### FINANCIAL STATEMENTS

for the years ended March 31, 2021 and 2020

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#### INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Hospital Authority of Bainbridge
Decatur County, Georgia

#### Report on the Financial Statements

We have audited the accompanying financial statements of Hospital Authority of Bainbridge, Decatur County, Georgia (Authority) (a component unit of Decatur County, Georgia), which comprise the balance sheets as of March 31, 2021 and 2020, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

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

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. For the year ended March 31, 2021, we also conducted our audit in accordance with the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

#### Continued

1 Let's Think Together. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hospital Authority of Bainbridge, Decatur County, Georgia as of March 31, 2021 and 2020, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Emphasis of Matter

As discussed in Notes 14 and 19 to the financial statements, the Authority is fiscally dependent on Decatur County and the City of Bainbridge. Our opinion is not modified with respect to that matter.

#### Other Matter

### Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### Other Reporting Required by Government Auditing Standards

raffin & Tucker, LLP

In accordance with *Government Auditing Standards*, we have also issued our report dated August 17, 2021, 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.

Albany, Georgia August 17, 2021



Management's Discussion and Analysis For the Year Ending March 31, 2021

Our discussion and analysis of the Hospital Authority of Bainbridge, Decatur County, Georgia's (Authority) financial performance provides an overview of the Authority's financial activities during the fiscal years ended March 31, 2021, 2020, and 2019. Please read it in conjunction with the Authority's financial statements and accompanying notes.

### Financial Highlights

Memorial Hospital and Manor's (MHM) fiscal year 2021 represented a step back in gross patient revenue when compared to its performance for fiscal year 2020 due mainly to the COVID-19 crisis. Overall gross patient revenue was down \$6.7 million or 5.2% while net patient revenue increased \$1.6 million or 3.8% as a result of deductions from revenue decreasing \$8 million or 10.2%. Total charges related to uncompensated charity and indigent care were approximately \$5.5 million during the fiscal year. However, due to an increase in other operating and non-operating revenue combined total of \$223,000 and the receipt of CARES Act funding of \$4.3 million, MHM completed the year with an increase in net income of \$6 million over fiscal year 2020. Total expenses for the year increased \$206,000 or .44%.

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

Our analysis of the Authority's finances begins on page 7. One of the most important questions asked about the 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 all liabilities using the accrual basis of accounting. All of the current year's revenues and expense 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. You can think of the Authority's net position – the difference between assets and liabilities – as one way to measure the Authority's financial health, or financial position. Over time, increases or decreases in the Authority's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Authority's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Authority.

Management's Discussion and Analysis, Continued For the Year Ending March 31, 2021

#### The Statement of Cash Flows

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What is cash used for?" and "What was the change in cash balance during the reporting period?".

#### The Authority's Net Position

The Authority's net position is the difference between its assets and liabilities reported on the balance sheet. The following table summarizes the balance sheets as of March 31, 2021, 2020 and 2019:

#### Balance Sheet Data

	<u>2021</u>		<u>2020</u>	<u>2019</u>
Current assets Capital assets, net Other non-current assets	\$ 18,619,915 12,284,905 11,264,176	\$	12,127,500 11,950,684 2,807,989	\$ 12,566,454 12,895,210 2,093,615
Total assets	\$ 42,168,996	<u>\$</u>	26,886,173	\$ 27,555,279
Current liabilities Medicare advance payments, long term Long-term debt	\$ 22,631,265 1,343,007 8,810,000	\$	13,791,632 - 9,575,061	\$ 13,485,859 - 10,445,379
Total liabilities	 32,784,272		23,366,693	 23,931,238
Net position:     Net investments in capital assets     Restricted     Unrestricted	 3,434,559 1,864,806 4,085,359		2,884,196 1,717,651 (1,082,367)	 3,560,955 1,100,111 (1,037,025)
Total net position	 9,384,724		3,519,480	 3,624,041
Total liabilities and net position	\$ 42,168,996	\$	26,886,173	\$ 27,555,279

Current assets increased by approximately \$6.5 million primarily due to an increase in cash of \$5.1 million. MHM was fortunate to receive funds from the Paycheck Protection Program and the CARES Provider Relief Funds to alleviate the financial effects of the COVID-19 pandemic. Other receivables increased \$1 million with a slight decrease in patient receivables of \$347,000 due to increased upfront collections and reduction of accounts receivable. Current liabilities increased by \$8.8 million due to having an additional accrual of \$4.3 million for the Paycheck Protection Program loan awaiting forgiveness to be granted, \$6.2 million from the CARES Act, and \$1.6 for the current portion of the Medicare Advanced Payments. Accounts payable and accrued liabilities decreased \$2.7 million due to the ability to pay expenditures timely.

Management's Discussion and Analysis, Continued For the Year Ending March 31, 2021

The following table summarizes the revenues and expenses for the years ended March 31, 2021, 2020 and 2019:

### Statement of Revenue and Expense Data

	<u>2021</u>	<u>2020</u>	<u>2019</u>
Operating revenue	\$ 46,667,067	\$ 45,466,128	\$ 45,063,480
Expenses: Operating expenses Depreciation and amortization	45,741,786 1,373,523	45,557,153 1,352,478	47,190,301 1,377,298
Total expenses	 47,115,309	 46,909,631	 48,567,599
Operating loss	(448,242)	(1,443,503)	(3,504,119)
Nonoperating revenues (expenses)	4,865,389	(65,195)	224,668
Rural Hospital Tax Credit	802,667	828,830	1,666,043
Capital contributions	 645,430	575,307	603,746
Change in net position	5,865,244	(104,561)	(1,009,662)
Net position at beginning of year	 3,519,480	 3,624,041	 4,633,703
Net position at end of year	\$ 9,384,724	\$ 3,519,480	\$ 3,624,041

Slight decreases in overall volumes for the Authority resulted in decrease in gross patient charges of \$6.7 million or 5.2% while net patient service revenue increased \$1.6 million or 3.8%. Services were scaled down during April and May 2020 due to COVID-19. The Authority's provision for bad debt and deductions decreased by \$8 million primarily due to decreased volumes resulting in the increase of net patient service revenue.

