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

AUDITED FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION SEPTEMBER 30, 2017

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME September 30, 2017

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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, 2017, and 2016, 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, 2017, and 2016, 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, 2017, and 2016, 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, 2017, and 2016.

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, 2017, and 2016, 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, 2017, and 2016, 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, 2017, and 2016, and the schedule of surety bonds for officials and employees is presented for purposes of additional analysis and are not required parts of the basic financial statements.

The detailed schedules of operating revenues, the detailed schedules of operating expenses and the schedule of surety bonds for officials and employees for the years ended September 30, 2017, and 2016, are the responsibility of management and were derived from and relates 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, the detailed schedules of operating expenses and the schedule of surety bonds for officers and employees for the years ended September 30, 2017, and 2016, 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 April 12, 2018, 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, 2017, and 2016, and the related statements of revenues, expenses and changes in net position, cash flows, and the related notes to 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 April 12, 2018 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, 2017, and 2016. 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 \$1,167,115 in 2017 and increased by \$2,382,553 in 2016.
- ◆ The facility reported an operating loss of \$433,102 in 2017 and an operating income of \$1,407,626 in 2016.
- Nonoperating revenues and expenses increased by \$535,374 from 2016 to 2017.

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 2017 by \$1,167,115.

	2017	2016
Assets:		
Current assets \$	30,667,884 \$	30,265,011
Capital assets, net	17,133,202	17,773,098
Other noncurrent assets	17,425,557	16,781,983
Total Assets	65,226,643	64,820,092
Liabilities:		
Current liabilities	5,215,782	5,515,265
Noncurrent liabilities	4,526,075	4,987,156
Total Liabilities	9,741,857	10,502,421
Net Position:		
Invested in capital assets, net of related debt	11,640,494	12,247,766
Unrestricted	43,844,292	42,069,905
Total Net Position	55,484,786	54,317,671
Total Liabilities and Net Position \$	65,226,643 \$	64,820,092

The change in the facility's net position is due to several factors. The facilities cash and cash equivalents balance increased by \$2,051,879 for 2017 compared to a decrease of \$3,446,467 for 2016. Other receivables decreased by \$1,561,078 for 2017 compared to an increase of \$2,049,786 for 2016. The facility's investment in MHA Investment Pool increased by \$6,801 in 2017 compared to an increase of \$33,585 for 2016. The facility acquired capital assets in the amounts of \$1,088,425 and \$7,239,852 for the years 2017 and 2016, respectively. Depreciation and amortization expenses amounted to \$1,727,984 in 2017 and \$1,639,155 in 2016.

OPERATING RESULTS AND CHANGES IN THE FACILITY'S NET POSITION

Table 2: Operating Results

Table 2. Operating Nesults	2017	2016
Operating Revenues: Net patient service revenues Other revenues	\$ 44,551,965 \$ 3,116,604	43,509,065 2,511,006
Electronic health records incentive	161,562	596,922
Total Operating Revenues	47,830,131	46,616,993
Operating Expenses:		
Salaries and benefits	28,466,007	26,693,274
Supplies and drugs	6,103,821	5,330,995
Other operating expenses	11,448,213	11,087,917
Insurance	517,208	458,026
Depreciation and amortization	1,727,984	1,639,155
Total Operating Expenses	48,263,233	45,209,367
Operating Income (Loss)	(433,102)	1,407,626
Nonoperating Revenues (Expenses):		
Interest income	51,797	80,71 4
Investment income	214,070	240,855
Donations	22,909	10,010
Grants and contributions	1,100,000	750,000
Loss on sale of equipment	(338)	(15,192)
Interest expense	(80,134)	(91,460)
ROA settlement	201,997	074.027
Total Nonoperating Revenues (Expenses)	1,510,301	974,927
Excess of Revenues Over Expenses	1,077,199	2,382,553
Net Position Beginning of Year	54,317,671	51,935,118
Contributed Capital	89,916	
Net Position End of Year	\$55,484,786_\$	54,317,671

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 loss of \$433,102 in 2017, and an operating income of \$1,407,626 in 2016. Operating income decreased by \$1,840,728 from 2016 to 2017.

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

- ◆ An increase in net patient service revenues of \$1,042,900, or 2.40%.
- ◆ An increase in other operating expenses of \$360,296, or 3.25%.
- ◆ An increase in salaries and benefits of \$1,772,733 or 6.64%.
- An increase in supplies and drugs of \$772,826 or 14.50%.

