Accountants' Reports and Financial Statements September 30, 2012 and 2011



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Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Trustees Tillman County – City of Frederick Hospital Authority Frederick, Oklahoma

We have audited the accompanying balance sheets of Tillman County – City of Frederick Hospital Authority (the Authority), a component unit of The Comanche County Hospital Authority, as of September 30, 2012 and 2011, and the related statements of revenues, expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tillman County – City of Frederick Hospital Authority as of September 30, 2012 and 2011, and its changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated April 9, 2013, on our consideration of the Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.





Board of Trustees Tillman County – City of Frederick Hospital Authority Page 2

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

BKD,LLP

April 9, 2013

Management's Discussion and Analysis Years Ended September 30, 2012 and 2011

This management's discussion and analysis of the financial performance of Tillman County – City of Frederick Hospital Authority (the Authority) provides an overview of the Authority's financial activities for the years ended September 30, 2012 and 2011. It should be read in conjunction with the accompanying financial statements of the Authority. Unless otherwise indicated, amounts are in thousands.

Financial Highlights

- The Authority's net assets decreased in 2012 by \$337 or 6.1% and increased by \$382 or 7.4% in 2011
- The Authority reported an operating loss of \$553 in 2012 and operating income of \$158 in 2011.
- The Authority reported cash, cash equivalents and short-term investments of \$2,378 and \$2,775 in 2012 and 2011, respectively, a decrease of \$397 or 14.3%.
- The Authority invested in capital assets costing \$364 and \$1,182 during 2012 and 2011, respectively.

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 assets; and a statement of cash flows. These statements provide information about the activities of the Authority, including resources held by the Authority but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The 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 Assets

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

These two statements report the Authority's net assets and changes in them. The Authority's total net assets—the difference between assets and liabilities—is one measure of the Authority's financial health or financial position. Over time, increases or decreases in the Authority's net assets 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 Assets

The Authority's net assets are the difference between its assets and liabilities reported in the balance sheets. The Authority's net assets decreased in 2012 by \$337 or 6.1% and increased by \$382 or 7.4% in 2011 as shown in Table 1.

Table 1: Assets, Liabilities and Net Assets

	 2012	:	2011	:	2010
Assets					
Cash, cash equivalents and short-term					
investments	\$ 2,378	\$	2,775	\$	3,917
Patient accounts receivable, net	1,084		1,034		894
Other current assets	355		359		490
Capital assets, net	2,499		2,670		1,861
Other noncurrent assets	 5		14_		27
Total assets	\$ 6,321	\$	6,852	\$	7,189
Liabilities					
Long-term obligations	\$ 101	\$	450	\$	832
Current liabilities	1,031		876		1,213
Total liabilities	1,132		1,326		2,045
Net Assets					
Invested in capital assets, net of related debt	2,167		1,972		774
Restricted expendable for debt service	39		41		44
Unrestricted	 2,983		3,513		4,326
Total net assets	 5,189		5,526		5,144
Total liabilities and net assets	\$ 6,321	\$	6,852	\$	7,189

The Authority's cash, cash equivalents and short-term investments decreased by \$397 or 14.3% and \$1,142 or 29.2% in 2012 and 2011, respectively. In 2012, the decrease is primarily due to an operating loss and in 2011 the decrease is largely due to investments in capital assets. The Authority's long-term obligations decreased in 2012 and 2011 by \$349 or 77.6% and by \$382 or 45.9%, respectively. These decreases were related primarily to the Authority issuing no additional debt while reducing existing debt through debt service payments.

Operating Results and Changes in the Authority's Net Assets

In fiscal 2012, the Authority's net assets decreased by \$337 or 6.1% as shown in Table 2. This compares to an increase in net assets for 2011 of \$382 or 7.4% and for 2010 of \$562 or 12.3%.

