FINANCIAL STATEMENTS

for the years ended September 30, 2021 and 2020



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INDEPENDENT AUDITOR'S REPORT

Members of the Board Madison County Health and Hospital District Madison, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Madison County Health and Hospital District (District), which comprise the balance sheets as of September 30, 2021 and 2020, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District'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 District'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.

Continued

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Madison County Health and Hospital District as of September 30, 2021 and 2020 and the changes in its financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As disclosed in Note 14 to the financial statements, the District is facing financial difficulty and recurring operating losses. The District has become fiscally dependent on Madison County. See Note 14 for additional details. Our opinion is not modified with respect to this matter.

Required Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 28, 2022, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Albany, Georgia February 28, 2022

Dreffin . Tenker, LLP



Management's Discussion and Analysis For the Year Ended September 30, 2021

Our discussion and analysis of the Madison County Health and Hospital District's ("District") financial performance provides an overview of the District's financial activities during the fiscal years ended September 30, 2021 and 2020. Please read it in conjunction with the District's financial statements and accompanying notes.

Financial Highlights

- The District's net position increased \$2,375,826 in 2021 or 60% increase in 2021 and decreased \$1,380,669 or 54% in 2020.
- The District reported net operating losses of \$2,449,436 in 2021 and \$1,607,373 in 2020.

Using This Annual Report

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

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

Our analysis of the District's finances begins on page 7. One of the most important questions asked about the District's finances is, "Is the District as a whole better or worse off as a result of the year's activities?" The Balance Sheet and the Statement of Revenues, Expenses, and Changes in Net Position report information about the District'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 District's net position and changes in them. You can think of the District's net position - the difference between assets and liabilities - as one way to measure the District's financial health, or financial position. Over time, increases or decreases in the District'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 District'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 District.

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Management's Discussion and Analysis For The Year Ended September 30, 2021

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from 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 District's Net Position

The District's net position is the difference between its assets and liabilities reported on the balance sheet. The following table summarizes the balance sheets as of September 30, 2021, 2020 and 2019:

Balance Sheet Data

		<u>2021</u>	<u>2020</u>	<u>2019</u>
Current assets Capital assets, net Other noncurrent assets	\$	6,222,790 14,054,687 954,919	\$ 8,295,055 14,514,777 826,471	\$ 4,611,868 15,220,226 695,625
Total assets	<u>\$</u>	21,232,396	\$ 23,636,303	\$ 20,527,719
Current liabilities Long-term debt Due to Madison County	\$	1,583,313 20,968,518 238,205	\$ 5,051,725 22,356,532 161,512	\$ 1,315,925 21,764,591 -
Total liabilities		22,790,036	 27,569,769	 23,080,516
Net position: Net investment in capital assets Restricted Unrestricted	_	(7,019,790) 954,919 4,507,231	(6,867,700) 826,471 2,107,763	(6,457,251) 695,625 3,208,829
Total net position		(1,557,640)	 (3,933,466)	 (2,552,797)
Total liabilities and net position	<u>\$</u>	21,232,396	\$ 23,636,303	\$ 20,527,719

Total cash decreased by approximately \$1,728,000, ending the year at approximately \$3.6 million. The cash on hand at year end equaled 113 days of expense requirements. Capital asset additions totaled approximately \$919,000 for the year. The District's current liabilities decreased approximately \$3,468,000 due to CARES Act funding being recognized in the current year. See Note 15 for additional information. The District's long-term debt decreased by approximately \$1,409,000 as the result of PPP loan forgiveness and scheduled debt maturities.