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of an ROA settlement, interest income, investment income, donations and grants. The facility received \$201,997 in a ROA settlement during the year ended September 30, 2017. The facility had interest income, primarily from checking accounts and certificates of deposit of \$51,797 for the year ended September 30, 2017, and \$80,714 for the year ended September 30, 2016. The facility had investment income from the Mississippi Hospital Association Investment Pool and the investment in NCGH Leverage, LLC of \$214,070 in 2017 and \$240,855 in 2016. The facility received \$22,909 in donations during the year ended September 30, 2017, and \$10,010 for the year ended September 30, 2016. The facility received \$1,100,000 in grants from NCGH Improvement Corporation during the year ended September 30, 2017 and \$750,000 for the year ended September 30, 2016

Nonoperating expenses consist primarily of interest expense and loss on sale of equipment. The facility had interest expense in the amount of \$80,134 for the year ended September 30, 2017, and \$91,460 for the year ended September 30, 2016. The facility had a loss on sale of equipment of \$338 during the year ended September 30, 2017, and \$15,192 during the year ended September 30, 2016.

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 2017, the facility's investment in capital assets net of accumulated depreciation was \$17,133,202. In 2017, the facility's net capital assets decreased by \$639,896. In 2016, the facility's net capital assets increased by \$5,585,506. See page 22 for a detailed analysis of capital assets.

Long-Term Debt, Including Current Portion

At the end of 2017, the facility had \$5,463,181 in long-term debt (including current portion) outstanding. The facility issued new debt totaling \$561,896 in 2017 and made \$595,464 in principal payments. 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. See page 24 for a detailed analysis of long-term debt.

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, 2017, and 2016

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Net Position September 30, 2017, and 2016

	l		2017			2016	
			Component Units	nt Units		Component Units	ot Units
		Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited	Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited
	Liabilities and	Liabilities and Net Position					
Current Liabilities:							
Accounts payable	₩	1,560,157 \$	59	5.567 \$	1.766.713 \$	<i>6</i> 7	•
Construction payable		29,527				,	•
Accrued expenses and payroll withholdings		2,021,748	•	,	1,735,511	•	•
Accounts receivable credit balances		612,288	•	12,164	853,149	•	7.858
Nursing home resident's funds		54,956			43,408	•	
Due to Neshoba County General Hospital		•		142,284	•		127 496
Short-term note payable		1	•		578.308	•	
Current portion of capitalized leases payable		39,079	•	•	128,507	•	•
Current portion of notes payable		898,027	•	•	381,089	•	•
Total Current Liabilities		5,215,782		160,015	5,515,265	1	135,354
Long-Term Debt: Capitalized leases payable		9,528	•		48 607	1	•
Notes payable		4,516,547	•	•	4,938,549	•	•
Total Long-Term Liabilities		4,526,075	1]	4,987,156	•	1
Net Position: Invested in capital assets, net of related debt		11,640.494	,	,	12 247 766	•	,
Unrestricted		43,844,292	16,323,485	1,338,694	42,069,905	16,116,216	1,666,877
Total Net Position		55,484,786	16,323,485	1,338,694	54,317,671	16,116,216	1,666,877
Total Liabilities and Net Position	s	65,226,643 \$	16,323,485 \$	1,498,709 \$	64,820,092 \$	16,116,216 \$	1,802,231

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30, 2017, and 2016

2016	Component Units	Ambulance NCGH Leverage Enterprise -	Addied	- \$ 1,888,654	1	1	- 1,888,654	:	1	- 58.614	2.003.536	1	,	2,062,150	- (173.496)		267	602,502	1 1	- 28 563		1	1	207,269 28,563	207.269 (144.933)	•	15,908,947 1,811,810		16,116,216 \$ 1,666,877
		±	- Vananieu	\$ 43,509,065 \$	2,511,006	596,922	46,616,993		26,693,274	5,330,995	11,087,917	458.026	1,639,155	45,209,367	1,407,626		717 00	240.855	10,010	750.000	(15.192)	(91,460)		974,927	2,382,553		51,935,118	•	\$ 54,317,671 \$ 1
	Component Units	Ambulance Enterprise -	Domoc	\$ 1,874,757	•	•	1,874,757		•	38,824	2,190,821	1	•	2,229,645	(354,888)					26,705		•	1	26,705	(328,183)		1,666,877	1	1,338,694
2017	Compo	NCGH Leverage	חבות בייות	· &9	•				•	•	•	•	•	1	1		996 706	1	1	•	•	•	•	207,269	207,269		16,116,216	1	\$ 16,323,485 \$
		Primary Government - Audited		\$ 44,551,965	3,116,604	161,562	47,830,131		28,466,007	6,103,821	11,448,213	517,208	1,727,984	48,263,233	(433,102)		51 797	214.070	22,909	1,100,000	(338)	(80,134)	201,997	1,510,301	1,077,199		54,317,671	89,916	\$ 55,484,786
			Operating Revenues:	Net patient services revenue	Other revenue	Electronic health records incentive	Total Operating Revenues	Operating Expenses:	Salaries and benefits	Supplies and drugs	Other operating expenses	Insurance	Depreciation and amortization	Total Operating Expenses	Operating Income (Loss)	Nonoperating Revenues (Expenses):	Interest income	Investment income	Donations	Grants and contributions	Loss on sale of equipment	Interest expense	ROA settlement	Total Nonoperating Revenues (Expenses)	Excess of Revenues Over (Under) Expenses		Net Position Beginning of Year	Contributed Capital	Net Position End of Year