Table 2: Operating Results and Changes in Net Assets

	2012		2011		2010
Operating Revenues					
Net patient service revenue	\$	7,680	\$ 7,750	\$	8,259
Other operating revenues		86	 378		94
Total operating revenues		7,766	 8,128		8,353
Operating Expenses					
Salaries, wages and employee benefits		4,774	4,960		5,062
Medical supplies and drugs		619	521		639
Depreciation and amortization		546	386		267
Other operating expenses		2,380	 2,103		2,110
Total operating expenses		8,319	7,970	·	8,078
Operating Income (Loss)		(553)	 158		275
Nonoperating Revenues (Expenses)					
City appropriations – unrestricted		214	232		288
Investment income		27	33		55
Interest expense		(25)	 (41)		(56)
Total nonoperating revenues					
(expenses)		216	 224		287
Increase (Decrease) in Net Assets		(337)	382		562
Net Assets, Beginning of Year		5,526	5,144		4,582
Net Assets, End of Year	\$	5,189	\$ 5,526	\$	5,144

Operating Income

The first component of the overall change in the Authority's net assets is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. In 2012, the Authority reported an operating loss, while in 2011 and 2010 the Authority reported operating income.

The operating loss for 2012 represents a decrease of \$711 as compared to the operating income in 2011. This decrease is due primarily to a decrease in other operating revenues of \$292 as compared to 2011 primarily as a result of revenues earned under the state Medicaid electronic health records incentive program not recurring in 2012 and increases in operating expenses primarily due to a full year of depreciation on the Authority's electronic health records system.

The operating income for 2011 decreased by \$117 as compared to 2010. This decrease is due primarily to decreased net patient service revenue of \$509 or 6.2% as compared to 2010 primarily as a result of decreases in inpatient volumes. However, other operating revenues increased by \$284 from 2011 compared to 2010 primarily due to the Authority earning revenue under the state Medicaid electronic health records incentive program.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of investment income, interest expense and unrestricted city appropriations. Investment income exceeds interest expense due to cash, cash equivalents and short-term investment balances exceeding long-term debt balances.

The Authority's Cash Flows

Changes in the Authority's cash flows are consistent with changes in operating income, nonoperating revenues and expenses and changes in accounts payable.

Capital Asset and Debt Administration

Capital Assets

At the end of fiscal 2012 and 2011, the Authority had \$2,499 and \$2,670, respectively, invested in capital assets, net of accumulated depreciation, as detailed in *Note 5* to the financial statements. In 2012 and 2011, the Authority invested in assets costing \$364 and \$1,182, respectively. No additional debt was incurred in conjunction with these purchases.

Debt

At September 30, 2012 and 2011, the Authority had \$336 and \$712, respectively, of notes and capital lease obligations outstanding as detailed in *Note 7* to the financial statements. During 2012 and 2011, the Authority did not incur any additional long-term debt.

Contacting the Authority's Financial Management

This financial report is designed to provide 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 Administrative Office at Tillman County – City of Frederick Hospital Authority, 319 East Josephine Avenue, Frederick, Oklahoma 73542-2220.

Balance Sheets September 30, 2012 and 2011

Assets

	2012	2011
Current Assets		
Cash and cash equivalents	\$ 317,586	\$ 737,752
Restricted cash and investments – current	24,390	24,536
Short-term investments	2,036,498	202,048
Patient accounts receivable, net of allowance;		
2012 - \$1,646,000, 2011 - \$1,485,000	1,083,601	1,033,777
Amount due from related party	92,321	48,516
Other receivables	21,353	21,565
Supplies	185,843	210,092
Prepaid expenses and other	56,689	79,844
Total current assets	3,818,281	2,358,130
Noncurrent Cash and Investments		
Held by trustee for debt service	24,390	24,536
Less amount required to meet current obligations	24,390	24,536
Other long-term investments		1,810,699
Capital Assets, Net	2,498,540	2,669,911
Other Assets		
Deferred financing costs	4,604	13,646
Total assets	\$ 6,321,425	\$ 6,852,386

