FINANCIAL STATEMENTS June 30, 2014 and 2013

With Independent Auditors' Report Thereon

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#### Introduction

Our discussion and analysis of LeFlore County Hospital Authority's (the Authority) provides an overview of the Authority's financial activities for the year ended June 30, 2014. It should be read in conjunction with the accompanying financial statements of the Authority.

## **Financial Highlights**

- Cash and investments decreased in 2014 by \$1,395,820 or 27.6%.
- Capital assets increased in 2014 by \$596,618 or 1.4%.
- Long-term debt increased in 2014 by \$131,508 or 4.7%.
- The Authority's net position decreased in 2014 by \$4,113,261or 24.5%.
- The Authority reported an operating loss in 2014 of \$(4,855,874).

## **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 financial statements and related notes provide information about activities of the Authority, including resources held by the Authority but restricted for specific purposes by contributors, grantors, or enabling legislation. 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 the Authority's finances "Is the Authority 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 help answers this question. These statements include all restricted and unrestricted assets and liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless when cash is received or paid.

These two statements report the Authority's net position and changes in them. You can think of the Authority's net assets-the difference between assets and liabilities-as one way to measure the Authority's financial health, or financial position.

Over time, increases or decreases in the Authority's net position is one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Authority's patient base and measures of the quality of service it provides the community, as well as local economic factors to assess the overall health of the Authority.

## The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and financing 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 balance 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 by \$4,113,261 or 24.5% for the year ended June 30, 2014 as shown in Table 1

Table 1: Assets, Liabilities and Net Position

	2014		 2013
Assets			
Current Assets	\$	6,023,685	\$ 9,150,410
Capital Assets, Net		11,215,485	11,722,183
Other Assets		167,062	167,062
Total Assets	\$	17,406,232	\$ 21,039,655
	<del></del>		
Liabilities			
Long-term debt outstanding	\$	2,846,892	\$ 2,753,765
Other current and noncurrent liabilities		1,896,085	1,509,374
Total Liabilities	\$	4,742,977	\$ 4,263,139
		_	 
Net Position			
Invested in capital assets, net of related debt	\$	8,291,468	\$ 8,929,674
Unrestricted		4,371,787	7,846,842
Total Net Position	\$	12,663,255	\$ 16,776,516
Total Liabilities and Net Position	\$	17,406,232	\$ 21,039,655

# **Operating Results and Changes in Net Position**

For the year ended June 30, 2014, the Authority's net position decreased by \$4,113,261 or 24.5% as shown in Table 2.

**Table 2: Operating Results and Changes in Net Position** 

	2014	2013
Operating Revenues		
Net patient service revenue	\$ 16,946,540	\$ 20,507,488
Other operating revenues	500,635	461,228
Total Operating Revenues	17,447,175	20,968,716
Operating Expenses		
Nursing services	6,263,783	6,188,688
Other professional services	7,171,973	7,342,409
General services	2,389,811	2,397,789
Administrative services	5,236,925	4,743,161
Depreciation	1,240,557	1,199,584
Total Operating Expenses	22,303,049	21,871,631
Operating Income	(4,855,874)	(902,915)
Nonoperating Revenues (Expenses)		
Investment income	17,296	19,358
Interest Expense	(124,680)	(125,495)
Electronic Medical Records Incentive Payments	849,997	1,626,816
Total Nonoperating revenues (expenses)	742,613	1,520,679
Change in Net Position	\$ (4,113,261)	\$ 617,764
Change in 1 (of 1 obtion	ψ (1,113,201)	Ψ 017,701

# **Operating Income**

The first component of the overall change in the Authority's net position is its operating income (loss) generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services.

## The Authority's Cash Flows

Changes in the Authority's cash flows are consistent with the changes in operating income and nonoperating revenues and expenses, discussed earlier. Cash flows used by operating activities increased during the year ended June 30, 2014 due to income from operations.

## **Capital Asset and Debt Administration**

## **Capital Assets**

At the end of 2014, the Authority had \$11,215,485 invested in capital assets, net of accumulated depreciation, as detailed in Note 5 to the financial statements.

#### **Debt**

At June 30, 2014, the Authority had \$2,974,017 in notes and leases payable outstanding.

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

This financial report is designed to prove our patients, suppliers and creditors with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Authority administration by calling (918) 635-3300.

