estimated provisions are accrued for the self-insured portion of workers' compensation and employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

***Investments and Investment Income***

Investments are carried at fair value. Fair value is determined using quoted market prices. Investments in nonnegotiable certificates of deposit are carried at amortized cost. Investment income includes dividend and interest income, realized gains and losses on investments sold and the net change for the year in the fair value of investments carried at fair value.

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***Patient Accounts Receivable***

The Authority reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Authority provides an allowance for uncollectible accounts, based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the Authority bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

***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 fair 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 Authority:

Buildings and improvements	3–40 years
Equipment	2–10 years

***Investments in Joint Ventures***

The Authority has ownership (equity) interests in two joint ventures – Heartland Healthcare Reciprocal Risk Retention Group (Heartland) and Cancer Centers of Southwest Oklahoma, LLC (CCSO). The investments in the joint ventures are recorded using the equity method of accounting (cost plus equity in the joint venture's undistributed net income or loss since acquisition).

See *Note 14* for additional information regarding the Heartland and CCSO joint ventures.

***Compensated Absences***

Authority policies permit most employees to accumulate paid time off 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 benefits are earned whether the employee is expected to realize the benefit as time off or in cash. 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 payroll taxes, computed using rates in effect at that date.

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***Net Position***

Net position of the Authority is classified in three 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. Restricted expendable net position is noncapital assets that must be used for a particular purpose as specified by creditors, grantors or donors external to the Authority. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted expendable.

***Net Patient Service Revenue***

The Authority has agreements with third-party payers that provide for payments to the Authority 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 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.

***Charity Care***

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

***Income Taxes***

The Authority is generally exempt from income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law as a political subdivision of the state of Oklahoma. However, the Authority is subject to federal income tax on any unrelated business taxable income.

The Internal Revenue Service has recognized both the Foundation and the Corporation as exempt from income taxes under Section 501(a) of the Internal Revenue Code as organizations described in Code Section 501(c)(3). Both the Foundation and the Corporation are subject to federal and state income taxes on any unrelated business income resulting from their respective operations. At December 31, 2013, the Corporation had approximately \$696,000 of unused unrelated business income operating loss carryforwards, which expire between 2019 and 2032.

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***Electronic Health Records Incentive Program***

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals and physicians that demonstrate meaningful use of certified electronic health records (EHR) technology. Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for three years based on a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services (CMS). Payment under both programs are contingent on the Authority continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the administrative contractor. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Authority recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

In 2014, the Authority completed first-year requirements under the Medicare program. The Authority completed the second-year requirements for Medicare and Medicaid on September 30, 2014. The Authority recognized revenue related to EHR incentive programs, which is included in other revenue within operating revenues in the accompanying statements of revenues, expenses and changes in net position for the years ended June 30, 2014 and 2013, as follows:

	<b>2014</b>	<b>2013</b>
Medicare Hospital Incentive Payment	\$ 1,418,000	\$ -
Medicare Physician Incentive Payment	47,000	-
Medicaid Physician Incentive Payment	<u>21,000</u>	<u>59,000</u>
	<u><u>\$ 1,486,000</u></u>	<u><u>\$ 59,000</u></u>

***Supplemental Hospital Offset Payment Program***

On January 17, 2012, CMS approved the State of Oklahoma's Supplemental Hospital Offset Payment Program (SHOPP). The SHOPP program is retroactive back to July 1, 2011, and is currently scheduled to sunset on December 31, 2017. The SHOPP program is designed to assess Oklahoma hospitals a supplemental hospital offset fee which 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.

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The SHOPP revenue is recorded as part of net patient service revenue and the SHOPP assessment fees are recorded as part of other expenses on the accompanying statements of revenues, expenses and changes in net position. The amounts noted in the table below for the years ended June 30, 2014 and 2013, represent the approximate amounts received and paid by the Authority. The annual amounts to be received and paid by the Authority over the term of the SHOPP program 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 net benefit to the Authority over the term of the SHOPP program is not expected to be materially different than the amounts received in 2014 and 2013.