Liabilities and Net Assets

	2012	2011		
Current Liabilities				
Current maturities of long-term debt	\$ 336,146	\$ 375,681		
Accounts payable	156,531	109,824		
Accrued expenses	534,864	373,848		
Estimated amounts due to third-party payer	2,684	14,476		
Accrued interest payable	1,026	2,017		
Total current liabilities	1,031,251	875,846		
Long-Term Debt	-	336,146		
Long-Term Compensated Absences Obligation	100,805	114,100		
Total liabilities	1,132,056	1,326,092		
Net Assets				
Invested in capital assets, net of related debt	2,166,998	1,971,730		
Restricted expendable for debt service	39,623	41,285		
Unrestricted	2,982,748	3,513,279		
Total net assets	5,189,369	5,526,294		
Total liabilities and net assets	\$ 6,321,425	\$ 6,852,386		

Tillman County – City of Frederick Hospital Authority

A Component Unit of The Comanche County Hospital Authority

Statements of Revenues, Expenses and Changes in Net Assets Years Ended September 30, 2012 and 2011

	2012	2011
Operating Revenues		
Net patient service revenue, net of provision for uncollectible		
accounts; 2012 – \$950,000, 2011 – \$1,098,000	\$ 7,679,700	\$ 7,750,294
Other	85,959	377,762
Total operating revenues	7,765,659	8,128,056
Operating Expenses		
Salaries and wages	3,821,816	3,990,357
Employee benefits	952,416	969,634
Purchased services and professional fees	1,086,173	893,914
Medical supplies and drugs	618,728	521,281
Supplies and other	1,173,498	1,090,580
Insurance	120,101	117,470
Depreciation and amortization	546,092	386,341
Total operating expenses	8,318,824	7,969,577
Operating Income (Loss)	(553,165)	158,479
Nonoperating Revenues (Expenses)		
City appropriations – unrestricted	213,982	232,487
Investment income	27,331	32,687
Interest expense	(25,073)	(41,059)
Total nonoperating revenues (expenses)	216,240	224,115
Increase (Decrease) in Net Assets	(336,925)	382,594
Net Assets, Beginning of Year	5,526,294	5,143,700
Net Assets, End of Year	\$ 5,189,369	\$ 5,526,294

Statements of Cash Flows Years Ended September 30, 2012 and 2011

	2012	2011
Operating Activities		
Receipts from and on behalf of patients	\$ 7,618,084	\$ 7,610,472
Payments to suppliers and contractors	(3,011,707)	(2,819,742)
Payments to and on behalf of employees	(4,626,511)	(5,096,969)
Other receipts (payments), net	39,859	523,871
Net cash provided by operating activities	19,725	217,632
Noncapital Financing Activities		
City appropriations received	216,489	234,066
Net cash provided by noncapital financing activities	216,489	234,066
Capital and Related Financing Activities		
Principal paid on long-term debt	(375,663)	(361,301)
Interest paid on long-term debt	(26,064)	(42,012)
Purchase of capital assets	(258,379)	(1,222,781)
Net cash used in capital and related financing activities	(660,106)	(1,626,094)
Investing Activities		
Purchase of investments	(200,000)	(1,800,000)
Proceeds from disposition of investments	200,000	2,800,000
Income on investments	3,580	19,940
Net cash provided by investing activities	3,580	1,019,940
Decrease in Cash and Cash Equivalents	(420,312)	(154,456)
Cash and Cash Equivalents, Beginning of Year	762,288	916,744
Cash and Cash Equivalents, End of Year	\$ 341,976	\$ 762,288

	 2012	2011	
Reconciliation of Cash and Cash Equivalents to the			
Balance Sheets			
Cash and cash equivalents in current assets	\$ 317,586	\$	737,752
Cash equivalents in noncurrent cash and investments			
held by trustee for debt service	 24,390		24,536
Total cash and cash equivalents	\$ 341,976	\$	762,288
Reconciliation of Operating Income (Loss) to Net Cash			
Provided by Operating Activities			
Operating income (loss)	\$ (553,165)	\$	158,479
Depreciation and amortization	546,092		386,341
Changes in operating assets and liabilities			
Patient and other accounts receivable, net	(95,924)		6,811
Supplies and prepaid expenses	47,404		(17,840)
Estimated amount due from third-party payer	(11,792)		(524)
Accounts payable and accrued expenses	 87,110		(315,635)
Net cash provided by operating activities	\$ 19,725	\$	217,632

Notes to Financial Statements September 30, 2012 and 2011

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

Nature of Operations

Tillman County – City of Frederick Hospital Authority (the Authority) is a public trust organized under the provisions of Title 60 of the Oklahoma statutes. The beneficiaries of the trust include Tillman County, Oklahoma, and the city of Frederick, Oklahoma.