## **JOHNSTON & BRYANT**

Certified Public Accountants

Pete Johnston, C.P.A. Allen Bryant, Jr., C.P.A. P.O. Box 1564 Ada, Oklahoma 74821-1564 (580) 332-5549

MEMBER

American Institute of Certified Public Accountants

Oklahoma Society of Certified Public Accountants

# **Independent Auditors' Report**

Board of Trustees LeFlore County Hospital Authority Poteau, Oklahoma

#### **Report on the Financial Statements**

We have audited the accompanying financial statements of LeFlore County Hospital Authority, which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

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

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

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

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

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

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

LeFlore County Hospital Authority Board of Trustees Page Two

## **Opinion**

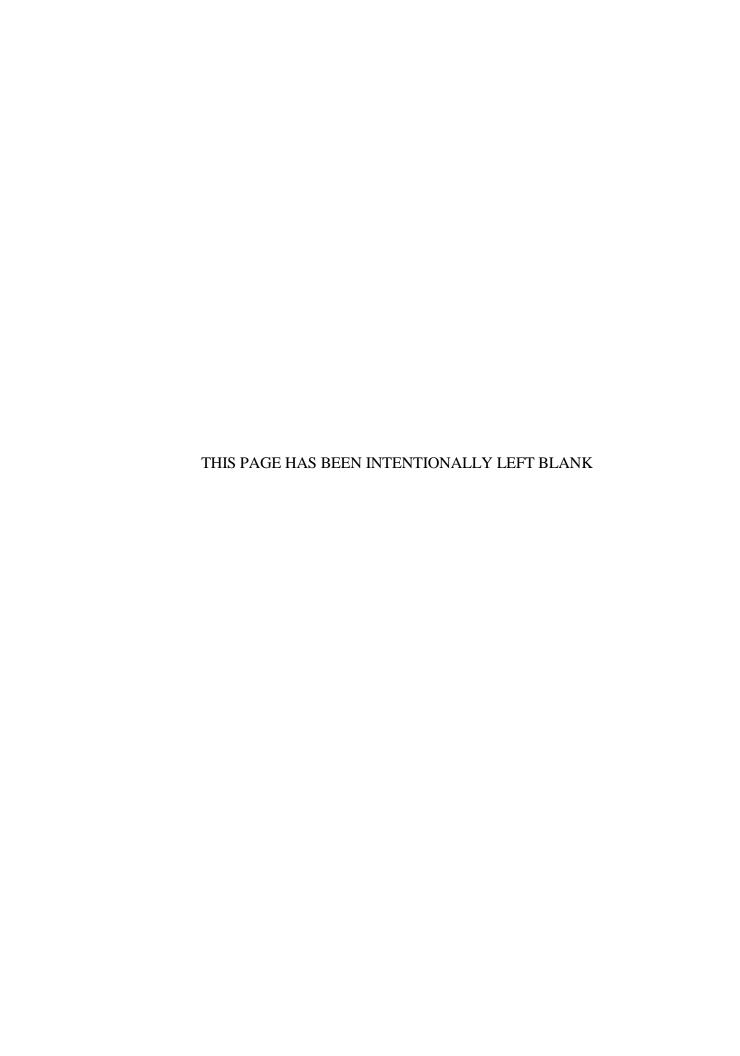
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of LeFlore County Hospital Authority as of June 30, 2014 and 2013, and the changes in its net position and its cash flows for the years then ended in accordance with accounting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

#### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 20, 2014 on our consideration of LeFlore County Hospital Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 LeFlore County Hospital Authority's internal control over financial reporting and compliance.

Johnston & Bryant

Ada, Oklahoma November 20, 2014



# Balance Sheet June 30, 2014 and 2013

		2014	2013
<u>ASSETS</u>			
Current Assets			
Cash and Cash Equivalents	\$	2,341,437	\$ 3,748,279
Certificate of Deposit		1,317,566	1,306,544
Accounts Receivable			
Patients Net		1,288,051	3,045,784
Other		9,137	34,140
Amounts Due Under Cost Contracts		117,504	-
Inventories		719,518	815,354
Prepaid Expenses		230,472	 200,309
Total Current Assets		6,023,685	 9,150,410
Assets Whose Use Is Limited by Board for Capital Improveme	ents		
Under Indenture Agreement - Held By Trustee		167,062	167,062
Total Assets Whose Use Is Limited		167,062	167,062
Capital Assets			
Property, Plant and Equipment		42,155,791	41,586,173
Less Accumulated Depreciation		(30,940,306)	(29,863,990)
Total Capital Assets-Net		11,215,485	11,722,183
Total Assets	\$	17,406,232	\$ 21,039,655