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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, 2017, and 2016

	Component Units	Ambulance	ш ,	Audited	1 804 005	`	(1)	1	1	- (1,295,536)		- 28,563	- 28,563		1	•	1	•			•			1			269 (1,266,973)	2,677,008	381 \$ 1410 035
2016	S	Primary NCGH	nt- Lev	Audited	41 205 593 ¢	_	(26.691.099)	3.547.004	596,922	1,817,502	0.70	010,007	760,010		(7,239,853)	2,000,000	(337,786)	(185,594)	(091,460)		(5,854,693)		(207,269)	(250,000)	287,983 207,269	(169,286) 207,269	(3,446,467) 207,269	20,666,537 605,112	17.220.070 \$ 812.381
	int Units	Ambulance	Enterprise -	Audited	1 692 871 \$	_	(•	•	(521,611)	, , , , , , , , , , , , , , , , , , ,	cn/'07	26,705		•	•	•	•	•		ı		•	•	•	•	(494,906)	1,410,035	915 129 \$
2017	Component Units	NCGH	Leverage LLC -	Corribiled	•	•	1	•	i	•					•	•	1	•	1		1		1	•	207,269	207,269	207,269	812,381	1.019.650 \$
	=	Primary	Government -	Audited	\$ 46 778 068 \$	(18,303,825)	(28,634,714)	3,116,604	161,562	3,117,695	, , , , , , , , , , , , , , , , , , , ,	1,122,309	1,122,909		(605'866)	561,895	(1,045,266)	(128,507)	(80,134)		(1,690,521)		(207,269)	(000'029)	259,065	(498,204)	2,051,879	17,220,070	\$ 19.271.949 \$
				Cash Flows From Operating Activities:	Receipts from and on behalf of patients	Payments to suppliers and contractors	Payments to and on behalf of employees	Other receipts and payments, net	Receipts from Electronic Health Records	Net Cash Provided (Used) by Operating Activities	Cash Flows From Noncapital Financing Activities	Mat O and Description of the Property of the P	Net Cash Provided by Noncapital Financing Activities	Cash Flows From Capital and Related Financing Activities:	Purchase of property and equipment	Proceeds from notes payable	Principal payment of notes payable	Principal payment of capital lease obligations	Interest paid on long term debt	Net Cash Used by Capital and Related	Financing Activities	Cash Flows From Investing Activities:	Investment in NCGH Leverage, LLC	Investment in Mississippi HealthCare Providers	Interest income	Net Cash Provided (Used) by Investing Activities	Net Increase (Decrease) in Cash and Cash Equivalents	Cash and Cash Equivalents at Beginning of Year	Cash and Cash Equivalents at End of Year

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2017, and 2016

	nt Units	Ambulance Enterprise - Audited	l	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	5,850,719) 858,231)	2,403 173,150	334,345 106,456)	1,817,502 \$
	t Units	Ambulance Enterprise - Audited	354,888) \$	1,090,912	1,272,799) 6,191)	1,000	20,355	521,611) \$
2017	Component Units	NCGH Leverage LLC - Compiled) \$				1 1) \$ -
	•	Primary Government - Audited	\$ (433,102) \$	1,727,984 7,236,031	(7,232,319) 1,564,455	2,655 132,340	80,628 39,023	3,117,695 \$
		Reconciliation of Operating Income (Loss) to Net	Cash Provided (Used) by Operating Activities: Operating Income (Loss) Adjustment to Reconcile Operating Income (Loss) to Net Cash Flows Provided (Used) by Operating Activities:	Depreciation and amortization Provision for uncollectible accounts Changes in	Patient accounts receivable Supplies and other current assets	n ystrain train 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 did not enter into any new capital lease obligations during the years ended September 30, 2017, and 2016.