	<b>2014</b>	<b>2013</b>
SHOPP funds received	\$ 3,456,000	\$ 2,933,000
SHOPP assessment fees paid	<u>1,893,000</u>	<u>1,915,000</u>
Net SHOPP benefit	<u>\$ 1,563,000</u>	<u>\$ 1,018,000</u>

**Note 2: Net Patient Service Revenue**

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

- **Medicare** – Inpatient services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. The Authority is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare administrative contractor. The Authority's Medicare cost reports have been audited by the Medicare administrative contractor through the year ended June 30, 2012.
- **Medicaid** – The Authority has also been reimbursed for services rendered to patients covered by the state Medicaid program at prospectively determined rates per discharge and fee schedules with no retroactive adjustment. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

Approximately 53% and 55% of the Authority's net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2014 and 2013, respectively. 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 Authority has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

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**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 Authority's deposit policy for custodial credit risk requires compliance with the provisions of state law, which generally requires collateralization of all deposits with the Federal Deposit Insurance Corporation (FDIC) and other acceptable collateral in specific amounts.

At June 30, 2014 and 2013, none of the Authority's bank balances of approximately \$9,953,000 and \$9,126,000, respectively, were exposed to custodial credit risk. At June 30, 2014, the Authority's bank balances in excess of FDIC limits were collateralized by irrevocable letters of credit from the Federal Home Loan Bank. These amounts exclude deposits held by the Authority's blended component unit with bank balances of approximately \$354,000 and \$344,000 and carrying values of approximately \$354,000 and \$344,000 at June 30, 2014 and 2013, respectively. As a nongovernmental entity, the blended component unit is not subject to collateralization requirements. At June 30, 2014 and 2013, approximately \$14,000 and \$0, respectively, of the blended component unit's bank balances exceeded FDIC limits and were uninsured.

***Investments***

The Authority's investment policy generally limits investments to direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and U.S. government bond mutual funds.

At June 30, 2014 and 2013, the Authority had the following investments and maturities:

Type	Fair Value	Maturities in Years		
		Less than 1	1–5	6–10
2014				
U.S. government bond mutual funds	\$ 100,553	\$ -	\$ -	\$ 100,553
Accrued investment income	4,015			
	<u>\$ 104,568</u>			
2013				
U.S. government bond mutual funds	\$ 99,513	\$ -	\$ -	\$ 99,513
Accrued investment income	5,422			
	<u>\$ 104,935</u>			

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**Interest Rate Risk** – As a means of limiting its exposure to fair value losses arising from rising interest rates, the Authority’s investment policy generally limits investment maturities to no more than 24 months. The U.S. government bond mutual funds are presented as an investment with a maturity of six to ten years based on the weighted-average maturity of the underlying investments.

**Credit Risk** – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The Authority’s investment policy does not address credit risk. At June 30, 2014 and 2013, the Authority’s investments not directly guaranteed by the U.S. government were not rated.

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

**Concentration of Credit Risk** – The Authority places no limit on the amount that may be invested in any one issuer. At June 30, 2014 and 2013, the Authority had only one investment.

***Summary of Carrying Values***

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

	<b>2014</b>	<b>2013</b>
Carrying value		
Deposits	\$ 10,449,202	\$ 9,049,082
Investments	104,568	104,935
Cash on hand	1,800	2,050
	<u>\$ 10,555,570</u>	<u>\$ 9,156,067</u>
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 3,947,745	\$ 4,831,029
Short-term investments	6,607,825	4,325,038
	<u>\$ 10,555,570</u>	<u>\$ 9,156,067</u>

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***Investment Income***

Investment income for the years ended June 30, 2014 and 2013, consisted of:

	<b>2014</b>	<b>2013</b>
Interest and dividends	\$ 42,944	\$ 38,861
Net increase (decrease) in fair value of investments	<u>1,040</u>	<u>(2,174)</u>
	<u><u>\$ 43,984</u></u>	<u><u>\$ 36,687</u></u>

**Note 4: Patient Accounts Receivable**

The Authority 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, 2014 and 2013, consisted of:

	<b>2014</b>	<b>2013</b>
Patients and third-party payers	\$ 14,454,370	\$ 15,380,330
Medicare	1,423,130	3,464,408
Medicaid	<u>545,213</u>	<u>953,279</u>
	16,422,713	19,798,017
Less allowance for uncollectible amounts	<u>7,795,000</u>	<u>8,613,000</u>
	<u><u>\$ 8,627,713</u></u>	<u><u>\$ 11,185,017</u></u>



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**Note 5: Capital Assets**

Capital assets activity of the Authority for the years ended June 30, 2014 and 2013, was:

	<b>2014</b>				<b>Ending Balance</b>
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Transfers</b>	<b>Retirements</b>	
Land	\$ 3,629,514	\$ -	\$ -	\$ -	\$ 3,629,514
Building, improvements and fixed equipment	28,126,418	9,293	549,871	(176,036)	28,509,546
Major moveable equipment	28,891,218	396,807	694,889	(2,127,446)	27,855,468
Construction in progress	692,390	1,352,370	(1,244,760)	(280,858)	519,142
	<u>61,339,540</u>	<u>1,758,470</u>	<u>-</u>	<u>(2,584,340)</u>	<u>60,513,670</u>
Less accumulated depreciation					
Building, improvements and fixed equipment	21,502,268	1,148,666	-	(178,428)	22,472,506
Major moveable equipment	23,394,982	1,547,392	-	(2,083,342)	22,859,032
	<u>44,897,250</u>	<u>2,696,058</u>	<u>-</u>	<u>(2,261,770)</u>	<u>45,331,538</u>
Capital assets, net	<u>\$ 16,442,290</u>	<u>\$ (937,588)</u>	<u>\$ -</u>	<u>\$ (322,570)</u>	<u>\$ 15,182,132</u>

  

	<b>2013</b>				<b>Ending Balance</b>
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Transfers</b>	<b>Retirements</b>	
Land	\$ 3,629,514	\$ -	\$ -	\$ -	\$ 3,629,514
Building, improvements and fixed equipment	26,901,948	43,617	1,180,853	-	28,126,418
Major moveable equipment	28,137,467	1,526,082	10,727	(783,058)	28,891,218
Construction in progress	803,954	1,138,038	(1,191,580)	(58,022)	692,390
	<u>59,472,883</u>	<u>2,707,737</u>	<u>-</u>	<u>(841,080)</u>	<u>61,339,540</u>
Less accumulated depreciation					
Building, improvements and fixed equipment	20,494,745	1,007,523	-	-	21,502,268
Major moveable equipment	22,468,902	1,652,227	-	(726,147)	23,394,982
	<u>42,963,647</u>	<u>2,659,750</u>	<u>-</u>	<u>(726,147)</u>	<u>44,897,250</u>
Capital assets, net	<u>\$ 16,509,236</u>	<u>\$ 47,987</u>	<u>\$ -</u>	<u>\$ (114,933)</u>	<u>\$ 16,442,290</u>

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**Note 6: Medical Malpractice Coverage and Claims**

The Authority 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 Authority's claims experience, no accrual for medical malpractice claims has been made at June 30, 2014, while an accrual of \$50,000 has been made at June 30, 2013. It is reasonably possible that this estimate could change materially in the near term.

The Authority is a member of Heartland Healthcare Reciprocal Risk Retention Group (Heartland), an entity approved by the state of Vermont to provide hospital professional liability and general liability coverage to its subscribers. Heartland was formed in order to stabilize the cost and availability of hospital professional and general liability insurance by taking advantage of the self-funding capabilities of a homogenous group of health care providers. Heartland members are provided hospital professional and general liability insurance under claims-made policies on a fixed premium basis. See *Note 14* for additional information about Heartland.

**Note 7: Self-Insured Claims**

The Authority sponsors workers' compensation and health care plans for its employees. These plans are self-insured to the extent of the deductible amounts under the excess risk insurance policies the Authority has obtained. Coverage limits under the plans are currently as follows:

- Workers' Compensation – First \$350,000 per occurrence with an employer's annual liability limit of \$1,000,000 per occurrence
- Health Care – First \$250,000 per person per year with a \$2,000,000 annual benefit per person

Losses from asserted and unasserted claims identified under the Authority's incident reporting system are accrued based on estimates that incorporate the Authority's past claims experience as well as other considerations, including the nature of each claim or incident, relevant trend factors and other economic and social factors. It is reasonably possible that the Authority's estimate of losses will change by a material amount in the near term.

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Activity in the Authority's self-insured plans' accrued liabilities during the years ended June 30, 2014 and 2013, is summarized as follows:

	<b>Workers' Compensation</b>	<b>Employee Health Care Benefits</b>
<b>2014</b>		
Balance, beginning of year	\$ 342,000	\$ 860,000
Current year claims incurred and changes in estimates for claims incurred in prior years	736,750	4,842,697
Claims and expenses paid	<u>(611,750)</u>	<u>(4,517,697)</u>
Balance, end of year	<u><u>\$ 467,000</u></u>	<u><u>1,185,000</u></u>
<b>2013</b>		
Balance, beginning of year	\$ 442,000	\$ 835,000
Current year claims incurred and changes in estimates for claims incurred in prior years	610,380	5,193,192
Claims and expenses paid	<u>(710,380)</u>	<u>(5,168,192)</u>
Balance, end of year	<u><u>\$ 342,000</u></u>	<u><u>\$ 860,000</u></u>

The above self-insured plans' accrued liability amounts are included in accrued payroll and other expenses on the accompanying balance sheets.