	2014	2013
<u>LIABILITIES AND NET POSITION</u>		
Current Liabilities		
Current Portion of Long-Term Debt	\$ 77,125	\$ 38,744
Accounts Payable	610,882	366,308
Amounts Payable Under Cost Contracts	-	74,000
Accrued Expenses	1,208,078	1,030,322
Total Current Liabilities	1,896,085	1,509,374
		,,
Long-Term Debt, Net	2,846,892	2,753,765
Total Liabilities	4,742,977	4,263,139
Net Position		
Invested in Capital Assets - Net of Related Debt	8,291,468	8,929,674
Unrestricted	4,371,787	7,846,842
Total Net Position	12,663,255	16,776,516
Total I vet I obtain		10,770,010
Total Liabilities and Net Position	\$ 17,406,232	\$ 21,039,655

# Statement of Revenues, Expenses and Changes in Net Position Years Ended June 30, 2014 and 2013

	2014			2013
Revenues				
Net Patient Service Revenues	\$	16,946,540	\$	20,507,488
Other Operating Revenue		500,635		461,228
Total Operating Revenue		17,447,175		20,968,716
Expenses				
Nursing Services		6,263,783		6,188,688
Other Professional Services		7,171,973		7,342,409
General Services		2,389,811		2,397,789
Administrative Services		5,236,925		4,743,161
Provision for Depreciation		1,240,557		1,199,584
Total Expenses		22,303,049		21,871,631
Net Income (Loss) from Operations		(4,855,874)		(902,915)
Non-Operating Revenue				
Interest Income		17,296		19,358
Interest Expense		(124,680)		(125,495)
Electronic Medical Records Incentive Payments		849,997		1,626,816
		742,613		1,520,679
Change in Net Position		(4,113,261)		617,764
Net Position - Beginning		16,776,516	-	16,158,752
Net Position - Ending	\$	12,663,255	\$	16,776,516

# Statement of Cash Flows Years Ended June 30, 2014 and 2013

	2014			2013
Cash Flows from Operating Activity				
Patient Service Revenue	\$	18,537,772	\$	19,853,031
Other Revenue		500,635		461,228
Payments to Employees		(10,528,602)		(10,429,971)
Payments to Vendors and Suppliers		(10,045,887)		(10,380,973)
Net Cash Used in Operating Activity		(1,536,082)		(496,685)
Non-Capital Related Financing Activity				
EMR Incentive Payments		849,997		1,626,816
Net Cash Flow from Non-Capital Related Financing Activities		849,997		1,626,816
Cash Flows from Capital and Related Financing Activities				
Purchase of Capital Assets		(733,859)		(1,017,906)
Transfers (to) From assets whose use is limited		(755,657)		(1,017,500)
Proceeds fro Lease Payable		194,254		_
Principal Payments		(62,746)		(39,001)
Interest Payments		(124,680)		(125,495)
Net Cash Flows from Capital and Related		, , ,		
Financing Activities		(727,031)		(1,182,402)
Investing Activities				
Income from Investments		17,296		19,358
Net Cash Flow from Investing Activities		17,296		19,358
Increase (Decrease) in Cash		(1,395,820)		(32,913)
Cash - Beginning		5,054,823		5,087,736
Cash - Ending	\$	3,659,003	\$	5,054,823

# Statement of Cash Flows Years Ended June 30, 2014 and 2013

2014	2013
\$ (4,855,874)	\$ (902,915)
1,240,557	1,199,584
1,665,232 (30,163) 95,836 348,330	(728,457) - (37,340) (219,416) 191,859
,	\$ 496,685
	\$ (4,855,874) 1,240,557 1,665,232 (30,163)

Notes to Financial Statements June 30, 2014 and 2013

## Note 1. Organization

The LeFlore County Hospital Authority (the Authority) is a public trust created June 30, 1976 pursuant to Title 60 Oklahoma Statutes, Sections 176 to 180 as amended. The purpose of the trust is to provide the citizens of Leflore County and surrounding area with high quality public healthcare.