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

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

a. 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 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 were determined to be component units of Neshoba County General Hospital and Neshoba County Nursing Home, the Primary Government, and are 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 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.

- b. 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.
- **c.** 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.
- **d. 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.*
- **e. 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)

f. 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.
- g. 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.
- h. 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.
- i. 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)

- j. 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.
- **k. 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.
- I. 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, 2017; therefore, no liability has been accrued at this time.

- m. 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.
- n. 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)

- o. 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).
- p. 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 \$161,562, and \$596,922 in the years 2017, and 2016, 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

a. Bank 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 27-105-5 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, 2017.

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, 2017, and 2016, NCGH Leverage, LLC had \$769,650, and \$562,381, respectively, in cash balances which were uninsured. Management does not consider this to be a significant risk.

Note 2: Cash and Other Deposits (Continued)

- b. Custodial Credit Risk Deposits Custodial credit risk is defined as the risk that, in the event of the failure of a financial institution, the facility will not be able to recover deposits or collateral securities that are in the possession of an outside party. The facility does not have a deposit policy for custodial credit risk. 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. Deposits above FDIC coverage are collateralized by the pledging financial institution's trust department or agent in the name of the Mississippi State Treasurer on behalf of the facility. As of September 30, 2017, none of the facility's bank balance was exposed to custodial credit risk.
- **c.** Interest Rate Risk The facility does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.
- **d. Credit Risk** State law limits investments to those prescribed in Sections 27-105-33(d) and 27-105-33(e), Miss. Code Ann. (1972). The facility does not have a formal investment policy that would further limit its investment choices or one that addresses credit 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 2017, and 2016, approximated \$1,207,000, and \$720,000, 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.

Note 4: Fair Value Measurements (Continued)

Fair values of assets measured on a recurring basis at September 30, 2017, and 2016, are as follows

September 30, 2017		Fair Value	Le	vel 1			Level 2	\$ Level 3
MHA Investment Pool	\$_	2,455,334 \$;	\$ <u>_</u>	2,455,334	 _
September 30, 2016		Fair Value	Le	vel 1			Level 2	\$ Level 3
MHA Investment Pool	\$	2,448,533 \$			<u>-</u> :	\$ <u></u>	2,448,533	-

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, 2017, and 2016, follows:

	2017	2016
MHA Investment Pool A	\$ 2,481,207 \$	2.439.181
Unrealized gain (loss) on investments	(25,873)	9,352
Net value	\$2,455,334_\$_	2,448,533

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, 2017, and 2016, is composed of the following:

	· _	2017	2016
Provision for uncollectible accounts	\$	4,417,046 \$	6,568,589
Allowance for Medicare adjustment		1,357,000	1,416,000
Allowance for Medicaid adjustment		525,000	623,000
Allowance for commercial insurance adjustment	_	773,567	1,237,710
	\$	7,072,613 \$	9,845,299

Note 5: Accounts Receivable - Estimated Uncollectibles and Allowances (Continued)

Ambulance Enterprise

The balance in the Ambulance Enterprise's estimated uncollectibles and allowances accounts at September 30, 2017, and 2016, is composed of the following:

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	2017	2016
Provision for uncollectible accounts	\$ 832,568 \$	394,029
Allowance for Medicare adjustment	227,825	117,834
Allowance for Medicaid adjustment	39,353	33,909
Allowance for commercial insurance adjustment	 170,953	270,844
	\$ 1,270,699 \$	816,616

Note 6: NCGH Leverage, LLC - Leverage Loan Receivable

In 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, 2017, and \$15,303,835 as of September 30, 2016.

Note 7: Capital Assets

The Primary Government's Capital asset additions, retirements and balances for the years ended September 30, 2017, and 2016, were as follows:

	5	Balance September 30, 2016		Additions		etirements and Other	S	Balance September 30, 2017
Land	\$	1,245,165	-	-	_		\$ ⁻	1,245,165
Land improvements	Ψ	465,422		6,141		_ '	Ψ	471,563
Buildings and improvements		15,490,569		30,742		728,603		16,249,914
Fixed equipment		5,069,470		-		-		5,069,470
Major movable equipment		0,000, 11 0						0,000, 17 0
Under capital lease		711,325		_	(585,239)		126,086
Other		15,787,877		441,555	`	537,981		16,767,413
Automobiles		185,075		-		-		185,075
Construction in progress	_	148,833		609,988	(728,603)		30,218
Total Historical Cost		39,103,736		1,088,426	(47,258)		40,144,904
Less: Accumulated Depreciation and Amortization for:								
Land improvements	(255,103)	(26,891)		-	(281,994)
Buildings and improvements	(5,566,691)	(553,391)		-	(6,120,082)
Fixed equipment	(3,394,954)	(209,817)		-	(3,604,771)
Major movable equipment								
Under capital lease	(593,880)	(35,142)		508,311	(120,711)
Other	(11,386,784)	(886,529)	(461,391)	(12,734,704)
Automobiles	_(133,226)	(16,214)		_	(149,440)
Total Accumulated Depreciation								
and Amortization	_(21,330,638)	(1,727,984)		46,920	(23,011,702)
Capital Assets, Net	\$_	17,773,098	(639,558)	(338)	\$ <u></u>	17,133,202