Total operating expenses decreased by \$206,000. Salaries and wages increased by \$46,000 or .22%. Employee health and welfare costs decreased by approximately \$989,000 or 14.2% primarily due to lower employee health claim costs, while purchased services increased by \$319,000 or 7.1%. Medical supply costs also increased by \$1.5 million or 16.3% due to higher cost COVID-19 related drugs and supplies while professional fees decreased by \$733,000 or 20% resulting from decreased E/R Physician Fees of \$555,000 or 34.7%.

Management's Discussion and Analysis, Continued For the Year Ending March 31, 2021

### Capital Assets and Long-Term Debt

A recap of the Authority's long-term debt and capital lease obligations outstanding at March 31, 2021 and 2020 follows:

			Long-Term Debt			
<u>Description</u>	Interest Rates		<u>2021</u>		<u>2020</u>	
Revenue Certificates, Series 2017A Revenue Certificates, Series 2017B Capital lease obligations Paycheck Protection Program	2.990% 2.990% Various 1.00%	\$	9,330,000 150,000 95,061 4,280,162	\$	9,330,000 800,000 315,379	
Total long-term debt and capital lease obligations		<u>\$</u>	13,855,223	<u>\$</u>	10,445,379	

The Authority's investment in capital assets for 2021 is summarized in the table below:

<u>Capital Assets</u>	<u>Amount</u>		
Computer equipment and software Remodel and upgrade projects	\$ 93,349 553,732		
Medical equipment Other	 990,129 97,881		
Total	\$ 1,735,091		

See Notes 6 and 8 in the financial statements for additional information about capital assets and long-term debt.

#### Contacting the Authority's Financial Management

This financial report is designed to provide a general overview of the Authority's finances. If you have questions about this report or need additional information, contact the Authority finance department at Hospital Authority of Bainbridge, Decatur County, Georgia, 1500 East Shotwell Street, Bainbridge, GA 31717.

### BALANCE SHEETS March 31, 2021 and 2020

	<u>2021</u>		2020
ASSETS			
Current assets:			
Cash Current investments restricted by bond indenture	\$ 6,032,689	\$	884,800
for debt service	670,000		650,000
Patient accounts receivable, net of allowance for doubtful accounts of approximately \$17,000,000			
in 2021 and \$17,000,000 in 2020	6,760,327		7,107,750
Other receivables	3,694,214		2,665,822
Inventories, at lower of cost (first-in, first-out) or market	646,594		543,512
Prepaid expenses	379,720		275,616
Estimated third-party payor settlements	 436,371		
Total current assets	 18,619,915	_	12,127,500
Noncurrent cash and investments:			
Internally designated for capital improvements	8,595,654		72,618
Restricted by insurance carrier for self-insurance	746,692		745,221
Restricted by bond indenture for capital improvements	574,715		578,891
Restricted by bond indenture for debt service	 1,118,114	_	972,429
Total noncurrent cash and investments	 11,035,175	_	2,369,159
Capital assets:			
Land	729,484		729,484
Construction in progress Depreciable capital assets, net of accumulated	388,555		9,135
depreciation	11,166,866	_	11,212,065
Total capital assets, net of accumulated depreciation	12,284,905		11,950,684
rotal capital accosts, flot of accommitted acpreciation	 12,201,000		11,000,001
Other assets: Notes receivable	229,001		411 200
Other assets	229,001		411,290
Other assets	 	_	27,540
Total other assets	 229,001		438,830
Total assets	\$ 42,168,996	\$	26,886,173

		<u>2021</u>		<u>2020</u>
LIABILITIES AND NET POSITI	ION			
Current liabilities: Current installments of long-term debt Current portion of capital lease obligation Paycheck Protection Program loan Accounts payable Accrued liabilities Estimated third-party payor settlements Current portion of Medicare advance payments CARES Act unearned revenue	\$	670,000 95,061 4,280,162 7,748,220 2,100,213 - 1,587,189 6,150,420	\$	650,000 220,318 - 10,182,107 2,399,678 339,529 - -
Total current liabilities		22,631,265		13,791,632
Medicare advance payments, excluding current portion		1,343,007		
Long-term debt: Long-term debt, excluding current installments Capital lease obligations, excluding current portion		8,810,000		9,480,000 95,061
Total long-term debt		8,810,000		9,575,061
Total liabilities		32,784,272		23,366,693
Net position: Net investment in capital assets Restricted: Expendable for self-insurance Expendable for bond indenture Unrestricted		3,434,559 746,692 1,118,114 4,085,359		2,884,196 745,221 972,429 (1,082,366)
Total net position		9,384,724		3,519,480
Total liabilities and net position	<u>\$</u>	42,168,996	<u>\$</u>	26,886,173

# STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION for the years ended March 31, 2021 and 2020

Operating revenues:	<u>2021</u>	<u>2020</u>
Operating revenues:  Net patient service revenue (net of provision for bad debts of approximately \$8,700,000 in 2021		
and \$9,000,000 in 2020)  County contributions for indigent care  Other revenue	\$ 43,060,540 1,347,312 2,259,215	\$ 41,496,649 1,740,239 2,229,240
Other revenue	2,239,213	2,229,240
Total operating revenues	46,667,067	45,466,128
Operating expenses:		
Salaries and wages	21,009,695	20,963,859
Employee health and welfare	5,968,039	6,956,630
Medical supplies and other	11,017,573	9,476,227
Professional fees	2,924,910	3,658,058
Purchased services	4,821,569	4,502,379
Depreciation and amortization	1,373,523	1,352,478
Total operating expenses	47,115,309	46,909,631
Operating loss	(448,242)	(1,443,503)
Nonoperating revenues (expenses):		
Interest expense	(305,526)	(342,766)
Rural hospital tax credit contributions	802,667	828,830
Other income	852,217	277,571
CARES Act funding	4,318,698	
Total nonoperating revenues	5,668,056	763,635
Excess revenues (expenses) before contributions	5,219,814	(679,868)
Capital contributions Decatur County contributions from sales tax funds	39,920	6,775
for capital expenditures	605,510	568,532
Increase (decrease) in net position	5,865,244	(104,561)
Net position at beginning of year	3,519,480	3,624,041
Net position at end of year	\$ 9,384,724	\$ 3,519,480

See accompanying notes to financial statements.

# STATEMENTS OF CASH FLOWS for the years ended March 31, 2021 and 2020

Cook flows from anomating activities	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:  Receipts from and on behalf of patients	\$ 45,210,198	\$ 45,863,493
Receipts from Medicare advance payments  Payments to vendors and other suppliers	2,930,196 (20,918,752)	- (16,541,330)
Payments to employees and related benefits	(27,094,910)	(28,038,094)
Net cash provided by operating activities	126,732	1,284,069
Cash flows from noncapital financing activities:		
Proceeds from PPP loan	4,280,162	- (000,000)
Principal paid on long-term debt (Series 2017B) Interest paid on long-term debt (Series 2017B)	(650,000) (21,906)	(630,000) (32,476)
Proceeds from issuance of short-term debt	581,048	1,196,226
Principal paid on short-term debt	(581,048)	(1,851,076)
Interest paid on short-term debt	(647)	(6,506)
CARES Act funding	10,469,118 <sup>°</sup>	-
Rural hospital tax credit contributions	802,667	828,830
Other noncapital contributions	258,033	231,323
Net cash provided (used) by noncapital financing activities	15,137,427	(263,679)
Cash flows from capital and related financing activities:		
Purchase of capital assets	(1,735,091)	(407,952)
Proceeds on the sale of capital assets	5,859	15,795
Interest paid on long-term debt	(282,973)	(303,784)
Payments on capital lease obligations	(220,318)	(211,217)
Donation from Foundation for capital purchases	39,920	6,775
Decatur County sales tax funds	605,510	568,532
Net cash used by capital and related financing activities	(1,587,093)	(331,851)
Cash flows from investing activities:		
Investment income	129,299	30,453
Proceeds from sale of investments	27,540	-
Purchase of investments	(1,471)	(3,118)
Net cash provided by investing activities	155,368	27,335
Net increase in cash	13,832,434	715,874
Cash, beginning of year	3,158,738	2,442,864
Cash, end of year	\$ 16,991,172	\$ 3,158,738
O = m4:m		

# STATEMENTS OF CASH FLOWS, Continued for the years ended March 31, 2021 and 2020

		<u>2021</u>		<u>2020</u>
Reconciliation of cash to the balance sheets: Cash in current assets Cash in noncurrent cash and investments	\$	6,032,689 10,958,483	\$	884,800 2,273,938
Total cash	<u>\$</u>	16,991,172	<u>\$</u>	3,158,738
Reconciliation of operating loss to net cash flows provided by operating activities:				
Operating loss  Adjustments to reconcile operating loss  to net cash provided by operating activities:	\$	(448,242)	\$	(1,443,503)
Depreciation and amortization		1,373,523		1,352,478
Provision for bad debts		8,650,670		8,997,854
Changes in:				
Patient accounts receivable		(8,303,247)		(8,050,015)
Estimated third-party payor settlements		(775,900)		(59,809)
Inventories		(103,082)		(3,410)
Other current assets		(1,132,496)		(460,924)
Notes receivable		182,289		(39,933)
Accounts payable		(1,947,514)		1,069,003
Accrued liabilities		(299,465)		(77,672)
Medicare advance payments		2,930,196		
Net cash provided by operating activities	<u>\$</u>	126,732	\$	1,284,069

Supplemental disclosures of cash flow information:

During fiscal year 2021, the Authority was released from certain vendor liabilities in the amount of \$486,373.

### NOTES TO FINANCIAL STATEMENTS March 31, 2021 and 2020

### 1. <u>Summary of Significant Accounting Policies</u>

### Reporting Entity

The Hospital Authority of Bainbridge, Decatur County, Georgia (Authority) is a public corporation which operates and manages Memorial Hospital, Memorial Manor Nursing Home and Willow Ridge Assisted Living Facility. Decatur County, Georgia appoints five members to the Board of Directors and the City of Bainbridge, Georgia appoints two members to the Board of Directors. For this reason, the Authority is considered a component unit of Decatur County, Georgia.

### **Use of Estimates**

The preparation of financial statements in accordance 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.

#### **Enterprise Fund Accounting**

The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

The Authority prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

#### Allowance for Doubtful Accounts

The Authority provides an allowance for doubtful accounts based on an evaluation of the overall collectability of the accounts receivable. As accounts are known to be uncollectible, the account is charged against the allowance.

#### Noncurrent Cash and Investments

Restricted investments include amounts externally defined for use by bond indenture and insurance carrier.

Designated investments primarily include assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 1. <u>Summary of Significant Accounting Policies, Continued</u>

#### Investments in Debt and Equity Securities

Investments in debt and equity securities are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenue when earned.

