#### NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME PHILADELPHIA, MISSISSIPPI

AUDITED FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION SEPTEMBER 30, 2016

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Audited Financial Statements and Additional Information September 30, 2016

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#### **Independent Auditors' Report**

The Board of Trustees Neshoba County General Hospital and Neshoba County Nursing Home Philadelphia, Mississippi

#### Report on the Financial Statements

We have audited the accompanying financial statements of Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2016, and 2015, and the accompanying financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2016, and 2015, and the related notes to financial statements, which collectively comprise Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's basic financial statements as listed in the contents. We have also compiled the accompanying financial statements of NCGH Leverage, LLC, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home as of and for the years ended September 30, 2016, and 2015, and the related notes to financial statements, as discussed in this report under the heading "Report on the Compiled 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.

#### Auditors' 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 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 audits 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 auditors' 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 auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, as of and for the years ended September 30, 2016, and 2015.

#### **Opinions**

In our opinion, the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, a component unit of Neshoba County, Mississippi, present fairly, in all material respects, the financial position of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, as of September 30, 2016, and 2015, 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 Note 1, the financial statements present only the financial information of Neshoba County General Hospital and Neshoba County Nursing Home and the discretely presented component units thereof and do not purport to, and do not, present fairly the financial position of Neshoba County, Mississippi as of September 30, 2016, and 2015, the changes in its financial position, or, where applicable, its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

#### **Other Matters**

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management discussion and analysis (pages 4 to 8) 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. Neshoba County General Hospital and Neshoba County Nursing Home management has elected to omit the management discussion and analysis for NCGH Leverage, LLC and Neshoba County Ambulance Enterprise. Our opinion on the basic financial statements is not affected by the omitted information.

#### Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2016, and 2015, are presented for purposes of additional analysis and are not required parts of the basic financial statements.

The detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2016, and 2015, are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the audit procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2016, and 2015, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

#### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 10, 2017, on our consideration of Neshoba County General Hospital and Neshoba County Nursing Home's, and its discretely presented component unit, Neshoba County Ambulance Enterprise's, internal control over financial reporting and on our test of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Neshoba County General Hospital and Neshoba County Nursing Home's, and its discretely presented component unit, Neshoba County Ambulance Enterprise's, internal control over financial reporting and compliance.

#### Report on the Compiled Financial Statements

Management is responsible for the accompanying financial statements of NCGH Leverage, LLC, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, which comprise the statements of net position as of September 30, 2016, and 2015, and the related statements of revenues, expenses and changes in net position, cash flows, and the related notes to the financial statements for the years then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements of NCGH Leverage, LLC, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Eupora, Mississippi March 10, 2017

Watkins Ward and Stafford, Puc

Our discussion and analysis of Neshoba County General Hospital and Neshoba County Nursing Home's financial performance provides an overview of the facility's financial activities for the fiscal years ended September 30, 2016, and 2015. Please read it in conjunction with the facility's financial statements, which begin on page 9. This discussion and analysis presents only the activity of Neshoba County General Hospital and Neshoba County Nursing Home and does not present the activity of any discretely presented component units.

#### FINANCIAL HIGHLIGHTS

- ◆ The facility's net position increased by \$2,382,553 in 2016 and increased by \$4,860,926 in 2015.
- ◆ The facility reported an operating income of \$1,407,626 in 2016 and an operating income of \$3,163,642 in 2015.
- Nonoperating revenues and expenses decreased by \$712,357 from 2015 to 2016.

#### **USING THIS ANNUAL REPORT**

The facility's financial statements consist of three statements – Statements of Net Position; Statements of Revenues, Expenses, and Changes in Net Position; and Statements of Cash Flows. These financial statements and related notes provide information about the activities of the facility, including resources held by the facility but restricted for specific purposes by contributors, grantors, or enabling legislation.

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

Our analysis of the facility's finances begins on page 5. One of the most important questions asked about the facility's finances is, "Is the facility as a whole better or worse off as a result of the year's activities?" The Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position report information about the facility'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 expenses are taken into account regardless of when cash is received or paid.

These two statements report the facility's net position and changes in it. You can think of the facility's net position – the difference between assets and liabilities – as one way to measure the facility's financial health, or financial position. Over time, increases or decreases in the facility'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 facility'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 facility.

#### **USING THIS ANNUAL REPORT (Continued)**

#### The Statement of Cash Flows

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

#### THE FACILITY'S NET POSITION

The facility's net position is the difference between its assets and liabilities reported in the Statements of Net Position on pages 9 and 10. The facility's net position increased in 2016 by \$2,382,553.

	-	2016	2015
Assets:			
Current assets	\$	30,265,011 \$	32,544,320
Capital assets, net		17,773,098	12,187,592
Other noncurrent assets	_	16,781,983	<u>16,446,937</u>
Total Assets	=	64,820,092	61,178,849
Liabilities:			
Current liabilities		5,515,265	5,668,612
Noncurrent liabilities		4,987,156	3,575,119
Total Liabilities	_	10,502,421	9,243,731
Net Position:			
Invested in capital assets, net of related debt		12,247,766	8,094,783
Unrestricted	_	42,069,905	43,840,335
Total Net Position	_	54,317,671	51,935,118
Total Liabilities and Net Position	\$	64,820,092	61,178,849

The change in the facility's net position is due to several factors. The facilities cash and cash equivalents balance decreased by \$3,446,467 for 2016 compared to an increase of \$11,519,275 for 2015. Other receivables increased by \$1,922,289 for 2016 compared to a decrease of \$2,721,745 for 2015. The facility's investment in MHA Investment Pool increased by \$33,585 in 2016 compared to an increase of \$36,341 for 2015. The facility acquired capital assets in the amounts of \$7,239,852 and \$2,081,833 for the years 2016 and 2015, respectively. Depreciation and amortization expenses amounted to \$1,639,155 in 2016 and \$1,583,950 in 2015.

#### OPERATING RESULTS AND CHANGES IN THE FACILITY'S NET POSITION

Tal	ble	2:	Ope	rating	Results
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Table 2: Operating Results	2016	2015
Operating Revenues:  Net patient service revenues Other revenues Electronic health records incentive	\$ 43,509,065 \$ 2,511,006 596,922	43,594,327 2,259,673 60,809
Total Operating Revenues	46,616,993	45,914,809
Operating Expenses: Salaries and benefits Supplies and drugs Other operating expenses Insurance Depreciation and amortization Total Operating Expenses	26,693,274 5,330,995 11,087,917 458,026 1,639,155 45,209,367	25,027,248 4,855,926 10,855,321 428,722 1,583,950 42,751,167
Operating Income	1,407,626	3,163,642
Nonoperating Revenues (Expenses): Interest income Investment income Donations Grants and contributions Loss on sale of equipment Interest expense Total Nonoperating Revenues (Expenses)	80,714 240,855 10,010 750,000 ( 15,192) ( 91,460)	45,472 243,610 11,104 1,498,197 ( 10,183) ( 100,916) 1,687,284
Excess of Revenues Over Expenses	2,382,553	4,850,926
Net Position Beginning of Year  Contributed Capital	51,935,118 -	47,074,192 10,000
Net Position End of Year	\$ 54,317,671 \$	51,935,118

#### OPERATING RESULTS AND CHANGES IN THE FACILITY'S NET POSITION (Continued)

#### Operating Income

The first component of the overall change in the facility's net position is its operating income – generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. The facility reported an operating income of \$1,407,626 in 2016, and \$3,163,642 in 2015. Operating income decreased by \$1,756,016 from 2015 to 2016.

The primary components responsible for the fluctuations in operating income are:

- A decrease in net patient service revenues of \$85,262, or 0.20%.
- An increase in other operating expenses of \$232,596, or 2.14%.
- ◆ An increase in salaries and benefits of \$1,666,026 or 6.66%.
- ◆ An increase in supplies and drugs of \$475,069 or 9.78%.

#### Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of interest income, investment income, donations and grants. The facility had interest income, primarily from checking accounts and certificates of deposit of \$80,714 for the year ended September 30, 2016, and \$45,472 for the year ended September 30, 2015. The facility had investment income from the Mississippi Hospital Association Investment Pool and the investment in NCGH Leverage, LLC of \$240,855 in 2016 and \$243,610 in 2015. The facility received \$10,010 in donations during the year ended September 30, 2016, and \$11,104 for the year ended September 30, 2015. The facility received \$750,000 in grants from NCGH Improvement Corporation during the year ended September 30, 2016 and \$1,498,197 for the year ended September 30, 2015

Nonoperating expenses consist primarily of interest expense and loss of sale of equipment. The facility had interest expense in the amount of \$91,460 for the year ended September 30, 2016, and \$100,916 for the year ended September 30, 2015. The facility had a loss on sale of equipment of \$15,192 during the year ended September 30, 2016, and \$10,183 during the year ended September 30, 2015.

#### THE HOSPITAL'S CASH FLOWS

Changes in the facility's cash flows are consistent with changes in operating income and nonoperating revenues.

#### CAPITAL ASSET AND DEBT ADMINISTRATION

#### **Capital Assets**

At the end of 2016, the facility's investment in capital assets net of accumulated depreciation was \$17,773,098. In 2016, the facility's net capital assets increased by \$5,585,506. In 2015, the facility's net capital assets decreased by \$113,638.

#### Long-Term Debt, Including Current Portion

At the end of 2016, the facility had \$5,496,752 in long-term debt (including current portion) outstanding. The facility issued new debt totaling \$2,000,000 in 2016 and made \$433,833 in principal payments. At the end of 2015, the facility had \$3,930,585 in long-term debt (including current portion) outstanding. The facility issued new debt totaling \$48,421 in 2015 and made \$326,089 in principal payments.

#### CONTACTING THE FACILITY'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the facility's finances and to show the facility's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Neshoba County General Hospital and Neshoba County Nursing Home's administrative offices at (601) 663-1200.

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Net Position September 30, 2016, and 2015

			2016			2015	
			Component Units	t Units		Component Units	it Units
		Primary		Ambulance	Primary		Ambulance
	U	Government -	NCGH Leverage	Enterprise -	Government -	NCGH Leverage	Enterprise - Audited
		Vacaica	CEO - COMPINS	pannon	Domina	Dalle Call	none o
	⋖.	Assets					
Current Assets:							
Cash and cash equivalents	↔	17,220,070 \$	812,381 \$	1,410,035 \$	3 20,666,537 \$	605,112 \$	2,677,008
MHA pool investment		2,448,533	ı	1	2,414,948	•	1
Patient accounts receivable		17,136,999	1	1,198,047	16,748,939	•	929,269
Less estimated uncollectables and allowances	_	9,845,299)	,	816,616)	(220,679,022)	•	632,487)
Other receivables		2,037,602		1	115,313	,	
Due from Neshoba County Ambulance Enterprise		127,497	ı	1	1,163,496	•	1
Nursing home resident's funds		43,408	ı	1	42,975	1	•
Estimated third party payor settlements		228,097	•	•	121,641	•	
Inventories		445,012	ı	1	486,717	1	•
Prepaid expenses		296,555	1	1,907	282,909	•	1,516
Deferred expense		126,537	•	ı	179,867	•	3
Total Current Assets		30,265,011	812,381	1,793,373	32,544,320	605,112	2,975,306
Capital Assets:							
Property and equipment		39,103,736	•	•	31,944,044	•	•
Less accumulated depreciation	_	21,330,638)	1	-	( 19,756,452)	•	-
Total Capital Assets, Net of							
Accumulated Depreciation	ı	17,773,098	f	ţ.	12,187,592	1	-
Other Assets:							
Investment in NCGH Leverage, LLC		16,116,216	1	ı	15,908,947	•	•
Investment in Mississippi HealthCare Providers		250,000	1	1		•	
Deferred expense		302,158	1	1,000	421,978	•	•
Physician Ioan receivable		113,609	1	1	116,012	•	•
Leverage loan receivable		1	15,303,835	1	•	15,303,835	•
Total Other Assets		16,781,983	15,303,835	1,000	16,446,937	15,303,835	
Total Assets	€9	64,820,092 \$	16,116,216 \$	1,794,373	\$ 61,178,849 \$	15,908,947 \$	2,975,306

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NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Net Position September 30, 2016, and 2015

2015	Component Units	Ambulance NCGH Leverage Enterprise - LLC - Compiled Audited				· •	1 1	1 1 1	1 1 1 1		1 1 1 1 1 1	<del>()</del> 	<del>()</del> 1	<del>()</del> 	69 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	69- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- \$
		Primary Government - Audited				162,224	1,556,646	1,405,856	42,975		667,855	181,591	173,875	5,668,612	181,117 3,394,002 3,575,119	8,094,783 43,840,335	51,935,118 61,178,849
	t Units	Ambulance Enterprise - Audited		•	1	•	•	•	1	127,496	•	•	•	127,496	1 1	1,666,877	1,666,877
2016	Component Units	NCGH Leverage LLC - Compiled			<b>€9</b> -	•	1	1		•	1		•			16,116,216	16,116,216
		Primary Government - Audited	Liabilities and Net Position		\$ 1,766,713 \$	28,580	1,735,511	853,149	43,408	1	578,308	128,507	381,089	5,515,265	48,607 4,938,549 4,987,156	12,247,766 42,069,905	\$4,317,671 \$ 64,820,092
			Liabilit	Current Liabilities:	Accounts payable	Construction payable	Accrued expenses and payroll withholdings	Patient accounts receivable credit balances	Nursing home resident's funds	Due to Neshoba County General Hospital	Short-term note payable	Current portion of capitalized leases payable	Current portion of notes payable	Total Current Liabilities	Long-Term Debt: Capitalized leases payable Nofes payable Total Long-Term Liabilities	Net Position: Invested in capital assets, net of related debt Unrestricted	Total Net Position Total Liabilities and Net Position

The accompanying notes to financial statements are an integral part of these financial statements.

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30, 2016, and 2015

		2016	,		2015	
		Component Units	t Units		Component Units	t Units
	Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited	Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited
Operating Revenues:					1	
Net patient services revenue	\$ 43,509,065	<b>⇔</b> '	1,888,654 \$	43,594,327 \$	<del>€9</del> •	1,580,671
Other revenue	2,511,006	•	•	2,259,673	•	•
Electronic health records incentive	596,922	• [	'	60,809	•	•
Total Operating Revenues	46,616,993		1,888,654	45,914,809	-	1,580,671
Operating Expenses:						
Salaries and benefits	26,693,274		•	25,027,248	1	•
Supplies and drugs	5,330,995	•	58,614	4,855,926	•	50,051
Other operating expenses	11,087,917	1	2,003,536	10,855,321	•	1,456,558
Insurance	458,026	•	1	428,722	•	•
Depreciation and amortization	1,639,155	•	1	1,583,950	•	
Total Operating Expenses	45,209,367		2,062,150	42,751,167	.   •   	1,506,609
Operating Income (Loss)	1,407,626		173,496)	3,163,642	1	74,062
Nonoperating Revenues (Expenses):						
Interest income	80,714	207,269	1	45,472	207,270	•
Investment income	240,855	1	•	243,610	•	•
Donations	10,010	ı	1	11,104		•
Grants and contributions	750,000	•	28,563	1,498,197	•	30,729
Loss on sale of equipment	( 15,192)	1	•	( 10,183)	1	•
Interest expense	91,460)	1 000		(916,001	- 050 500	1 001
Total Nonoperating Revenues (Expenses)	9/4,92/	201,269	28,353	1,567,264	701,210	30,729
Excess of Revenues Over (Under) Expenses	2,382,553	207,269	144,933)	4,850,926	207,270	104,791
Net Position Beginning of Year	51,935,118	15,908,947	1,811,810	47,074,192	15,701,677	1,707,019
Contributed Capital	1		,   	10,000	'	
Net Position End of Year	\$ 54,317,671	\$ 16,116,216 \$	1,666,877 \$	51,935,118 \$	15,908,947 \$	1,811,810

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WATKINS, WARD AND STAFFORD, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2016, and 2015