Note 7: Capital Assets (Continued)

	-	Balance September 30, 2015	_	Additions and Other	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		743,746		-	(32,421)	711,325
Other		14,538,384		1,293,032	(43,539)	15,787,877
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)	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	(3,203,542)	(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)	7	18,322)	4,200	(133,226)
Total Accumulated Depreciation						
and Amortization	(19,756,452)	(1,639,155)	64,969	(21,330,638)
Capital Assets, Net	\$_	12,187,592	_	5,600,697	(15,191)	

Note 8: Long-Term Debt

A schedule of changes in the Primary Government's long-term debt for 2017, and 2016, follows:

Notes Payable Capital Lease Obligations	\$	Balance 9/30/2016 5,319,638	Additions 561,896	<u>R</u> (eductions 466,957) \$ 128,507)	Balance 9/30/2017 5,414,574 48,607	Amounts Due Within One Year 898,027 39,079
Total Long-Term Debt	\$ <u>_</u>	5,496,752	561,896	(595,464) \$	5,463,181	
Note Payable Capital Lease Obligations	\$	Balance 9/30/2015 3,567,877 362,708	Additions 2,000,000	R(eductions 248,239) \$ 185,594)	Balance 9/30/2016 5,319,638 \$	Amounts Due Within One Year 381,089
Total Long-Term Debt	\$_	3,930,585	2,000,000		433,833) \$	5,496,752	509,596
A summary of the Prima September 30, 2017, ar	ary G	Government's 016, follows:	long-term debt,	inclu	uding capital l		
CAP loan payable to Ne monthly installments of building.	shot \$20,:	oa County due 304.21, secure	in 240 ed by		\$	3,216,031 \$	3,393,712
Citizens Bank Loan due of \$9,034.47, secured by	in 18 y cer	B monthly insta tificate of depo	allments osit #10014781.			494,839	-
Central Electric Power A Loan due in 108 monthly secured by \$2,000,000 d	/ inst	tallments of \$1	8,518.52,			1,703,704	1,925,926
Less: Current portion of	note	e payable			_(898,027)	(381,089)
					\$ <u></u>	4,516,547 \$	4,938,549

Note 8: Long-Term Debt (Continued)

Capital Lease Obligations

	 2017	2016
Capital lease obligations at varying rates of imputed interest from 2.99% to 3.75%, collateralized by leased equipment with a cost of \$ 180,282 at September 30, 2017, and \$765,521 at September 30, 2016.	\$ 48,607 \$	177,114
Less: Current portion of capital leases obligations	 39,079) (128,507)
	\$ 9,528_\$	48,607

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
2018	898,027	67,754	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	-	_
2022	418,247	47,626	_	_
Thereafter	2,866,525	245,276	_	_
Total	\$ 5,414,574 \$	526,500 \$	48,607 \$	2,415

Note 9: Short-Term Note Payable

Note Payable - Bank	\$	Balance 9/30/2016 578,308	Additions -	_R 	eductions 578,308) \$	Balance 9/30/2017 -
Note Payable - Bank	\$	Balance 9/30/2015 667,855	Additions 651,788	_R _(_	eductions 741,335) \$_	Balance 9/30/2016 578,308
					2017	2016
Citizens Bank loan in the amount of \$65 monthly installments of \$9,034.47 and a rate of 1.75%, due December 22, 2016.	an ir			\$ <u></u>	\$_	578,308

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:

- a. 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, 2014.
- **b. 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.
- **c. Medicaid Mississippi Hospital Access Payments** –The Primary Government received Medicaid Mississippi hospital access payments of \$471,543, and \$593,633 for the years ended September 30, 2017, and 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, and the continuation of the programs rest with the federal government.
- **d. Medicaid Upper Payment Limit Payments** The nursing home received Medicaid upper payment limit payments of \$889,263, and \$1,444,952, for the years ended September 30, 2017, and 2016, respectively. The Medicaid upper payment limit program is a program whereby the facility qualifies for upper payment limit funds in addition to regular funds. The Mississippi Division of Medicaid is currently administering the upper payment limit program, and the continuation of the program rests with the federal government.