At June 30, 2014, the Authority also recorded a receivable of approximately \$113,000 related to an amount due to the Authority under the excess risk insurance policy for self-insured health care. This amount is included in other receivables on the accompanying balance sheets.

**Note 8: Long-Term Debt**

The following is a summary of long-term debt transactions for the Authority for the years ended June 30, 2014 and 2013:

	<b>Beginning Balance</b>	<b>Additions</b>	<b>Deductions</b>	<b>Ending Balance</b>	<b>Current Portion</b>
<b>2014</b>					
Capital lease obligations	<u>\$ 472,188</u>	<u>\$ -</u>	<u>\$ (209,689)</u>	<u>\$ 262,499</u>	<u>\$ 151,389</u>
<b>2013</b>					
Capital lease obligations	<u>\$ 674,807</u>	<u>\$ -</u>	<u>\$ (202,619)</u>	<u>\$ 472,188</u>	<u>\$ 211,512</u>
Total long-term debt	<u><u>\$ 674,807</u></u>	<u><u>\$ -</u></u>	<u><u>\$ (202,619)</u></u>	<u><u>\$ 472,188</u></u>	<u><u>\$ 211,512</u></u>

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***Capital Lease Obligations***

The Authority is obligated under leases for equipment that are accounted for as capital leases. Assets under capital leases at June 30, 2014 and 2013, totaled \$1,138,984, net of accumulated depreciation of \$957,089 and \$725,246, respectively. The following is a schedule by year of future minimum lease payments under the capital leases, including interest at varying rates from 1.8% to 8.25% together with the present value of the future minimum lease payments as of June 30, 2014:

<b>Fiscal Year Ending June 30,</b>	
2015	\$ 163,523
2016	107,590
2017	<u>7,163</u>
Total minimum lease payments	278,276
Less amount representing interest	<u>15,777</u>
Present value of future minimum lease payments	<u><u>\$ 262,499</u></u>

**Note 9: Restricted and Designated Net Position**

At June 30, 2014 and 2013, \$115,893 and \$119,824, respectively, of restricted expendable net position was available for capital acquisitions.

At June 30, 2014 and 2013, \$1,602,861 and \$3,039,630, respectively, of unrestricted net position have been designated by the Authority's Board of Trustees for capital acquisitions. Designated net position remains under the control of the Board of Trustees, which may, at its discretion, later use these assets for other purposes.

**Note 10: Charity Care**

In support of its mission, the Authority voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue.

The estimated uncompensated costs associated with charity care services were approximately \$1,130,000 and \$1,141,000 for the years ended June 30, 2014 and 2013, respectively. The costs of charity care are estimated by applying the cost-to-charge ratio from the Authority's most recent Medicare cost report to gross uncompensated charges.

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In addition to uncompensated charges, the Authority provides services to other individuals, various community agencies and the broader community. These services are provided at no charge to the public and include such items as health education and promotion, blood pressure and cholesterol screening and health assessments. Costs related to these services are not separately identifiable and are included in expenses.

**Note 11: Retirement Plan**

The Authority contributes to a defined contribution retirement plan (the Plan) covering substantially all employees. Pension expense is recorded for the amount of the Authority's required contributions, determined in accordance with the terms of the Plan. The Plan is administered by the Authority's Board of Trustees and provides retirement and death benefits to participating employees and their beneficiaries. Benefit provisions and contribution requirements are contained in the plan document and were established and can be amended by action of the Authority's Board of Trustees. The required contribution rate for participating employees for 2014 and 2013 was 4% of a participating employee's compensation (as defined in the plan document).

The approximate contributions actually made by employees and the Authority for the years ended June 30, 2014 and 2013, were as follows:

	<b>2014</b>	<b>2013</b>
Employees' contributions	\$ 2,933,000	\$ 3,007,000
Authority contributions	<u>1,948,000</u>	<u>2,020,000</u>
	<u><u>\$ 4,881,000</u></u>	<u><u>\$ 5,027,000</u></u>

**Note 12: Contingencies and Other Matters**

***Litigation***

In the normal course of business, the Authority 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 Authority's self-insurance programs (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Authority 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 claim. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

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***Investment Risks and Uncertainties***

The Authority 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 investment amounts reported in the accompanying financial statements.