Management's Discussion and Analysis For The Year Ended September 30, 2021

The District's Net Position, Continued

The following table summarizes the revenues and expenses for the periods ended September 30, 2021, 2020 and 2019:

Statement of Revenue and Expense Data

		<u>2021</u>	<u>2020</u>	<u>2019</u>
Operating revenues	\$	10,579,100	\$ 9,607,426	\$ 9,415,034
Operating expenses	_	13,028,536	 11,214,799	 9,992,700
Operating loss		(2,449,436)	(1,607,373)	(577,666)
Nonoperating revenues (expenses)		4,636,262	 14,554	 (173,637)
Excess revenues (expenses)		2,186,826	(1,592,819)	(751,303)
Capital grants and contributions		189,000	 212,150	 132,500
Increase (decrease) in net position		2,375,826	(1,380,669)	(618,803)
Net position at beginning of year		(3,933,466)	 (2,552,797)	 (1,933,994)
Net position at end of year	\$	(1,557,640)	\$ (3,933,466)	\$ (2,552,797)

Excess revenues increased approximately \$3,780,000 in 2021. This improvement over the prior year was primarily related to the Paycheck Protection Program loan being forgiven by the Small Business Administration and the recognition of Provider Relief Fund grants during 2021.

Operating expenses increased approximately \$1,814,000 which was largely related to the additional salaries and bonuses paid due to COVID-19.

Management's Discussion and Analysis For The Year Ended September 30, 2021

Capital Assets and Debt

At the end of 2021, the District had approximately \$14 million invested in capital assets, net of accumulated depreciation. Additions during 2021, totaling approximately \$919,000, include laundry equipment and replacement of the IT server.

The District did not incur any new indebtedness in 2021. A recap of the District's long-term debt outstanding at September 30, 2021, 2020 and 2019 follows:

<u>Description</u>	Interest Rates		<u>2021</u>		<u>2020</u>		<u>2019</u>
MCCB note	Variable Rates	\$	50,555	\$	115,738	\$	123,562
Office of Tourism	0%		66,971		114,971		162,971
Madison County BOCC	0.370%		151,614		151,614		151,614
Paycheck Protection Program	1%		-		987,932		-
Series 2014 USDA bonds	4%	21	1,074,477	2	1,382,477	_2	1,677,477
Total debt		<u>\$ 21</u>	,343,617	\$ 2	2,752,732	<u>\$ 2</u>	2,115,624

Contacting the District's Financial Management

This financial report is designed to provide a general overview of the District's finances. If you have questions about this report or need additional financial information, contact the District's management at Madison County Memorial Hospital, 224 N.W. Crane Avenue, Madison, Florida 32340.

BALANCE SHEETS September 30, 2021 and 2020

	<u>2021</u>		2020
ASSETS			
Current assets:			
Cash	\$ 3,604,366	\$	5,332,116
Short-term investments Patient accounts receivable, net of contractual allowances and estimated uncollectibles of	264,328		262,087
\$3,551,000 in 2021 and \$5,200,000 in 2020	1,237,129		771,970
Estimated third-party payor settlements	676,769		1,534,893
Inventory and other current assets	 440,198		393,989
Total current assets	 6,222,790		8,295,055
Restricted assets:			
Receivable from Madison County	 954,919		826,471
Capital assets:			
Nondepreciable	518,910		518,910
Depreciable, net of accumulated depreciation	 13,535,777		13,995,867
Total capital assets, net of accumulated depreciation	 14,054,687		14,514,777
Total assets	\$ 21,232,396	<u>\$</u>	23,636,303

BALANCE SHEETS, Continued September 30, 2021 and 2020

	<u>2021</u>		<u>2020</u>
LIABILITIES AND NET PO	SITION		
Current liabilities: Current maturities of long-term debt Accounts payable Accrued salaries and benefits payable Unearned revenue Other accrued expenses	273 635	5,099 \$ 3,967 5,721 - 3,526	396,200 217,422 569,624 3,569,953 298,526
Total current liabilities	1,583	3,313	5,051,725
Long-term liabilities: Due to Madison County Long-term debt, excluding current maturities Total liabilities	238 20,968 	<u> </u>	161,512 22,356,532 27,569,769
Net position: Net investment in capital assets Restricted for debt service Unrestricted	(7,019 954 4,507	1,919	(6,867,700) 826,471 2,107,763
Total net position	(1,557	<u>',640</u>)	(3,933,466)
Total liabilities and net position	<u>\$ 21,232</u>	2,396 \$	23,636,303

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION September 30, 2021 and 2020