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:

- **e. 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)
- **f. 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, 2017, and 2016, amounted to \$3,156,622, and \$2,666,135, 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, 2017, and 2016, was provided in the amounts of \$1,084,218, and \$746,535, 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, 2017, and 2016, in the amounts of \$0, and \$322,710, respectively. The total employee contribution to the pension plan for the years ended September 30, 2017, and 2016, amounted to \$0, and \$244,873. The year ended September 30, 2016 was the final year the Board of Trustees approved contributions to this defined contribution pension plan. This plan is frozen and will not accept future contributions.

The facility, through the Mississippi Public Employees' Retirement System (PERS), offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The plan is available to all full-time facility employees with one year of service. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The total employee contribution to the deferred compensation plan for the years ended September 30, 2017, and 2016, amounted to \$235,902, and \$71,018.

Note 13: Commitments and Contingencies

a. Noncancellable Operating Leases

Primary Government

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

Year Ended September 30,	
2018	1,302,000
2019	1,293,500
2020	1,200,000
2021	1,200,000
2022	1,200,000

The Primary Government's rental expense under all operating leases for the years ended September 30, 2017, and 2016, was \$1,389,814, and \$1,631,437, respectively.

Note 13: Commitments and Contingencies (Continued)

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,	
2018	94,603
2019	84,041
2020	43.628

The Ambulance Enterprise's rental expense under all operating leases for the years ended September 30, 2017, and 2016, was \$82,376, and \$89,781, respectively.

b. Mississippi True Provider-Sponsored Health Plan

Neshoba County General Hospital and Neshoba County Nursing Home has an investment in Mississippi True. 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 \$800,000 as of 2017, and \$250,000 as of 2016. 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 True Provider-Sponsored Health Plan. This includes \$250,000 contributed in FYE 2016, and \$550,000 during the current year. During the 2018 legislative session the legislature failed to pass a bill awarding Mississippi True a Medicaid contract. Mississippi True's attempts to secure a Medicaid contract are ongoing, and any future contributions are dependent on Mississippi True being awarded a Medicaid contract.

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, 2017, and 2016, was as follows:

Primary Government	<u>2017</u>	2016
Medicare	16%	13%
Medicaid	12%	11%
Patients and other third-party payors	<u>72%</u>	_76%
	100%	<u>100%</u>
Ambulance Enterprise	<u>2017</u>	<u>2016</u>
Medicare	1 4 %	14%
Medicaid	3%	4%
Patients and other third-party payors	<u>83%</u>	<u>82%</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

The accompanying audited financial statements of Neshoba County General Hospital and Neshoba County Nursing Home for the years ended September 30, 2017, and 2016, include the audited financial statements of Neshoba County Ambulance Enterprise for the same period then ended presented as a discretely presented component unit. Separate audited financial statements of Neshoba County Ambulance Enterprise for the years ended September 30, 2017 and 2016 were issued with a report date of January 10, 2018.

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 all operational expenses necessary for the establishment and continued operation of a public ambulance service. The Ambulance Enterprise agrees to reimburse Neshoba County General Hospital and Neshoba County Nursing Home for its actual compensation costs incurred for the employees for their time spent, as well as any other direct out of pocket costs incurred in performance of the ambulance services. The Ambulance Enterprise incurred \$2,207,051, and \$2,045,746, in expenses that were paid by Neshoba County General Hospital and Neshoba County Nursing Home during the years ended September 30, 2017, and 2016, respectively. The Ambulance Enterprise had a payable due to Neshoba County General Hospital and Neshoba County Nursing Home of \$142,284, and 127,496, as of September 30, 2017, and 2016, respectively. Under the terms of this agreement 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.

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 April 12, 2018, (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.

