

Norman Regional Hospital Authority

Independent Auditor's Reports and Financial Statements

June 30, 2022 and 2021

Norman Regional Hospital Authority

June 30, 2022 and 2021

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Independent Auditor's Report

Board of Trustees
Norman Regional Hospital Authority
Norman, Oklahoma

Opinions

We have audited the financial statements of the business-type activities and the fiduciary activities of Norman Regional Hospital Authority (the Authority), as of and for the years ended June 30, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the fiduciary activities of the Authority, as of June 30, 2022 and 2021, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Emphasis of Matter

As discussed in *Note 2* to the financial statements, on July 1, 2021, the Authority adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*. Our opinions are not modified with respect to this matter.

Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that management's discussion and analysis and pension information be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not part of the basic financial statements, is required by GASB, 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 GAAS, 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 audits 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 September 26, 2022, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

FORVIS,LLP

Tulsa, Oklahoma
September 26, 2022

Norman Regional Hospital Authority

Management's Discussion and Analysis

Years Ended June 30, 2022 and 2021

Introduction

This management's discussion and analysis of the financial performance of Norman Regional Hospital Authority (the Authority) provides an overview of the Authority's financial activities for the years ended June 30, 2022 and 2021. It should be read in conjunction with the accompanying financial statements of the Authority. Unless otherwise indicated, amounts are in thousands. During 2022, the Authority adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, retroactively restating the amounts reported in the 2021 financial statements. The summarized financial information for the year ended June 30, 2020, included in management's discussion and analysis, was not restated for this adoption.

Financial Highlights

- Cash and cash equivalents decreased in 2022 by \$19,516 or 43% and increased in 2021 by \$22,792 or 103%.
- Short-term investments decreased in 2022 by \$ 27,270 or 11% and increased in 2021 by \$24,567 or 11%.
- Days cash on hand decreased in 2022 by 49 days or 23% compared to 2021. Days cash on hand at June 30, 2022 was 168 days compared to 217 days at June 30, 2021.
- Patient accounts receivable decreased in 2022 by \$2,158 or 3% and increased in 2021 by \$5,197 or 8%.
- Days net revenue in accounts receivable at June 30, 2022 and 2021 was 47 days and 50 days, respectively.
- Current assets less current liabilities decreased in 2022 by \$66,279 or 21% and increased in 2021 by \$43,833 or 16%.
- The Authority reported operating income (loss) for 2022 and 2021 of \$(22,166) and \$5,177, respectively. The operating loss in 2022 was \$27,343 or 528% lower than the operating income reported for 2021. The operating income in 2021 was \$15,887 or 148% higher than the operating loss reported for 2020.
- The Authority reported nonoperating revenues (expenses) of \$(30,986) and \$45,090 for 2022 and 2021, respectively. The nonoperating revenues (expenses) in 2022 decreased by \$(76,076) or 169% compared to the 2021 amount. The nonoperating revenues (expenses) in 2021 increased by \$31,407 or 230% compared to the 2020 amount.

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. The Authority's financial statements and the financial statements of the Authority's fiduciary fund, which is comprised of a statement of fiduciary net position and a statement of changes in fiduciary net position, 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 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 authority's finances is, "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 helps answer this question. These statements include all restricted and unrestricted assets and deferred outflows of resources and all liabilities and deferred inflows of resources 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 it. The Authority's total net position—the difference between assets and deferred outflows of resources and liabilities and deferred inflows of resources—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 deferred outflows of resources and liabilities and deferred inflows of resources reported in the balance sheet. The Authority's net position decreased by \$52,526 or 13% in 2022 from 2021 and increased by \$51,072 or 15% in 2021 from 2020, as shown in Table 1.

Table 1: Assets and Deferred Outflows of Resources, Liabilities and Deferred Inflows of Resources, and Net Position

	2022	2021 (As Restated)	2020
Assets and Deferred Outflows of Resources			
Cash, cash equivalents, and short-term investments	\$ 240,882	\$ 287,668	\$ 240,309
Patient accounts receivable, net of allowance	66,962	69,120	63,923
Other current assets	24,853	23,326	21,815
Capital assets, net	265,784	221,814	209,709
Lease assets, net	46,737	45,646	-
Other noncurrent assets	117,490	118,746	127,184
Deferred outflows of resources	23,312	19,218	24,106
Total assets and deferred outflows of resources	<u>\$ 786,020</u>	<u>\$ 785,538</u>	<u>\$ 687,046</u>
Liabilities and Deferred Inflows of Resources			
Long-term debt (including current portion)	\$ 307,209	\$ 275,875	\$ 282,272
Long-term lease liabilities (including current portion)	48,509	46,805	-
Other current and noncurrent liabilities	84,882	65,601	61,730
Deferred inflows of resources	4,067	3,377	-
Total liabilities and deferred inflows of resources	<u>444,667</u>	<u>391,658</u>	<u>344,002</u>
Net Position			
Net investment in capital assets	63,040	59,587	50,724
Restricted – nonexpendable	129	139	227
Unrestricted	278,184	334,154	292,093
Total net position	<u>341,353</u>	<u>393,880</u>	<u>343,044</u>
Total liabilities and deferred inflows of resources and net position	<u>\$ 786,020</u>	<u>\$ 785,538</u>	<u>\$ 687,046</u>

In 2022, cash, cash equivalents, and short-term investments decreased by \$46,786 or 16% due to decreased cash provided by operating activities and decreased investment earnings compared to 2021, as well as an increase in capital spending related to the Inspire Health construction project. In 2021, cash, cash equivalents, and short-term investments increased by \$47,359 or 20% due to increased investment earnings, the *Coronavirus Aid, Relief, and Economic Security Act* (the CARES Act) Provider Relief funds, and increased operating activities compared to 2020.

Patient accounts receivable, net of allowance decreased by \$2,158 or 3% from 2021 to 2022. This decrease was primarily the result of improved collections as compared to 2021. Patient accounts receivable, net of allowance increased by \$5,197 or 8% from 2020 to 2021. This increase was primarily the result of improved volumes and revenue as compared to the COVID-19 depressed year of 2020. Days net revenue in accounts receivable at June 30, 2022 and 2021 was 47 days and 50 days, respectively.

Capital assets, net increased by \$43,970 or 20% from 2021 to 2022 and increased by \$12,105 or 6% from 2020 to 2021. The increase in 2022 and 2021 was due to expenditures related to the Inspire Health construction project, offset by depreciation.

Long-term debt increased \$31,334 or 11% from 2021 to 2022 and decreased \$6,397 or 2% from 2020 to 2021. The increase in 2022 was due to the issuance of a master lease note payable while the decrease in 2021 was caused by regular payments of principal due (see *Note 10*).

Operating Results and Changes in the Authority's Net Position

In 2022, the Authority's net position decreased by \$52,526 or 13%. In 2021, the Authority's net position increased by \$51,072 or 15%. These changes in net position are detailed in Table 2 below.

Table 2: Operating Results and Changes in Net Position

	2022	2021 (As Restated)	2020
Operating Revenues			
Net patient service revenue	\$ 522,434	\$ 505,430	\$ 462,067
Other operating revenue	6,076	11,677	5,310
Total operating revenues	528,510	517,107	467,377
Operating Expenses			
Salaries, wages, and employee benefits	311,304	285,160	269,847
Professional fees	10,833	12,605	11,548
Purchased services	19,256	16,558	13,737
Supplies expense	125,361	115,234	97,409
Other expenses	55,734	55,271	62,599
Depreciation and amortization	28,188	27,102	22,947
Total operating expenses	550,676	511,930	478,087
Operating Income (Loss)	(22,166)	5,177	(10,710)
Nonoperating Revenues (Expenses)			
Noncapital grants and gifts	32	61	86
Government grants	8,285	15,498	10,187
Investment income	(27,357)	37,362	11,623
Interest expense	(11,946)	(7,831)	(8,213)
Total nonoperating revenues (expenses)	(30,986)	45,090	13,683
Income (Loss) Before Capital Gifts and Distributions	(53,152)	50,267	2,973
Gifts to Purchase Capital Assets and Other Capital Gifts	789	1,038	176
Distributions to Minority Owners	(163)	(233)	(3,544)
Increase (Decrease) in Net Position	<u>\$ (52,526)</u>	<u>\$ 51,072</u>	<u>\$ (395)</u>

Operating Income (Loss)

A major 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.

Operating results for 2022 decreased by \$27,343 or 528% as compared to 2021. The primary components of this decrease were:

- An increase in total operating revenues of \$11,403 or 2%
- An increase in total operating expenses of \$38,746 or 8%

Net patient service revenue was greater in 2022 than 2021 because of the increased volume of visits.

Salaries, wages, and employee benefits increased \$26,144 or 9% from 2021 to 2022. This increase is due to an increase in contract labor and other payroll expenses, as well as continuing impacts from the COVID-19 pandemic.

Supplies expense increased \$10,127 or 9% due to the response to the COVID-19 pandemic.

Operating results for 2021 increased by \$15,887 or 148% as compared to 2020. The primary components of this increase were:

- An increase in total operating revenue of \$49,730 or 11%
- An increase in total operating expenses of \$33,843 or 7%

Net patient service revenue was greater in 2021 than 2020 because of a full year of revenue related to physician clinic services expanded during 2020 and improved volumes as compared to the COVID-19 depressed year of 2020.

Other operating revenue increased by \$6,366 or 120% from 2020 to 2021. This increase is due to revenue from a bed surge lease with the Oklahoma State Department of Health (OSDH) related to bed availability for OSDH's use for COVID-19 surge patient care.

Salaries, wages, and employee benefits increased \$15,313 or 6% from 2020 to 2021. This increase is due to annual salary increases, market wage adjustments, and increased staffing. Additionally, the Authority saw increases in overtime, contract labor, other payroll expenses due to extended length of stay and premium pay all related to the care of COVID-19 patients.

Supplies expense increased \$17,825 or 18% due largely to costs associated with the response to the COVID-19 pandemic.

Nonoperating Revenues and Expenses

Another major component of the Authority's change in net position is its nonoperating revenues and expenses. Nonoperating revenues and expenses consist primarily of noncapital grants and gifts, government grants, investment income, and interest expense. In 2022, net nonoperating revenues and expenses decreased by \$76,076 or 169%. This decrease was mainly related to the decrease in investment income of \$64,719 or 173% and decrease in government grants related to U.S. Department of Health and Human Services (HHS) Provider Relief Funds under the CARES Act. In 2021, net nonoperating revenues and expenses increased by \$31,407 or 230%. This increase was due to the recognition of additional government grants related to HHS Provider Relief Funds under the CARES Act (see *Note 20*) totaling \$15,498 and increased investment income due to high market returns.

The Authority's Cash Flows

Net cash provided by operating activities in 2022 decreased by \$18,013 or 58% from 2021. In 2022, payments to suppliers, contractors, and employees increased \$40,148 or 8%, while receipts from and on behalf of patients only increased \$25,690 or 5% from 2021. The increase in payments to suppliers, contractors, and employees is consistent with increased expenses as discussed above. The increase in receipts from and on behalf of patients is consistent with the increased net patient service revenue and the change in patient accounts receivable.

Capital Asset and Debt Administration

Capital Assets

At June 30, 2022, the Authority had \$265,784 invested in capital assets, net of accumulated depreciation, as detailed in *Note 7* to the accompanying financial statements. In 2022, the Authority purchased new equipment and made improvements totaling \$64,994. At June 30, 2022, the Authority had \$46,737 invested in lease assets as detailed in *Note 7* to the accompanying financial statements. In 2022, the Authority entered into new lease arrangements totaling \$6,476.

At June 30, 2021, the Authority had \$221,814 invested in capital assets, net of accumulated depreciation, as detailed in *Note 7* to the accompanying financial statements. In 2021, the Authority purchased new equipment and made improvements totaling \$32,040. At June 30, 2021, the Authority had \$45,646 invested in lease assets as detailed in *Note 7* to the accompanying financial statements. In 2021, the Authority entered into new lease arrangements totaling \$593.

Debt

At June 30, 2022, the Authority had \$269,209 in bond obligations outstanding, net of related premiums, and \$38,000 in a note payable as detailed in *Note 10* to the accompanying financial statements. The Authority decreased the outstanding principal of its long-term debt by \$6,667. The Authority also obtained a \$38,000 note payable to purchase equipment. At June 30, 2022, the Authority had \$48,509 in lease liabilities outstanding. In 2022, the Authority entered into new lease arrangements totaling \$6,476 and decreased the outstanding principal of its long-term lease liabilities by \$4,773. Oklahoma Sleep Associates, LLC (Oklahoma Sleep Associates), NRHS ACO LLC (NRHS ACO), and NHealth, LLC (NHealth) did not have any outstanding debt or lease liabilities at June 30, 2022.

The Authority's debt ratings by Standard & Poor's and Moody's were maintained at A- and Baa1, respectively, in May 2021.

At June 30, 2021, the Authority had \$275,875 in bond obligations outstanding, net of related premiums, as detailed in *Note 10* to the accompanying financial statements. The Authority decreased the outstanding principal of its long-term debt by \$6,397. At June 30, 2021, the Authority had \$46,805 in lease liabilities outstanding. In 2021, the Authority entered into new lease arrangements totaling \$702 and decreased the outstanding principal of its long-term lease liabilities by \$4,625. NRH Medical Park West, L.L.C., Oklahoma Sleep Associates, NRHS ACO, and NHealth did not have any outstanding debt or lease liabilities at June 30, 2021.