**Note 13: Related-Party Transactions**

The primary services the Corporation (including its wholly owned subsidiary) provides to the Authority are CT scan services, rental of building space and the sale of durable medical equipment and supplies to patients of the Authority.

The following are the significant related-party transactions between the Authority and the Corporation:

The Corporation provided CT scan services to the Authority of approximately \$2,112,000 and \$2,328,000 for the years ended June 30, 2014 and 2013, respectively. Included in accounts payable of the Authority at June 30, 2014 and 2013, are \$193,583 and \$156,590, respectively, for unpaid CT scan services provided by the Corporation.

The Authority provides various management and administrative services to the Corporation for which the Authority is reimbursed. During 2014 and 2013, the Authority billed the Corporation approximately \$2,257,000 and \$2,340,000, respectively. Included in other receivables – related parties of the Authority at June 30, 2014 and 2013, are \$726,919 and \$689,456, respectively, due from the Corporation for providing the various management and administrative services.

The Authority leases building space from the Corporation under a one-year operating lease agreement. Rent expense under this lease was approximately \$532,000 and \$537,000 for the years ended June 30, 2014 and 2013, respectively.

During 2013, the Corporation gave a gift of \$500,000 to the Authority, which is included in noncapital gifts and grants on the accompanying statements of revenues, expenses and changes in net position. Subsequent to June 30, 2014, the Corporation gave a gift of \$2,000,000 to the Authority.

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**Note 14: Investments in Joint Ventures**

The Authority has an ownership (equity) interest in two joint ventures, which are described below:

***Cancer Centers of Southwest Oklahoma, LLC (CCSO)***

The Authority is an approximate 29% ownership member of CCSO. The Authority's investment in CCSO amounted to approximately \$1,374,000 and \$1,383,000 at June 30, 2014 and 2013, respectively. CCSO was formed to develop and operate three facilities specializing in providing cancer treatment services for the residents of southwest Oklahoma.

Financial position and results of operations summarized from CCSO's audited financial statements for the fiscal years ended June 30, 2014 and 2013, are shown below:

	<b>2014</b>	<b>2013</b>
Current assets	\$ 9,356,075	\$ 8,912,974
Capital assets and other long-term assets, net	<u>23,442,654</u>	<u>25,717,186</u>
Total assets	32,798,729	34,630,160
Total liabilities	<u>28,007,582</u>	<u>29,952,225</u>
Net position	<u>\$ 4,791,147</u>	<u>\$ 4,677,935</u>
Revenues	<u>\$ 25,551,636</u>	<u>\$ 21,494,701</u>
Deficiency of revenues over expenses	<u>\$ (736,788)</u>	<u>\$ (2,141,704)</u>

Complete financial statements of CCSO may be obtained by contacting the Authority's management at 580.379.5510.

***Heartland Healthcare Reciprocal Risk Retention Group (Heartland)***

The Authority is a subscriber (member) of Heartland and has an approximate 23% ownership (equity) interest in Heartland. Heartland was formed as an unincorporated association approved by the state of Vermont to provide hospital professional liability and general liability coverage to its subscribers. The Authority's investment in Heartland amounted to approximately \$1,470,000 and \$1,345,000 at June 30, 2014 and 2013, respectively.

The Authority purchases its professional liability (medical malpractice) and general liability insurance coverages from Heartland (see *Note 6*). For the years ended June 30, 2014 and 2013, the Authority paid approximately \$462,000 and \$501,000, respectively, to Heartland for the coverage.

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Financial position and results of operations summarized from Heartland's audited financial statements for the fiscal years ended December 31, 2013 and 2012, are shown below:

	<b>2013</b>	<b>2012</b>
Cash and cash equivalents	\$ 1,691,220	\$ 2,339,418
Investments, at fair value	13,125,214	11,885,518
Other assets	<u>252,615</u>	<u>251,971</u>
Total assets	<u>15,069,049</u>	<u>14,476,907</u>
Unpaid losses and loss adjustment expenses	5,749,816	5,904,572
Other liabilities	<u>269,012</u>	<u>230,823</u>
Total liabilities	<u>6,018,828</u>	<u>6,135,395</u>
Subscribers' surplus	<u>\$ 9,050,221</u>	<u>\$ 8,341,512</u>
Revenues	<u>\$ 3,331,650</u>	<u>\$ 4,389,416</u>
Net income	<u>\$ 536,255</u>	<u>\$ 1,224,750</u>

Complete financial statements of Heartland may be obtained by contacting the Authority's management at 580.379.5510.