The Eastern Oklahoma Medical Center is owned by Leflore County, Oklahoma, however, under terms of as lease agreement dated June 30, 1976 operations of the facility were leased to the LeFlore County Hospital Authority for an initial term of fifty years. There is no consideration required under terms of this lease.

## **Note 2.** Significant Accounting Policies

Accounting Standards – Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Report for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

The Authority's financial statements are presented in accordance with the requirements of GASB Statement No. 34 and 37, Basic Financial Statements and Management Discussion and Analysis for State and Local Governments and GASB Statement No. 38 Certain Financial Statement Note Disclosures. Under GASB Statement No. 34, the Authority is required to present a balance sheet classified between current and Noncurrent assets and liabilities, a statement of revenues, expenses and changes in net assets, with separate presentation for operating and nonoperating revenues and expenses and a statement of cash flows using the direct methods.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Notes to Financial Statements June 30, 2014 and 2013

# **Note 2.** Significant Accounting Policies (continued)

**Cash equivalents** – Investments that have an original maturity of three months or less are considered to be cash equivalents

## Allowance for uncollectible accounts

Patient receivables are uncollateralized customer and third-party payor obligations.

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 allowances that reflects management's best estimate of amounts that will not be collected from patient 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.

#### **Inventories**

Inventories are valued at a lower cost (first-in, first-out method) or market.

#### **Capital Assets**

Capital assets are stated at cost less accumulated depreciation. Maintenance and repairs are charged to expense as incurred and betterments are capitalized. Gains and losses from sales or retirements are included in income in the period of disposition.

Depreciation expense is computed using the straight-line method over the estimated useful lives of the related assets. The ranges of such useful lives are as follows:

Land improvements 10 years
Building 20-40 years
Equipment 3-20 years

Notes to Financial Statements June 30, 2014 and 2013

# **Note 2.** Significant Accounting Policies (continued)

#### **Net Position**

Net position in the Authority are classified in two components.

Net Assets Invested in Capital Assets Net of Related Debt – Invested in capital assets net of related debt consist of capital assets, net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets.

Unrestricted Net Position – Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets net of related debt.

#### **Net Patient Service revenue**

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 its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

#### **Operating Revenues and Expenses**

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

Notes to Financial Statements June 30, 2014 and 2013

# **Note 2.** Significant Accounting Policies (continued)

## **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; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the two preceding years. The provision, if any, for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

#### **Grants and Contributions**

From time to time, the Authority receives grants from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met, grants and contributions may be restricted for either specific operation purposes or for capital purposes. Amounts that are restricted or that are restricted to a specific operation purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

## **Compensated absences**

The Authority's employees earn vacation days at varying rates depending on years of service. Employees may accumulate vacation days up to a specified maximum. Compensated absence liabilities are computed using regular pay in effect at the balance sheet date plus an additional amount for compensation related payments such as social security and Medicare taxes computed using rates in effect at that date.

#### **Income Taxes**

The Authority is classified as a political subdivision and is exempt under Section 115 of the Internal Revenue Code and is not required to file federal income tax returns.

Notes to Financial Statements June 30, 2014 and 2013

# Note 3. Cash and Deposits

State statutes require public trusts to invest only in collateralized or insured certificates of deposit and other evidences of deposit. It is the Authority's practice to mainly invest in demand and time deposit accounts and certificates of deposit. The following summarizes the cash deposits as of June 30, 2014:

At June 30, 2014 and 2013, bank balances were as follows:

		2013			
Insured (FDIC)	\$	750,000	\$	750,000	
Collateralized by securities held by the pledging					
financial institution's trust department in the Authority's					
name		3,023,192		4,630,795	
Uninsured, uncollateralized or collateralized by					
securities held its trust department or agent or in					
other than the Authoriy's name		<u>-</u>			
Total	\$	3,773,192	\$	5,380,795	
Carrying Value	\$	3,826,065	\$	5,221,885	

Custodial Credit Risk – Exposure to custodial credit related to deposits exists when the Authority holds deposits that are uninsured and un collateralized; uncollateralized with securities held by the pledging financial institution, or by its trust department or agent but not in the Authority's name; or collateralized without a written or approved collateral agreement. Exposure to custodial credit risk related to investments exist when the authority holds investments that are uninsured and unregistered, with securities held by the counterparty or by its trust department or agent but not in the Authority's name.