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 Business Administration by telephoning 405.307.1000.

Norman Regional Hospital Authority

Balance Sheets

June 30, 2022 and 2021

Assets and Deferred Outflows of Resources

	2022	2021 (As Restated)
Current Assets		
Cash and cash equivalents	\$ 25,449,048	\$ 44,965,516
Short-term investments	215,433,132	242,702,645
Restricted cash and investments – current	103	100
Patient accounts receivable, net of allowance; 2022 – \$34,681,000, 2021 – \$36,959,000	66,961,887	69,119,871
Supplies	16,148,746	15,268,029
Estimated amounts due from third-party payors	2,176,485	2,262,265
Prepaid expenses and other	6,527,872	5,795,560
Total current assets	332,697,273	380,113,986
Noncurrent Cash and Investments		
Held by trustee for debt service	103	100
Held by others for capital acquisitions	112,192,207	111,966,463
	112,192,310	111,966,563
Less amount required to meet current obligations	103	100
Noncurrent cash and investments, net	112,192,207	111,966,463
Capital Assets, Net	265,783,762	221,814,331
Lease Assets, Net	46,737,466	45,646,156
Other Assets		
Pension asset	-	1,640,795
Other	5,296,179	5,139,141
Total other assets	5,296,179	6,779,936
Deferred Outflows of Resources	23,312,288	19,217,888
Total assets and deferred outflows of resources	\$ 786,019,175	\$ 785,538,760

Liabilities and Deferred Inflows of Resources and Net Position

	2022	2021 (As Restated)
Current Liabilities		
Current maturities of long-term debt	\$ 6,946,786	\$ 6,666,786
Current portion of lease liabilities	4,815,046	4,194,227
Accounts payable	30,618,176	18,767,625
Accrued payroll and expenses	31,240,792	25,934,764
Accrued interest payable	3,785,779	3,755,859
Estimated self-insurance costs – current	4,985,817	4,210,596
Total current liabilities	82,392,396	63,529,857
Long-Term Debt	300,261,715	269,208,502
Long-Term Lease Liabilities	43,693,763	42,611,053
Other Long-Term Liabilities	9,484,799	12,932,473
Pension Liability	4,766,698	-
Total liabilities	440,599,371	388,281,885
Deferred Inflows of Resources	4,066,704	3,376,978
Net Position		
Net investment in capital assets	63,040,463	59,586,597
Restricted – nonexpendable	128,701	139,273
Unrestricted	278,183,936	334,154,027
Total net position	341,353,100	393,879,897
Total liabilities and deferred inflows of resources and net position	\$ 786,019,175	\$ 785,538,760

Norman Regional Hospital Authority
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2022 and 2021

	2022	2021 (As Restated)
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2022 – \$75,946,327, 2021 – \$122,346,206	\$ 522,433,770	\$ 505,429,580
Other operating revenue	<u>6,075,840</u>	<u>11,677,286</u>
Total operating revenues	<u>528,509,610</u>	<u>517,106,866</u>
Operating Expenses		
Salaries, wages, and employee benefits	311,303,999	285,159,976
Professional fees	10,832,660	12,604,919
Purchased services	19,256,447	16,557,513
Supplies expense	125,361,442	115,233,628
Other expenses	55,733,828	55,271,163
Depreciation and amortization	<u>28,188,375</u>	<u>27,101,975</u>
Total operating expenses	<u>550,676,751</u>	<u>511,929,174</u>
Operating Income (Loss)	<u>(22,167,141)</u>	<u>5,177,692</u>
Nonoperating Revenues (Expenses)		
Noncapital grants and gifts	32,163	60,720
Government grants	8,284,693	15,498,359
Investment income (loss)	(27,356,884)	37,361,988
Interest expense	<u>(11,945,534)</u>	<u>(7,830,962)</u>
Total nonoperating revenues (expenses)	<u>(30,985,562)</u>	<u>45,090,105</u>
Income (Loss) Before Capital Gifts and Distributions	(53,152,703)	50,267,797
Gifts to Purchase Capital Assets and Other Capital Gifts	789,286	1,037,783
Distributions to Minority Owners	<u>(163,380)</u>	<u>(233,064)</u>
Increase (Decrease) in Net Position	<u>(52,526,797)</u>	<u>51,072,516</u>
Net Position, Beginning of Year, as Previously Reported	393,879,897	343,044,718
Adjustment applicable to prior years (<i>Note 2</i>)	<u>-</u>	<u>(237,337)</u>
Net Position, Beginning of Year, as Restated	<u>393,879,897</u>	<u>342,807,381</u>
Net Position, End of Year	<u><u>\$ 341,353,100</u></u>	<u><u>\$ 393,879,897</u></u>

Norman Regional Hospital Authority
Statements of Cash Flows
Years Ended June 30, 2022 and 2021

	2022	2021 (As Restated)
Cash Flows from Operating Activities		
Receipts from and on behalf of patients	\$ 526,659,939	\$ 500,969,487
Payments to suppliers and contractors	(213,893,595)	(197,137,488)
Payments to employees	(304,831,309)	(281,439,326)
Other receipts and payments, net	<u>5,052,328</u>	<u>8,608,168</u>
Net cash provided by operating activities	<u>12,987,363</u>	<u>31,000,841</u>
Cash Flows from Noncapital Financing Activities		
Noncapital grants and gifts	32,163	60,720
Government grants	<u>8,284,693</u>	<u>15,498,359</u>
Net cash provided by noncapital financing activities	<u>8,316,856</u>	<u>15,559,079</u>
Cash Flows from Capital and Related Financing Activities		
Gifts to purchase capital assets and other capital gifts	789,286	1,037,783
Proceeds from disposal of capital assets	18,379	3,290,835
Principal paid on long-term debt	(5,510,000)	(5,240,000)
Interest paid on long-term debt	(10,983,862)	(11,316,470)
Principal paid on leases payable	(4,772,763)	(4,515,787)
Interest paid on leases payable	(1,730,709)	(1,490,025)
Purchase of capital assets	(55,376,988)	(28,809,441)
Proceeds from issuance of master lease note payable	<u>38,000,000</u>	<u>-</u>
Net cash used in capital and related financing activities	<u>(39,566,657)</u>	<u>(47,043,105)</u>
Cash Flows from Investing Activities		
Change in restricted assets – held by trustee and others	(37,956,955)	(25,041)
Proceeds from sale of short-term investments	13,832,448	41,060,533
Purchase of short-term investments	(18,440,527)	(32,963,310)
Proceeds from sale of restricted investments	37,794,989	8,545,660
Distributions from joint ventures	306,491	3,124,994
Contributions to joint ventures	(162,995)	-
Distributions to minority owners	(163,380)	(233,064)
Investment income received	<u>3,535,899</u>	<u>3,765,514</u>
Net cash provided by (used in) investing activities	<u>(1,254,030)</u>	<u>23,275,286</u>
Increase (Decrease) in Cash and Cash Equivalents	(19,516,468)	22,792,101
Cash and Cash Equivalents, Beginning of Year	<u>44,965,516</u>	<u>22,173,415</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 25,449,048</u></u>	<u><u>\$ 44,965,516</u></u>

See Notes to Financial Statements

	2022	2021 (As Restated)
Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities		
Operating income (loss)	\$ (22,167,141)	\$ 5,177,692
Depreciation and amortization	28,188,375	27,101,975
Accrued self-insurance costs	(2,672,453)	3,189,334
Gain on disposal of capital assets	(1,023,512)	(3,069,118)
Provision for uncollectible accounts	75,946,327	122,346,206
Changes in operating assets and liabilities		
Patient and other accounts receivable, net	(71,805,938)	(126,526,083)
Supplies and prepaid expenses	(1,613,029)	(1,241,312)
Estimated amounts due from/to third-party payors	85,780	(280,216)
Other assets	602,556	(640,409)
Accounts payable and accrued expenses	6,736,127	5,682,175
Pension asset (liability)	6,407,493	(6,596,829)
Deferred outflows of resources – pension	(6,386,948)	2,480,448
Deferred inflows of resources – pension	689,726	3,376,978
Net cash provided by operating activities	<u>\$ 12,987,363</u>	<u>\$ 31,000,841</u>
Noncash Investing, Capital, and Financial Activities		
Capital asset purchases and other assets in accounts payable	\$ 8,738,487	\$ 300,440
Lease obligation incurred for lease assets	\$ 6,476,292	\$ 592,886

Norman Regional Hospital Authority
Norman Regional Health System Defined Benefit Plan
Statements of Fiduciary Net Position
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments		
Mutual funds		
Equities – domestic	\$ 14,820,405	\$ 15,879,999
Equities – international	5,859,225	6,748,167
Fixed income – domestic	13,538,213	12,494,226
Fixed income – international	4,914,276	7,926,680
Proprietary separate fund	<u>1,347,062</u>	<u>2,310,014</u>
Total assets	<u>\$ 40,479,181</u>	<u>\$ 45,359,086</u>
Net Position Restricted for Pensions	<u>\$ 40,479,181</u>	<u>\$ 45,359,086</u>

Norman Regional Hospital Authority
Norman Regional Health System Defined Benefit Plan
Statements of Changes in Fiduciary Net Position
Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Employer contributions	\$ 600,000	\$ 400,000
Investment income		
Net appreciation (depreciation) in fair value of investments	(2,673,410)	2,507,633
Interest and dividends	1,807,619	1,222,959
Net investment earnings (losses)	(865,791)	3,730,592
Total additions	(265,791)	4,130,592
Deductions		
Benefit payments to participants or beneficiaries	4,489,530	2,900,903
Administrative expenses	124,584	136,690
Total deductions	4,614,114	3,037,593
Net Increase (Decrease) in Net Position Restricted for Pensions	(4,879,905)	1,092,999
Net Position Restricted for Pensions, Beginning of Year	45,359,086	44,266,087
Net Position Restricted for Pensions, End of Year	<u>\$ 40,479,181</u>	<u>\$ 45,359,086</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

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

Nature of Operations

Norman Regional Hospital Authority (the Authority) is a public trust that, as its sole activity, operates Norman Regional Health System (the System). The System operates Norman Regional Hospital, Norman Regional Moore (purchased by the System during fiscal year 2007), Norman Regional HealthPlex (opened during fiscal year 2010), and primary and specialty clinics throughout the service area. Portions of property and equipment used by Norman Regional Hospital are subject to a 50-year lease agreement with the City of Norman, Oklahoma (the City) commencing April 1, 1970. The term of the lease was to last until March 31, 2020 or until such date as all indebtedness of the Authority secured by its revenues is paid or defeased. However, the lease agreement could be renewed for an additional 50-year term at the option of the Authority. On July 1, 2019, the Authority exercised its option, extending the term of the lease until March 31, 2070 or such date as all indebtedness of the Authority secured by its revenues is paid or defeased. On May 23, 2022, the City completed a real estate swap with the Authority, granting the land previously owned by the City to the Authority in exchange for land held by the Authority thereby terminating the lease.

The System primarily earns revenues by providing inpatient, outpatient, emergency care, and clinic services to patients in the cities of Norman and Moore, Oklahoma, and surrounding areas. The System also operates a rehabilitation unit and a psychiatric unit and provides ambulance services in the same geographic area. Additionally, the System is an investor in various health care-related entities, including a specialty hospital and surgery centers.

Reporting Entity

The accompanying financial statements include the accounts of the Authority and its blended component units, entities for which the Authority is considered to be financially accountable. Blended component units are, in substance, part of the primary government's operations, even though they are legally separate entities. Thus, blended component units are appropriately presented as funds of the primary government and do not issue separate audited financial statements.

Blended Component Units

NRH Medical Park West, L.L.C. (Medical Park West) is a limited liability company organized in 2005 to develop and sell land and to lease land to the Authority. Through August 2019, the Authority owned a 78.2% ownership interest in Medical Park West. Effective September 2019, the Authority purchased additional ownership from minority owners for a 99.4% ownership interest in Medical Park West and appoints a voting majority of its board of managers. Medical Park West sold its remaining assets to the System and was dissolved effective June 30, 2021.

Oklahoma Sleep Associates, LLC (Oklahoma Sleep Associates) is a limited liability company organized in 2009 to provide diagnostic and therapeutic testing and treatment of sleep disorders. The Authority owns a 79% ownership interest in Oklahoma Sleep Associates and is responsible for its management.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

NRHS ACO LLC (NRHS ACO) is a limited liability company organized in 2016 to improve the health of patients and populations served by the Authority, reduce total health care costs, integrate provision of care provided by the Authority, and contract with government and private health benefit plans on behalf of the Authority's providers as an accountable care organization. The Authority is the sole member of NRHS ACO and is responsible for its management.

NHealth, LLC (NHealth) is a limited liability company organized in 2019 to improve the health of patients and reduce total health care costs, monitor and integrate the provision of care provided by the Authority, and contract with government and private health benefit plans on behalf of the Authority's providers. The Authority is the sole member of NHealth and is responsible for its management.

Under the terms of the bond indenture discussed in *Note 10*, the Obligated Group does not include Medical Park West, Oklahoma Sleep Associates, NRHS ACO, or NHealth.