The Authority primarily earns revenues by operating a 37-bed short-term hospital (the Hospital) which was leased from Tillman County, Oklahoma, on May 1, 1981. The lease term is 50 years or until all debts of the Authority payable from the revenues of the Hospital have been paid. The lease amount of \$10 was prepaid at the lease inception. At the end of the lease term, control of the Hospital's operations reverts to the county of Tillman, Oklahoma. The Authority also earns revenues by operating the 30-bed Tillman Memorial Nursing Center (the Nursing Center), a home health agency and a physician clinic.

Effective September 1, 1993, The Comanche County Hospital Authority (CCHA), an Oklahoma public trust, entered into a sublease agreement with the Authority for the use of the Hospital and Nursing Center facilities and to take over full administration, management and operation of the Hospital and Nursing Center. The term of the sublease is for a period of 20 years with a renewal option for an additional 20 years. CCHA's consideration to the Authority under the sublease is CCHA's partial guarantee of the Authority's Series 2003 Revenue Refunding Note (*Note 7*). Under generally accepted accounting principles, the Authority constitutes a component unit of CCHA for financial reporting purposes.

Basis of Accounting and Presentation

The financial statements of the Authority have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally, city appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. The Authority first applies restricted net assets when an expense or outlay is incurred for purposes for which both restricted and unrestricted net assets are available.

The Authority prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). Pursuant to GASB Statement No. 20, the Authority has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) that were issued on or before November 30, 1989, and do not conflict with or contradict GASB pronouncements.

Notes to Financial Statements September 30, 2012 and 2011

Use of Estimates

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

Cash and Cash Equivalents

The Authority considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2012 and 2011, cash equivalents consisted of money market mutual funds.

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to \$250,000. Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

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; employee disability; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than those related to workers' compensation, short-term disability and employee health and dental care benefits. Settled claims have not exceeded any commercial insurance coverage in any of the three preceding years.

The Authority participates in self-insured plans sponsored by CCHA to cover claims arising from unemployment, employee health and dental care and short-term disability.

The Authority obtains workers' compensation insurance through membership in the Oklahoma Health Care Association (the Association), which was formed for the benefit of qualified Oklahoma hospitals and related entities who wish to pool their resources pursuant to the provisions of Section 149.1 of Title 85 of the Oklahoma Statutes and Rule 3 of the Administrator of Oklahoma Workers' Compensation Court. Each member of the Association has jointly and severally agreed to assume, pay and discharge any liability under the *Oklahoma Workers' Compensation Act* of any and all members of the Association.

Investments and Investment Income

Investments in non-negotiable certificates of deposit are carried at amortized cost. All other investments are carried at fair value. Fair value is determined using quoted market prices. Investment income includes interest income and the net change for the year in the fair value of investments carried at fair value.

Notes to Financial Statements September 30, 2012 and 2011

Patient Accounts Receivable

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

Supplies

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

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and 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, improvements and fixed equipment	20–40 years
Major moveable equipment	3–7 years

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized using the interest method over the terms of the respective debt.

Compensated Absences

Authority policies permit most employees to accumulate paid days 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 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. The estimated compensated absences liability expected to be paid more than one year after the balance sheet date is included in long-term compensated absences obligation on the accompanying balance sheets.

Tillman County – City of Frederick Hospital Authority A Component Unit of The Comanche County Hospital Authority Notes to Financial Statements

September 30, 2012 and 2011

Net Assets

Net assets of the Authority are classified in three components. Net assets invested in capital assets, net of related debt consist of capital assets, net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital assets that must be used for a particular purpose as specified by creditors, grantors or contributors external to the Authority, including amounts deposited with trustees under the revenue note indenture, reduced by the outstanding balances of any related borrowings. Unrestricted net assets are remaining assets less remaining liabilities that do not meet the definition of invested in capital assets, net of related debt or restricted expendable.