#### **Restricted Resources**

When the Authority has both restricted and unrestricted resources available to finance a particular program, it is the Authority's policy to use restricted resources before unrestricted resources.

#### Capital Assets

The Authority's capital assets are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land improvements	15 to 20 years
Buildings and building improvements	20 to 40 years
Equipment, computers and furniture	3 to 7 years

The Authority capitalizes capital purchases exceeding \$500 and a useful life of three years or longer.

#### Financing Costs

Costs incurred in connection with the issuance of debt are expensed in the period in which they are incurred.

#### **Compensated Absences**

The Authority's employees earn vacation days at varying rates depending on years of service. Employees may accumulate vacation time up to a specified maximum. Any days above the maximum will expire on December 31st every year. Once five years of continuous employment is complete, the employee is eligible to receive payment for all accrued vacation days as long as the employee gave proper notice of leaving or retirement. If the Authority terminated an employee, the employee was not eligible to receive payment for any accrued vacation days. Employees also earn sick leave benefits based on varying rates depending on years of service. Employees may accumulate sick leave up to a specified maximum. No payment will be made for unused sick leave. The estimated amount of vacation payable is reported as a current liability in both 2021 and 2020.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 1. <u>Summary of Significant Accounting Policies, Continued</u>

#### CARES Act Unearned Revenue

Unearned revenue arises when assets are received before revenue recognition criteria have been satisfied. CARES Act advance payments are reported as unearned revenue until all applicable eligibility requirements are met. See Note 21 for additional information.

#### Net Position

Net position of the Authority is classified into three components. *Net investment in capital assets* 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 net position* is noncapital assets reduced by liabilities related to those 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 as required by revenue certificates, discussed in Note 8. *Unrestricted net position* is the remaining net amount of assets and liabilities that does not meet the definition of *net investment in capital assets* or the *restricted net position*.

#### Operating Revenues and Expenses

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

#### Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 1. <u>Summary of Significant Accounting Policies, Continued</u>

#### **Charity Care**

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

#### **Grants and Contributions**

The Authority occasionally receives grants from Decatur County and Memorial Hospital Foundation, Inc., as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. See Note 21 for additional information regarding CARES Act funding.

#### **Income Taxes**

The Authority is a governmental entity and is exempt from income taxes. Accordingly, no provision for income taxes has been considered in the accompanying financial statements.

#### Impairment of Long-Lived Assets

The Authority evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Authority has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the years ended March 31, 2021 and 2020.

#### 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; dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Authority is self-insured for employee health insurance and medical malpractice claims as discussed in Note 11.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

1. <u>Summary of Significant Accounting Policies, Continued</u>

#### Self-Insurance Costs

The provisions for claims under self-insurance plans include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

#### Fair Value Measurements

GASB Statement No. 72, Fair Value Measurement and Application, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is an exit price at the measurement date from the perspective of a market participant that controls the asset or is obligated for the liability. GASB No. 72 also establishes a hierarchy of inputs to valuation techniques used to measure fair value. If a price for an identical asset or liability is not observable, a government should measure fair value using another valuation technique that maximizes the use of relevant observable inputs and minimizes the use of unobservable inputs. GASB No. 72 describes the following three levels of inputs that may be used:

- <u>Level 1</u>: Quoted prices (unadjusted) for identical assets or liabilities in active markets that a government can access at the measurement date. The fair value hierarchy gives the highest priority to Level 1 inputs.
- <u>Level 2</u>: Observable inputs such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- <u>Level 3</u>: Unobservable inputs for an asset or liability. The fair value hierarchy gives the lowest priority to Level 3 inputs.

#### Recently Adopted Accounting Pronouncement

In March 2018, the GASB issued Statement No. 88, *Certain Disclosures Related to Debt, Including Direct Borrowings and Direct Placements* (GASB 88). GASB 88 clarifies which liabilities should be included when disclosing information related to debt, requires additional essential information related to debt be disclosed, and requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. The Authority has adopted the provisions for all periods presented.

#### Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2020 financial statements to conform to the fiscal year 2021 presentation. These reclassifications had no impact on the change in net position in the accompanying financial statements.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

#### 2. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. The Authority does not believe that there are any significant credit risks associated with receivables due from third-party payors.

Revenue from the Medicare and Medicaid programs accounted for approximately 28% and 25%, respectively, of the Authority's net patient revenue for 2021 and 24% and 23%, respectively, of the Authority's net patient revenue for 2020. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. There has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

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

#### Medicare

Inpatient and 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.

Nursing home services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system called Resource Utilization Groups (RUGs). Effective October 1, 2019, the services rendered to Medicare program beneficiaries will be paid based on a patient-driven payment methodology.

Certain other reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor (MAC). The Authority's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the MAC through March 31, 2017.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

#### 2. Net Patient Service Revenue, Continued

#### Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at a prospectively determined rate per admission. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services rendered to the Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology.

The Authority is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary. The Authority's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through March 31, 2018.

The Authority has also entered into contracts with certain managed care organizations (CMOs) to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these CMOs consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Long-term care services are reimbursed by the Medicaid program based on a prospectively determined per diem. The per diem is determined by the facility's historical allowable operating costs adjusted for certain incentives and inflation factors.