Fiduciary Component Unit

The Norman Regional Health System Defined Benefit Plan (the Plan) is a single-employer defined benefit pension plan included in the financial statements as a pension trust fiduciary fund. The board of the Authority performs the governing duties of the Plan, as the Plan does not have a separate board and is fiscally dependent on the Authority. Effective July 1, 2020, the Authority adopted Governmental Accounting Standards Board (GASB) Statement No. 84, *Fiduciary Activities*, and GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. The impact of adoption of this standard was to include the Plan as a fiduciary component unit reported as a fiduciary fund of the Authority. During 2022, the Authority amended the plan to change the fiscal year-end from December 31 to April 30. The fiduciary fund statements are presented as of and for the 16-month period ended April 30, 2022 and the year ended December 31, 2020 in the June 30, 2022 and 2021 financial statements.

Basis of Accounting and Presentation

The accompanying 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 deferred outflows of resources, and liabilities and deferred inflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally, federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program-specific, investment income, 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.

The other members' interest Oklahoma Sleep Associates is accounted for as restricted nonexpendable net position in the Authority's financial statements. All significant inter-entity accounts and transactions have been eliminated in the accompanying financial statements.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

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 deferred outflows of resources and liabilities and deferred inflows of resources and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Authority considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2022 and 2021, cash equivalents consisted primarily of money market mutual fund accounts.

Included in short-term investments, held by trustee for debt service, and held by others for capital acquisitions on the accompanying balance sheets are money market mutual funds with brokers that the Authority does not consider cash equivalents.

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; 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, short-term disability, and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

The Authority is self-funded for all risks related to employees' short-term disability and for a portion of its exposure to risk of loss from medical malpractice, workers' compensation, and employee health claims. Annual estimated provisions are accrued for the self-insured portion of these claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Investments and Investment Income

Mutual funds and all other investments are carried at fair value. Fair value is determined using quoted market prices or the net asset value (NAV) per share. These investments are classified as current as they are readily convertible to cash for use in current and future operations. The investments in joint ventures are reported on the equity method of accounting.

Investment income includes dividend and interest income, realized gains and losses on investments sold, the net change for the year in the fair value of investments carried at fair value, and income (loss) from investments in joint ventures.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Patient Accounts Receivable

The Authority reports patient accounts receivable for services rendered at net realizable amounts from third-party payors, 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 payors 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 debt based on individual credit evaluation and specific circumstances of the account.

Supplies

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

Capital Assets

Capital assets are recorded at cost at the date of acquisition or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Leasehold improvements 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:

Land improvements	15–20 years
Buildings and leasehold improvements	20–40 years
Equipment	3–7 years

In 2022, the Authority adopted GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, which requires interest cost incurred during construction to be recognized as an expense in the period in which the cost is incurred. Prior to this adoption, the Authority capitalized interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing.

Total interest capitalized and incurred for the year ended June 30, 2021 was:

Total interest expense incurred on borrowings for project	\$ 4,241,085
Interest income from investment of proceeds of borrowings for project	<u>(36,053)</u>
Net interest cost capitalized	<u>\$ 4,205,032</u>
Interest capitalized, net	\$ 4,205,032
Interest charged to expense, as restated (see Note 2)	<u>7,830,962</u>
Total interest incurred	<u>\$ 12,035,994</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Lease Assets

Lease assets are initially recorded at the initial measurement of the lease liability, plus lease payments made at or before the commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease, plus initial direct costs that are ancillary to place the asset into service. Lease assets are amortized on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset.

Capital and Lease Asset Impairment

The Authority evaluates capital and lease assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital or lease asset has occurred. If a capital or lease asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, the capital asset historical cost and related accumulated depreciation are decreased proportionately such that the net decrease equals the impairment loss.

No asset impairment was recognized during the years ended June 30, 2022 and 2021.

Deferred Outflows and Inflows of Resources

The Authority is required to account for certain transactions as deferred outflows or inflows of resources if they do not qualify for treatment as either assets or liabilities. Deferred outflows and inflows of resources are defined as a consumption (deferred outflows) or an acquisition (deferred inflows) of net position by the Authority that is applicable to a future reporting period.

At June 30, the deferred outflows of resources reported by the Authority on the accompanying balance sheets consisted of the following items:

	2022	2021
Loss on defeasance of long-term debt, net	\$ 2,782,825	\$ 3,140,655
Excess of cost over net position on specialty clinic purchases	14,142,515	16,077,233
Deferred outflows related to pensions	6,386,948	-
Total deferred outflows of resources	<u>\$ 23,312,288</u>	<u>\$ 19,217,888</u>

The deferred inflows of resources reported by the Authority on the accompanying balance sheets of \$4,066,704 and \$3,376,978 related to pensions at June 30, 2022 and 2021, respectively.

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

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

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

Defined Benefit Pension Plan

The Authority has a single-employer defined benefit pension plan, the Norman Regional Health System Defined Benefit Plan (the Plan). For purposes of measuring the net pension liability (asset), deferred outflows of resources related to pensions, pension expense, information about the fiduciary net position of the Plan, and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Net Position

Net position of the Authority is classified in three components. Net investment in capital assets consists of capital assets and leases, net of accumulated depreciation and amortization, and reduced by the outstanding balances of borrowings or offsetting lease liabilities used to finance the purchase or construction of those assets. Restricted nonexpendable net position consists of noncapital assets that are required to be maintained in perpetuity, as specified by parties external to the Authority, such as permanent endowments and other members' interest in component units. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted nonexpendable net position.

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. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

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

As an essential government function of the City, the Authority is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code (IRC) and a similar

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

provision of state law. However, the Authority is subject to federal income tax on any unrelated business taxable income.

Medical Park West, Oklahoma Sleep Associates, NRHS ACO, and NHealth members have elected to have each company's income taxed as a partnership under provisions of the IRC and a similar section of state income tax law. Therefore, taxable income or loss is reported to the individual members for inclusion in their respective tax returns, and no provision for federal and state income taxes is included in these financial statements.

Supplemental Hospital Offset Payment Program

On January 17, 2012, the Centers for Medicare and Medicaid Services approved the State of Oklahoma's Supplemental Hospital Offset Payment Program (SHOPP). The SHOPP is currently scheduled to sunset on December 31, 2025. The SHOPP is designed to assess Oklahoma hospitals a supplemental hospital offset fee that will be placed in pools after receiving federal matching funds. The total fees and matching funds will then be allocated to hospitals as directed by legislation.

SHOPP revenue is recorded as part of net patient service revenue, and 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 following table for the years ended June 30, 2022 and 2021 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 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 is expected to be approximately \$24,741,000 in 2023.

	2022	2021
SHOPP funds received	\$ 29,625,000	\$ 21,394,000
SHOPP assessment fees paid	<u>10,292,000</u>	<u>8,634,000</u>
Net SHOPP benefit	<u>\$ 19,333,000</u>	<u>\$ 12,760,000</u>

Note 2: Change in Accounting Principle

On July 1, 2021, the Authority adopted GASB Statement No. 87, *Leases*, using a retrospective method of adoption to all leases in place and not yet completed at the beginning of the earliest period presented. The statement requires lessees to recognize a lease liability, measured at the present value of payments expected to be made during the lease term, and an intangible right-to-use lease asset. The 2021 financial statements and disclosures were restated to reflect the impact of this adoption.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The effect of the changes made to the accompanying balance sheet, statement of revenues, expenses, and changes in net position, and statement of cash flows as of and for the year ended June 30, 2021 are as follows:

	2021 (As Previously Reported)	Effect of Adoption	2021 (As Restated)
Balance Sheet			
Capital assets, net	\$ 221,306,190	\$ 508,141	\$ 221,814,331
Lease assets, net	\$ -	\$ 45,646,156	\$ 45,646,156
Total assets and deferred outflows of resources	\$ 739,384,463	\$ 46,154,297	\$ 785,538,760
Current portion of lease liabilities	\$ -	\$ 4,194,227	\$ 4,194,227
Total current liabilities	\$ 59,335,630	\$ 4,194,227	\$ 63,529,857
Long-term lease liabilities	\$ -	\$ 42,611,053	\$ 42,611,053
Total liabilities	\$ 341,476,605	\$ 46,805,280	\$ 388,281,885
Net investment in capital assets	\$ 60,745,721	\$ (1,159,124)	\$ 59,586,597
Unrestricted net position	\$ 333,645,886	\$ 508,141	\$ 334,154,027
Total net position	\$ 394,530,880	\$ (650,983)	\$ 393,879,897
Total liabilities and deferred inflows of resources and net position	\$ 739,384,463	\$ 46,154,297	\$ 785,538,760
Statement of Revenues, Expenses, and Change in Net Position			
Other operating revenue	\$ 11,169,145	\$ 508,141	\$ 11,677,286
Total operating revenues	\$ 516,598,725	\$ 508,141	\$ 517,106,866
Other expenses	\$ 61,276,969	\$ (6,005,806)	\$ 55,271,163
Depreciation and amortization	\$ 21,664,407	\$ 5,437,568	\$ 27,101,975
Total operating expenses	\$ 512,497,412	\$ (568,238)	\$ 511,929,174
Operating income (loss)	\$ 4,101,313	\$ 1,076,379	\$ 5,177,692
Interest expense	\$ (6,340,937)	\$ (1,490,025)	\$ (7,830,962)
Total nonoperating revenues (expenses)	\$ 46,580,130	\$ (1,490,025)	\$ 45,090,105
Income (loss) before capital gifts and distributions	\$ 50,681,443	\$ (413,646)	\$ 50,267,797
Increase (decrease) in net position	\$ 51,486,162	\$ (413,646)	\$ 51,072,516
Net position, beginning of year	\$ 343,044,718	\$ (237,337)	\$ 342,807,381
Net position, end of year	\$ 394,530,880	\$ (650,983)	\$ 393,879,897

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

	2021 (As Previously Reported)	Effect of Adoption	2021 (As Restated)
Statement of Cash Flows			
Payments to suppliers and contractors	\$ (203,143,294)	\$ 6,005,806	\$ (197,137,488)
Other receipts and payments, net	\$ 8,100,027	\$ 508,141	\$ 8,608,168
Net cash provided by operating activities	\$ 24,486,888	\$ 6,513,953	\$ 31,000,841
Principal paid on leases payable	\$ -	\$ (4,515,787)	\$ (4,515,787)
Interest paid on leases payable	\$ -	\$ (1,490,025)	\$ (1,490,025)
Purchase of capital assets	\$ (28,301,300)	\$ (508,141)	\$ (28,809,441)
Net cash used in capital and related financing activities	\$ (40,529,152)	\$ (6,513,953)	\$ (47,043,105)
Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities			
Operating income (loss)	\$ 4,101,313	\$ 1,076,379	\$ 5,177,692
Depreciation and amortization	\$ 21,664,407	\$ 5,437,568	\$ 27,101,975
Net cash provided by operating activities	\$ 24,486,888	\$ 6,513,953	\$ 31,000,841
Noncash Investing, Capital, and Financing Activities			
Lease obligation incurred for lease assets	\$ -	\$ 592,886	\$ 592,886

Note 3: 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. These payment arrangements include:

Medicare – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient rehabilitation and psychiatric unit services are paid at prospectively determined rates that are based on the patients' acuity. 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 Medicare administrative contractor has audited the Authority's cost reports through June 30, 2018.

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 46% and 44% of net patient service revenue is from participation in the Medicare, Medicare HMO, and state-sponsored Medicaid programs for the years ended June 30, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could 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.

Note 4: 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 collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts in compliance with the provisions of state law.

At June 30, 2022 and 2021, none of the Authority's bank balances of approximately \$906,000 and \$718,000, respectively, were exposed to custodial credit risk as uninsured and uncollateralized.

The above amounts exclude deposits held by the Authority's blended component units with bank balances of approximately \$383,000 and \$394,000 and carrying values of approximately \$366,000 and \$391,000 at June 30, 2022 and 2021, respectively. As nongovernmental entities, the blended component units are not subject to collateralization requirements. At June 30, 2022 and 2021, the blended component units' cash accounts exceeded federally insured limits by approximately \$126,000 and \$132,000, respectively.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Investments

The Authority may invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest in corporate bonds, equity securities, alternative investments, and real assets.

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

Type	Fair Value	Maturities in Years			
		Less than 1	1–5	6–10	More than 10
2022					
Money market mutual funds	\$ 136,767,757	\$ 136,767,757	\$ -	\$ -	\$ -
Mutual funds					
Bond funds	98,385,353	-	72,099,024	26,286,329	-
Equity and other funds	75,814,905	75,814,905	-	-	-
	310,968,015	212,582,662	72,099,024	26,286,329	-
Hedge funds	41,232,874				
	352,200,889				
2021					
Money market mutual funds	\$ 156,536,574	\$ 156,536,574	\$ -	\$ -	\$ -
Mutual funds					
Bond funds	100,130,068	-	75,114,121	25,015,947	-
Equity and other funds	87,999,958	87,999,958	-	-	-
	344,666,600	244,536,532	75,114,121	25,015,947	-
Hedge funds	54,572,619				
	399,239,219				

Interest Rate Risk – As a means of limiting its exposure to fair value losses arising from rising interest rates, the Authority’s investment policy provides guidelines for the fixed income investment portfolio to maintain an aggregate duration between three and seven years for long-term investments while not limiting the duration of individual investments. The money market mutual funds and equity and other mutual funds are presented as an investment with a maturity of less than one year because the average maturity of the funds is less than one year. Maturities of bond mutual funds are presented based on the average maturity of the underlying securities in the fund.