Net Patient Service Revenue

The Authority has agreements with third-party payers that provide for payments to the Authority at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive 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.

Electronic Health Records Incentive Program

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

Notes to Financial Statements September 30, 2012 and 2011

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

In 2011, the Authority completed the first-year requirements under the Medicaid program and recognized revenue of approximately \$300,000, which is included in other revenue within operating revenues in the accompanying statements of revenues, expenses and changes in net assets.

Supplemental Hospital Offset Payment Program (SHOPP)

On January 17, 2012, the Centers for Medicare and Medicaid Services (CMS) approved the State of Oklahoma's Supplemental Hospital Offset Payment Program (SHOPP). The SHOPP program is retroactive to July 1, 2011, and is currently scheduled to sunset on December 31, 2014. The SHOPP program is designed to assess Oklahoma hospitals a supplemental hospital offset fee which will be placed in pools after receiving federal matching funds. The total fees and matching funds will then be allocated to hospitals as directed by legislation.

During 2012, the Hospital received approximately \$348,000 in SHOPP funds and paid approximately \$185,000 in SHOPP assessment fees. The estimated annual amounts to be received and paid are \$279,000 and \$148,000, respectively, by the Authority over the term of the SHOPP program. The SHOPP revenue is recorded as part of net patient service revenue and the SHOPP assessment fees are recorded as part of other expenses on the accompanying statements of revenues, expenses and changes in net assets.

City Appropriations

Effective March 1, 1980, the citizens of the city of Frederick approved a 1% sales tax for the support of the Authority. In 2012 and 2011, the Authority received approximately 3% of its financial support from city appropriations related to the sales tax.

Income Taxes

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

Notes to Financial Statements September 30, 2012 and 2011

Note 2: Net Patient Service Revenue

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

- Medicare Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. Certain inpatient nonacute services and outpatient services are paid based on a cost reimbursement methodology. The Authority is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Medicare administrative contractor has audited the Authority's cost reports through September 30, 2010.
- **Medicaid** The Authority has been reimbursed for hospital services rendered to patients covered by the state Medicaid program on a prospective per discharge method and fee schedules with no retroactive adjustments. The payment rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Authority has also been reimbursed for services rendered to nursing center patients covered by the state Medicaid program on a prospective per diem method with no retroactive adjustments.

Approximately 60% and 54% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended September 30, 2012 and 2011, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Authority has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates and fixed payments per enrollee in capitated plans in which the Authority participates.

Note 3: Deposits, Investments and Investment Income

Deposits

Custodial credit risk is the risk that in the event of a bank failure a government's deposits may not be returned to it. The Authority's deposit policy for custodial credit risk requires collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts.

Notes to Financial Statements September 30, 2012 and 2011

At September 30, 2012 and 2011, none of the Authority's bank balances of \$2,565,791 and \$2,681,133, respectively, were exposed to custodial credit risk.

Investments

At September 30, 2012 and 2011, the Authority had the following investments and maturities:

	September 30, 2012								
	-				N	laturities i	n Years		
Туре	Fair \	Less Fair Value than 1			1–5		6–10	More than 1	
Money market mutual funds	\$	35,570	\$	35,570	\$	<u> </u>	\$ -	\$	
				S	eptembe	r 30, 2011			
					N	laturities i	n Years		
Туре	Fair \	Value		Less han 1	1-	-5	6–10	More than 1	
Money market mutual funds	\$	33,931	\$	33,931	\$	_	\$ -	\$	

- Interest Rate Risk Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. As means of limiting its exposure to fair value losses from rising interest rates, the Authority's investment policy limits sale of investments prior to maturity dates and directly investing in securities maturing more than five years from the date of purchase. The Authority also limits investment in securities maturing in more than three years from purchase date to no more than 40% of its portfolio. The money market mutual funds are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.
- Credit Risk Credit risk is the risk that the issuer or other counterparty to an investment will
 not fulfill its obligations. It is the Authority's policy to limit its investments to securities with
 a credit rating of AAA by Standard & Poor's or Aaa by Moody's, U.S. Treasury and other
 U.S. agencies and instrumentalities obligations, certificates of deposit and money market
 mutual funds.
- 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.
- Concentration of Credit Risk The Authority's policy requires periodic review of its investments to identify concentrations in a single issuer and, if there is a risk of significant loss, to reinvest as appropriate to reduce that risk.