		2016			2015	
		Component Units	ent Units		Component Units	int Units
	Primary	NCGH	Ambulance		NCGH 1 everage 11 C -	Ambulance Foterprise -
	Government - Audited	Leverage LLC - Compiled	Andited	Audited	Compiled	Audited
Cash Flows From Operating Activities:						
Receipts from and on behalf of patients		€ <del>9</del>	1,804,005	\$ 43,501,287 \$	1	- ,
Payments to suppliers and contractors	( 16,840,918)	1	(3,099,541)	(12,902,486)	t	(6,10,120,1 )
Payments to and on behalf of employees	( 26,691,099)	•	ı	( 25,145,435)	1	•
Other receipts and payments, net	3,547,004		1	1,74,277, T	•	•
Receipts from Electronic Health Records	596,922	1	1 000	90,809	•	004 000
Net Cash Provided (Used) by Operating Activities	1,817,502	1	(1,295,536)	1,286,796	-	008,100
Cash Flows From Noncapital Financing Activities	ı	•	28,563	ı	1	30,729
Net Cash Provided by Noncapital Financing Activities			28,563	1	•	30,729
Control Control and Dalated Singuring Artivities.	Ē					
Cash Flows From Capital and Neighbur Financing Activities:	( 7,239.853)	•	•	(1,561,920)	•	•
Fulchase of property and equipment	\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	•	,	2,598	1	1
Payments from NCGH Improvement Corp.	ı	•	•	4,751,803	1	1
Proceeds from notes payable	2,000,000	•	•	Ī	•	•
Principal payment of notes payable	(337,786)	•	,	( 258,491)	•	•
Principal payment of capital lease obligations	(185,594)	•	1	(155,367)	1	1
interest paid on long term debt	(091,460)	1		(00,916)	•	•
Grants	750,000	•	•	1,498,197		J
Donations	10,010	•	•	11,104	•	•
Net Cash Provided (Used) by Capital and Related						
Financing Activities	( 5,094,683)			4,187,008		
Cash Flows From Investing Activities:	(992 206 )	•	ľ	(0207.270)	·	•
INVESTIGATION NOT LEVELAGE, LLC	( 250,000)	•	•		•	•
Investment in mississippi nealineare riemers Interest income	287,983	207,269	•	252,741	207,270	. !
Net Cash Provided (Used) by Investing Activities	( 169,286)	207,269	ľ	45,471	207,270	1
Net Increase (Decrease) in Cash and Cash Equivalents	(3,446,467)	207,269	( 1,266,973)	11,519,275	207,270	832,667
Cash and Cash Equivalents at Beginning of Year	20.666.537	605,112	2,677,008	9,147,262	397,842	1,844,341
			700 000	763 999 00	606 443	
Cash and Cash Equivalents at End of Year	\$ 17,220,070	\$ 812,381	\$ 1,410,035	\$ 20,666,537	* 711,eud *	2,077,000
		-				

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2016, and 2015

2	Component Units	H Ambulance LLC - Enterprise - iled Audited	- \$ 74,062	672,165	- ( 429,824) - ( 1,517) 	487,052
2015	0	Primary NCGH Government - Leverage LLC - Audited Compiled	3,163,642 \$	1,583,950 5,407,087 64,828	( 5,819,563) 2,181,023 ( 116,012)	458,482 363,359 7,286,796 \$
	int Units	Ambulance Enterprise - Audited	( 173,496) \$	577,144	( 661,793) ( 391) - - ( 1,000)	( 1,036,000) \$ ( 1,295,536)
2016	Component Units	NCGH Leverage LLC - Compiled	· ·		( 1 1 1	, ,
		Primary Government - Audited	\$ 1,407,626	1,639,155 5,076,229 173,150	( 5,850,719) ( 858,231) 2,403	334,345 ( 106,456) \$ 1,817,502
		Reconciliation of Operating Income to Net Cash	Provided (Used) by Operating Activities: Operating Income (Loss) Adjustment to Reconcile Operating Income to Net	Cash Flows Provided by Operating Activities: Depreciation and amortization Provision for uncollectible accounts Deferred expense	Changes in: Patient accounts receivable Supplies and other current assets Physician loan receivable Deferred expense	Accounts payable, accrued expenses, and other current liabilities Estimated third-party payor payments Net Cash Provided (Used) by Operating Activities

# Capital and Financing Activities:

The facility entered into no new capital lease obligations during the year ended September 30, 2016, and \$48,421 of new capital lease obligations during the year ended September 30, 2015.

#### Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies

Reporting Entity – Neshoba County General Hospital and Neshoba County Nursing Home, the Primary Government, is licensed for 38 acute short-term care hospital beds, 10 geriatric psychiatric unit beds and 160 skilled nursing home beds, and is owned by Neshoba County, Mississippi. Neshoba County General Hospital and Neshoba County Nursing Home provides inpatient, outpatient, emergency, psychiatric and long-term care services for residents of Neshoba County, Mississippi, and surrounding areas. Neshoba County General Hospital and Neshoba County Nursing Home is governed by a Board of Trustees appointed by the Board of Supervisors of Neshoba County, Mississippi.

Neshoba County Ambulance Enterprise, a component unit, operates a public ambulance service for the benefit of the citizens of Neshoba County, Mississippi and the surrounding area, as authorized by law. The Ambulance Enterprise has been established as a separate county enterprise maintaining its own books and records of its expenses and revenues and billing directly for ambulance services according to the Ambulance Enterprise joint venture agreement stipulations. The Ambulance Enterprise staffing needs for the operation of the ambulance services is provided by Neshoba County General Hospital and Neshoba County Nursing Home in accordance with the Management Services Agreement entered into between Neshoba County Ambulance Enterprise and Neshoba County General Hospital and Neshoba County Nursing Home. The Ambulance Enterprise uses vehicles and certain equipment owned by Neshoba County (the County), and uses the management and personnel services of Neshoba County General Hospital and Neshoba County Nursing Home's (the Primary Government's) employees. The Ambulance Enterprise is governed by an Enterprise Management Committee consisting of five voting members: Primary Government CEO, Primary Government CFO, Primary Government Director of Ambulance Services, County Emergency Management Director and County Administrator.

NCGH Leverage, LLC is a single member LLC owned and managed by Neshoba County General Hospital and Neshoba County Nursing Home. It was formed on the advice of legal counsel to assist in obtaining and administrating the new markets tax credit program associated with the construction of the new hospital building.

Under Governmental Accounting Standards Board Statement Number 14: The Financial Reporting Entity, the Primary Government is defined as a component unit of Neshoba County, Mississippi. The Ambulance Enterprise is defined as a joint venture of Neshoba County, Mississippi and Neshoba County General Hospital and Neshoba County Nursing Home. The Neshoba County Ambulance Enterprise and the NCGH Leverage, LLC are determined to be component units of Neshoba County General Hospital and Neshoba County Nursing Home, the Primary Government, and will be included in these financial statements as discretely presented component units. These financial statements present only the financial position and results of operations and cash flows of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component units.

The summary of significant accounting policies apply to Neshoba County General Hospital and Neshoba County Nursing Home and the discretely presented component units as applicable.

# Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

Neshoba County General Hospital and Neshoba County Nursing Home has considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Primary Government are such that exclusion would cause the Primary Government's financial statements to be misleading or incomplete. The Governmental Accounting Standards Board has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Primary Government to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the Primary Government.

The component unit columns in the financial statements include information for NCGH Leverage, LLC and Neshoba County Ambulance Enterprise, Mississippi entities. They are reported as discretely presented component units to emphasize that they are legally separate from the Primary Government.

Related Organizations – NCGH Improvement Corporation is a related organization but not a component unit of Neshoba County General Hospital and Neshoba County Nursing Home. The hospital Board of Trustees and the Neshoba County Board of Supervisors appoints the board members for NCGH Improvement Corporation. NCGH Improvement Corporation is fiscally independent from the hospital and the county. Neshoba County General Hospital and Neshoba County Nursing Home is not obligated in any manner for the debt issues of this organization. The financial statements of Neshoba County General Hospital and Neshoba County Nursing Home do not include the funds of NCGH Improvement Corporation.

**Use of Estimates** – The preparation of financial statements in conformity with generally accepted accounting principles 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. Significant estimates include allowance for uncollectibles and third-party settlements.