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 provides guidelines to maintain an aggregate credit rating of A or better on fixed income securities but does not place limits on individual investments.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

At June 30, 2022 and 2021, the Authority's investments not directly guaranteed by the U.S. government were rated as follows:

Investments	Moody's	S & P
Money market mutual funds	Not rated or Aaa	Not rated or AAA
Mutual funds	Not rated	Not rated
Hedge funds	Not rated	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. The Authority's investment in the hedge fund of Western Asset U.S. Core Plus, L.L.C., constituted 5.9% and 6.3% of its total investments at June 30, 2022 and 2021, respectively.

Summary of Carrying Values

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

	2022	2021
Carrying value		
Deposits	\$ 856,351	\$ 377,930
Investments	352,200,889	399,239,219
Cash on hand	17,250	17,575
	<u>\$ 353,074,490</u>	<u>\$ 399,634,724</u>
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 25,449,048	\$ 44,965,516
Short-term investments	215,433,132	242,702,645
Restricted cash and investments – current	103	100
Noncurrent cash and investments, net	112,192,207	111,966,463
	<u>\$ 353,074,490</u>	<u>\$ 399,634,724</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Investment Income (Loss)

Investment income (loss) for the years ended June 30 consisted of:

	2022	2021
Interest, dividends, and realized gain on sales of investments, net	\$ 7,312,164	\$ 9,198,569
Income from joint ventures	921,028	896,532
Net increase (decrease) in fair value of investments	<u>(35,590,076)</u>	<u>27,266,887</u>
	<u><u>\$ (27,356,884)</u></u>	<u><u>\$ 37,361,988</u></u>

Note 5: Patient Accounts Receivable

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

	2022	2021
Medicare and Medicare HMO	\$ 25,012,799	\$ 21,176,202
Medicaid	6,130,584	4,354,056
Other third-party payors	57,951,431	57,478,518
Patients	<u>12,548,073</u>	<u>23,070,095</u>
	101,642,887	106,078,871
Less allowance for uncollectible accounts	<u>34,681,000</u>	<u>36,959,000</u>
	<u><u>\$ 66,961,887</u></u>	<u><u>\$ 69,119,871</u></u>

Note 6: Investments in Joint Ventures

The investments in joint ventures included in other assets on the accompanying balance sheets relate to the Authority's ownership in multiple joint ventures. The one significant joint venture is recapped below:

Oklahoma Heart Hospital South, LLC

The Authority has an approximate 12% ownership in Oklahoma Heart Hospital South, LLC (OHHS). The Authority's investment in OHHS amounted to approximately \$2,379,000 and \$1,789,000 at June 30, 2022 and 2021, respectively.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The audited financial position and results of operations of OHHS are summarized below as of December 31:

	2021	2020
Current assets	\$ 57,319,917	\$ 65,494,800
Property and other long-term assets, net	<u>66,363,020</u>	<u>72,687,921</u>
Total assets	<u>123,682,937</u>	<u>138,182,721</u>
Current liabilities	36,912,963	29,451,976
Long-term liabilities	<u>65,454,362</u>	<u>89,114,608</u>
Total liabilities	<u>102,367,325</u>	<u>118,566,584</u>
Members' equity	<u>\$ 21,315,612</u>	<u>\$ 19,616,137</u>
Revenues	<u>\$ 156,972,087</u>	<u>\$ 150,040,511</u>
Net income	<u>\$ 5,954,083</u>	<u>\$ 6,489,589</u>

The Authority is joint guarantor on loans of OHHS. At June 30, 2022 and 2021, the Authority guaranteed approximately \$6,636,000 and \$7,182,000, respectively, of the outstanding balance of the loans.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Note 7: Capital and Lease Assets

Capital assets activity for the years ended June 30 was:

	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
2022					
Land	\$ 20,463,212	\$ 1,612,673	\$ -	\$ -	\$ 22,075,885
Land improvements	8,377,422	-	-	-	8,377,422
Buildings and leasehold improvements	311,245,022	1,098,879	(1,450,869)	276,231	311,169,263
Equipment	244,167,666	9,471,590	(107,091)	243,340	253,775,505
Construction in progress	17,685,337	52,810,967	-	(519,571)	69,976,733
	<u>601,938,659</u>	<u>64,994,109</u>	<u>(1,557,960)</u>	<u>-</u>	<u>665,374,808</u>
Less accumulated depreciation					
Land improvements	4,264,913	16,083	-	-	4,280,996
Buildings and leasehold improvements	167,264,021	9,688,950	(1,278,938)	-	175,674,033
Equipment	208,595,394	11,145,704	(105,081)	-	219,636,017
	<u>380,124,328</u>	<u>20,850,737</u>	<u>(1,384,019)</u>	<u>-</u>	<u>399,591,046</u>
Capital assets, net	<u>\$ 221,814,331</u>	<u>\$ 44,143,372</u>	<u>\$ (173,941)</u>	<u>\$ -</u>	<u>\$ 265,783,762</u>
2021 (As Restated)					
Land	\$ 13,013,055	\$ 7,583,078	\$ (132,921)	\$ -	\$ 20,463,212
Land improvements	8,448,021	-	(70,599)	-	8,377,422
Buildings and leasehold improvements	309,866,374	642,762	-	735,886	311,245,022
Equipment	234,109,418	9,662,987	(249,298)	644,559	244,167,666
Construction in progress	4,914,244	14,151,538	-	(1,380,445)	17,685,337
	<u>570,351,112</u>	<u>32,040,365</u>	<u>(452,818)</u>	<u>-</u>	<u>601,938,659</u>
Less accumulated depreciation					
Land improvements	4,239,446	25,467	-	-	4,264,913
Buildings and leasehold improvements	159,003,150	8,260,871	-	-	167,264,021
Equipment	197,399,633	11,426,862	(231,101)	-	208,595,394
	<u>360,642,229</u>	<u>19,713,200</u>	<u>(231,101)</u>	<u>-</u>	<u>380,124,328</u>
Capital assets, net	<u>\$ 209,708,883</u>	<u>\$ 12,327,165</u>	<u>\$ (221,717)</u>	<u>\$ -</u>	<u>\$ 221,814,331</u>

Norman Regional Hospital Authority
Notes to Financial Statements
June 30, 2022 and 2021

Lease assets activity for the years ended June 30 was:

	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
2022					
Buildings and leasehold improvements	\$ 47,233,509	\$ 6,001,363	\$ (535,485)	\$ -	\$ 52,699,387
Equipment	3,847,259	474,929	(628,544)	-	3,693,644
	<u>51,080,768</u>	<u>6,476,292</u>	<u>(1,164,029)</u>	<u>-</u>	<u>56,393,031</u>
Less accumulated depreciation					
Buildings and leasehold improvements	4,259,705	4,470,967	(535,485)	-	8,195,187
Equipment	1,174,907	914,015	(628,544)	-	1,460,378
	<u>5,434,612</u>	<u>5,384,982</u>	<u>(1,164,029)</u>	<u>-</u>	<u>9,655,565</u>
Lease assets, net	<u>\$ 45,646,156</u>	<u>\$ 1,091,310</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 46,737,466</u>
2021 (As Restated)					
Buildings and leasehold improvements	\$ 46,643,579	\$ 592,886	\$ (2,956)	\$ -	\$ 47,233,509
Equipment	3,847,259	-	-	-	3,847,259
	<u>50,490,838</u>	<u>592,886</u>	<u>(2,956)</u>	<u>-</u>	<u>51,080,768</u>
Less accumulated depreciation					
Buildings and leasehold improvements	-	4,262,661	(2,956)	-	4,259,705
Equipment	-	1,174,907	-	-	1,174,907
	<u>-</u>	<u>5,437,568</u>	<u>(2,956)</u>	<u>-</u>	<u>5,434,612</u>
Lease assets, net	<u>\$ 50,490,838</u>	<u>\$ (4,844,682)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 45,646,156</u>

Note 8: Self-Insured Claims

Substantially all of the Authority's employees are eligible to participate in the Authority's workers' compensation and short-term disability plans. In addition, substantially all of the Authority's employees and their dependents are eligible to participate in the Authority's employee health insurance plan. The Authority funds all risks related to employee short-term disability. The Authority is self-insured for health claims of participating employees and dependents up to an annual aggregate amount of \$700,000 for 2022 and 2021 and for workers' compensation claims up to \$750,000 for both 2022 and 2021. Commercial stop-loss insurance coverage is purchased for claims in excess of the aggregate annual amounts.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

A provision is accrued for self-insured employee health and workers' compensation claims, including both claims reported and claims incurred but not yet reported, and is included in estimated self-insurance costs – current and other long-term liabilities on the accompanying balance sheets. The accruals are estimated based on consideration of prior claims experience, recently settled claims, frequency of claims, and other economic and social factors. It is reasonably possible that the Authority's estimate will change by a material amount in the near term.

Activity in the Authority's accrued self-insured claims liabilities during 2022 and 2021 is summarized as follows:

	Workers' Compensation	Short-Term Disability	Employee Health
2022			
Balance, beginning of year	\$ 1,850,797	\$ -	\$ 1,306,040
Current year claims incurred and changes in estimates for claims incurred in prior years	979,434	91,969	12,672,954
Claims and expenses paid	<u>(892,620)</u>	<u>(91,969)</u>	<u>(12,303,377)</u>
Balance, end of year	<u><u>\$ 1,937,611</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,675,617</u></u>
2021			
Balance, beginning of year	\$ 1,692,306	\$ -	\$ 1,639,847
Current year claims incurred and changes in estimates for claims incurred in prior years	832,107	190,142	10,933,860
Claims and expenses paid	<u>(673,616)</u>	<u>(190,142)</u>	<u>(11,267,667)</u>
Balance, end of year	<u><u>\$ 1,850,797</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,306,040</u></u>

Note 9: Medical Malpractice Claims

The Authority purchases medical malpractice insurance under a claims-made policy on a fixed premium basis with a significant self-insured retention limit. 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. Annual estimated provisions are accrued based on actuarially determined amounts. At June 30, 2022 and 2021, the Authority recorded an accrual of approximately \$9,408,000 and \$8,148,000, respectively, for pending malpractice claims, which is included in estimated self-insurance costs – current and other long-term liabilities on the accompanying balance sheets. It is reasonably possible that this estimate could change materially in the near term.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Note 10: Long-Term Obligations

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

	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
2022					
Long-Term Debt					
Series 2016 Hospital Revenue Refunding Bonds (A)	\$ 130,531,939	\$ -	\$ (5,298,120)	\$ 125,233,819	\$ 5,533,119
Series 2017 Hospital Revenue Refunding Bonds (B)	24,842,594	-	(995,852)	23,846,742	1,040,852
Series 2019 Hospital Revenue Bonds (C)	120,500,755	-	(372,815)	120,127,940	372,815
Master lease note payable to Bank	-	38,000,000	-	38,000,000	-
Total long-term debt	275,875,288	38,000,000	(6,666,787)	307,208,501	6,946,786
Other Long-Term Liabilities					
Estimated self-insurance costs	11,305,128	16,374,288	(14,657,856)	13,021,560	4,985,817
Deferred compensation plan	2,395,748	414,228	(577,059)	2,232,917	783,861
Employer payroll tax deferral	6,884,386	-	(2,793,636)	4,090,750	4,090,750
Lease liability	46,805,280	6,476,293	(4,772,764)	48,508,809	4,815,046
Total long-term obligations	<u>\$ 343,265,830</u>	<u>\$ 61,264,809</u>	<u>\$ (29,468,102)</u>	<u>\$ 375,062,537</u>	<u>\$ 21,622,260</u>
2021 (As Restated)					
Long-Term Debt					
Series 2016 Hospital Revenue Refunding Bonds (A)	\$ 135,605,060	\$ -	\$ (5,073,121)	\$ 130,531,939	\$ 5,298,119
Series 2017 Hospital Revenue Refunding Bonds (B)	25,793,446	-	(950,852)	24,842,594	995,852
Series 2019 Hospital Revenue Bonds (C)	120,873,570	-	(372,815)	120,500,755	372,815
Total long-term debt	282,272,076	-	(6,396,788)	275,875,288	6,666,786
Other Long-Term Liabilities					
Estimated self-insurance costs	10,551,807	13,848,722	(13,095,401)	11,305,128	4,210,596
Deferred compensation plan	2,241,590	559,102	(404,944)	2,395,748	577,059
Employer payroll tax deferral	1,565,282	5,319,104	-	6,884,386	3,442,193
Lease liability	50,728,181	701,650	(4,624,551)	46,805,280	4,194,227
Total long-term obligations	<u>\$ 347,358,936</u>	<u>\$ 20,428,578</u>	<u>\$ (24,521,684)</u>	<u>\$ 343,265,830</u>	<u>\$ 19,090,861</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Revenue Bonds Payable

- (A) Due September 1, 2037; principal payable annually beginning September 1, 2017 plus semiannual interest payments at interest rates from 3.00% to 5.00%; callable on or after September 1, 2026; secured by pledge of the Authority's gross revenues.