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2017, and 2016

	_	2017		2016
Inpatient:				
Nursing Services:				
Routine care	\$	1,783,365	\$	1,745,383
Geriatric-psych program		1,282,160		1,323,080
Skilled nursing facility		11,639,542		11,718,976
Hospitalist		3,365,297		3,372,011
Other Nursing Services:		, , , , , , , , , , , , , , , , , , , ,		_,,
Operating and recovery rooms		16,316		33,989
Observation room		128,427		66,876
Critical care		_		2,625
Central service and supply		167,629		213,152
Emergency service		1,237,029		1,264,697
Total Nursing Services Revenue	_	19,619,765	-	19,740,789
Other Professional Services:	_		_	
Laboratory		4 405 405		4 500 717
Blood bank		1,435,485		1,520,747
		100,071		135,915
Electrocardiology		109,866		117,920
Radiology		1,485,310		1,448,452
Pharmacy CNE		2,584,074		2,724,858
Pharmacy - SNF		971,150		938,190
Anesthesiology		15,969		29,425
Inhalation therapy		3,823,127		3,955,476
Rehabilitation services	_	477,566	_	535,386
Total Other Professional Services Revenue	_	11,002,618	_	11,406,369
Total Inpatient Revenue	_	30,622,383	_	31,147,158
Outpatient:				
Nursing Services:				
Observation room		721,465		418,269
IOP		291,492		589,624
Other Nursing Services:		201,702		000,024
Operating and recovery rooms		5,137,768		4,391,883
Central service and supply		667,432		652,444
Emergency service		14,170,952		14,118,629
Total Nursing Services Revenue	\$-	20,989,109	s –	20,170,849
-	· —	-,000,.00	Ť –	

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2017, and 2016

	2017	2016
Outpatient: (Continued)		
Other Professional Services:		
Laboratory \$	7,105,611	\$ 6,578,373
Blood	144,567	121,584
Electrocardiology	551,079	567,549
Radiology	11,452,477	11,700,183
Pharmacy	2,448,643	2,670,403
Anesthesiology	1,613,561	1,350,822
Infusion therapy	5,938,451	4,058,089
Inhalation therapy	818,332	823,140
Rehabilitation services	4,140,915	3,447,735
Sleep center	580,967	408,457
Wound care	467,113	850,498
Clinic	10,060,695	9,109,401
Total Other Professional Services Revenue	45,322,411	41,686,234
Total Outpatient Revenue	66,311,520	61,857,083
Total Patient Services Revenue	96,933,903	93,004,241
Deductions from Patient Service Revenue:		
Contractual Adjustments and Allowances:		
Medicare	17,808,195	17,462,101
Medicaid	2,525,595	3,347,396
Medicaid - SNF	490,608	71,462
Blue Cross	3,710,053	4,380,922
Travelers	1,547,152	1,362,027
Champus	249,904	296,839
Self-insurance adjustment	1,084,218	746,535
Commercial adjustments	3,974,153	4,337,203
Mississippi hospital access	(481,543)	(593,633)
Upper payment limit payments	(889,263)	(1,444,952)
Administrative adjustments and other	12,767,196	12,927,276
Charity	2,559,639	1,525,771
Total Deductions from Patient Service Revenue	45,345,907	44,418,947
Provision for Uncollectible Accounts	7,036,031	5,076,229
Net Patient Services Revenue \$	44,551,965	\$ 43,509,065

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2017, and 2016

		2017		2016
Other Revenue:	•			
Medical records transcripts	\$	2,097	\$	1,046
Employee and other meals		485,686		437,445
Beauty shop - SNF		903		1,490
Services to Neshoba County Ambulance Enterprise *		1,508,003		1,484,457
Miscellaneous revenue		1,078,371		552,551
Lease income		31,544		24,017
Trauma care grant		10,000		10,000
Total Other Revenue	_	3,116,604	-	2,511,006
Electronic Health Records Incentive	_	161,562		596,922
Total Revenue	\$_	47,830,131	\$ _	46,616,993

^{* -} These are charges by the Hospital for providing staffing, management, maintenance and billing and collection services to Neshoba County Ambulance Enterprise

Primary Government

Detailed Schedules of Operating Expenses Years Ended September 30, 2017, and 2016