The Authority participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Authority receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Authority's estimated uncompensated cost of services to Medicaid and uninsured patients. The ICTF is funded through intergovernmental transfers from participating public hospitals and matching federal funds. The net amount of ICTF payments recognized in net patient service revenue was approximately \$2,390,000 and \$1,519,000 for the years ended March 31, 2021 and 2020, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments for certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately \$2,427,000 and \$1,472,000 for the years ended March 31, 2021 and 2020, respectively. For 2021 and 2020, the Authority recorded a receivable for ICTF and UPL funds of approximately \$3,480,000 and \$2,504,000, respectively.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

#### 2. Net Patient Service Revenue, Continued

#### Medicaid, Continued

The state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient revenue. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an increase in hospital payments on Medicaid services of approximately 11.88%. Approximately \$931,000 and \$981,000 relating to the Act is included in medical supplies and other in the accompanying statement of revenues, expenses and changes in net position for the years ended March 31, 2021 and 2020, respectively.

#### Other Arrangements

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.

#### 3. Uncompensated Charges

The Authority was compensated for services at amounts less than its established rates. Charges foregone related to contractual agreements and provision for bad debts for 2021 and 2020 were approximately \$79,000,000 and \$87,300,000, respectively.

Uncompensated charges include charity and indigent care services of approximately \$5,500,000 and \$4,700,000 in 2021 and 2020, respectively. The cost of charity and indigent care services provided during 2021 and 2020 was approximately \$2,100,000 and \$1,700,000, respectively computed by applying a total cost factor to the charges forgone.

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 3. <u>Uncompensated Charges, Continued</u>

The following is a summary of uncompensated charges and a reconciliation of gross patient charges to net patient service revenue for 2021 and 2020.

	<u>2021</u>	<u>2020</u>
Gross patient charges	\$ 122,072,735	\$ 128,810,871
Uncompensated charges:		
Charity and indigent charges	5,523,194	4,745,542
Medicare	31,975,885	38,231,954
Medicaid	17,347,143	21,276,065
Other	15,515,303	14,062,807
Bad debts	8,650,670	8,997,854
Total uncompensated charges	79,012,195	87,314,222
Net patient service revenue	\$ 43,060,540	\$ 41,496,649

#### 4. <u>Deposits and Investments</u>

Deposits and investments are generally carried at fair value and consist of cash, certificates of deposit, money market deposit accounts, and money market mutual funds. The mutual funds are open ended and are classified in Level 1 of the fair value hierarchy and valued using prices quoted in active markets for those securities.

The carrying amounts of deposits and investments shown below are included in the Authority's balance sheets:

		<u>2021</u>	2020
Balance sheets:			
Cash	\$	6,032,689	\$ 884,800
Current investments restricted by bond			
indenture for debt service		670,000	650,000
Noncurrent cash and investments:			
Internally designated for capital improvements		8,595,654	72,618
Restricted by insurance carrier for			
self-insurance		746,692	745,221
Restricted by bond indenture for capital			
improvements		574,715	578,891
Restricted by bond indenture for debt service		1,118,114	 972,429
		_	
Total	<u>\$</u>	17,737,864	\$ 3,903,959

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 4. Deposits and Investments, Continued

	<u>2021</u>	<u>2020</u>
Deposits and investments consist of the following:		
Deposits with financial institutions	\$ 6,032,689	\$ 955,182
Certificates of deposit	746,692	745,221
Money market deposit accounts	8,593,418	-
Money market mutual funds	2,365,065	 2,203,556
Total deposits and investments	\$ 17,737,864	\$ 3,903,959

State law requires collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts. The Authority's bylaws require that all bank balances be insured or collateralized by U.S. government securities held by the pledging financial institution's trust department in the name of the Authority. As of year-end, the Authority's bank balances are collateralized as follows:

	<u>2021</u>	<u>2020</u>
Insured (FDIC) or collateralized with securities held by the Authority	\$ 1,000,000	\$ 840,187
Collateralized by securities held by the pledging financial institutions trust department in the Authority's name	14,512,236	 886,572
Total (bank balance)	\$ 15,512,236	\$ 1,726,759
Carrying amount (book balance)	\$ 15,372,071	\$ 1,700,403

Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Authority will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Authority does not have an investment policy for custodial credit risk. At March 31, 2021 and 2020, the Authority owned approximately \$2,365,000 and \$2,204,000, respectively, in investments that were unsecured and held by the Authority's brokerage firm in the Authority's name.

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 5. <u>Accounts Receivable and Payable</u>

Patient accounts receivable and accounts payable (including accrued liabilities) reported as current assets and liabilities by the Authority at March 31, 2021 and 2020 consisted of these amounts:

	<u>2021</u>		<u>2020</u>
Patient Accounts Receivable			
Receivable from patients and their insurance carriers Receivable from Medicare Receivable from Medicaid	\$ 14,653,490 6,373,764 2,780,264	\$	16,095,005 5,084,145 2,954,911
Total patient accounts receivable	23,807,518		24,134,061
Less allowance for uncollectible amounts and contractual adjustments	 17,047,191		17,026,311
Patient accounts receivable, net	\$ 6,760,327	<u>\$</u>	7,107,750
Accounts Payable and Accrued Liabilities			
Payable to employees (including payroll taxes and other benefits) Payable to suppliers Payable to other	\$ 1,819,750 7,748,220 280,463	\$	1,677,909 10,182,107 721,769
Total accounts payable and accrued liabilities	\$ 9,848,433	\$	12,581,785

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

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### 6. Capital Assets

A summary of capital assets for the years ended March 31, 2021 and 2020 follows:

	2020 <u>Balance</u>	<u>Increase</u>	<u>Decrease</u>	2021 <u>Balance</u>
Land Building and improvements Equipment Construction in progress	\$ 729,484 25,718,624 19,486,416 9,135	\$ - 56,545 1,293,267 989,579	\$ - (429,637) (610,159)	\$ 729,484 25,775,169 20,350,046 388,555
Total capital assets	45,943,659	2,339,391	(1,039,796)	47,243,254
Less accumulated depreciation: Buildings and improvements Equipment	17,333,420 16,659,555	522,357 851,166	(408,149)	17,855,777 17,102,572
Total accumulated depreciation	33,992,975	1,373,523	(408,149)	34,958,349
Net capital assets	\$ 11,950,684	\$ 965,868	\$ (631,647)	<u>\$ 12,284,905</u>
	2019 <u>Balance</u>	Increase	<u>Decrease</u>	2020 <u>Balance</u>
Land Building and improvements Equipment Construction in progress	\$ 729,484 25,629,718 19,384,644 473,725	\$ - 88,906 783,636 181,958	\$ - (681,864) (646,548)	\$ 729,484 25,718,624 19,486,416 9,135
Total capital assets	46,217,571	1,054,500	(1,328,412)	45,943,659
Less accumulated depreciation: Buildings and improvements Equipment	16,808,873 16,513,488	524,547 827,931	(681,864)	17,333,420 16,659,555
Total accumulated depreciation	33,322,361	1,352,478	(681,864)	33,992,975
Net capital assets	\$ 12,895,210	<u>\$ (297,978)</u>	<u>\$ (646,548)</u>	\$ 11,950,684

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

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### 6. <u>Capital Assets, Continued</u>

Cost for equipment under capital lease obligations was approximately \$1,036,000 at March 31, 2021 and 2020. Accumulated amortization for equipment under capital lease obligations was approximately \$881,000 and \$673,000 at March 31, 2021 and 2020, respectively.

#### 7. Short-Term Debt

A summary of short-term debt at March 31, 2021 and 2020 follows:

	2020 <u>Balance</u>	<u>Additions</u>	Reductions	2021 <u>Balance</u>
First National Bank notes payable	\$ -	\$ 581,048	\$ (581,048)	\$ -
Total short-term debt	\$ -	\$ 581,048	\$ (581,048)	\$ -
	2019 <u>Balance</u>	<u>Additions</u>	Reductions	2020 <u>Balance</u>
First National Bank notes payable	\$ 654,850	1,196,226	(1,851,076)	\$ -
Total short-term debt	\$ 654,850	\$ 1,196,226	<u>\$ (1,851,076)</u>	<u>\$ -</u>

• First National Bank notes payable, multiple notes initiated with principal amounts ranging from \$155,000 to \$581,000 and interest rates ranging from 2.40% to 2.45% to meet current obligations and those related to the intergovernmental transfer funds for ICTF and UPL funds during the fiscal years 2021 and 2020. All notes initiated during fiscal year 2021 were paid in full during the fiscal year.

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 8. <u>Long-Term Debt</u>

A summary of long-term debt at March 31, 2021 and 2020, follows:

		<u>2021</u>		<u>2020</u>
Revenue Certificates – Series 2017A, payable in annual installments ranging from \$520,000 beginning September 1, 2021 to \$925,000 on September 1, 2032, with 2.99% interest paid semi-annually.	\$	9,330,000	\$	9,330,000
Revenue Certificates – Series 2017B, payable in annual installments ranging from \$610,000 beginning September 1, 2018 to \$150,000 on September 1, 2021, with 2.99% interest paid semi-annually.		150,000		800,000
1.0% note payable, due April 2022 under the Paycheck Protection Program.		4,280,162		
Total long-term debt		13,760,162		10,130,000
Less current installments of long-term debt		4,950,162		650,000
Long-term debt, excluding current installments	\$	8,810,000	<u>\$</u>	9,480,000
Capital lease obligations, at varying rates of interest, collateralized by leased equipment and software.	\$	95,061	\$	315,379
Less current portion of capital lease obligation	_	95,061		220,318
Capital lease obligations, excluding current portion	\$		<u>\$</u>	95,061

In March 2017, the Authority issued private placement Revenue Certificates, Series 2017A and 2017B, collectively Series 2017 Certificates, in the amount of \$9,330,000 and \$2,040,000, respectively. The Series 2017A Certificates were issued for the purpose of (i) refinancing certain outstanding capital indebtedness of the Authority and (ii) financing or refinancing the acquisition, renovation, and equipping of existing healthcare related facilities owned and operated by the Authority. The Series 2017B Certificates were issued for the purpose of refinancing certain outstanding operating indebtedness of the Authority.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 8. <u>Long-Term Debt, Continued</u>

As a result of refinancing the outstanding debt, the Authority increased its total debt service requirements by approximately \$3,300,000, which resulted in an economic loss (the difference between the present value of the debt service payments on the old and new debt) of approximately \$250,000.

The Series 2017 Certificates are special, limited obligations of the Authority payable from and secured by a pledge of and lien on the gross revenues of the Authority.

The Series 2017A Certificates are subject to optional redemption by the Authority on or after March 1, 2026, in whole at any time or in part on any interest payment date, in reverse order of maturities, at a redemption price equal to 100% principal amount being redeemed, plus accrued interest. The Series 2017B Certificates are not subject to optional redemption.

The Authority and the City of Bainbridge (City) entered into a contract in which the City agreed to pay to or for the account of the Authority amounts sufficient to pay the debt service on the Series 2017 Certificates, up to the seven mill limitation described in the Hospital Authority's Law, to the extent other forms of payment from the Authority or Decatur County, Georgia, as discussed in Note 14, are not sufficient. This agreement also grants the City a first lien on the real estate owned by the Authority as of March 1, 2017 and, to the extent provided therein, a second lien on the Authority's net accounts receivable.

Under the terms of the Series 2017 Certificates, the Authority is required to maintain certain deposits with a trustee. These deposits are reported as noncurrent investments restricted by bond indenture.

The Series 2017 Certificates contain a provision that in an event of default, outstanding obligations may become immediately due and payable.