When the Series 2016 Hospital Revenue Refunding Bonds (2016 Bonds) were issued, the bonds were sold at a premium of approximately \$13,975,000. At June 30, the outstanding balance of the 2016 Bonds was as follows:

	2022	2021
Principal amount	\$ 115,045,000	\$ 119,675,000
Plus unamortized premium	<u>10,188,819</u>	<u>10,856,939</u>
Net amount outstanding	<u><u>\$ 125,233,819</u></u>	<u><u>\$ 130,531,939</u></u>

- (B) Due September 1, 2037; principal payable annually beginning September 1, 2017 plus semiannual interest payments at 5.00%; callable on or after September 1, 2027; secured by pledge of the Authority's gross revenues.

When the Series 2017 Hospital Revenue Refunding Bonds (2017 Bonds) were issued, the bonds were sold at a premium of approximately \$2,356,000. At June 30, the outstanding balance of the 2017 Bonds was as follows:

	2022	2021
Principal amount	\$ 22,080,000	\$ 22,960,000
Plus unamortized premium	<u>1,766,742</u>	<u>1,882,594</u>
Net amount outstanding	<u><u>\$ 23,846,742</u></u>	<u><u>\$ 24,842,594</u></u>

- (C) Due September 1, 2045; principal payable annually beginning September 1, 2029 plus semiannual interest payments ranging from 3.25% to 5.00%; callable on or after September 1, 2038; secured by pledge of the Authority's gross revenues. The indenture agreement requires that certain funds be established with a trustee. Accordingly, these funds are included as assets held by others for capital acquisitions in the accompanying balance sheets.

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Notes to Financial Statements

June 30, 2022 and 2021

When the Series 2019 Hospital Revenue Bonds (2019 Bonds) were issued, the bonds were sold at a premium of approximately \$9,631,000. At June 30, the outstanding balance of the 2019 Bonds was as follows:

	2022	2021
Principal amount	\$ 111,460,000	\$ 111,460,000
Plus unamortized premium	<u>8,667,940</u>	<u>9,040,755</u>
Net amount outstanding	<u><u>\$ 120,127,940</u></u>	<u><u>\$ 120,500,755</u></u>

The Authority's revenue bond indentures under the Master Trust Indenture place limits on the incurrence of additional borrowings and require that the System, as the Obligated Group, satisfy certain measures of financial performance as long as the bonds are outstanding. The revenue bond indentures contain a provision that, in an event of default, outstanding amounts become immediately due if the Authority is unable to make payment.

In prior years, the Authority had advance refunded various revenue bond issues, and each of these advance refunding transactions resulted in extinguishment of debt since the Authority was legally released from its obligation on those bond series.

The advance refundings mentioned above resulted in an accounting loss on the extinguishment of the long-term debt. This loss on refunding is shown as a deferred outflow of resources on the accompanying balance sheets and is being amortized using the straight-line method over the life of the respective new bond issues.

Master Lease Note Payable to Bank

Due May 27, 2032; interest at 2.82% payable monthly beginning June 27, 2022, with principal payable monthly beginning June 27, 2024; secured by certain equipment. Proceeds of the master lease note payable are held in escrow and restricted for the purchase of certain equipment.

The note payable requires the Authority to satisfy certain measures of financial performance surrounding debt service coverage. The note contains a provision that, in an event of default, outstanding amounts may become immediately due.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Debt Service Requirements

The debt service requirements on long-term debt, excluding unamortized premiums and lease liabilities, as of June 30, 2022, are as follows:

Year Ending June 30,	Total to be Paid	Principal	Interest
2023	\$ 17,770,500	\$ 5,790,000	\$ 11,980,500
2024	18,126,824	6,443,324	11,683,500
2025	22,011,134	10,705,210	11,305,924
2026	22,012,885	11,158,199	10,854,686
2027	22,012,759	11,629,700	10,383,059
2028–2032	88,047,413	51,672,664	36,374,749
2033–2037	88,365,986	54,570,903	33,795,083
2038–2042	82,833,825	60,620,000	22,213,825
2043–2046	<u>82,401,175</u>	<u>73,995,000</u>	<u>8,406,175</u>
	<u>\$ 443,582,501</u>	<u>\$ 286,585,000</u>	<u>\$ 156,997,501</u>

Line of Credit

The Authority had an unused short-term revolving bank line of credit in the amount of \$34,400,000, which was signed in May 2020 and expired May 5, 2021, bearing interest at one-month London InterBank Offered Rate plus 1.25%. The line was collateralized by gross revenues.

Note 11: Lease Liabilities

The Authority leases equipment and office and clinic space, the terms of which expire in various years through 2051. Variable payments based upon the use of the underlying asset are not included in the lease liability because they are not fixed in substance.

During the years ended June 30, 2022 and 2021, the Authority recognized approximately \$3,258,000 and \$2,656,000, respectively, of rental expense for variable payments not previously included in the measurement of the lease liability.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The following is a schedule by year of payments under the leases as of June 30, 2022:

Year Ending June 30,	Total to be Paid	Principal	Interest
2023	\$ 6,324,255	\$ 4,815,046	\$ 1,509,209
2024	6,045,736	4,688,217	1,357,519
2025	5,802,645	4,598,142	1,204,503
2026	4,627,115	3,560,004	1,067,111
2027	3,759,732	2,794,902	964,830
2028–2032	13,686,984	10,060,116	3,626,868
2033–2037	7,686,916	5,275,804	2,411,112
2038–2042	5,600,406	3,977,837	1,622,569
2043–2047	5,600,406	4,621,000	979,406
2048–2051	4,368,918	4,117,741	251,177
	<u>\$ 63,503,113</u>	<u>\$ 48,508,809</u>	<u>\$ 14,994,304</u>

Note 12: Restricted Net Position

At June 30, 2022 and 2021, restricted nonexpendable net position of \$128,701 and \$139,273, respectively, was related to the other members' interest in Oklahoma Sleep Associates.

Note 13: Charity Care and Uncompensated 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. In addition, the Authority provides services to other medically indigent patients under the state Medicaid program. The state Medicaid program pays providers amounts that are less than established charges for the services provided to the recipients, and many times the payments are less than the cost of rendering the services provided.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Charges for gross patient service revenue, contractual adjustments, and uncompensated care are as follows:

	2022		2021	
	Dollar	Percent	Dollar	Percent
Gross patient service revenue	\$2,514,074,586	100.0%	\$2,395,670,181	100.0%
Contractual adjustments	(1,887,677,507)	-75.1%	(1,725,026,908)	-72.0%
Provision for uncollectible accounts and charity care adjustments	(103,963,309)	-4.1%	(165,213,693)	-6.9%
Net patient service revenue	<u>\$ 522,433,770</u>	<u>20.8%</u>	<u>\$ 505,429,580</u>	<u>21.1%</u>

The estimated uncompensated costs associated with charity care services were approximately \$4,395,000 and \$6,936,000 for the years ended June 30, 2022 and 2021, 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 the gross uncompensated charges.

In addition to uncompensated charges, the Authority also commits significant time and resources to endeavors and critical services that meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, Norman Public Schools' nurses and sports medicine, low-income health and dental clinics, transportation program for low-income residents in Cleveland County, meals for the homebound, community educational services, and various support groups.

Note 14: Defined Contribution and Deferred Compensation Plans

Defined Contribution Plans

The Authority contributes to a defined contribution pension plan, the Norman Regional Hospital Match Plan, covering substantially all employees who have completed a one-year period of continuous employment and elect to contribute to the plan. 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 governing body. The plan provides retirement and death benefits to plan members and their beneficiaries. Benefit and contribution provisions are contained in the plan document and were established and can be amended by action of the Authority's governing body. Contribution rates for the Authority expressed as a percentage of covered payroll were 1.1% for 2022 and 2021. Contributions actually made by the Authority were approximately \$2,576,000 and \$2,393,000 during the years ended June 30, 2022 and 2021, respectively. Plan members do not contribute to the plan.

The Authority also contributes to another defined contribution pension plan, the Norman Regional Hospital Defined Contribution Plan, covering substantially all employees who have completed a

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

one-year period of continuous full-time employment. 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 governing body. The plan provides retirement and death benefits to plan members and their beneficiaries. Benefit and contribution provisions are contained in the plan document and were established and can be amended by action of the Authority's governing body. Contribution rates for the Authority expressed as a percentage of covered payroll were 3.3% and 3.4% for 2022 and 2021, respectively. Contributions actually made by the Authority were approximately \$6,930,000 and \$6,753,000 during the years ended June 30, 2022 and 2021, respectively. Plan members do not contribute to the plan.

There are no publicly available financial reports for these defined contribution pension plans.

Deferred Compensation Plans

Additionally, the Authority maintains a nonqualified deferred compensation plan for certain physicians effective July 1, 2007. Contributions to the plan are made by the Authority based on call hours worked. Through June 30, 2019, the plan vested after a five- or ten-year period. Effective July 1, 2019, participants vest upon enrollment. The contributions are held in a trust that carries life insurance policies on each physician. The life insurance policies are invested in mutual funds, and the cash surrender value of the policies at June 30, 2022 and 2021 was approximately \$1,682,000 and \$1,789,000, respectively, and is included in prepaid expenses and other in the accompanying balance sheets. The related liability as of June 30, 2022 and 2021 of approximately \$2,233,000 and \$2,370,000, respectively, for this plan is included in accrued payroll and expenses and other long-term liabilities in the accompanying balance sheets (see *Note 10*). Deferred compensation expense related to the plan totaled approximately \$835,000 and \$832,000 for the years ended June 30, 2022 and 2021, respectively.

The Authority also provides a deferred compensation plan (457 Plan) to substantially all employees of the Authority and a nonqualified deferred contribution plan (415m Plan) to certain employees of the Authority. The Authority does not make contributions to the 457 Plan.

Note 15: Defined Benefit Pension Plan

Plan Description

The Authority's defined benefit pension plan, the Pension Plan for Employees of Norman Regional Hospital, is a single-employer defined benefit pension plan administered by the Authority's governing body. The plan benefits were frozen on December 31, 2003. No new participants were admitted to the plan after that date. Participants who were over age 60 or had 25 or more years of service as of December 31, 2003 continue to accrue benefits under the plan. The authority to establish and amend benefit provisions is vested in the Authority's governing body. There is no publicly available financial report for the defined benefit pension plan. The Authority uses an April 30 measurement date.

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Notes to Financial Statements

June 30, 2022 and 2021

Benefits Provided

The plan provides retirement and death benefits to plan members and their beneficiaries. Retirement benefits for employees are calculated as 1.5% of the participant's average annual earnings, as defined by the plan, multiplied by the number of years of credited service at retirement or termination. Death benefits are equal to the vested balance. Disability retirement benefits are determined as the actuarial equivalent in the same manner as retirement benefits but are payable from date of disability to normal retirement date. For participants with frozen benefits, the retirement age is 65. For participants accruing benefits, the retirement age is the later of age 60 or the age upon completion of 30 years of service.

The employees covered by the plan at April 30 are:

	2022	2021
Inactive employees or beneficiaries currently receiving benefits	408	401
Inactive employees entitled to but not yet receiving benefits	262	302
Active employees	292	284
	<u>962</u>	<u>987</u>

Contributions

The Authority's governing body has the authority to establish and amend the contribution rates of the Authority and active employees. The governing body establishes rates based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year with an additional amount to finance any unfunded accrued liability. The actuarially determined contribution was \$153,157 and \$680,959 for the years ended April 30, 2022 and 2021, respectively. For the years ended April 30, 2022 and 2021, the Authority actually contributed \$300,000 to the plan. Participants do not contribute to the plan.

Net Pension Liability (Asset)

The Authority's net pension liability (asset) was measured as of April 30, 2022 and 2021 for the years ended June 30, 2022 and 2021 and the total pension liability used to calculate the net pension liability (asset) was determined by an actuarial valuation as of those dates.

The total pension liability in the April 30, 2022 and 2021 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	2.6%
Salary increase	4.0% average, including inflation
Ad hoc cost of living adjustments	Not applicable
Investment rate of return	7.0%, net of pension plan investment expense, including inflation

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Mortality rates for the 2022 valuation were based on the Pri-2012 Blue Collar Mortality Table Projected Generationally from 2012 with the Mortality Improvement Scale MP-2021; mortality rates for the 2021 valuation were based on the Pri-2012 Blue Collar Mortality Table Projected Generationally from 2012 with the Mortality Improvement Scale MP-2020.

The actuarial assumptions used in the April 30, 2022 and 2021 valuation were based on the results of an actuarial experience study for the period May 1, 2011 through April 30, 2017.