The Authority secures cash deposits in excess of \$250,000 with U.S. Government or federal agency securities. State law requires all deposits of public funds to be collateralized. At June 30, 2014 and 2013 the carrying amount of the Authority's deposits was \$3,826,065 and \$5,221,885 and the bank balance was \$3,773,192 and \$5,380,795 respectively. As of June 30, 2014 and 2013 the Authority was exposed to custodial credit risk, in the amount of \$0 and \$0 respectively.

#### **Note 4.** Accounts Receivable – Patients

Patient accounts receivable at June 30, 2014 and 2013 consists of the following:

	2014	 2013
Patient Accounts	\$ 7,496,212	\$ 8,749,507
Less: Contractual Adjustments	(2,222,490)	(2,828,897)
Less: Allowance For Uncollectible Accounts	(3,985,671)	 (2,874,826)
	\$ 1,288,051	\$ 3,045,784

Notes to Financial Statements June 30, 2014 and 2013

Note 5. Capital Assets

Capital asset activity for the years ended June 30, 2014 and June 30, 2013 was as follows:

				2014				
	Beginning Balance		Additions	 Transfers		Retirements		Ending Balance
Land Land Improvements	\$ 469,243 101,697	\$	-	\$ -	\$	-	\$	469,243 101,697
Building	21,119,718		_					21,119,718
Building Improvements	3,228,700		144,343	_		_		3,373,043
Equipments	16,322,465		440,441	_		(165,041)		16,597,865
Work In Progress	344,350		149,875	_		(100,011)		494,225
Total Capital Assets	41,586,173	_	734,659			(165,041)		42,155,791
Less Accumulated Depreciation								
Land Improvements	101,697		_	-		_		101,697
Building	14,957,945		492,717	-		-		15,450,662
Building Improvements	585,230		143,878	-		-		729,108
Equipment	14,219,118		604,762	 		(165,041)		14,658,839
	29,863,990		1,241,357	 		(165,041)		30,940,306
Capital Assets - Net	\$ 11,722,183	\$	(506,698)	\$ 	\$	-	\$	11,215,485
				2013				
	Beginning							Ending
	Balance		Additions	 Transfers		Retirements		Balance
Land	\$ 466,203	\$	3,040	\$ -	\$	-	\$	469,243
Land Improvements	101,697		-	-		-		101,697
Building	21,119,718		_	-		_		21,119,718
Building Improvements	1,943,410		562,417	722,873		-		3,228,700
Equipments	15,909,674		447,688	-		(34,897)		16,322,465
Work In Progress	1,060,635		6,588	 (722,873)				344,350
Total Capital Assets	40,601,337		1,019,733	 		(34,897)		41,586,173
Less Accumulated Depreciation								
Land Improvements	101,697		-	-		-		101,697
Building	14,469,916		488,029	-		-		14,957,945
Building Improvements								
<u> </u>	452,476		132,754	-		-		585,230
Equipment	452,476 13,673,387		578,435	-		(32,704)		14,219,118
<u> </u>	452,476	_	· · · · · · · · · · · · · · · · · · ·	- - -	_	(32,704) (32,704)	_	

Notes to Financial Statements June 30, 2014 and 2013

# Note 6. Long-Term Debt

A Summary of long-term debt, including capital lease obligations as of June 30, 2014 and 2013 are as follows:

		_					2014				
Interest	Maturity	-	Beginning						Ending		Current
Rate	Date		Balance		Addtitions		Deductions		Balance		Portion
4.25%	10/11/2018	\$	-	\$	194,254	\$	23,585	\$	170,669	\$	36,651
4.38%	06/01/46		2,792,509		_		39,161		2,753,348		40,474
		\$	2,792,509	\$	194,254	\$	62,746	\$	2,924,017	\$	77,125
							2013				
Interest	Maturity		Beginning						Ending		Current
Rate	Date		Balance		Addtitions		Deductions		Balance		Portion
						· <u> </u>		· <u> </u>		· <u> </u>	
4.380%	06/01/46	\$	2,831,510	\$	-	\$	39,001	\$	2,792,509	\$	38,744
		\$	2,831,510	\$		\$	39,001	\$	2,792,509	\$	38,744
	A.25% 4.38% Interest Rate	Rate         Date           4.25%         10/11/2018           4.38%         06/01/46           Interest Rate         Maturity Date	Rate         Date           4.25%         10/11/2018         \$           4.38%         06/01/46         \$           Interest Rate         Maturity Date         Date	Rate         Date         Balance           4.25%         10/11/2018         \$	Rate         Date         Balance           4.25%         10/11/2018         \$\$           4.38%         06/01/46         2,792,509           \$	Rate         Date         Balance         Additions           4.25%         10/11/2018         \$	Rate         Date         Balance         Additions           4.25%         10/11/2018         \$ - \$ 194,254         \$ 4.38%           4.38%         06/01/46         2,792,509         \$ 194,254         \$ 5           Interest Rate         Maturity Date         Beginning Balance         Additions           4.380%         06/01/46         \$ 2,831,510         \$ - \$	Interest Rate         Maturity Date         Beginning Balance         Additions         Deductions           4.25% 4.38%         10/11/2018 2,792,509         194,254         23,585           4.38%         06/01/46         2,792,509         194,254         62,746           2,792,509         194,254         62,746           2013           Interest Rate         Maturity Date         Beginning Balance         Additions         Deductions           4.380%         06/01/46         2,831,510         - \$39,001	Interest Rate	Interest Rate   Date   Beginning Balance   Additions   Deductions   Ending Balance	Naturity   Beginning   Additions   Deductions   Ending   Balance

Scheduled principal and interest payment on long-term debt and payments on capital lease obligations are as follows:

Year Ending		Bonds and Notes Payable			
June 30:	June 30:		Principal		Interest
	2015	\$	77,125	\$	126,623
	2016		80,518		123,230
	2017		84,060		119,688
	2018		87,758		116,040
	2019		62,469		112,436
	2020 and thereafter		2,532,087		1,795,546
					_
	Total	\$	2,924,017	\$	2,393,563

Notes to Financial Statements June 30, 2014 and 2013

#### Note 7. 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:

Under Prospective Payment System services rendered to Medicare program beneficiaries are paid at prospectively determined rates per visit. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Authority is reimbursed for these services as a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare fiscal intermediary.

The Authority's classification of patents under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority.

<u>Medicaid</u>: Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at a prospectively determined per-diem rate or established fee.

Other carriers: 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.

## **Note 8.** Tax Sheltered Annuity

The Authority has established a tax sheltered annuity for all employees who wish to participate. Employees may set aside a portion of their salary exempt from taxes, until time of withdrawal. The Authority will match the employee's contributions to the TSA according to benefit schedules as listed in the Authority's Human Resource Manual.

# **Note 9.** Future Lease Commitments

The Authority leases various equipment and facilities under operating leases expiring at various dates. Total rental expenses for the years ended June 30, 2014 and 2013, for all operating leases were approximately \$376,665 and \$418,416 respectively.

Notes to Financial Statements June 30, 2014 and 2013

#### Note 10. Net Patient Service Revenue

Net Patient Service Revenue for the years ended June 30, 2014 and 2013 is computed as follows:

•	 2014	 2013
Gross Patient Service Revenue	\$ 49,635,727	\$ 53,897,692
Less:		
Contractual Adjustment-Medicare	13,254,312	14,470,262
Contractual Adjustment-Medicaid	4,276,277	4,601,806
Provision for bad debts	9,046,431	8,833,854
Other Discounts and Allowances	6,112,167	5,484,282
	32,689,187	33,390,204
Net Patient Service Revenue	\$ 16,946,540	\$ 20,507,488

# Note 11. Operating Results

During the fiscal year ended June 30, 2014 the hospital incurred a loss from operations of \$4,855,874. This was the results of several factors which are described below:

- A.) On February 13, 2014 the State of Oklahoma Department of Health's Protective Health and Medical Facilities Services Division conducted a State and CMS facility and licensure survey. As a result of this survey the hospital's surgical department was closed due to deficiencies in the hospital's building and equipment. The closure of the surgical department forced the hospital to also close its obstetrics department and resulted in significant reductions in patient visits throughout every other department in the hospital. Inpatient volume for the year was down approximately 40% and overall revenue was down by 23%.
- B.) During the course of the FYE June 30, 2014 audit an error was found in the calculation of the allowance for bad debts. All credit balance A/R had been classified as private pay and was reducing the amount of total private pay accounts receivable thus reducing the amount that was charged to the allowance. This error began in prior years, however, the adjustment of \$1,119,510 has all been posted in FYE 6-30-2014 as required by applicable account principles.
- C.) Over the last few years CMS has contracted with outside companies to perform RAC audits on Medicare certified hospitals including Eastern Oklahoma Medical Center. As a result of these audits the hospital has lost reimbursements from prior hospital admissions and this practice has also been a deterrent to physicians to admit patient to the hospital going forward which has resulted in the hospital's patient volume declining from that of prior years.