**Proprietary Fund Accounting** – The facilities utilize the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual. Based on *Governmental Accounting Standards Board (GASB)* Statement No. 20: Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities that Use Proprietary Fund Accounting, the facilities have elected to apply the provisions and all pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict or contradict GASB pronouncements.

**Cash and Cash Equivalents** – Cash and cash equivalents include all cash, savings, and certificates of deposits of the facilities.

# Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

Capital Assets – The Primary Government's policy is to capitalize acquisition and construction cost greater than \$5,000 which will provide benefit to future periods. Capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair 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 the following asset lives:

Land improvements	5 to 20 years
Building and building improvements	5 to 40 years
Equipment, computers, and furniture	3 to 20 years
Equipment under capital lease	* years

(\*) The useful lives will correspond with the amounts for the asset classifications, as listed.

Grants and Contributions – From time to time, Neshoba County General Hospital and Neshoba County Nursing Home receives grants from Neshoba County, the State of Mississippi and NCGH Improvement Corporation, as well as contributions from individuals and private organizations. From time to time, Neshoba County Ambulance Enterprise receives grants 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.

Net Position – Net position of Neshoba County General Hospital and Neshoba County Nursing Home are classified in two components. Net position invested in capital assets net of related debt consists of capital assets net of accumulated depreciation and is reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. Unrestricted net position is the remaining net position that does not meet the definition of invested in capital assets net of related debt. Net position of Neshoba County Ambulance Enterprise is classified as Unrestricted net position because there are no restrictions on its use imposed by those charged with governance. Net position of NCGH Leverage, LLC is classified as Unrestricted net position because there are no restrictions on its use imposed by those charged with governance.

Operating Revenues and Expenses – Neshoba County General Hospital and Neshoba County Nursing Home's statements of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Neshoba County General Hospital and Neshoba County Nursing Home's Operating revenues result from exchange transactions associated with providing health care services – the Primary Government's principal activity. Neshoba County Ambulance Enterprise's operating revenues result from exchange transactions associated with providing ambulance services – the Ambulance Enterprise's principal activity. Nonexchange revenues, including grants and contributions received for purposes other than capital assets acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services and ambulance services, other than financing costs.

# Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

Net Patient Service Revenue – Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise have agreements with third-party payors that provide for payments to the Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise 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.

**Compensated Absences** – Neshoba County Hospital and Neshoba County Nursing Home's employees earn PTO time at varying rates depending on years of service. PTO time earned may be taken at any time after the first six months of employment. PTO time may, to the extent of the amount earned annually, be carried from one year to the next. Employees may be paid for accumulated PTO time.

Risk Management – The facilities are exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. Neshoba County General Hospital and Neshoba County Nursing Home purchases coverage of risks of loss related to torts and malpractice up to \$500,000 per case from Healthcare Providers Insurance Company which covers the Primary Government and the Ambulance Enterprise. Neshoba County General Hospital and Neshoba County Nursing Home purchase coverage of risks of loss related to theft of, damage to, and destruction of assets from various commercial insurance carriers. Neshoba County General Hospital and Neshoba County Nursing Home purchases coverage of risk of loss related to workers' compensation claims from Healthcare Providers Insurance Company.

Under Governmental Accounting Standards Board Statement Number 10: Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, a liability for a claim must be reported if information prior to the issuance of the financial statements indicates that it is probable that a liability has been incurred at the date of the financial statements and that the amount of the loss can be reasonably estimated. The facilities have not been exposed to any risk of loss above the applicable insurance coverage amounts at September 30, 2016; therefore, no liability has been accrued at this time.

**Income Taxes** – As a political subdivision of the State of Mississippi, the facilities qualify as tax-exempt organizations under existing provisions of the Internal Revenue Code, and their income is not subject to federal or state income taxes.

**Inventories of Supplies and Drugs** – Inventories of supplies and drugs are stated at the lower of cost (first-in, first-out) or market.

# Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

**Excess of Revenues Over (Under) Expenses** – The statements of revenues, expenses and changes in net position includes excess of revenues over (under) expenses. Changes in net position which are excluded from excess of revenues over (under) expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Electronic Health Record Incentive Program – The Centers for Medicare and Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30. The Primary Government received EHR incentive revenue of \$596,922 and \$60,809 in the years 2016, and 2015, respectively. EHR incentive revenues are included in operating revenues in the accompanying Statements of Revenues, Expenses and Changes in Net Position.

#### Note 2: Cash and Other Deposits

Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise deposit funds in financial institutions selected by their Boards of Trustees and invest excess funds in investment instruments that are allowed by statutes. Various restrictions on deposits and investments are imposed by statutes.

The collateral for public entities deposits in financial institutions is required to be held in the name of the State Treasurer under a program established by the Mississippi State Legislature and is governed by Section 27-105-1 Miss. Code Ann. (1972). Under the program, the facilities' funds are protected through a collateral pool administered by the State Treasurer. Financial institutions holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation. All funds eligible to be included in the state's collateral pool program were properly included and were fully collateralized as of September 30, 2016.

NCGH Leverage, LLC (not eligible for collateralization under State Treasurer program) maintains one cash account at one financial institution. This balance is insured by the Federal Deposit Insurance Corporation up to \$250,000; therefore, at September 30, 2016, and 2015, NCGH Leverage, LLC had \$562,381, and \$355,112, respectively, in cash balances which were uninsured. Management does not consider this to be a significant risk.

#### Note 3: Charity Care

The Primary Government provides care to patients who meet certain criteria under its charity care policy. Because the Primary Government does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The cost of charity care provided in 2016, and 2015, approximated \$849,000, and \$750,000, respectively.

#### Note 4: Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Investments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgement used in measuring fair value. In the absence of actively quoted prices and observable inputs, the Primary Government estimates prices based on available historical data and near term future pricing information that reflects its market assumptions. The statement requires that assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Quoted market prices in active markets for identical assets and liabilities.

Level 2 – Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3 – Unobservable inputs that are not corroborated by market data.

Fair values of assets measured on a recurring basis at September 30, 2016, and 2015, are as follows:

September 30, 2016		Fair Value		Level 1		Level 2		Level 3
MHA Investment Pool	\$_	2,448,533	\$	9	§_	2,448,533	\$_	
September 30, 2015	-	Fair Value	-	Level 1		Level 2		Level 3
September 30, 2013		I all Value		FEACL I	_	LEVELZ		LCVCIO
MHA Investment Pool	\$_	2,414,948	\$		<u> </u>	2,414,948	\$_	_

#### Mississippi Hospital Association Investment Pool

The Primary Government participates in the Mississippi Hospital Association pool investment program. The funds are invested for the benefit of the Primary Government by a third-party investment company which is responsible for the management of the pool. A summary of the investments at September 30, 2016, and 2015, follows:

	_	2016	2015
MHA Investment Pool A	\$	2,439,181 \$	2,404,604
Unrealized gain on investments		9,352	10,344
Net value	\$	2,448,533 \$	2,414,948

#### Note 4: Fair Value Measurements (Continued)

The Primary Government has funds invested in the Mississippi Hospital Association pool investment program, which are not collateralized. However, the funds are invested in accordance with Section 27-105-365 Miss. Code Ann. (1972).

#### Note 5: Accounts Receivable - Estimated Uncollectibles and Allowances

#### **Primary Government**

The balance in the Primary Government's estimated uncollectibles and allowances accounts at September 30, 2016, and 2015, is composed of the following:

		2016	2015
Provision for uncollectible accounts	\$ -	6,568,589 \$	7,229,972
Allowance for Medicare adjustment		1,416,000	1,312,000
Allowance for Medicaid adjustment		623,000	233,000
Allowance for commercial insurance adjustment		1,237,710	904,050
	\$	9,845,299 \$	9,679,022

#### Ambulance Enterprise

The balance in the Ambulance Enterprise's estimated uncollectibles and allowances accounts at September 30, 2016, and 2015, is composed of the following:

	2016	2015
Provision for uncollectible accounts	\$ 394,029 \$	451,045
Allowance for Medicare adjustment	117,834	69,573
Allowance for Medicaid adjustment	33,909	12,649
Allowance for commercial insurance adjustment	270,844	99,220
	\$ 816,616 \$	632,487

#### Note 6: NCGH Leverage, LLC - Leverage Loan Receivable

October 2012, Neshoba County General Hospital and Neshoba County Nursing Home made an initial capital contribution in the amount of \$15,303,835 to NCGH Leverage, LLC in exchange for its respective membership interest. The capital contribution to NCGH Leverage, LLC was used by management to make the leverage loan that was necessary to comply with the New Markets Tax Credit program. NCGH Leverage, LLC's leverage loan receivable balance was \$15,303,835 as of September 30, 2016, and \$15,303,835 as of September 30, 2015.