Long-Term Expected Rate of Return

The long-term expected rate of return on pension plan investments was determined using a building-block method in which expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These expected future real rates of return are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic rates of return for both the 2022 and 2021 valuations for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Expected Rate of Return (Net of Inflation)
Domestic stocks	35.0%	7.40%
International stocks	10.0%	6.40%
U.S. bonds – core plus	17.5%	0.40%
International bonds	15.0%	2.40%
Real estate	7.5%	6.40%
Balanced	10.0%	4.40%
Cash	5.0%	-1.10%
	<u>100%</u>	

Discount Rate

The discount rate used to measure the total pension liability was 7% for the years ended June 30, 2022 and 2021. The projection of cash flows used to determine the discount rate assumed that the Authority's contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Changes in the total pension liability, plan fiduciary net position, and net pension liability (asset) for the years ended June 30 were:

	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (Asset) (a) - (b)
2022			
Balance, beginning of year	<u>\$ 45,101,605</u>	<u>\$ 46,742,400</u>	<u>\$ (1,640,795)</u>
Changes for the year			
Service cost	6,354	-	6,354
Interest	3,040,928	-	3,040,928
Differences between expected and actual experience	298,563	-	298,563
Contributions – employer	-	300,000	(300,000)
Net investment income	-	(3,106,388)	3,106,388
Benefit payments to participants or beneficiaries	(3,332,247)	(3,332,247)	-
Administrative expense	-	(124,584)	124,584
Change of assumptions	<u>130,676</u>	<u>-</u>	<u>130,676</u>
Net changes	<u>144,274</u>	<u>(6,263,219)</u>	<u>6,407,493</u>
Balance, end of year	<u><u>\$ 45,245,879</u></u>	<u><u>\$ 40,479,181</u></u>	<u><u>\$ 4,766,698</u></u>
2021			
Balance, beginning of year	<u>\$ 45,173,534</u>	<u>\$ 40,217,500</u>	<u>\$ 4,956,034</u>
Changes for the year			
Service cost	6,131	-	6,131
Interest	3,054,349	-	3,054,349
Differences between expected and actual experience	138,885	-	138,885
Contributions – employer	-	300,000	(300,000)
Net investment income	-	9,435,151	(9,435,151)
Benefit payments to participants or beneficiaries	(3,092,215)	(3,092,215)	-
Administrative expense	-	(118,036)	118,036
Change of assumptions	<u>(179,079)</u>	<u>-</u>	<u>(179,079)</u>
Net changes	<u>(71,929)</u>	<u>6,524,900</u>	<u>(6,596,829)</u>
Balance, end of year	<u><u>\$ 45,101,605</u></u>	<u><u>\$ 46,742,400</u></u>	<u><u>\$ (1,640,795)</u></u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Sensitivity of the Net Pension Liability (Asset) to Changes in the Discount Rate

The net pension liability (asset) of the Authority has been calculated using a discount rate of 7%. The following presents the net pension liability (asset) using a discount rate 1% higher and 1% lower than the current rate for the year ended June 30, 2022:

	1% Decrease (6.0%)	Current Discount Rate (7.0%)	1% Increase (8.0%)
Net pension liability	<u>\$ 8,918,547</u>	<u>\$ 4,766,698</u>	<u>\$ 1,191,478</u>

Pension Expense and Deferred Outflows of Resources Related to Pensions

For the years ended June 30, 2022 and 2021, the Authority recognized pension expense of \$1,010,271 and \$(439,403), respectively. At June 30, 2022 and 2021, the Authority reported deferred outflows (inflows) of resources of \$2,320,244 and \$(3,376,978), respectively, related to the net difference between projected and actual earnings on pension plan investments.

The reported deferred outflows (inflows) of resources at June 30, 2022 related to pensions will be recognized in pension expense as follows:

2023	\$ 561,910
2024	595,543
2025	(90,784)
2026	<u>1,253,575</u>
Total	<u>\$ 2,320,244</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Pension Plan Fiduciary Net Position

As of April 30, the plan's fiduciary net position was comprised of the following:

	2022	2021
Mutual funds, at fair value		
Equities – domestic	\$ 14,820,405	\$ 17,894,978
Equities – international	5,859,225	7,178,287
Fixed income – domestic	13,538,213	12,449,444
Fixed income – international	4,914,276	8,051,957
Proprietary separate fund, at amortized cost	<u>1,347,062</u>	<u>1,167,734</u>
 Total pooled investments, at fair value	 <u>40,479,181</u>	 <u>46,742,400</u>
 Total plan fiduciary net position	 <u><u>\$ 40,479,181</u></u>	 <u><u>\$ 46,742,400</u></u>

Investment Policy – Investment policy decisions are established and maintained by the Retirement Committee charged with overseeing the pension plan, as authorized by the Authority's Board of Trustees. The Retirement Committee employs and selects investment managers.

The primary goal of a pension fund is to help pay the cost of the pension plan while providing adequate security to meet the benefits promised under the pension plan. As a consequence, two important dimensions of a pension plan's investment program are expected return and expected risk.

The pension plan trustees diversify pension plan investments among asset classes, recognizing that there is a relationship between the level of risk assumed in an investment program and the level of return that should be expected. Appropriate diversification better enables balance of risk and return.

Investment Rate of Return – The annual money-weighted rate of return on pension plan investments, net of expenses, which expresses net investment performance adjusted for changing amounts actually invested each month, was approximately 7.4% and 7.3% for the 12 months ended April 30, 2022 and 2021, respectively.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The plan does not have a separate policy covering credit risk.

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 plan's investment policy does not address how investments are to be held.

Concentration of Credit Risk – The plan does not have a policy to limit its holdings in any one issuer. At April 30, 2022 and 2021, all the plan's investments were held through the plan's investment manager, Prudential.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

At April 30, the plan's investments had the following maturities:

Type	Fair Value	Maturities in Years		
		Less than 1	1–5	6–10
2022				
Mutual funds, at fair value				
Equities – domestic	\$ 14,820,405	\$ 14,820,405	\$ -	\$ -
Equities – international	5,859,225	5,859,225	-	-
Fixed income – domestic	13,538,213	-	-	13,538,213
Fixed income – international	<u>4,914,276</u>	<u>-</u>	<u>-</u>	<u>4,914,276</u>
	\$ 39,132,119	<u>\$ 20,679,630</u>	<u>\$ -</u>	<u>\$ 18,452,489</u>
Proprietary separate fund, at amortized cost	<u>1,347,062</u>			
	<u>\$ 40,479,181</u>			
2021				
Mutual funds, at fair value				
Equities – domestic	\$ 17,894,978	\$ 17,894,978	\$ -	\$ -
Equities – international	7,178,287	7,178,287	-	-
Fixed income – domestic	12,449,444	-	-	12,449,444
Fixed income – international	<u>8,051,957</u>	<u>-</u>	<u>-</u>	<u>8,051,957</u>
	\$ 45,574,666	<u>\$ 25,073,265</u>	<u>\$ -</u>	<u>\$ 20,501,401</u>
Proprietary separate fund, at amortized cost	<u>1,167,734</u>			
	<u>\$ 46,742,400</u>			

Following is a description of the valuation methodologies and inputs used for pension plan assets measured at fair value on a recurring basis, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The fair value of the pension plan assets at April 30 was as follows:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Type	Fair Value			
2022				
Mutual Funds by Fair Value Level				
Equities – domestic	\$ 14,820,405	\$ 14,820,405	\$ -	\$ -
Equities – international	5,859,225	5,859,225	-	-
Fixed income – domestic	13,538,213	13,538,213	-	-
Fixed income – international	<u>4,914,276</u>	<u>4,914,276</u>	<u>-</u>	<u>-</u>
Total pooled investments by fair value level	<u>\$ 39,132,119</u>	<u>\$ 39,132,119</u>	<u>\$ -</u>	<u>\$ -</u>
2021				
Mutual Funds by Fair Value Level				
Equities – domestic	\$ 17,894,978	\$ 17,894,978	\$ -	\$ -
Equities – international	7,178,287	7,178,287	-	-
Fixed income – domestic	12,449,444	12,449,444	-	-
Fixed income – international	<u>8,051,957</u>	<u>8,051,957</u>	<u>-</u>	<u>-</u>
Total pooled investments by fair value level	<u>\$ 45,574,666</u>	<u>\$ 45,574,666</u>	<u>\$ -</u>	<u>\$ -</u>

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The plan did not hold any Level 2 or Level 3 securities at April 30, 2022 or 2021.

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Note 16: Fiduciary Fund

During 2022, the Authority amended the plan to change the fiscal year-end from December 31 to April 30. The following fiduciary fund disclosures are presented as of and for the 16-month period ended April 30, 2022 and the year ended December 31, 2020.

Investments

Investment Policy – Investment policy decisions are established and maintained by the Retirement Committee charged with overseeing the pension plan, as authorized by the Authority’s Board of Trustees. The Retirement Committee employs and selects investment managers.

The primary goal of a pension fund is to help pay the cost of the pension plan while providing adequate security to meet the benefits promised under the pension plan. As a consequence, two important dimensions of a pension plan’s investment program are expected return and expected risk.

The pension plan trustees diversify pension plan investments among asset classes, recognizing that there is a relationship between the level of risk assumed in an investment program and the level of return that should be expected. Appropriate diversification better enables balance of risk and return.

Investment Rate of Return – The annual money-weighted rate of return on pension plan investments, net of expenses, which expresses net investment performance adjusted for changing amounts actually invested each month, was approximately 7.4% and 7.3% for the 12 months ended April 30, 2022 and 2021, respectively.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The plan does not have a separate policy covering credit risk.

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 plan’s investment policy does not address how investments are to be held.

Concentration of Credit Risk – The plan does not have a policy to limit its holdings in any one issuer. At April 30, 2022 and December 31, 2020, all the plan’s investments were held through the plan’s investment manager, Prudential.

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Notes to Financial Statements

June 30, 2022 and 2021

At April 30, 2022 and December 31, 2020, the plan's investments had the following maturities:

Type	Fair Value	Maturities in Years		
		Less than 1	1–5	6–10
2022				
Mutual funds, at fair value				
Equities – domestic	\$ 14,820,405	\$ 14,820,405	\$ -	\$ -
Equities – international	5,859,225	5,859,225	-	-
Fixed income – domestic	13,538,213	-	-	13,538,213
Fixed income – international	<u>4,914,276</u>	<u>-</u>	<u>-</u>	<u>4,914,276</u>
	39,132,119	<u>\$ 20,679,630</u>	<u>\$ -</u>	<u>\$ 18,452,489</u>
Proprietary separate fund, at amortized cost	<u>1,347,062</u>			
	<u>\$ 40,479,181</u>			
2020				
Mutual funds, at fair value				
Equities – domestic	\$ 15,879,999	\$ 15,879,999	\$ -	\$ -
Equities – international	6,748,167	6,748,167	-	-
Fixed income – domestic	12,494,226	-	-	12,494,226
Fixed income – international	<u>7,926,680</u>	<u>-</u>	<u>-</u>	<u>7,926,680</u>
	43,049,072	<u>\$ 22,628,166</u>	<u>\$ -</u>	<u>\$ 20,420,906</u>
Proprietary separate fund, at amortized cost	<u>2,310,014</u>			
	<u>\$ 45,359,086</u>			

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Notes to Financial Statements

June 30, 2022 and 2021

Following is a description of the valuation methodologies and inputs used for pension plan assets measured at fair value on a recurring basis, as well as the general classification of pension plan assets pursuant to the valuation hierarchy. The fair value of the pension plan assets at April 30, 2022 and December 31, 2020, was as follows:

Type	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022				
Mutual Funds by Fair Value Level				
Equities – domestic	\$ 14,820,405	\$ 14,820,405	\$ -	\$ -
Equities – international	5,859,225	5,859,225	-	-
Fixed income – domestic	13,538,213	13,538,213	-	-
Fixed income – international	<u>4,914,276</u>	<u>4,914,276</u>	<u>-</u>	<u>-</u>
Total pooled investments by fair value level	<u>\$ 39,132,119</u>	<u>\$ 39,132,119</u>	<u>\$ -</u>	<u>\$ -</u>
2020				
Mutual Funds by Fair Value Level				
Equities – domestic	\$ 15,879,999	\$ 15,879,999	\$ -	\$ -
Equities – international	6,748,167	6,748,167	-	-
Fixed income – domestic	12,494,226	12,494,226	-	-
Fixed income – international	<u>7,926,680</u>	<u>7,926,680</u>	<u>-</u>	<u>-</u>
Total pooled investments by fair value level	<u>\$ 43,049,072</u>	<u>\$ 43,049,072</u>	<u>\$ -</u>	<u>\$ -</u>

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan did not hold any Level 2 or Level 3 securities at April 30, 2022 or December 31, 2020.

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Notes to Financial Statements

June 30, 2022 and 2021

Note 17: Disclosures About Fair Value of Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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

Recurring Measurements

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

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Type	Fair Value			
2022				
Investments by Fair Value Level				
Money market mutual funds	\$ 136,767,757	\$ 136,767,757	\$ -	\$ -
Mutual funds				
Bond funds	98,385,353	98,385,353	-	-
Equity and other funds	75,814,905	75,814,905	-	-
Fixed income hedge fund	<u>20,802,351</u>	<u>-</u>	<u>20,802,351</u>	<u>-</u>
Total investments by fair value level	331,770,366	<u>\$ 310,968,015</u>	<u>\$ 20,802,351</u>	<u>\$ -</u>
Investments Measured at NAV				
Equity long/short hedge funds	<u>20,430,523</u>			
Total investments measured at fair value	<u>\$ 352,200,889</u>			

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Notes to Financial Statements

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		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Type	Fair Value			
2021				
Investments by Fair Value Level				
Money market mutual funds	\$ 156,536,574	\$ 156,536,574	\$ -	\$ -
Mutual funds				
Bond funds	100,130,068	100,130,068	-	-
Equity and other funds	87,999,958	87,999,958	-	-
Fixed income hedge fund	<u>25,154,214</u>	<u>-</u>	<u>25,154,214</u>	<u>-</u>
Total investments by fair value level	369,820,814	<u>\$ 344,666,600</u>	<u>\$ 25,154,214</u>	<u>\$ -</u>
Investments Measured at NAV				
Equity long/short hedge funds	<u>29,418,405</u>			
Total investments measured at fair value	<u>\$ 399,239,219</u>			

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

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of investments with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy.