**Note 15: JCMH Health Care Corporation**

The following information relates to the Authority's discretely presented component unit, JCMH Health Care Corporation (the Corporation), and is as of and for the years ended December 31, 2013 and 2012.

***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 Corporation's deposit policy for custodial credit risk requires compliance with the provisions of state law, which requires collateralization of all deposits with FDIC insurance and other acceptable collateral in specific amounts.



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At December 31, 2013 and 2012, approximately \$3,275,947 and \$5,707,379 of the Corporation's bank balances of approximately \$9,119,512 and \$6,579,888, respectively, were exposed to custodial credit risk as follows:

	<b>2013</b>	<b>2012</b>
Uninsured and uncollateralized	\$ 275,947	\$ -
Uninsured and collateral held by pledging financial institution	<u>3,000,000</u>	<u>5,707,379</u>
	<u><u>\$ 3,275,947</u></u>	<u><u>\$ 5,707,379</u></u>

***Summary of Carrying Values***

The carrying values of deposits and investments are included in the December 31, 2013 and 2012, balance sheets as follows:

	<b>2013</b>	<b>2012</b>
Carrying value		
Deposits	\$ 8,942,572	\$ 6,388,991
Cash on hand	<u>600</u>	<u>825</u>
	<u><u>\$ 8,943,172</u></u>	<u><u>\$ 6,389,816</u></u>
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 3,594,896	\$ 6,174,623
Short-term investments	<u>5,348,276</u>	<u>215,193</u>
	<u><u>\$ 8,943,172</u></u>	<u><u>\$ 6,389,816</u></u>

Short-term investments at December 31, 2013 and 2012, consisted of certificates of deposit.

***Investment Income***

Investment income for the years ended December 31, 2013 and 2012, consisted of interest income.

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**Capital Assets**

Capital assets activity for the years ended December 31, 2013 and 2012, was:

	<b>2013</b>				
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Disposals</b>	<b>Transfers</b>	<b>Ending Balance</b>
Land	\$ 1,487,169	\$ -	\$ -	\$ -	\$ 1,487,169
Buildings and improvements	18,879,012	289,319	(120,749)	-	19,047,582
Furniture, fixtures and equipment	5,379,779	121,981	(192,391)	-	5,309,369
Construction in progress	2,056	-	-	-	2,056
	<u>25,748,016</u>	<u>411,300</u>	<u>(313,140)</u>	<u>-</u>	<u>25,846,176</u>
Less accumulated depreciation					
Buildings and improvements	6,137,278	603,317	(61,521)	-	6,679,074
Furniture, fixtures and equipment	3,042,376	299,077	(132,206)	-	3,209,247
	<u>9,179,654</u>	<u>902,394</u>	<u>(193,727)</u>	<u>-</u>	<u>9,888,321</u>
Capital assets, net	<u>\$ 16,568,362</u>	<u>\$ (491,094)</u>	<u>\$ (119,413)</u>	<u>\$ -</u>	<u>\$ 15,957,855</u>

	<b>2012</b>				
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Disposals</b>	<b>Transfers</b>	<b>Ending Balance</b>
Land	\$ 1,483,484	\$ 3,685	\$ -	\$ -	\$ 1,487,169
Buildings and improvements	18,800,718	70,359	-	7,935	18,879,012
Furniture, fixtures and equipment	5,434,603	88,143	(204,115)	61,148	5,379,779
Construction in progress	116,084	8,306	(53,251)	(69,083)	2,056
	<u>25,834,889</u>	<u>170,493</u>	<u>(257,366)</u>	<u>-</u>	<u>25,748,016</u>
Less accumulated depreciation					
Buildings and improvements	5,540,249	597,029	-	-	6,137,278
Furniture, fixtures and equipment	2,878,099	310,150	(145,873)	-	3,042,376
	<u>8,418,348</u>	<u>907,179</u>	<u>(145,873)</u>	<u>-</u>	<u>9,179,654</u>
Capital assets, net	<u>\$ 17,416,541</u>	<u>\$ (736,686)</u>	<u>\$ (111,493)</u>	<u>\$ -</u>	<u>\$ 16,568,362</u>

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**Note 16: Patient Protection and Affordable Care Act**

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The state of Oklahoma is currently not participating in the expansion of the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Authority's reduced revenue from other Medicare/Medicaid programs.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Authority's net patient service revenue. In addition, it is possible the Authority will experience payment delays and other operational challenges during PPACA's implementation.