Notes to Financial Statements June 30, 2014 and 2013

## Note 12. Managements Plans Regarding Operating Loss

As discussed in Note 11 above the hospital incurred a \$4,855,874 loss from operations for FYE June 30, 2014 and working capital has decreased by \$3,513,436 over the same period of time. Management's plans to reduce these losses and return the hospital to a profitable concern are listed below:

- A.) On August 26, 2014 the citizens of LeFlore County, Oklahoma passed a ½ cent sales tax designated for operations and debt service of the LeFlore County Hospital Authority. The proceeds of the sales tax are estimated to generate \$1,700,000 in sales tax revenue annually and the tax is permanent. The sales tax is set to begin January 1, 2015 and the hospital should begin receiving the proceeds by March 2015.
- B.) In order to meet the requirements of the State of Oklahoma Department of Health's Protective Health and Medical Facilities Services Division the hospital has issued \$2,900,000 in Sales Tax Revenue Notes and entered into various contracts for construction and equipment for the complete remodel, redesigning, and re-equipping of the hospital's surgical department. The estimated completion date is March 16, 2015 and management expects surgery to be fully operational by April 1, 2015. Additionally the cost of the remodel and new equipment is estimated at \$1,600,000 leaving \$1,300,000 for the hospital operations (exclusive of payroll costs).
- C.) The hospital has hired a surgical physician and CRNA both of which will be in place when the surgical department reopens in March 2015.

Management expects once the surgery department is operational again this should allow the hospital's other departments to return to normal operations which in turn should result in patient volumes returning to normal levels. This coupled with the additional revenues from the ½ cent sales tax not require for the debt service should allow the hospital to become a viable entity once again.

Notes to Financial Statements June 30, 2014 and 2013

# Note 13. Subsequent Events

On August 26, 2014 the citizens of LeFlore County, Oklahoma passed a ½ cent sales tax designated for operations (exclusive of payroll) and debt service of the LeFlore County Hospital Authority.

On September 29, 2014 the LeFlore County Sales Tax Supported Hospital Authority was created to handle the collection and expenditures of the ½ cent sales tax.

On October 15, 2014 the LeFlore County Sales Tax Supported Hospital Authority issued \$2,900,000 in Sales Tax Revenues Notes to be used to remodel, redesign and re-equip the hospital's surgical department.

Subsequent events have been evaluated through November 20, 2014, which is the date the financial statement were available to be issued.

# Patient Service Revenue Years Ended June 30, 2014 and 2013

	2014	2013
Daily Patient Service		
Medical and Surgical	\$ 2,787,770	\$ 1,608,412
Intensive Care	954,732	900,396
Newborn Nursery	116,477	179,138
Total Daily Patient Service	3,858,979	2,687,946
Other Nursing Services		
Operating and Recovery Room	1,089,570	1,974,908
Delivery Room	232,050	347,704
Central Services and Supply	1,415,402	1,900,826
Behavioral Health	5,800,188	1,575,900
Emergency Services	1,961,100	7,014,187
Total Other Nursing Units	10,498,310	12,813,525
Other Professional Services		
Laboratory	11,929,928	12,051,910
Electrocardiology	415,860	424,875
Radiology	10,131,551	11,178,765
Pharmacy	5,250,965	5,684,311
Anesthesiology	448,438	821,317
Respiratory Therapy	1,700,983	2,120,944
Physical Therapy	478,777	529,901
Speech Therapy	4,171	3,754
Clinics	4,650,923	5,185,569
Home Health Agency	266,842	394,875
Total Other Professional Services	35,278,438	38,396,221
Total Patient Service Revenue	49,635,727	53,897,692
Less Contractual Adjustments		
Medicare	13,254,312	14,470,262
Medicaid	4,276,277	4,601,806
Provision for Bad Debt	9,046,431	8,833,854
Discounts and Other Allowances	6,112,167	5,484,282
Total Reductions from Revenue	32,689,187	33,390,204
Net Patient Service Revenue	\$ 16,946,540	\$ 20,507,488