#### Note 7: Capital Assets

The Primary Government's Capital asset additions, retirements and balances for the years ended September 30, 2016, and 2015, were as follows:

	S	Balance september 30, 2015		Additions	Retirements and Other		Balance September 30, 2016
Land	\$ -	1,073,293		171,872	-	\$	1,245,165
Land improvements		324,236		141,186	-		465,422
Buildings and improvements		9,508,408		134,157	5,848,004		15,490,569
Fixed equipment		5,069,470		-	-		5,069,470
Major movable equipment							
Under capital lease		797,942		-	( 32,421)		765,521
Other		14,484,188		1,293,032	( 43,539)		15,733,681
Automobiles		189,275		-	( 4,200)		185,075
Construction in progress		497,232		5,499,605	( 5,848,004)		148,833
Total Historical Cost	_	31,944,044		7,239,852	( 80,160)	<u>.</u> .	39,103,736
Less: Accumulated Depreciation and Amortization for:							
Land improvements	(	235,088)	(	20,015)	-		( 255,103)
Buildings and improvements	(	5,127,657)	(	439,034)	-		( 5,566,691)
Fixed equipment	į (	3,203,542)	Ò	191,412)	-		( 3,394,954)
Major movable equipment	•		•				
Under capital lease	(	516,547)	(	80,606)	3,273		( 593,880)
Other	(	10,554,514)	(	889,766)	57,496		( 11,386,784)
Automobiles	(	119,104)	_	18,322)	4,200		( 133,226)
Total Accumulated Depreciation	_					- •	
and Amortization	(	19,756,452)	1	1,639,155)	64,969		( 21,330,638)
Capital Assets, Net	\$_	12,187,592	_	5,600,697	( 15,191)	\$	17,773,098

#### Note 7: Capital Assets (Continued)

	s	Balance eptember 30, 2014		Additions		etirements and Other	5	Balance September 30, 2015
Land	\$	1,073,293				- ;	\$	1,073,293
Land improvements	•	317,056		7,180		-		324,236
Buildings and improvements		9,402,503		146,425	(	40,520)		9,508,408
Fixed equipment		5,038,415		33,566	į.	2,511)		5,069,470
Major movable equipment				·	•	,		
Under capital lease		749,521		48,421		-		797,942
Other .		13,344,242		1,209,257	(	69,311)		14,484,188
Automobiles		146,836		44,839	(	2,400)		189,275
Construction in progress	_	503,827	_	592,145	(	598,740)	_	497,232
Total Historical Cost	_	30,575,693	_	2,081,833	(	713,482)	_	31,944,044
Less: Accumulated Depreciation and Amortization for:								
Land improvements	(	220,880)	(	14,208)		-	(	235,088)
Buildings and improvements	(	4,827,839)	(	340,034)		40,216	(	5,127,657)
Fixed equipment	(	3,010,643)	(	193,401)		502	(	3,203,542)
Major movable equipment								
Under capital lease	(	383,190)	(	133,357)			(	516,547)
Other	(	9,725,258)	(	888,099)		58,843	(	10,554,514)
Automobiles	2	106,653)	(	<u>14,851)</u>		2,400	_(	119,104)
Total Accumulated Depreciation								
and Amortization	(	18,274,463)	(	1,583,950)		101,961	_(	19,756,452)
Capital Assets, Net	\$_	12,301,230		497,883	(	611,521)	\$ <u>_</u>	12,187,592

#### Note 8: Long-Term Debt

A schedule of changes in the Primary Government's long-term debt for 2016, and 2015, follows:

						Amounts
	Balance				Balance	Due Within
	9/30/2015	Additions	Reductions		9/30/2016	One Year
Notes Payable Capital Lease	\$ 3,567,877	2,000,000	( 248,239	\$	5,319,638 \$	381,089
Obligations	362,708		( 185,594	<u> </u>	177,114	128,507
Total Long-Term Debt	\$ 3,930,585	2,000,000	( 433,833	<u>)</u> \$_	5,496,752 \$	509,596
	Balance				Balance	Amounts Due Within
	9/30/2014	Additions	Reductions		9/30/2015	One Year
Note Payable	\$ 3,738,599	- Additions	( 170,722	- `s	3,567,877 \$	173,875
Capital Lease	<b>4</b> 0 <sub>1</sub> , 00,000		· · · · · · · · · · · · · · · · · · ·	, +	-1	
Obligations	469,654	48,421	( 155,367	)	362,708	181,591
Total Long-Term Debt	\$ 4,208,253	48,421	( 326,089	<u></u> \$_	3,930,585 \$	355,466
A summary of the Primary Government's long-term debt, including capital lease obligations, at September 30, 2016, and 2015, follows:						
					2016	2015
CAP loan payable to Ne monthly installments of building.				\$	3,393,712 \$	3,567,877
Central Electric Power Association Rural Development Loan due in 108 monthly installments of \$18,518.52, secured by \$2,000,000 certificate of deposit 1,925,926 -						
Less: Current portion of	f note payable			_(	381,089)	( 173,875)

4,938,549 \$

3,394,002

#### Note 8: Long-Term Debt (Continued)

Capital Lease Obligations	2016	2015
Capital lease obligations at varying rates of imputed interest from 2.99% to 3.75%, collateralized by leased equipment with a cost of \$765,521 at September 30, 2016, and \$797,942 at September 30, 2015.	\$ 177,114 \$	362,708
Less: Current portion of capital leases obligations	 128,507) (	181,591)
	\$ 48,607 \$	181,117

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

	Note Pa	Note Payable		Obligations
Year Ended Sept. 30:	Principal	Interest	Principal	Interest
2017	381,089	66,266	128,507	5,106
2018	403,188	62,685	39,079	1,834
2019	406,840	59,033	6,627	467
2020	410,567	55,306	2,901	114
2021	414,368	51,505	-	· -
Thereafter	3,303,586	292,902	-	_
Total	\$ 5,319,638 \$	587,697 \$	177,114 \$	7,521

#### Note 9: Short-Term Note Payable

	Balance 9/30/2015	Additions	Reductions	Balance 9/30/2016
Note Payable - bank	\$ 667,855	651,788	<u>( 741,335)</u> \$	578,308
	Balance			Balance
	9/30/2014	Additions	Reductions	9/30/2015
Note Payable - bank	\$755,624	739,739	<u>( 827,508)</u> \$	667,855

#### Note 9: Short-Term Note Payable (Continued)

	2	2016	2015
Citizens Bank loan in the amount of \$739,739 with monthly installments of \$9,034.47 and an interest rate of 1.75%, due December 22, 2015.	\$	- \$	667,855
Citizens Bank loan in the amount of \$651,787 with monthly installments of \$9,034.47 and an interest rate of 1.75%, due December 22, 2016.	. <u> </u>	578,30 <u>8</u>	
	\$5	578,308 \$	667,855

#### Note 10: Net Patient Service Revenue

#### Primary Government

The Primary Government has agreements with third-party payors that provide for payments to the Primary Government at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare - Inpatient acute care services, outpatient services, nonacute inpatient services and geriatric psychiatric 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. The Primary Government is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Primary Government and audits thereof by the Medicare fiscal intermediary. The Primary Government's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30. 2013.

Medicaid - Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Primary Government is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Primary Government and audits thereof by the Medicaid fiscal intermediary. Nursing home services are reimbursed under a cost based case mix reimbursement system.