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**Note 17: Combining Component Unit Information**

The following tables include combining balance sheet information for the Authority and its blended component unit as of June 30, 2014 and 2013.

	<b>June 30, 2014</b>		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
<b>Assets</b>			
Current assets	\$ 22,413,725	\$ 354,323	\$ 22,768,048
Capital assets, net	15,182,132	-	15,182,132
Other assets	2,994,397	25,472	3,019,869
Total assets	<u>\$ 40,590,254</u>	<u>\$ 379,795</u>	<u>\$ 40,970,049</u>
<b>Liabilities and Net Position</b>			
Current liabilities	\$ 10,130,153	\$ -	\$ 10,130,153
Long term-debt	111,110	-	111,110
Total liabilities	<u>10,241,263</u>	<u>-</u>	<u>10,241,263</u>
Net position			
Net investment in capital assets	14,919,633	-	14,919,633
Restricted expendable for capital expenditures	-	124,846	124,846
Unrestricted	15,429,358	254,949	15,684,307
Total net position	<u>30,348,991</u>	<u>379,795</u>	<u>30,728,786</u>
Total liabilities and net position	<u>\$ 40,590,254</u>	<u>\$ 379,795</u>	<u>\$ 40,970,049</u>

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
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	<b>June 30, 2013</b>		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
<b>Assets</b>			
Current assets	\$ 23,490,367	\$ 346,463	\$ 23,836,830
Capital assets, net	16,442,290	-	16,442,290
Other assets	2,936,508	19,747	2,956,255
	<u>\$ 42,869,165</u>	<u>\$ 366,210</u>	<u>\$ 43,235,375</u>
<b>Liabilities and Net Position</b>			
Current liabilities	\$ 9,745,151	\$ 2,460	\$ 9,747,611
Long term-debt	260,676	-	260,676
	<u>10,005,827</u>	<u>2,460</u>	<u>10,008,287</u>
<b>Net position</b>			
Net investment in capital assets	15,970,102	-	15,970,102
Restricted expendable for capital expenditures	-	119,824	119,824
Unrestricted	16,893,236	243,926	17,137,162
	<u>32,863,338</u>	<u>363,750</u>	<u>33,227,088</u>
	<u>\$ 42,869,165</u>	<u>\$ 366,210</u>	<u>\$ 43,235,375</u>

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

The following tables include combining statements of revenues, expenses and changes in net position information for the Authority and its blended component unit for the years ended June 30, 2014 and 2013. All depreciation and amortization expense for the years ended June 30, 2014 and 2013, related to the Authority.

	<b>Year Ended June 30, 2014</b>		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
Operating revenues	\$ 64,184,328	\$ -	\$ 64,184,328
Operating expenses	66,602,415	20,608	66,623,023
Operating loss	(2,418,087)	(20,608)	(2,438,695)
Nonoperating revenues (expenses)	(96,260)	31,631	(64,629)
Capital gifts	-	5,022	5,022
Increase (decrease) in net position	(2,514,347)	16,045	(2,498,302)
Net position, beginning of year	32,863,338	363,750	33,227,088
Net position, end of year	\$ 30,348,991	\$ 379,795	\$ 30,728,786

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
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	Year Ended June 30, 2013		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
Operating revenues	\$ 68,470,132	\$ -	\$ 68,470,132
Operating expenses	68,912,883	44,361	68,957,244
Operating loss	(442,751)	(44,361)	(487,112)
Nonoperating revenues	152,075	35,545	187,620
Capital gifts	-	8,953	8,953
Increase (decrease) in net position	(290,676)	137	(290,539)
Net position, beginning of year	33,154,014	363,613	33,517,627
Net position, end of year	<u>\$ 32,863,338</u>	<u>\$ 363,750</u>	<u>\$ 33,227,088</u>

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

The following tables include condensed combining statements of cash flows information for the Authority and its blended component unit for the years ended June 30, 2014 and 2013.