Notes to Financial Statements September 30, 2012 and 2011

Summary of Carrying Values

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

	2012	2011
Carrying value		
Deposits	\$ 2,342,904	\$ 2,741,104
Investments	 35,570	 33,931
	\$ 2,378,474	\$ 2,775,035
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 317,586	\$ 737,752
Restricted cash and investments – current	24,390	24,536
Short-term investments	2,036,498	202,048
Other long-term investments	 	1,810,699
	\$ 2,378,474	\$ 2,775,035

Investment Income

Investment income for the years ended September 30, 2012 and 2011, consisted of interest income.

Note 4: Patient Accounts Receivable

The Authority grants credit without collateral to its patients, most of whom are southwestern Oklahoma residents and are insured under third-party payer agreements. Patient accounts receivable at September 30, 2012 and 2011, consisted of:

	2012	2011
Patients	\$ 1,622,803	\$ 1,338,634
Medicare	656,845	611,034
Medicaid	147,523	160,430
Other third-party payers	302,430_	408,679
	2,729,601	2,518,777
Less allowance for uncollectible accounts	1,646,000_	1,485,000
	\$ 1,083,601	\$ 1,033,777

Notes to Financial Statements September 30, 2012 and 2011

Note 5: Capital Assets

Capital assets activity for the years ended September 30 was:

		2012									
			Beginning Balance Additions		Disposals		Transfers		Ending Balance		
Land Buildings, improvements	\$	24,566	\$	-	\$	-	\$	-	\$	24,566	
and fixed equipment		5,136,464		54,370		-		-		5,190,834	
Major moveable equipment		4,075,612		240,645		(146,220)		100,576		4,270,613	
Construction in progress		63,109		68,694				(100,576)		31,227	
		9,299,751		363,709		(146,220)				9,517,240	
Less accumulated depreciation Buildings, improvements											
and fixed equipment		4,833,023		52,097		-		-		4,885,120	
Major moveable equipment		1,796,817		482,373		(145,610)				2,133,580	
		6,629,840		534,470		(145,610)				7,018,700	
Capital assets, net	\$	2,669,911	\$	(170,761)	\$	(610)	\$		\$	2,498,540	

		2011									
	Beginning Balance		Additions		Disposals		Transfers		Ending Balance		
Land Buildings, improvements	\$	24,566	\$	-	\$	-	\$	-	\$	24,566	
and fixed equipment		5,051,578		62,322		-		22,564		5,136,464	
Major moveable equipment		2,030,802		108,303		-	1,	936,507		4,075,612	
Construction in progress		1,010,914		1,011,266			(1,	959,071)		63,109	
		8,117,860		1,181,891						9,299,751	
Less accumulated depreciation Buildings, improvements											
and fixed equipment		4,783,257		49,766		-		-		4,833,023	
Major moveable equipment		1,473,559		323,258						1,796,817	
		6,256,816		373,024						6,629,840	
Capital assets, net	\$	1,861,044	\$	808,867	\$	_	\$	_	\$	2,669,911	

Notes to Financial Statements September 30, 2012 and 2011

Note 6: Medical Malpractice Coverage and Claims

The Authority has purchased medical malpractice insurance for hospital and nursing home services under a claims-made policy on a fixed premium basis.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable costs of such incidents. Because the Authority is a component unit of The Comanche County Hospital Authority, which in turn is a political subdivision of the state of Oklahoma, management believes the limit of liability for any individual tort claim not covered by insurance would be limited to \$125,000. Based upon the Authority's claims experience, no accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Note 7: Long-Term Debt and Other Long-Term Obligations