In April 2020, the Authority received loan proceeds in the amount of \$4,280,162 under the Paycheck Protection Program (PPP), as a direct borrowing. The PPP, established as a part of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after the covered period as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period. The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1 percent, with a deferral of payments for the first ten months after the covered period. PPP loans greater than \$2 million are subject to review by the Small Business Administration. The Authority intends to use the proceeds for purposes consistent with the PPP. The Authority will recognize any forgiveness of the loan at the time the Authority is legally released from the debt. The PPP loan was forgiven effective June 16, 2021.

# NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

8. Long-Term Debt, Continued

Long-Term Dept, Col	<u>ntinuea</u>				Amounts
	2020 Balance	Additions	Reductions	2021 Balance	Due Within One Year
	<u></u>	<u>. 13.31.1.51.1.5</u>	<u>- 10 40 10 110 110 1</u>	<u>= = =</u>	<u> </u>
Revenue certificates Capital leases PPP loan	\$ 10,130,000 315,379 	\$ - - 4,280,162	\$ (650,000) (220,318)	\$ 9,480,000 95,061 4,280,162	\$ 670,000 95,061 4,280,162
Total long-term obligations	\$ 10,445,379	\$ 4,280,162	\$ (870,318)	\$ 13,855,223	\$ 5,045,223
	2019 <u>Balance</u>	<u>Additions</u>	Reductions	2020 <u>Balance</u>	Amounts Due Within One Year
Revenue certificates Capital leases	\$ 10,760,000 526,596	\$ - -	\$ (630,000) (211,217)	\$ 10,130,000 315,379	\$ 650,000 220,318
Total long-term obligations	\$ 11,286,596	\$ -	\$ (841,217)	<u>\$ 10,445,379</u>	\$ 870,318

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

	Long-Term Debt			l Lease ations
Year Ending March 31:	<u>Principal</u>	<u>Interest</u>	<u>Principal</u>	<u>Interest</u>
2022	4,950,162	273,436	95,061	1,063
2023	690,000	253,104	-	-
2024	710,000	232,174	-	-
2025	730,000	210,646	-	-
2026	750,000	188,520	-	-
2027-2031	4,105,000	586,862	-	-
2032-2033	1,825,000	54,939		
Total	\$ 13,760,162	\$ 1,799,681	\$ 95,061	\$ 1,063

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

#### 9. Pension

The Memorial Hospital and Manor Retirement Savings Plan (Plan) is a 403(b) plan and was established by the Authority and administered by VALIC to provide benefits at retirement to substantially all employees of the Authority. Plan provisions and contribution requirements are established and may be amended by the Authority's Board of Directors.

Employees contribute a portion of their pre-tax wages and the Authority funds a matching contribution at its discretion. Employees are vested immediately in their contributions. Vesting in the Authority's contribution portion of their accounts is based on years of continuous service. Forfeited nonvested accounts are held and applied to reduce future employer contributions.

For the years ended March 31, 2021 and 2020, the Authority contributed approximately \$120,000 and \$108,000 in discretionary funds, respectively. The Authority had no liability outstanding related to the Plan at March 31, 2021 or 2020.

#### 10. Concentrations of Credit Risk

The Authority grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at March 31, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Medicare	29%	22%
Medicaid	9%	10%
Third-party payors	33%	33%
Self-pay patients	<u>29%</u>	<u>35%</u>
Total	<u>100%</u>	<u>100%</u>

### 11. Self-Insurance

The Authority has a self-insurance program for employee health insurance under which a third-party administrator processes and pays claims. The Authority reimburses the third-party administrator monthly for claims incurred and paid. The Authority has purchased stop-loss insurance coverage for claims in excess of \$125,000 for each individual employee. During 2017, the Authority also entered the Decatur County Healthcare Cooperative Series of Sentinel Indemnity, LLC, a captive insurance Plan, along with Decatur County, Georgia and the City of Bainbridge. The captive agreement provides additional stop-loss coverage for claims in excess of \$225,000 for each individual employee. Under these self-insurance programs, the Authority incurred expenses of approximately \$3,693,000 and \$5,105,000 including administrative fees, during the years ended March 31, 2021 and 2020, respectively.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

1 Colf Ingurance Continued

### 11. <u>Self-Insurance, Continued</u>

The Authority has a partial self-insurance program for medical malpractice liability claims. The Authority is self-insured up to \$1,000,000 per claim and has purchased liability coverage above \$1,000,000 per claim and \$3,000,000 in the aggregate. The Authority uses a third-party administrator to review and analyze incidents that may result in a claim against the Authority. The Authority has designated assets, as required by the liability policy, to be used for liabilities resulting from claims for which the Authority may ultimately be responsible.

#### 12. Contingencies

Various claims and assertions are made against the Authority during the ordinary course of business. It is the opinion of management and management's legal counsel that any losses that may result from such claims and assertions would not materially affect the operations or financial position of the Authority as of and for the years ended March 31, 2021 and 2020. In addition, the state of Georgia legislature passed tort reform which could limit the amount of certain settlements.

#### 13. Related Organization

The Memorial Hospital Foundation, Inc. (Foundation) was created to support and promote the health care programs, operations, and activities of the Authority. The Foundation's funds are distributed to the Authority in amounts and in periods determined by the Foundation's Board of Directors, who may also restrict the use of funds for capital needs.