Medicaid Mississippi Hospital Access Payments and Upper Payment Limit Payments - During fiscal year ending September 30, 2016, the Mississippi Division of Medicaid phased out the upper payment limit program and replaced it with the Mississippi hospital access program. The Primary Government received Medicaid Mississippi hospital access payments of \$593,633 for the year ended September 30, 2016. The Medicaid Mississippi hospital access program is a program whereby the hospital qualifies for Mississippi hospital access program funds in addition to regular funds. The Mississippi Division of Medicaid administers the program through the MississippiCAN coordinated care organizations,

The Primary Government received Medicaid upper payment limit payments of \$1,729,476 for the vear ended September 30, 2015. The Medicaid upper payment limit program is a program whereby the Primary Government qualifies for upper payment limit funds in addition to regular funds.

#### Note 10: Net Patient Service Revenue (Continued)

#### Ambulance Enterprise

The Ambulance Enterprise has agreements with third-party payors that provide for payments to the Ambulance Enterprise at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**Medicare** – Under the ambulance fee schedule, the Medicare program pays for transportation services for Medicare beneficiaries when other means of transportation are contraindicated. Ambulance services are classified into different levels of ground services based on the medically necessary treatment provided during transport. These services include the following levels of service:

- Basic Life Support (BLS)
- Advanced Life Support, Level 1 (ALS1)
- Advanced Life Support, Level 2 (ALS2)
- Specialty Care Transport (SCT)
- Paramedics ALS Intercept (PI)

**Medicaid** – Ambulance services are reimbursed from a statewide uniform fixed fee schedule based on seventy percent (70%) of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

#### Note 11: Medical Benefit Plan

The Primary Government provides health insurance coverage to its employees through a self-funded medical benefit plan that covers substantially all of its employees and certain dependents of the employees. The total medical benefit expense for the self-funded medical benefit plan for the years ended September 30, 2016, and 2015, amounted to \$2,666,135, and \$2,252,218, respectively. The Primary Government's policy is to fund the estimated medical benefit claims that will be filed against the plan less the contributions made by employees covered by the plan. In addition, an allowance representing the write-off of charges applicable to in-house claims of the employees and their dependents for the years ended September 30, 2016, and 2015, was provided in the amounts of \$746,535, and \$794,809, respectively.

#### Note 12: Pension Plan

The Primary Government has established a defined contribution pension plan covering substantially all of its employees. The Primary Government makes annual contributions to the plan subject to the Board of Trustees' approval. In order for an employee to participate in the plan, the employee must be 21 years of age, have completed one year of service, and work at least 1,000 hours. The Board of Trustees approved contributions for the years ended September 30, 2016, and 2015, in the amounts of \$322,710, and \$321,500, respectively. Employee contributions to the plan amounted to \$244,873 during the year ended September 30, 2016, and \$228,272 during the year ended September 30, 2015.

#### Note 13: Commitments and Contingencies

#### Noncancelable Operating Leases

#### Primary Government

The Primary Government leases buildings and major movable equipment under operating leases expiring at various dates. Future minimum pending noncancelable lease payments are as follows:

Year Ended September 30.	
2017	1,208,372
2018	1,200,000
2019	1,200,000
2020	1,200,000
2021	1,200,000

The Primary Government's rental expense under all operating leases for the years ended September 30, 2016, and 2015, was \$1,631,437, and \$1,575,056, respectively.

#### Ambulance Enterprise

The Ambulance Enterprise leases ambulances under operating leases from Neshoba County, Mississippi, expiring at various dates. Future minimum pending noncancelable lease payments are as follows:

Years Ended September 30,	
2017	73,526
2018	42,250
2019	31,687
2020	-
2021	-

The Ambulance Enterprise's rental expense under all operating leases for the years ended September 30, 2016, and 2015, was \$89,781, and \$106,671, respectively.

#### Mississippi HealthCare Providers' Provider-Sponsored Health Plan

Neshoba County General Hospital and Neshoba County Nursing Home has an investment in the Mississippi HealthCare Providers. The facility is a subscriber in the nonprofit corporation, which seeks to establish a Mississippi provider-sponsored health plan intended to provide provider-sponsored coordinated care and improved access and quality, as compared with for-profit plans. The amount of the facility's investment was \$250,000 for 2016, and \$0 for 2015. The facility has elected to report this investment at cost since there is not a market for the ownership interest in the company. The facility's Board of Trustees approved a total contribution of \$2,000,000 toward the Mississippi HealthCare Providers' Provider-Sponsored Health Plan. This includes \$250,000 already contributed during the current year, \$550,000 by March 1, 2017, \$600,000 by October 16, 2017, and \$600,000 by October 15, 2018.

#### Note 14: Concentrations of Credit Risk

The facilities grant credit without collateral to their 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 September 30, 2016, and 2015, was as follows:

	<u>2016</u>	<u> 2015</u>
Primary Government	4-24	400/
Medicare	13%	13%
Medicaid	8%	11%
Patients and other third-party payors	<u>79%</u>	<u> 76%</u>
	<u>100%</u>	<u>100%</u>
Ambulance Enterprise		
Medicare	14%	11%
Medicaid	4%	2%
Patients and other third-party payors	<u>82%</u>	<u>87%</u>
	<u>_100%</u>	<u>100%</u>

#### Note 15: Litigation

The Primary Government is a defendant in lawsuits and claims arising from normal business activities. At this time, management and legal representatives are expressing no opinion on the ultimate outcome of the litigation. However, state statutes limit the Primary Government's liability exposure to the amount of insurance coverage.

#### Note 16: Financial Statement Presentation of Audited Component Unit

Upon issuance of the audited financial statements for Neshoba County General Hospital and Neshoba County Nursing Home for the year ended September 30, 2016, the audited financials for Neshoba County Ambulance Enterprise for the years ended September 30, 2016, and 2015, were available and have been presented in these financial statements as a discretely presented component unit.

#### Note 17: Ambulance Enterprise Management Agreement

On April 1, 2012, Neshoba County Ambulance Enterprise entered into a management services agreement with Neshoba County General Hospital and Neshoba County Nursing Home to provide various management and administrative services and incur certain operational expenses necessary for the establishment and continued operation of a public ambulance service. The Ambulance Enterprise shall operate and continue according to the Joint Venture Agreement until terminated pursuant to the Joint Venture Agreement between, Neshoba County, Mississippi and Neshoba County General Hospital and Neshoba County Nursing Home. Under the terms of this agreement, the Ambulance Enterprise agrees to reimburse the Primary Government for its actual compensation costs incurred for the employees for their time spent in performance of these management services. The Ambulance Enterprise shall also reimburse the Primary Government for any direct out of pocket expenses incurred by the Primary Government on its behalf in performance of the management services. The Ambulance Enterprise incurred \$1,972,369 and \$1,399,938, in expenses that were paid by the Primary Government during the years ended September 30, 2016, and 2015, respectively. The Ambulance Enterprise has a payable due to the Primary Government of \$127,496, and \$1,163,496, as of September 30, 2016, and 2015, respectively.

#### Note 18: Subsequent Events

Events that occur after the Statement of Net Position date but before the consolidated financial statements are available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Net Position date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Net Position date require disclosure in the accompanying notes. Management evaluated the activity of the facilities through March 10, 2017, (the date the financial statements were available to be issued), and determined that there were no subsequent events requiring disclosures in the notes to the financial statements.