Long-Term Debt

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

					2012		
	eginning Balance	Addi	tions	De	ductions	Ending Balance	Current Portion
Revenue refunding note Note payable to bank Capital lease obligation	\$ 550,000 29,564 132,245	\$	- - -	\$	270,000 18,493 87,170	\$ 280,000 11,071 45,075	\$ 280,000 11,071 45,075
	\$ 711,809	\$	-	\$	375,663	\$ 336,146	\$ 336,146

					2011		
	eginning Balance	Add	itions	De	ductions	Ending Balance	Current Portion
Revenue refunding note Note payable to bank Capital lease obligation	\$ 810,000 47,524 215,586	\$	- - -	\$	260,000 17,960 83,341	\$ 550,000 29,564 132,245	\$ 270,000 18,511 87,170
	\$ 1,073,110	\$		\$	361,301	\$ 711,809	\$ 375,681

Notes to Financial Statements September 30, 2012 and 2011

Revenue Refunding Note

Hospital Revenue Refunding Note, Series 2003, in the original amount of \$2,295,000 dated December 1, 2003, which bears interest at 4.4% payable semiannually. Principal is payable semiannually through September 2013. The Authority is required to make monthly deposits to the debt service funds held by the trustee. The note is secured by a pledge of the Authority's appropriations from the city of Frederick (see *Note 11*) and repaid from certain revenues of the Authority. CCHA has guaranteed approximately 40% of the principal and interest payments. The agreement requires the Authority to comply with certain restrictive covenants.

For the year ended September 30, 2012, the Authority did not meet its debt service coverage covenant; however, this had no effect on the financial statement presentation as the note's final payments are due during 2013, so the debt is treated as a current liability.

The debt service requirements as of September 30, 2012, are as follows:

Year Ending September 30,	Total to be Paid			Р	rincipal	Interest		
2013	_	\$	289,240	\$	280,000	\$ 9,240		
	_	\$	289,240	\$	280,000	\$ 9,240		

Note Payable to Bank

The note payable to bank is due April 8, 2013, with principal and interest at 3.1% payable monthly. The note is secured by a certificate of deposit held by the Authority. The debt service requirements as of September 30, 2012, are as follows:

Year Ending September 30,	otal to e Paid	P	rincipal	Int	Interest	
2013	\$ 11,158	\$	11,071	\$	87	
	\$ 11,158	\$	11,071	\$	87	

Notes to Financial Statements September 30, 2012 and 2011

Capital Lease Obligation

The Authority is obligated under a lease for equipment that is accounted for as a capital lease. Assets under the capital lease at September 30, 2012 and 2011, totaled \$477,423, net of accumulated depreciation of \$429,792 and \$348,136, respectively. The following is a schedule by year of future minimum lease payments under the capital lease, including interest at 4.50% together with the present value of the future minimum lease payments as of September 30, 2012:

Year Ending September 30,

2013 Less amount representing interest	\$ 45,668 593
Present value of future minimum lease payments	\$ 45,075

Compensated Absences Obligation

The following is a summary of compensated absences obligation transactions for the Authority for the years ended September 30, 2012 and 2011:

			2012		
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Compensated absences obligation	\$ 210,543	\$ 177,472	\$ 208,046	\$ 179,969	\$ 79,164
			2011		
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Compensated absences obligation	\$ 199,385	\$ 232,865	\$ 221,707	\$ 210,543	\$ 96,443

Notes to Financial Statements September 30, 2012 and 2011

Note 8: Employee Health Claims

The Authority participates in a self-insured plan sponsored by CCHA to cover employee health insurance claims. This plan is self-insured for participating employees and dependents up to an annual amount of \$250,000. Commercial stop-loss insurance is purchased for claims in excess of the aggregate annual amount. The Authority accrues its share of both claims reported and claims incurred but not yet reported and includes this accrual in accrued expenses on the accompanying balance sheets. The accrual is estimated based on a 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 employee health claims liability is summarized as follows for the years ended September 30:

	2012	2011		
Balance, beginning of year	\$ 107,919	\$	47,199	
Current year claims incurred and changes in estimated for claims incurred in prior years	382,597		502,447	
Claims and expenses paid	(306,051)		(441,727)	
Balance, end of year	\$ 184,465	\$	107,919	

Note 9: Charity Care and Other Community Benefits

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 certain government-reimbursed public aid programs. Such programs pay providers amounts which 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.