# Other Operating Revenue Years Ended June 30, 2014 and 2013

	2014		2013	
Cafeteria	\$	162,993	\$	155,055
Purchase Discounts		20,274		7,039
Medical Records Fees		8,665		8,103
Clinic Rental		157,956		165,987
Miscellaneous		150,747		125,044
				_
Total Other Operating Revenue	\$	500,635	\$	461,228

# Patient Service Expense Years Ended June 30, 2014 and 2013

2014

		Salaries		Other		Total
Nursing Services						
Medical and Surgical	\$	1,791,271	\$	142,473	\$	1,933,744
Intensive Care	Ψ	628,896	Ψ	56,823	Ψ	685,719
Newborn Nursery		72,972		25,183		98,155
Operating and Recovery Room		216,958		133,075		350,033
Labor and Delivery Room		325,005		39,904		364,909
Central Services and Supply		11,705		109,807		121,512
Emergency Services		723,780		625,124		1,348,904
Behavioral Services		584,279		381,580		965,859
Home Health		322,199		72,749		394,948
Trome Treatm	-	322,177	-	72,719		371,710
Total Nursing Services	\$	4,677,065	\$	1,586,718	\$	6,263,783
Other Professional Services						
Laboratory	\$	517,673	\$	634,247	\$	1,151,920
Radiology		493,927		484,234		978,161
Pharmacy		_		1,019,700		1,019,700
Anesthesiology		-		68,572		68,572
Respiratory Therapy		290,108		62,033		352,141
Physical Therapy		165,899		11,380		177,279
Clinics		2,177,929		1,246,271		3,424,200
Total Other Professional Services	\$	3,645,536	\$	3,526,437	\$	7,171,973
General Services						
Dietary		221,369		370,459		591,828
Medical Records		260,525		67,391		327,916
Plant Engineering		351,047		685,731		1,036,778
Housekeeping		262,897		61,734		324,631
Laundry and Linen		69,983		38,675		108,658
Total General Services	\$	1,165,821	\$	1,223,990	\$	2,389,811
Total General Services	φ	1,105,821	Ф	1,223,990	Ψ	2,309,611
Administrative Services						
Administration and Business Offices		1,217,936		1,766,408		2,984,344
Employee Benefits				2,252,581		2,252,581
Total Administrative Services	\$	1,217,936	\$	4,018,989	\$	5,236,925

	Salaries		Other		Total
\$	1,715,462	\$	157,050	\$	1,872,512
	574,387		79,423		653,810
	78,367		31,876		110,243
	260,224		129,467		389,691
	410,318		44,466		454,784
	15,093		57,993		73,086
	677,242		559,759		1,237,001
	524,437		395,170		919,607
	369,251		108,703		477,954
\$	4,624,781	\$	1,563,907	\$	6,188,688
\$	477,416	\$	684,589	\$	1,162,005
_	515,251	•	455,172	Ť	970,423
	, -		1,031,771		1,031,771
	_		128,665		128,665
	265,291		70,581		335,872
	163,364		15,153		178,517
	2,145,823		1,389,333		3,535,156
\$	3,567,145	\$	3,775,264	\$	7,342,409
			- , ,		, , , , , , , , , , , , , , , , , , , ,
	217,116		359,393		576,509
	253,751		100,024		353,775
	370,797		656,730		1,027,527
	276,719		66,059		342,778
	59,735		37,465		97,200
\$	1,178,118	\$	1,219,671	\$	2,397,789
	1,007,264		1,756,779		2,764,043
	-		1,979,118		1,979,118
\$	1,007,264	\$	3,735,897	\$	4,743,161

# INDEPENDENT AUDITORS' 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 Leflore County Hospital Authority Poteau, Oklahoma

We have audited, in accordance with the 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 Leflore County Hospital Authority, which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 20, 2014.

# **Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Leflore County Hospital Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Leflore County Hospital Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of Leflore County Hospital 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 entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

The Board of Trustees LeFlore County Hospital Authority Poteau, Oklahoma Page 2

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Purcell Municipal Hospital'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 determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

# **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Johnston & Bryand

Ada, Oklahoma November 20, 2014