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Primary Government

#### Detailed Schedules of Operating Revenues Years Ended September 30, 2016, and 2015

Nursing Services:   Routine care   \$ 1,745,383   \$ 2,068,335   Ceriatric-psych program   1,323,080   1,464,440   Mospitalist   11,718,976   11,227,246   Mospitalist   11,718,976   11,227,246   Mospitalist   3,372,011   1,167,130   Mospitalist   3,372,011   1,167,130   Mospitalist   3,389,989   42,456   Mospitalist   3,3899   42,456   Mospitalist   3,4897   3,486   Mospitalist   3,4897   3,486   Mospitalist   3,4975   Mospitalist   3,497		_	2016		2015
Routine care         \$ 1,745,383 \$ 2,068,335           Geriatric-psych program         1,323,080         1,464,440           Skilled nursing facility         11,718,976         11,227,246           Hospitalist         3,372,011         1,167,130           Other Nursing Services:         33,989         42,456           Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1         1,520,747         1,793,509           Blood bank         135,915         49,751         49,751         1,600,751         1,724           Radiology         1,448,452         2,185,759         1,724         1,724,858         3,184,008           Pharmacy - SNF         938,190         1,105,209         1,448,452         2,184,089           Pharmacy - SNF         938,190         1,105,209         3,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695	Inpatient:				
Geriatric-psych program         1,323,080         1,464,440           Skilled nursing facility         11,718,976         11,227,246           Hospitalist         3,372,011         1,167,130           Other Nursing Services:         Operating and recovery rooms         33,989         42,456           Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1         1,520,747         1,793,509           Blood bank         135,915         49,751         49,751         11,7920         141,724           Rediology         1,448,452         2,185,759         141,724         Radiology         1,448,452         2,185,759           Pharmacy         SNF         938,190         1,105,209         Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721         Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369					
Skilled nursing facility         11,718,976         11,227,246           Hospitalist         3,372,011         1,167,130           Other Nursing Services:         33,989         42,456           Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         Laboratory         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         <	Routine care	\$	-		
Hospitalist         3,372,011         1,167,130           Other Nursing Services:         33,989         42,456           Observating and recovery rooms         66,876         56,561           Cirtical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1         1,520,747         1,793,509           Blood bank         135,915         49,751         14,724           Electrocardiology         117,920         141,724         14,724           Radiology         1,448,452         2,185,759         2,185,759           Pharmacy         2,724,858         3,128,408         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158 <td< td=""><td>Geriatric-psych program</td><td></td><td></td><td></td><td>-</td></td<>	Geriatric-psych program				-
Other Nursing Services:         33,989         42,456           Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         Laboratory         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy - SNF         938,190         1,105,209           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,336         661,695           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Nursing Services:         2           Geriatric-psych program         -         2,480           Observation room         41,269         464,352 <t< td=""><td>Skilled nursing facility</td><td></td><td></td><td></td><td></td></t<>	Skilled nursing facility				
Operating and recovery rooms         33,989         42,456           Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1         1,520,747         1,793,509           Blood bank         135,915         49,751         49,751         Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759         Pharmacy         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Outpatient:         Nursing Services:         2,480           Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP	Hospitalist		3,372,011	•	1,167,130
Observation room         66,876         56,561           Critical care         2,625         -           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         2         2,480           Geriatric-psych program         -         2,480           Observation room         418,269	Other Nursing Services:				
Critical care         2,625         2           Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1         1,520,747         1,793,509           Blood bank         135,915         49,751         49,751         117,920         141,724           Radiology         1,448,452         2,185,759         759         1,448,452         2,185,759         1,484,452         2,185,759         1,105,209         2,724,858         3,128,408         3,128,408         1,105,209         2,424,558         3,128,408         1,105,209         2,425         37,486         1,105,209         3,955,476         4,124,721         4,24,221         4,24,221         4,24,221         4,24,221         4,24,221         <	Operating and recovery rooms		·		
Central service and supply         213,152         226,358           Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         Total Services         1,520,747         1,793,509           Blood bank         135,915         49,751         49,751         Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759         2,185,759         Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209         Anesthesiology         1,05,209         Anesthesiology         29,425         37,486         Inhalation therapy         3,955,476         4,124,721         At 124,721         Rehabilitation services         535,386         661,695         661,695         Total Other Professional Services Revenue         11,406,369         13,228,262           Outpatient:           Nursing Services:         2         2,480           Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         2         49,201	Observation room				56,561
Emergency service         1,264,697         1,306,767           Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         2,480           Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         2,480           Operating and recovery rooms         4,391,883	Critical care		•		-
Total Nursing Services Revenue         19,740,789         17,559,293           Other Professional Services:         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Nursing Services:         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         2,480           Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629	Central service and supply		213,152		
Other Professional Services:         1,520,747         1,793,509           Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Nursing Services:         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	Emergency service	_			
Laboratory       1,520,747       1,793,509         Blood bank       135,915       49,751         Electrocardiology       117,920       141,724         Radiology       1,448,452       2,185,759         Pharmacy       2,724,858       3,128,408         Pharmacy - SNF       938,190       1,105,209         Anesthesiology       29,425       37,486         Inhalation therapy       3,955,476       4,124,721         Rehabilitation services       535,386       661,695         Total Other Professional Services Revenue       11,406,369       13,228,262         Total Inpatient Revenue       31,147,158       30,787,555         Outpatient:         Nursing Services:       2       2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       30,787,555       2,841,505         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Total Nursing Services Revenue	_	19,740,789	1	7,559,293
Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Seriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	Other Professional Services:				
Blood bank         135,915         49,751           Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Nursing Services:         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         2,480           Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	Laboratory		1,520,747		1,793,509
Electrocardiology         117,920         141,724           Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	•		135,915		49,751
Radiology         1,448,452         2,185,759           Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         0perating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902			117,920		141,724
Pharmacy         2,724,858         3,128,408           Pharmacy - SNF         938,190         1,105,209           Anesthesiology         29,425         37,486           Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         -         2,841,505           Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	<del></del>		1,448,452		2,185,759
Pharmacy - SNF       938,190       1,105,209         Anesthesiology       29,425       37,486         Inhalation therapy       3,955,476       4,124,721         Rehabilitation services       535,386       661,695         Total Other Professional Services Revenue       11,406,369       13,228,262         Total Inpatient Revenue         Surpation Revenue       31,147,158       30,787,555         Outpatient:         Nursing Services:       -       2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       -       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	•		2,724,858	;	3,128,408
Anesthesiology       29,425       37,486         Inhalation therapy       3,955,476       4,124,721         Rehabilitation services       535,386       661,695         Total Other Professional Services Revenue       11,406,369       13,228,262         Total Inpatient Revenue         Survices:         Geriatric-psych program       -       2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       -       30,787,555         Operating and recovery rooms       4,431,869       464,352         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	•		938,190		1,105,209
Inhalation therapy         3,955,476         4,124,721           Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         4,391,883         2,841,505           Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	-		29,425		37, <del>4</del> 86
Rehabilitation services         535,386         661,695           Total Other Professional Services Revenue         11,406,369         13,228,262           Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:           Nursing Services:         Services:         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         2,841,505           Operating and recovery rooms         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	<del></del>		3,955,476		4,124,721
Total Inpatient Revenue         31,147,158         30,787,555           Outpatient:         Nursing Services:           Geriatric-psych program         -         2,480           Observation room         418,269         464,352           IOP         589,624         738,855           Other Nursing Services:         -         4,391,883         2,841,505           Central service and supply         652,444         647,263           Emergency service         14,118,629         12,514,902	• •	_	_535,386_		661,695
Outpatient:         Nursing Services:       -       2,480         Geriatric-psych program       -       2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       -       -         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Total Other Professional Services Revenue	_	11,406,369	1	3,228,262
Nursing Services:       2,480         Geriatric-psych program       - 2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       - 3,91,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Total Inpatient Revenue	_	31,147,158	3	0,787,555
Geriatric-psych program       -       2,480         Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       -       -         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Outpatient:				
Observation room       418,269       464,352         IOP       589,624       738,855         Other Nursing Services:       2,841,505         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Nursing Services:				
IOP       589,624       738,855         Other Nursing Services:       738,855         Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Geriatric-psych program		-		
Other Nursing Services:         4,391,883         2,841,505           Operating and recovery rooms         652,444         647,263           Central service and supply         14,118,629         12,514,902           Emergency service         14,118,629         12,514,902	Observation room		•		
Operating and recovery rooms       4,391,883       2,841,505         Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	IOP		589,624		738,855
Central service and supply       652,444       647,263         Emergency service       14,118,629       12,514,902	Other Nursing Services:				
Emergency service 14,118,629 12,514,902	Operating and recovery rooms				
	Central service and supply		652,444		
	Emergency service			_	
	Total Nursing Services Revenue	\$_	20,170,849	\$ <u>1</u>	<u>7,209,357</u>