Uncompensated charges relating to these services are as follows:

		2011		
Charity allowances State Medicaid and other public aid programs	\$	72,000 660,000	\$	64,000 667,000
	\$	732,000	\$	731,000

Notes to Financial Statements September 30, 2012 and 2011

Note 10: Retirement Plan

The Authority administers a defined contribution retirement plan for its employees. Contributions are made at the discretion of the Authority and no employee contributions are permitted. The Authority accrued contributions of approximately \$72,000 to the plan for both 2012 and 2011.

Note 11: City Appropriations

A 1% sales tax ordinance with no established expiration date was enacted March 1, 1980, by the city of Frederick, Oklahoma, to originally provide unrestricted appropriations to be used by the Authority for hospital purposes. Effective April 1, 1994, under the terms of the Series 1994A and 1994B Bond Indentures, the appropriations were restricted to providing debt service on the outstanding bonds (see *Note 7*). In December 2003, the city of Frederick executed a revised sales tax agreement to secure payment of the Revenue Refunding Note (see *Note 7*) with a pledge of the appropriations.

Note 12: Related-Party Transactions

The Authority purchased ancillary services and supplies from CCHA during 2012 and 2011. Included in accounts payable at September 30, 2012 and 2011, are \$28,042 and \$13, respectively, owed to CCHA for services and supplies. Included in accrued expenses are \$184,465 and \$107,919 for 2012 and 2011, respectively, related to estimated amounts due to CCHA for the Authority's participation in CCHA's self-insured health insurance plan. At September 30, 2012 and 2011, the Authority also had \$48,516 and \$189,003, respectively, in accounts receivable for billings collected by CCHA on behalf of the Authority. The following related-party transactions are included in the accompanying statements of revenues, expenses and changes in net assets for the years ended September 30, 2012 and 2011:

		2011		
Expenses				
Ancillary services provided by CCHA	\$	16,049	\$ 14,068	
Management services provided by CCHA	\$	251,107	\$ 182,055	

Notes to Financial Statements September 30, 2012 and 2011

Note 13: Contingencies

Litigation

In the normal course of business, the Authority is, from time to time, subject to allegations that may or do result in litigation. These allegations are in areas that may not be covered by commercial insurance purchased by the Authority, such as punitive damages, 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. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Note 14: Significant Estimates and Concentrations

Current Economic Conditions

The current economic conditions continue to present health care providers with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair values of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing. The accompanying financial statements have been prepared using values and information currently available to the Authority.

Current economic conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Authority's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the accompanying financial statements could change rapidly, resulting in material future adjustments in allowances for accounts receivable that could negatively impact the Authority's ability to maintain sufficient liquidity.



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

Board of Trustees Tillman County – City of Frederick Hospital Authority Frederick, Oklahoma

We have audited the financial statements of Tillman County – City of Frederick Hospital Authority (the Authority), a component unit of The Comanche County Hospital Authority, as of and for the year ended September 30, 2012, and have issued our report thereon dated April 9, 2013. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

Management of the Authority is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the Authority's internal control over financial reporting as a basis for designing our auditing procedures 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 over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses as defined above.





Board of Trustees Tillman County – City of Frederick Hospital Authority

Compliance and Other Matters

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

We noted certain matters that we reported to the Authority's management in a separate letter dated April 9, 2013.

This report is intended solely for the information and use of the governing body, management and others within the Authority and is not intended to be and should not be used by anyone other than these specified parties.

April 9, 2013

BKD,LLP

Schedule of Findings and Responses Year Ended September 30, 2012

Reference	
Number	Finding

No matters are reportable.