		2017			2016	
	Salaries	Supplies		Salaries	Supplies	
	and	and		and	and	
	Benefits	Drugs	Other	Salaries	Drugs	Other
Nursing Services:	Donomo	Drags	Other	- Julianes	Diugs	Other
Routine services	A 400E004	FF 000	450 400	A 4000 004		
	\$ 1,325,904	55,208	159,462	\$ 1,306,064	68,900	157,736
Geriatric-psych services	648,318	10,259	99,147	672,177	13,717	101,162
IOP	100,337	4,625	22,049	87,977	6,393	21,910
Hospitalist	283,338	-	223,389	321,320	<u>.</u>	231,353
Operating and recovery roo		272,152	335,046	288,286	233,666	270,957
Central service and supply	38,485	150,057	-	38,992	149,889	<u>-</u>
Emergency room	3,616,726	41,814	58,994	3,471,154	_31,063	54,160
Skilled nursing facility	3,666,989	802,085	329,621	3,583,033	734,419	143,576
Nursing administration	260,265	-	676	240,969	-	536
Other Professional						
Services:	740,000	447.000	400.007	745 700		
Laboratory Blood bank	746,892	417,666	192,327	715,768	417,347	191,184
	27.045	-	83,577		•	100,024
Electrocardiology Radiology	37,015	161 017	53,022	37,457		35,156
Pharmacy	857,022	161,917	1,560,953	827,585	59,776	1,747,911
Pharmacy-SNF	220,838	773,106 279,392	6,093	179,305	387,851	5,337
Anesthesiology	210,529 261,385	110	6.420	197,161	597,952	0.500
Infusion therapy	71,550	658,745	6,428	180,457	-	6,598
Inhalation therapy	305,813	83,235	197,662 12,706	63,379	959	112,466
Rehabilitation services	23,466	62,682	1,323,160	292,191 22,269	78,593	16,432
Ambulance	1,235,387	02,002	25,857	1,208,665	43,038	1,056,382
Medical records	405,384	24,851	128,875	392,920	21,659	24,000
Medical records-SNF	27,275	24,001	120,075	23,333	21,009	104 ,166
PSRO	114,058	6,738	34,949	110,999	1,755	53,894
Sleep Center	102,245	6,711	30,208	69,316	8,182	22,760
Wound Care	111,614	27,646	48,770	57,846	12,462	55,103
Social services-SNF	194,807	1,626	574	195,289	31	369
Clinic	5,315,685	680,655	833,808	4,540,013	612,312	880,227
General Services:		•		.,,	- 12,012	000,221
Dietary	345,409	540,881	35,053	376,321	558,108	24,621
Dietary-SNF	332,486	573,913	23,567	333,779	559,100	18,150
Maintenance	73,908	49,514	915,443	72,030	56,198	817,919
Maintenance-SNF	99,452	2,454	18,655	118,573	,	4,661
Housekeeping	-	74,926	487,028	, <u>-</u>	86,906	446,522
Housekeeping-SNF	-	50,884	316,637	-	57,937	291,840
Laundry and linen	-	4,809	68,311	_	3,237	45,471
Laundry and linen-SNF	<u>-</u>	5,886	86,265	-	7,501	97,697
Security	138,416	1,874	369	125,900	286	895
Security-SNF	31,743		-	31,725	-	-
Beauty shop-SNF	33,362	2,408	-	37,363	3,446	-
Administrative and Fiscal						
Services:						
Administrative	1,768,776	274,992	2,931,520	1,673, 4 23	518,312	3,141,324
Administrative-SNF	146,757	-	798,012	146,312	· -	805,418
Employee benefits	3,105,748	-	-	2,816,635	-	· -
Employee benefits-SNF	1,849,245			1,837,288		
Total Operating Expenses	\$ <u>28,466,007</u>	6,103,821	11,448,213	\$ <u>26,693,274</u>	5,330,995	11,087,917

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Primary Government Schedule of Surety Bonds for Officials and Employees September 30, 2017

Name	Position	Company	Amount of Bond	
Lee Mcall	Chief Executive Officer	Travelers Casualty and Surety Company of America	\$ 10,000	
Kenneth Posey	Trustee	Travelers Casualty and Surety Company of America	\$ 50,000	
Oliver Jolly	Trustee	Travelers Casualty and Surety Company of America	\$ 50,000	
Jean Brazzle	Trustee	Travelers Casualty and Surety Company of America	\$ 50,000	
Jo Helen Daly	Trustee	Travelers Casualty and Surety Company of America	\$ 50,000	

Travelers Casualty and Surety Company of America

\$ 50,000

Trustee

Roger Owen



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants James L. Stafford, CPA
Harry W. Stevens, CPA
S. Keith Winfield, CPA
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Michael W. McCully, CPA
Mort Stroud, CPA
R. Steve Sinclair, CPA
Marsha L. McDonald, CPA
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Kimberly S. Caskey, CPA
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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, 2017, and 2016, 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, 2017, and 2016, 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 April 12, 2018.

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 April 12, 2018 Watkins Ward and Staffad, Puc



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants James L. Stafford, CPA
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Jerry L. Gammel, CPA
Michael C. Knox, CPA
Clifford P. Stewart, CPA

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, 2017, and 2016, 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, 2017, and 2016, and have issued our report thereon dated April 12, 2018.

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. 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.

Eupora, Mississippi April 12, 2018 Watkins Ward and Stafford, Puc