	2021	2020
Operating revenues:		
Net patient service revenue (net of provision for bad		
debts of \$2,996,000 in 2021 and \$2,385,000 in 2020)	\$ 10,131,797	\$ 9,489,370
Other revenue	447,303	118,056
Total operating revenues	10,579,100	9,607,426
Operating expenses:		
Salaries	6,562,713	5,320,353
Employee benefits	794,956	640,254
Purchased services	1,884,050	1,650,858
Supplies	1,440,776	1,381,763
Depreciation	1,351,993	1,286,555
Insurance	104,382	115,939
Rents and leases	100,845	80,625
Other expenses	788,821	738,452
·	<u> </u>	
Total operating expenses	13,028,536	11,214,799
Operating loss	(2,449,436)	(1,607,373)
Nonoperating revenues (expenses):		
Sales tax revenue	782,128	687,917
Interest income and other	159,990	202,049
Provider Relief Fund grants	3,569,953	202,010
Discharge of PPP loan	987,932	_
Interest expense	(863,741)	(875,412)
Total nonoperating revenues	4,636,262	14,554
Excess revenues (expenses)	2,186,826	(1,592,819)
Capital grants and contributions	189,000	212,150
Increase (decrease) in net position	2,375,826	(1,380,669)
Net position, beginning of year	(3,933,466)	(2,552,797)

See accompanying notes to financial statements.

(1,557,640)

(3,933,466)

Net position, end of year

STATEMENTS OF CASH FLOWS for the years ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities: Cash received from patients and payors Cash payments to vendors and other suppliers Cash payments to employees	\$ 10,972,065 (4,337,478) (7,291,572)	\$ 8,626,978 (4,233,237) (5,864,242)
Net cash used by operating activities	(656,985)	(1,470,501)
Cash flows from noncapital financing activities: Cash received from Provider Relief Fund grants Proceeds from issuance of long-term debt Proceeds from Madison County loan	- - 76,693	3,654,270 987,932 161,512
Net cash provided by noncapital financing activities	76,693	4,803,714
Cash flows from capital and related financing activities: Capital grants and contributions Proceeds from tax revenue Principal paid on long-term debt Cash paid for interest Proceeds from sale of Annex building Purchase of capital assets	189,000 653,680 (421,183) (863,741) 60,000 (890,296)	212,150 557,071 (350,824) (875,412) - (552,196)
Net cash used by capital and related financing activities	(1,272,540)	(1,009,211)
Cash flows from investing activities: Purchase of short-term investments Interest income and other	(2,241) 127,323	(2,276) 117,732
Net cash provided by investing activities	125,082	115,456
Net increase (decrease) in cash	(1,727,750)	2,439,458
Cash, beginning of year	5,332,116	2,892,658
Cash, end of year	\$ 3,604,366	\$ 5,332,116

STATEMENTS OF CASH FLOWS, Continued for the years ended September 30, 2021 and 2020

		<u>2021</u>	<u>2020</u>
Reconciliation of operating loss to net cash flows used by operating activities:			
Operating loss Adjustments to reconcile operating loss to net cash used by operating activities:	\$	(2,386,944)	\$ (1,607,373)
Depreciation		1,351,993	1,286,555
Provision for bad debt Change in:		2,996,296	2,385,067
Patient accounts receivable		(3,461,455)	(2,000,016)
Inventory and other current assets		(46,209)	(261,005)
Estimated third-party payor settlements		795,632	(1,365,499)
Accounts payable		27,605	(4,595)
Accrued salaries and benefits payable		66,097	 96,365
Net cash used by operating activities	<u>\$</u>	(656,985)	\$ (1,470,501)
Supplemental disclosure of noncash capital and related and financing activities: Acquisition of capital assets included in accounts			
payable	\$		\$ 28,910

The Hospital received PPP loan forgiveness of \$987,932 from SBA in 2021. See Note 7 for additional information.