A summary of the Foundation's assets and net assets, and changes in net assets (not included in the Authority's statements) for the years ended March 31, 2021 and 2020 are as follows:

	<u>2021</u>		<u>2020</u>
Assets	\$ 1,936,228	<u>\$</u>	1,227,649
Net assets	\$ 1,936,228	\$	1,227,649

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

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### 13. Related Organization, Continued

	<u>2021</u>	<u>2020</u>
Contribution revenues Investment income Change in net unrealized gains and losses on	\$ 329,313 19,765	\$ 21,545 12,596
marketable securities Operating expenses Contributions to Memorial Hospital and Manor	 395,968 (4,920) (31,547)	 (154,076) (8,891) (6,775)
Change in net assets	708,579	(135,601)
Net assets at beginning of year	 1,227,649	1,363,250
Net assets at end of year	\$ 1,936,228	\$ 1,227,649

### 14. <u>Decatur County Contributions</u>

The Authority receives 12% of the 1% Special Purpose Local Option Sales Tax (SPLOST) revenue from Decatur County, Georgia annually. These funds are restricted for capital improvements and capital equipment and are used each year by the Authority. The SPLOST program is approved by the county commissioners and citizens of Decatur County every five years. The current SPLOST contract ended on March 31, 2021. A new agreement was approved, extending the contract through March 31, 2027.

Beginning in calendar year 2015 and continuing for ten years, Decatur County, Georgia has agreed to fund unreimbursed indigent care provided by the Authority. For fiscal years 2021 and 2020, these amounts are reported in operating revenues on the statements of revenues, expenses and changes in net position.

#### 15. Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare on the national or at the state level. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Authority.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

### 16. Regulatory Compliance

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the federal level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Authority has implemented a compliance plan focusing on such issues. There can be no assurance that the Authority will not be subjected to future investigations with accompanying monetary damages.

#### 17. Fair Values of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments:

- Cash, accounts payable, accrued liabilities, short-term debt, Medicare advance payments, CARES Act unearned revenue and estimated third-party payor settlements: The carrying amount reported in the balance sheet approximates its fair value due to the short-term nature of these instruments.
- Current and noncurrent cash and investments: These assets consist primarily of cash, certificates of deposit, money market accounts and money market mutual funds. The carrying amount reported in the balance sheet approximates fair value.
- Long-term debt: The fair value of the Authority's long-term debt is estimated using discounted cash flow analyses, based on the Authority's current incremental borrowing rates for similar types of borrowing arrangements.

The carrying amounts and fair values of the Authority's long-term debt at March 31, 2021 and 2020 are as follows:

	2021			2020					
		Carrying Amount	Fair Value		Carrying Amount			Fair Value	
Long-term debt	\$	13,760,000	\$	14,872,000	\$	10,130,000	\$	11,155,000	

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

#### 18. Rural Hospital Tax Credit Contributions

The State of Georgia (State) passed legislation which allows individuals or corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations. The Authority submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2020 and 2021. Contributions received under the program approximated \$803,000 and \$829,000 during the Authority's fiscal years 2021 and 2020, respectively. The Authority will have to be approved by the State to participate in the program in each subsequent year.

#### 19. Economic Dependency

As discussed in Note 14, the Authority receives significant funding from Decatur County, Georgia tax revenues. In addition, the Authority obtained support from Decatur County and the City of Bainbridge to refinance long-term debt during 2017 through the issuance of revenue certificates. The support from Decatur County and the City of Bainbridge must continue into the future for the Authority to remain financially viable for years to come.

#### 20. Coronavirus (COVID-19)

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen. The outbreak has put an unprecedented strain on the U.S. healthcare system, disrupted or delayed production and delivery of materials and products in the supply chain, and caused staffing shortages. The extent of the impact of COVID-19 on the Authority's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, remedial actions and stimulus measures adopted by local and federal governments, and impact on the Authority's patients, employees, and vendors all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Authority's financial position or results of operations is uncertain.

On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding will be used to support healthcare related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. On April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to health care providers for COVID-19 testing. Grant and contribution advance payments are reported as unearned revenue until all eligibility requirements are met. Recognized revenue is reported as nonoperating revenues in the statements of revenues, expenses and changes in net position. The Authority received approximately \$10,469,000 in grant stimulus funding in fiscal year 2021.

## NOTES TO FINANCIAL STATEMENTS, Continued March 31, 2021 and 2020

21. Coronavirus (COVID-19), Continued

CARES Act funding may be subject to audits. While the Authority currently believes its use of the funds is in compliance with applicable terms and conditions, there is a possibility payments could be recouped based on changes in reporting requirements or audit results.

The CARES Act also expanded the existing Medicare Accelerated and Advance Payment Program by allowing qualifying providers to receive an advanced Medicare payment. The advance payment will have to be repaid. Recoupment begins one year after the date of receipt of the advance payment. After the first year, Medicare will automatically recoup 25 percent of Medicare payments otherwise owed to the Authority for eleven months. At the end of the eleven month period, recoupment will increase to 50 percent for another six months. If the total amount of advance payment has not been recouped during this time-period (a total of 29 months), CMS will issue a letter requiring repayment of any outstanding balance, subject to an interest rate of four percent. In April 2020, the Authority received approximately \$2,930,000 in advanced payments.

In addition, the CARES Act did the following:

- Sequestration Suspended the Medicare sequestration payment adjustment, which reduces payments to providers by 2%, for the period May 1, 2020 through December 31, 2020, and extended to December 31, 2021 with subsequent legislation.
- Medicare Add-on for Inpatient Hospital COVID-19 Patients Increased the Medicare payment for hospital patients admitted with COVID-19 by 20%.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

The Board of Directors Hospital Authority of Bainbridge Decatur County, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Hospital Authority of Bainbridge, Decatur County, Georgia (Authority) (a component unit of Decatur County, Georgia) as of and for the year ended March 31, 2021, and the related notes to the financial statements, and have issued our report thereon dated August 17, 2021.

### **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.

Continued

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### **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 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**

Hin & Tucker, LLP

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Albany, Georgia August 17, 2021