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Primary Government

#### Detailed Schedules of Operating Revenues Years Ended September 30, 2016, and 2015

		2016	_	2015
Outpatient: (Continued)	_			
Other Professional Services:				
Laboratory	\$	6,578,373	\$	6,940,872
Blood		121,584		116,893
Electrocardiology		567,549		539,347
Radiology		11,700,183		13,139,344
Pharmacy		2,670,403		2,873,789
Anesthesiology		1,350,822		1,242,917
Infusion therapy		4,058,089		2,293,325
Inhalation therapy		823,140		576,326
Rehabilitation services		3,447,735		2,821,931
Sleep center		408,457		330,434
Wound care		850,498		724,988
Clinic		9,109,401	_	8,862,826
Total Other Professional Services Revenue	_	41,686,234		40,462,992
	_		Ī	
Total Outpatient Revenue	_	61,857,083	_	57,672,349
		00 004 044		00.450.004
Total Patient Services Revenue	-	93,004,241	-	88,459,904
Deductions from Patient Service Revenue:				
Contractual Adjustments and Allowances:				
Medicare		16,017,149		14,993,553
Medicaid		3,347,396		4,868,686
Medicaid - SNF		71,462		23,971
Blue Cross		4,380,922		3,366,619
Travelers		1,362,027		1,548,208
Champus		296,839		239,755
Self-insurance adjustment		746,535		794,809
Commercial adjustments		4,337,203		3,649,113
Mississippi hospital access and upper payment limit payments		( 593,633)		( 1,729,476)
Administrative adjustments and other		12,927,276		9,007,815
Charity	_	1,525, <u>77</u> 1		2,695,437
Total Deductions from Patient Service Revenue		44,418,947		39,458,490
Provision for Uncollectible Accounts		5,076,229		5,407,087
Net Patient Services Revenue	\$.	43,509,065	\$.	43,594,327

# NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Primary Government

#### Detailed Schedules of Operating Revenues Years Ended September 30, 2016, and 2015

	_	2016	2015
Other Revenue:	_		
Medical records transcripts	\$	1,046 \$	427
Employee and other meals		437,445	419,653
Beauty shop - SNF		1,490	2,370
Services to Neshoba County Ambulance Enterprise *		1,484, <del>4</del> 57	1,273,627
Miscellaneous revenue		552,551	533,229
Lease income		24,017	20,367
Trauma care grant	_	10,000	10,000
Total Other Revenue		2,511,006	2,259,673
Electronic Health Records incentive	_	596,922	60,809
Total Revenue	\$_	<u>46,616,993</u> \$	45,914,809

<sup>\* -</sup> These are charges by the Hospital for providing staffing, management, maintenance and billing and collection services to Neshoba County Ambulance Enterprise

#### NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME

#### **Primary Government**

Detailed Schedules of Operating Expenses Years Ended September 30, 2016, and 2015

		2016				2015	
	Salaries	Supplies		•	Salaries	Supplies	
	and	and			and	and	
	Benefits	Drugs	Other		Salaries	Drugs	Other
Nursing Services:				_			4 40 757
Routine services	1,306,064	68,900	157,736	\$	1,251,825	80,968	146,757
Geriatric-psych services	672,177	13,717	101,162		633,489	12,087	89,809
IOP	87,977	6,393	21,910		78,431	1,150	21,634
Hospitalist	321,320	-	231,353		360,662	-	251,865
Operating and recovery roon	n: 288,286	233,666	270,957		244,919	116,040	248,829
Central service and supply	38,992	149,889			35,103	124,665	47 700
Emergency room	3,471,154	31,063	54,160		3,345,984	35,864	47,729
Skilled nursing facility	3,583,033	734,419	143,576		3,268,055	529,330	479,659
Nursing administration	240,969	-	536		248,861	-	-
Other Professional			4				
Services:			101 101		050 447	440 500	474 770
Laboratory	715,768	417,347	191,184		656,447	413,586	171,770
Blood bank	- ·	-	100,024		00.400	•	76,730
Electrocardiology	37,457	-	35,156		23,420	60 526	35,467
Radiology	827,585	59,776	1,747,911		771,310	60,536	1,699,475
Pharmacy	179,305	387,851	5,337		184,221	374,897	11,609
Pharmacy-SNF	197,161	597,952	0.500		192,303	836,611	2 207
Anesthesiology	180,457	-	6,598		181,718	1,718	2,397
Infusion therapy	63,379	959	112,466		66,812	620	90,554
Inhalation therapy	292,191	78,593	16,432		292,755	77,841	7,095 999,200
Rehabilitation services	22,269	43,038	1,056,382		22,039	30,135	
Ambulance	1,208,665	04.050	24,000		1,045,943	29 297	24,000 165,191
Medical records	392,920	21,659	104,166		349,172	28,287	100,191
Medical records-SNF	23,333	4 755	E2 004		21,250	1,240	41,156
PSRO	110,999	1,755	53,894		97,921	10,556	27,028
Sleep Center	69,316	8,182	22,760 55,103		40,908 31,478	17,539	44,624
Wound Care	57,846	12,462 31	369		236,175	17,555	44,024
Social services-SNF	195,289	612 <sub>,</sub> 312	880,227		4,361,557	547,302	811,942
Clinic	4,540,013	012,312	000,227		4,001,007	047,002	011,042
General Services:	276 204	558,108	24,621		374,385	572,528	21,272
Dietary	376,321		18,150		374,365 321,855	577,415	16,964
Dietary-SNF	333,779	559,100 56,198	817,919		83,860	60,086	882,760
Maintenance	72,030	30,130	4,661		111,449	375	3,068
Maintenance-SNF	118,573	86,906	446,522			69,842	433,617
Housekeeping	_	57,937	291,840		_	45,939	287,000
Housekeeping-SNF	-	3,237	45,471		_	4,931	46,979
Laundry and linen	<u>-</u>	7,501	97,697		-	8,414	96,104
Laundry and linen-SNF Security	125,900	286	895		127,779	728	,
Security-SNF	31,725		-		31,725	-	_
Beauty shop-SNF	37,363	3,446	-		32,104	3,224	-
Administrative and Fiscal	0.,000	-1			•	·	
Services: Administrative	1,673,423	518,312	3,141,324		1,628,005	209,228	2,768,886
Administrative-SNF	146,312	010,012	805,418		141,365	2,244	804,151
	2,816,635	_			2,634,586	_,	
Employee benefits Employee benefits-SNF	1,837,288	-	-		1,497,377	_	-
•	\$ 26,693,274	5,330,995	11,087,917	- •	25,027,248	4,855,926	10,855,321
Total Oheratilia Exhelises	Ψ 20,000,214		=	= *			



#### WATKINS, WARD and STAFFORD

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

The Board of Trustees Neshoba County General Hospital and Neshoba County Nursing Home Philadelphia, Mississippi

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 Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2016, and 2015, and the related notes to financial statements, and the financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2016, and 2015, and the related notes to financial statements, which collectively comprise Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's basic financial statements, and have issued our report thereon dated March 10, 2017.

#### Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's internal control. Accordingly, we do not express an opinion of the effectiveness of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise'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.

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

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

#### **Purpose of This Report**

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

Eupora, Mississippi March 10, 2017

Watkins Ward and Stafford, Puc



#### WATKINS, WARD and STAFFORD

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#### Independent Auditors' Report on Compliance with State Laws and Regulations

The Board of Trustees
Neshoba County General Hospital and
Neshoba County Nursing Home
Philadelphia, Mississippi

We have audited the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2016, and 2015, and the financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2016, and 2015, and have issued our report thereon dated March 10, 2017.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *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.

Compliance with state laws applicable to Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise is the responsibility of the facility's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's compliance with certain provisions of state laws and regulations. However, the objective of our audit of the financial statements was not to provide an opinion on overall compliance with such provisions. Accordingly, we do not express such an opinion.

The results of our tests indicate that, with respect to the items tested, Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise complied with the provisions referred to in the preceding paragraph, except as stated in the following paragraphs. With respect to items not tested, nothing came to our attention that caused us to believe that Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise had not complied with state laws and regulations.

**Condition** – In violation of Mississippi Code Section 41-13-29, Neshoba County General Hospital and Neshoba County Nursing Home failed to secure surety bond coverage for each member of the board of trustees.

**Recommendation** – To comply with applicable state statutes, the facility should secure the proper surety bond coverage for each member of the board of trustees.

This report is intended solely for the information and use of the board of trustees, management, others within the organization, and the Board of Supervisors of Neshoba County, Mississippi and is not intended to be and should not be used by anyone other than these specified parties.

Eupora, Mississippi March 10, 2017

Watkins Ward and Stafford, Puc