The valuation method for investments measured at the NAV per share (or its equivalent) is described below.

At June 30, 2022 and 2021, investments measured at NAV consisted of investments in hedge funds that take both long and short positions, primarily in common stocks (both domestic and

Norman Regional Hospital Authority

Notes to Financial Statements

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international) and depository receipts. Management of the funds has the ability to shift investments among differing investment strategies. The Authority has no unfunded commitments with these funds, and investors may redeem shares under no restriction period with 0 to 5 days' notice.

Note 18: 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 program (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. Actual results could potentially differ materially from the estimate in the near term.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Note 9*.

Investments

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 amounts reported in the accompanying balance sheets.

Pension Obligations

The Authority has a noncontributory defined benefit pension plan. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the projected unit credit cost method. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Inspire Health

The Authority has approved a master plan for capital improvements known as Inspire Health. Funding for the project, including equipment, is financed from the proceeds of the Series 2019 Hospital Revenue Bonds and the Master Lease Note Payable as detailed in *Note 10*. As of June 30, 2021, the Authority has signed related ground leases and construction and development contracts for various amounts related to the master plan.

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Notes to Financial Statements

June 30, 2022 and 2021

Note 19: Transactions with Norman Regional Health Foundation, Inc.

Norman Regional Health Foundation, Inc. (the Foundation) is a nonprofit corporation organized to serve as the legal conduit for receiving and distributing gifts for the support of the Authority. During the years ended June 30, 2022 and 2021, the Foundation contributed approximately \$18,000 and \$47,000, respectively, in noncapital-related contributions and approximately \$462,000 and \$63,000, respectively, in capital-related contributions to the Authority.

Note 20: COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 as a global pandemic.

The extent of the COVID-19 pandemic's adverse impact on the Authority's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Authority's control and ability to forecast.

Because of these and other uncertainties, the Authority cannot estimate the length or severity of the impact of the pandemic on the Authority's business. Decreases in cash flows and results of operations may have an impact on debt covenant compliance and on the inputs and assumptions used in significant accounting estimates, including estimated bad debts and contractual adjustments related to uninsured patient accounts and self-insured health liability reserves.

Provider Relief Fund

During the years ended June 30, 2022 and 2021, the Authority received \$8,278,402 and \$15,312,002, respectively, from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the Authority is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19 as defined by the U.S. Department of Health and Human Services (HHS).

The Authority is accounting for such payments as conditional contributions. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on the Authority's operating revenues and expenses through year-end, the Authority recognized \$8,278,402 and \$15,312,002 during the years ended June 30, 2022 and 2021, respectively, related to the Provider Relief Fund, and these payments are recorded as nonoperating revenue – government grants in the accompanying statements of revenues, expenses, and changes in net position.

The Authority has recognized revenue from the Provider Relief Fund based on guidance issued by HHS as of June 30, 2022. The Authority will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Authority's revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the Authority is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be

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affected. Additionally, the amounts recorded in the financial statements compared to the Authority's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Payroll Tax Credits

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At June 30, 2022 and 2021, the Authority had deferred \$4,090,750 and \$6,884,386, respectively, of payroll taxes included in accrued payroll and expenses and other long-term liabilities in the accompanying balance sheets (see *Note 10*).

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

Note 21: Combining Component Unit Information

The following tables include combining balance sheet information for the Authority and its component units as of June 30:

	2022						
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Assets and Deferred Outflows of Resources							
Current Assets							
Cash and cash equivalents	\$ 25,082,988	\$ -	\$ 358,515	\$ 7,545	\$ -	\$ -	\$ 25,449,048
Short-term investments	215,433,132	-	-	-	-	-	215,433,132
Restricted cash and investments – current	103	-	-	-	-	-	103
Patient accounts receivable, net of allowance; \$34,681,000	66,961,887	-	-	-	-	-	66,961,887
Estimated amounts due from third-party payors	2,176,485	-	-	-	-	-	2,176,485
Supplies	16,148,746	-	-	-	-	-	16,148,746
Prepaid expenses and other	6,514,103	-	126,932	-	213,489	(326,652)	6,527,872
Total current assets	332,317,444	-	485,447	7,545	213,489	(326,652)	332,697,273
Noncurrent Cash and Investments							
Held by trustee for debt service	103	-	-	-	-	-	103
Held by others for capital acquisitions	112,192,207	-	-	-	-	-	112,192,207
	112,192,310	-	-	-	-	-	112,192,310
Less amount required to meet current obligations	103	-	-	-	-	-	103
Noncurrent cash and investments, net	112,192,207	-	-	-	-	-	112,192,207
Capital Assets, Net	265,623,209	-	160,553	-	-	-	265,783,762
Lease Assets, Net	46,737,466	-	-	-	-	-	46,737,466
Other Assets							
Pension asset	-	-	-	-	-	-	-
Other	5,784,974	-	2,911	-	-	(491,706)	5,296,179
Total other assets	5,784,974	-	2,911	-	-	(491,706)	5,296,179
Deferred Outflows of Resources	23,312,288	-	-	-	-	-	23,312,288
Total assets and deferred outflows of resources	<u>\$ 785,967,588</u>	<u>\$ -</u>	<u>\$ 648,911</u>	<u>\$ 7,545</u>	<u>\$ 213,489</u>	<u>\$ (818,358)</u>	<u>\$ 786,019,175</u>
Liabilities and Deferred Inflows of Resources and Net Position							
Current Liabilities							
Current maturities of long-term debt	\$ 6,946,786	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,946,786
Current portion of lease liabilities	4,815,046	-	-	-	-	-	4,815,046
Accounts payable	30,397,908	-	36,049	-	510,871	(326,652)	30,618,176
Accrued payroll and expenses	31,240,792	-	-	-	-	-	31,240,792
Accrued interest payable	3,785,779	-	-	-	-	-	3,785,779
Estimated self-insurance costs – current	4,985,817	-	-	-	-	-	4,985,817
Total current liabilities	82,172,128	-	36,049	-	510,871	(326,652)	82,392,396
Long-Term Debt	300,261,715	-	-	-	-	-	300,261,715
Long-Term Lease Liabilities	43,693,763	-	-	-	-	-	43,693,763
Other Long-Term Liabilities	9,484,799	-	-	-	-	-	9,484,799
Pension Liability	4,766,698	-	-	-	-	-	4,766,698
Total liabilities	440,379,103	-	36,049	-	510,871	(326,652)	440,599,371
Deferred Inflows of Resources	4,066,704	-	-	-	-	-	4,066,704
Net Position							
Net investment in capital assets	62,879,910	-	160,553	-	-	-	63,040,463
Restricted – nonexpendable	-	-	-	-	-	128,701	128,701
Unrestricted	278,641,871	-	452,309	7,545	(297,382)	(620,407)	278,183,936
Total net position	341,521,781	-	612,862	7,545	(297,382)	(491,706)	341,353,100
Total liabilities and deferred inflows of resources and net position	<u>\$ 785,967,588</u>	<u>\$ -</u>	<u>\$ 648,911</u>	<u>\$ 7,545</u>	<u>\$ 213,489</u>	<u>\$ (818,358)</u>	<u>\$ 786,019,175</u>

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

2021 (As Restated)							
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Assets and Deferred Outflows of Resources							
Current Assets							
Cash and cash equivalents	\$ 44,577,655	\$ -	\$ 380,316	\$ 7,545	\$ -	\$ -	\$ 44,965,516
Short-term investments	242,702,645	-	-	-	-	-	242,702,645
Restricted cash and investments – current	100	-	-	-	-	-	100
Patient accounts receivable, net of allowance; \$36,959,000	69,119,871	-	-	-	-	-	69,119,871
Estimated amounts due from third-party payors	2,262,265	-	-	-	-	-	2,262,265
Supplies	15,268,029	-	-	-	-	-	15,268,029
Prepaid expenses and other	5,778,577	-	123,718	-	628,343	(735,078)	5,795,560
Total current assets	379,709,142	-	504,034	7,545	628,343	(735,078)	380,113,986
Noncurrent Cash and Investments							
Held by trustee for debt service	100	-	-	-	-	-	100
Held by others for capital acquisitions	111,966,463	-	-	-	-	-	111,966,463
Less amount required to meet current obligations	100	-	-	-	-	-	100
Noncurrent cash and investments, net	111,966,463	-	-	-	-	-	111,966,463
Capital Assets, Net	221,635,182	-	179,149	-	-	-	221,814,331
Lease Assets, Net	45,646,156	-	-	-	-	-	45,646,156
Other Assets							
Pension asset	1,640,795	-	-	-	-	-	1,640,795
Other	5,667,708	-	2,911	-	-	(531,478)	5,139,141
Total other assets	7,308,503	-	2,911	-	-	(531,478)	6,779,936
Deferred Outflows of Resources	19,217,888	-	-	-	-	-	19,217,888
Total assets and deferred outflows of resources	\$ 785,483,334	\$ -	\$ 686,094	\$ 7,545	\$ 628,343	\$ (1,266,556)	\$ 785,538,760
Liabilities and Deferred Inflows of Resources and Net Position							
Current Liabilities							
Current maturities of long-term debt	\$ 6,666,786	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,666,786
Current portion of lease liabilities	4,194,227	-	-	-	-	-	4,194,227
Accounts payable	18,704,797	-	22,888	-	775,018	(735,078)	18,767,625
Accrued payroll and expenses	25,934,764	-	-	-	-	-	25,934,764
Accrued interest payable	3,755,859	-	-	-	-	-	3,755,859
Estimated self-insurance costs – current	4,210,596	-	-	-	-	-	4,210,596
Total current liabilities	63,467,029	-	22,888	-	775,018	(735,078)	63,529,857
Long-Term Debt	269,208,502	-	-	-	-	-	269,208,502
Long-Term Lease Liabilities	42,611,053	-	-	-	-	-	42,611,053
Other Long-Term Liabilities	12,932,473	-	-	-	-	-	12,932,473
Pension Liability	-	-	-	-	-	-	-
Total liabilities	388,219,057	-	22,888	-	775,018	(735,078)	388,281,885
Deferred Inflows of Resources	3,376,978	-	-	-	-	-	3,376,978
Net Position							
Net investment in capital assets	59,407,448	-	179,149	-	-	-	59,586,597
Restricted – nonexpendable	-	-	-	-	-	139,273	139,273
Unrestricted	334,479,851	-	484,057	7,545	(146,675)	(670,751)	334,154,027
Total net position	393,887,299	-	663,206	7,545	(146,675)	(531,478)	393,879,897
Total liabilities and deferred inflows of resources and net position	\$ 785,483,334	\$ -	\$ 686,094	\$ 7,545	\$ 628,343	\$ (1,266,556)	\$ 785,538,760

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The following tables include combining statements of revenues, expenses, and changes in net position information for the Authority and its component units for the years ended June 30:

	2022						
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Operating Revenues							
Net patient service revenue, net of provision for uncollectible accounts; \$75,946,327	\$ 522,433,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 522,433,770
Other operating revenue	5,995,395	-	2,425,751	-	263,031	(2,608,337)	6,075,840
Total operating revenues	528,429,165	-	2,425,751	-	263,031	(2,608,337)	528,509,610
Operating Expenses							
Salaries, wages, and employee benefits	310,261,471	-	926,915	-	115,613	-	311,303,999
Professional fees	10,351,209	-	259,208	-	282,243	(60,000)	10,832,660
Purchased services	21,640,507	-	149,128	-	15,133	(2,548,321)	19,256,447
Supplies expense	125,301,471	-	59,971	-	-	-	125,361,442
Other expenses	55,447,262	-	285,833	-	749	(16)	55,733,828
Depreciation and amortization	28,171,335	-	17,040	-	-	-	28,188,375
Total operating expenses	551,173,255	-	1,698,095	-	413,738	(2,608,337)	550,676,751
Operating Income (Loss)	(22,744,090)	-	727,656	-	(150,707)	-	(22,167,141)
Nonoperating Revenues (Expenses)							
Noncapital grants and gifts	32,163	-	-	-	-	-	32,163
Government grants	8,284,693	-	-	-	-	-	8,284,693
Investment loss	(26,782,036)	-	-	-	-	(574,848)	(27,356,884)
Interest expense	(11,945,534)	-	-	-	-	-	(11,945,534)
Total nonoperating revenues (expenses)	(30,410,714)	-	-	-	-	(574,848)	(30,985,562)
Income (Loss) Before Capital Gifts and Distributions	(53,154,804)	-	727,656	-	(150,707)	(574,848)	(53,152,703)
Gifts to Purchase Capital Assets and Other Capital Gifts	789,286	-	-	-	-	-	789,286
Distributions to Minority Owners	-	-	(778,000)	-	-	614,620	(163,380)
Increase (Decrease) in Net Position	(52,365,518)	-	(50,344)	-	(150,707)	39,772	(52,526,797)
Net Position, Beginning of Year	393,887,299	-	663,206	7,545	(146,675)	(531,478)	393,879,897
Net Position, End of Year	\$ 341,521,781	\$ -	\$ 612,862	\$ 7,545	\$ (297,382)	\$ (491,706)	\$ 341,353,100