	<b>Year Ended June 30, 2014</b>		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
Net cash provided by (used in) operating activities	\$ 3,457,462	\$ (26,296)	\$ 3,431,166
Net cash provided by noncapital financing activities	14,778	28,324	43,102
Net cash provided by (used in) capital and related financing activities	(1,880,104)	5,022	(1,875,082)
Net cash provided by (used in) investing activities	<u>(2,485,366)</u>	<u>2,896</u>	<u>(2,482,470)</u>
Increase (decrease) in cash and cash equivalents	(893,230)	9,946	(883,284)
Cash and cash equivalents, beginning of year	<u>4,577,412</u>	<u>253,617</u>	<u>4,831,029</u>
Cash and cash equivalents, end of year	<u><u>\$ 3,684,182</u></u>	<u><u>\$ 263,563</u></u>	<u><u>\$ 3,947,745</u></u>



**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Notes to Financial Statements**  
**June 30, 2014 and 2013**

	Year Ended June 30, 2013		
	<b>Jackson County Memorial Hospital Authority</b>	<b>Jackson County Memorial Hospital Foundation</b>	<b>Total</b>
Net cash provided by (used in) operating activities	\$ 2,814,996	\$ (46,798)	\$ 2,768,198
Net cash provided by noncapital financing activities	609,536	32,075	641,611
Net cash provided by (used in) capital and related financing activities	(2,912,011)	8,953	(2,903,058)
Net cash provided by (used in) investing activities	<u>(150,983)</u>	<u>2,895</u>	<u>(148,088)</u>
Increase (decrease) in cash and cash equivalents	361,538	(2,875)	358,663
Cash and cash equivalents, beginning of year	<u>4,215,874</u>	<u>256,492</u>	<u>4,472,366</u>
Cash and cash equivalents, end of year	<u><u>\$ 4,577,412</u></u>	<u><u>\$ 253,617</u></u>	<u><u>\$ 4,831,029</u></u>

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

Board of Trustees  
Jackson County Memorial Hospital Authority  
Altus, 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 Jackson County Memorial Hospital Authority (the Authority) and its discretely presented component unit, JCMH Health Care Corporation (the Corporation), which comprise the balance sheet as of June 30, 2014, 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 December 9, 2014.

***Internal Control over Financial Reporting***

Management of the Authority is responsible for establishing and maintaining effective internal control over financial reporting (internal control). In planning and performing our audit, we considered the Authority's internal control to determine the 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.

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. 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 would not necessarily 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 as defined above. However, material weaknesses may exist that have not been identified. We identified a certain deficiency in internal control described in the accompanying schedule of findings and responses as item 2014-1 that we consider to be a significant deficiency in internal control.

Board of Trustees  
Jackson County Memorial Hospital Authority

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

As part of obtaining reasonable assurance about whether the Authority'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*.

### ***Authority's Response to the Finding***

The Authority's response to the finding identified in our audit is described in the accompanying schedule of findings and responses. The Authority's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

We also noted certain matters that we reported to the Authority's management in a separate letter dated December 9, 2014, and the Corporation's management in a separate letter dated May 20, 2014.

### ***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 entity'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.

**BKD, LLP**

Tulsa, Oklahoma  
December 9, 2014

**Jackson County Memorial Hospital Authority**  
**A Component Unit of Jackson County, Oklahoma**  
**Schedule of Findings and Responses**  
**Year Ended June 30, 2014**

<b>Reference Number</b>	<b>Finding</b>
2014-1	<p>Criteria or Specific Requirement – Management is responsible for establishing and maintaining effective internal control over financial reporting.</p> <p>Condition – One individual has incompatible duties in the revenues, cash receipts and accounts receivable transactions cycle of the Authority.</p> <p>Context – The customer service supervisor has the ability to receive cash or checks when payment on accounts is made and is custodian of cash or checks, records discounts or adjustments to charges and credits patient accounts for payments received, has the ability to prepare the cash receipts list and is responsible for reconciling the cash receipts listing to bank deposit records.</p> <p>Effect – Potential material misstatements in the financial statements or material misappropriations of assets due to error or fraud could occur and not be prevented or detected in a timely manner.</p> <p>Cause – Duties in the revenue, cash receipts and accounts receivable transactions cycle are not adequately segregated, and monitoring or other compensating controls are insufficient.</p> <p>Recommendation – Management should periodically evaluate the costs versus the benefits of further segregation of duties or addition of monitoring or other compensating controls and implement those changes it deems appropriate for which benefits are determined to exceed costs.</p> <p>Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will perform the suggested evaluation and make any changes deemed appropriate that are cost beneficial within the next year.</p>