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

	2021 (As Restated)						
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Operating Revenues							
Net patient service revenue, net of provision for uncollectible accounts; \$122,346,206	\$ 505,429,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 505,429,580
Other operating revenue	7,557,449	3,560,564	2,256,989	-	710,944	(2,408,660)	11,677,286
Total operating revenues	512,987,029	3,560,564	2,256,989	-	710,944	(2,408,660)	517,106,866
Operating Expenses							
Salaries, wages, and employee benefits	284,210,263	-	922,230	-	27,483	-	285,159,976
Professional fees	11,630,269	27,671	273,213	-	733,766	(60,000)	12,604,919
Purchased services	18,794,950	-	138,180	-	(5,632)	(2,369,985)	16,557,513
Supplies expense	115,190,073	-	43,555	-	-	-	115,233,628
Other expenses	55,399,618	88,032	270,288	-	41	(486,816)	55,271,163
Depreciation and amortization	27,084,006	-	17,969	-	-	-	27,101,975
Total operating expenses	512,309,179	115,703	1,665,435	-	755,658	(2,916,801)	511,929,174
Operating Income (Loss)	677,850	3,444,861	591,554	-	(44,714)	508,141	5,177,692
Nonoperating Revenues (Expenses)							
Noncapital grants and gifts	60,720	-	-	-	-	-	60,720
Government grants	15,498,359	-	-	-	-	-	15,498,359
Investment income	41,253,508	3	-	-	-	(3,891,523)	37,361,988
Interest expense	(7,830,962)	-	-	-	-	-	(7,830,962)
Total nonoperating revenues (expenses)	48,981,625	3	-	-	-	(3,891,523)	45,090,105
Income (Loss) Before Capital Gifts and Distributions	49,659,475	3,444,864	591,554	-	(44,714)	(3,383,382)	50,267,797
Gifts to Purchase Capital Assets and Other Capital Gifts	1,037,783	-	-	-	-	-	1,037,783
Distributions to Minority Owners	-	(17,024,816)	(623,400)	-	-	17,415,152	(233,064)
Increase (Decrease) in Net Position	50,697,258	(13,579,952)	(31,846)	-	(44,714)	14,031,770	51,072,516
Net Position, Beginning of Year, as Previously Reported	343,427,378	13,579,952	695,052	7,545	(101,961)	(14,563,248)	343,044,718
Adjustment applicable to prior years (Note 2)	(237,337)	-	-	-	-	-	(237,337)
Net Position, Beginning of Year, as Restated	343,190,041	13,579,952	695,052	7,545	(101,961)	(14,563,248)	342,807,381
Net Position, End of Year	\$ 393,887,299	\$ -	\$ 663,206	\$ 7,545	\$ (146,675)	\$ (531,478)	\$ 393,879,897

Norman Regional Hospital Authority

Notes to Financial Statements

June 30, 2022 and 2021

The following tables include condensed combining statements of cash flows information for the Authority and its component units for the years ended June 30:

2022							
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Net Cash Provided by Operating Activities	\$ 12,232,720	\$ -	\$ 754,643	\$ -	\$ -	\$ -	\$ 12,987,363
Net Cash Provided by Noncapital Financing Activities	8,316,856	-	-	-	-	-	8,316,856
Net Cash Provided by (Used in) Capital and Related Financing Activities	(39,568,213)	-	1,556	-	-	-	(39,566,657)
Net Cash Used in Investing Activities	(476,030)	-	(778,000)	-	-	-	(1,254,030)
Decrease in Cash and Cash Equivalents	(19,494,667)	-	(21,801)	-	-	-	(19,516,468)
Cash and Cash Equivalents, Beginning of Year	44,577,655	-	380,316	7,545	-	-	44,965,516
Cash and Cash Equivalents, End of Year	<u>\$ 25,082,988</u>	<u>\$ -</u>	<u>\$ 358,515</u>	<u>\$ 7,545</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,449,048</u>

2021 (As Restated)							
	System	Medical Park West	Oklahoma Sleep Associates	NRHS ACO	NHealth	Eliminations	Combined Balance
Net Cash Provided by Operating Activities	\$ 30,060,997	\$ 356,033	\$ 583,811	\$ -	\$ -	\$ -	\$ 31,000,841
Net Cash Provided by Noncapital Financing Activities	15,559,079	-	-	-	-	-	15,559,079
Net Cash Provided by (Used in) Capital and Related Financing Activities	(61,820,800)	14,775,991	1,704	-	-	-	(47,043,105)
Net Cash Provided by (Used in) Investing Activities	40,923,499	(17,024,813)	(623,400)	-	-	-	23,275,286
Increase (Decrease) in Cash and Cash Equivalents	24,722,775	(1,892,789)	(37,885)	-	-	-	22,792,101
Cash and Cash Equivalents, Beginning of Year	19,854,880	1,892,789	418,201	7,545	-	-	22,173,415
Cash and Cash Equivalents, End of Year	<u>\$ 44,577,655</u>	<u>\$ -</u>	<u>\$ 380,316</u>	<u>\$ 7,545</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 44,965,516</u>

Required Supplementary Information

Norman Regional Hospital Authority

Schedule of Changes in Net Pension Liability and Related Ratios

	2022	2021	2020	2019	2018	2017	2016	2015
Total pension liability								
Service cost	\$ 6,354	\$ 6,131	\$ 6,012	\$ 5,817	\$ 9,540	\$ -	\$ -	\$ -
Interest	3,040,928	3,054,349	3,055,858	3,038,862	2,992,485	2,921,547	2,759,356	2,653,341
Differences between expected and actual experience	298,563	138,885	263,224	(52,140)	199,448	(233,458)	324,236	617,508
Change of assumptions	130,676	(179,079)	(431,344)	(103,038)	(65,143)	575,643	1,280,401	61,885
Benefit payments to participants or beneficiaries	<u>(3,332,247)</u>	<u>(3,092,215)</u>	<u>(2,738,639)</u>	<u>(2,555,164)</u>	<u>(2,384,990)</u>	<u>(2,134,753)</u>	<u>(1,959,198)</u>	<u>(1,677,270)</u>
Net change in total pension liability	144,274	(71,929)	155,111	334,337	751,340	1,128,979	2,404,795	1,655,464
Total pension liability – beginning	<u>45,101,605</u>	<u>45,173,534</u>	<u>45,018,423</u>	<u>44,684,086</u>	<u>43,932,746</u>	<u>42,803,767</u>	<u>40,398,972</u>	<u>38,743,508</u>
Total pension liability – ending (a)	<u>45,245,879</u>	<u>45,101,605</u>	<u>45,173,534</u>	<u>45,018,423</u>	<u>44,684,086</u>	<u>43,932,746</u>	<u>42,803,767</u>	<u>40,398,972</u>
Plan fiduciary net position								
Contributions – employer	300,000	300,000	400,000	1,000,000	2,000,000	3,000,000	4,500,000	8,000,000
Net investment income (loss)	(3,106,388)	9,435,151	(494,505)	3,006,756	2,652,453	3,331,627	(1,081,343)	1,439,097
Benefit payments to participants or beneficiaries	(3,332,247)	(3,092,215)	(2,738,639)	(2,555,164)	(2,384,990)	(2,134,753)	(1,959,198)	(1,677,270)
Administrative expense	(124,584)	(118,036)	(155,343)	(149,201)	(144,434)	-	-	-
Other	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(119,139)</u>	<u>-</u>	<u>-</u>
Net change in plan fiduciary net position	(6,263,219)	6,524,900	(2,988,487)	1,302,391	2,123,029	4,077,735	1,459,459	7,761,827
Plan fiduciary net position – beginning	<u>46,742,400</u>	<u>40,217,500</u>	<u>43,205,987</u>	<u>41,903,596</u>	<u>39,780,567</u>	<u>35,702,832</u>	<u>34,243,373</u>	<u>26,481,546</u>
Plan fiduciary net position – ending (b)	<u>40,479,181</u>	<u>46,742,400</u>	<u>40,217,500</u>	<u>43,205,987</u>	<u>41,903,596</u>	<u>39,780,567</u>	<u>35,702,832</u>	<u>34,243,373</u>
Net pension liability (asset) – ending (a) – (b)	<u>\$ 4,766,698</u>	<u>\$ (1,640,795)</u>	<u>\$ 4,956,034</u>	<u>\$ 1,812,436</u>	<u>\$ 2,780,490</u>	<u>\$ 4,152,179</u>	<u>\$ 7,100,935</u>	<u>\$ 6,155,599</u>
Plan fiduciary net position as a percentage of the total pension liability	<u>89.46%</u>	<u>103.64%</u>	<u>89.03%</u>	<u>95.97%</u>	<u>93.78%</u>	<u>90.55%</u>	<u>83.41%</u>	<u>84.76%</u>
Covered payroll	<u>\$ 145,579</u>	<u>\$ 145,579</u>	<u>\$ 145,579</u>	<u>\$ 219,835</u>	<u>\$ 213,824</u>	<u>\$ 275,122</u>	<u>\$ 384,738</u>	<u>\$ 573,539</u>
Net pension liability (asset) as a percentage of covered payroll	<u>3274.30%</u>	<u>-1127.08%</u>	<u>3404.36%</u>	<u>824.45%</u>	<u>1300.36%</u>	<u>1509.21%</u>	<u>1845.65%</u>	<u>1073.27%</u>

Note to Schedule

This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

Norman Regional Hospital Authority

Schedule of Authority Contributions

	2022	2021	2020	2019	2018	2017	2016	2015
Actuarially determined contributions	\$ 153,157	\$ 680,959	\$ 355,176	\$ 435,030	\$ 411,890	\$ 641,966	\$ 546,089	\$ 274,651
Contributions in relation to the actuarially determined contributions	<u>300,000</u>	<u>300,000</u>	<u>400,000</u>	<u>1,000,000</u>	<u>2,000,000</u>	<u>3,000,000</u>	<u>4,500,000</u>	<u>8,000,000</u>
Contribution (excess) deficiency	<u>\$ (146,843)</u>	<u>\$ 380,959</u>	<u>\$ (44,824)</u>	<u>\$ (564,970)</u>	<u>\$ (1,588,110)</u>	<u>\$ (2,358,034)</u>	<u>\$ (3,953,911)</u>	<u>\$ (7,725,349)</u>
Covered payroll	<u>\$ 145,579</u>	<u>\$ 145,579</u>	<u>\$ 145,579</u>	<u>\$ 219,835</u>	<u>\$ 213,824</u>	<u>\$ 275,122</u>	<u>\$ 384,738</u>	<u>\$ 573,539</u>
Contributions as a percentage of covered payroll	<u>206.07%</u>	<u>206.07%</u>	<u>274.76%</u>	<u>454.89%</u>	<u>935.35%</u>	<u>1090.43%</u>	<u>1169.63%</u>	<u>1394.85%</u>

Note to Schedule

This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

Norman Regional Hospital Authority

Schedule of Authority Contributions, continued

Methods and assumptions used to determine contribution rates:

Valuation date: April 30, 2022

Remaining amortization period: 17 years

	2022	2021	2020	2019	2018	2017	2016	2015
Actuarial cost method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method
Amortization method	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption	Annual interest rate assumption
Asset valuation method	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value
Inflation	2.6%	2.6%	2.75%	2.6%	2.6%	2.6%	2.6%	2.6%
Salary increases	4.0% annually	4.0% annually	4.0% annually	4.0% annually	4.0% annually	4.0% annually	4.0% annually	4.0% annually
Investment rate of return	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses	7.0% net of investment expenses
Retirement age	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.	For participants accruing benefits, the later of age 60 or the age upon completion of 30 years of service. For participants with frozen benefits, age 65.
Mortality	Pri-2012 Blue Collar Mortality Table Projected Generationally from 2012 with the Mortality Improvement Scale MP-2021	Pri-2012 Blue Collar Mortality Table Projected Generationally from 2012 with the Mortality Improvement Scale MP-2020	Pri-2012 Blue Collar Mortality Table Projected Generationally from 2012 with the Mortality Improvement Scale MP-2019	RP-2014 Blue Collar Mortality Table	RP-2014 Blue Collar Mortality Table	RP-2014 Blue Collar Mortality Table	RP-2014 Blue Collar Mortality Table	RP-2000 Combined Healthy Mortality Table projected to 2015 using scale AA

Other information: Plan is frozen to new participants effective December 31, 2003.

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

Independent Auditor's Report

Board of Trustees
Norman Regional Hospital Authority
Norman, Oklahoma

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the business-type activities and the fiduciary activities of Norman Regional Hospital Authority (the Authority) as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated September 26, 2022, which contained an *Emphasis of Matter* paragraph regarding a change in accounting principles.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion 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 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.

Board of Trustees
Norman Regional Hospital Authority

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. 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 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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

FORVIS,LLP

Tulsa, Oklahoma
September 26, 2022

Norman Regional Hospital Authority
Schedule of Findings and Responses
Year Ended June 30, 2022

Reference Number	Finding
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No matters are reportable.