NOTES TO FINANCIAL STATEMENTS September 30, 2021 and 2020

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

Organization

Madison County Health and Hospital District (District) is an independent special district organized under Section 2003-333 of the Laws of Florida for the purpose of providing public health care services. The District has a seven-member governing board that is appointed by the Governor of the State of Florida. The members of the District's board also serve as members of the Board of Directors of Madison County Hospital Health Systems, Inc., D/B/A Madison County Memorial Hospital (Hospital), a Florida not-for-profit corporation under Internal Revenue Code 501(c)(3). The Hospital is a blended component unit of the Madison County Health and Hospital District located in Madison, Florida.

The Hospital is a 25 bed critical access healthcare facility licensed by the State of Florida through the Agency for Healthcare Administration. Serving its rural community since 1938, the Hospital offers ancillary services such as: routine radiology, mammography, ultrasound, laboratory, respiratory therapy, as well as providing a 24 hour emergency room, swing bed services (skilled nursing beds) and an acute care setting for inpatients.

The District has leased all assets, liabilities and operations to the Hospital for a period of 40 years expiring on October 1, 2052; as such the District does not have any activity. The District retains oversight of the Hospital as they share the same members of the board. The activity presented in the accompanying financial statements and notes to the financial statements represents the operations of the Hospital.

Tax Status

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

The Hospital is a not-for-profit organization exempt from income taxes, except on unrelated business income, under Internal Revenue Code Section 501(c)(3).

The Hospital applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Hospital only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

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

Tax Status, Continued

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of September 30, 2021 and 2020 or for the years then ended. The Hospital's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Use of Estimates

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

Enterprise Fund Accounting

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

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

Allowance for Doubtful Accounts

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

Inventory

Inventory which consists principally of medical and other supplies, is valued at the lower of cost or market on the first-in, first-out (FIFO) method.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

1. Summary of Significant Accounting Policies, Continued

Receivable from Madison County

Receivable from Madison County includes tax monies collected by Madison County pursuant to a voter approved one-half-cent sales surtax on the purchase of goods ("Sales Surtax") under the authority of Section 212.055(7), Florida Statutes which allowed for the financing and construction of the new Hospital facility. The assets are held by Madison County under the terms of the interlocal agreement between the District and Madison County dated March 15, 2011, on behalf of the District. These funds are restricted by covenants to be used only for debt service related to bonds held by the United States Department of Agriculture, Rural Development Division.

Capital Assets

Facilities owned by the District are operated by the Hospital. The capital asset acquisitions are reported at historical cost. Contributed capital assets are reported at their acquisition value at the time of their donation. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful life is assigned using AHA Useful Lives Guidelines listed below. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Land improvements 15 to 20 years
Buildings and improvements 5 to 40 years
Equipment 3 to 15 years

Net Position

Net position is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital assets reduced by liabilities related to those assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue bond indentures. *Unrestricted net position* is the remaining net amount of assets and liabilities that do not meet the definition of *net investment in capital assets* or the *restricted net position*.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

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

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital 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 arrangements 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.

Charity Care

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

Operating Revenues and Expenses

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

Compensated Absences

The Hospital's employees earn paid time off (benefit time) at varying rates depending on years of service. Benefit time accumulates up to a maximum of 300 hours based on years of service. The estimated amount of benefit time payable is reported as a current liability in 2021 and 2020.

Unearned Revenue

Unearned revenue arises when assets are recognized before revenue recognition criteria have been satisfied. CARES Act advance payments are reported as unearned revenue until all applicable eligibility requirements are met. See Note 15 for additional information.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

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

Grants and Contributions

From time to time, the Hospital receives contributions from Madison County, individuals and private organizations. Revenues from contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. 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 revenue. The Hospital received \$189,000 and \$212,150 in grants from the United States Department of Agriculture (USDA) for the years ended in 2021 and 2020, respectively. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. See Note 15 to the financial statements for funding related to the CARES Act.

Restricted Resources

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

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; workers compensation; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from all such matters other than malpractice claims for which the Hospital is self-insured, see Note 11. The Hospital is insured for employee health insurance, see Note 12.

Impairment of Long-Lived Assets

The Hospital evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Hospital has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the years ended September 30, 2021 and 2020.

Financing Cost

Costs incurred in connection with the issuance of bonds and notes are expensed in the period in which they are incurred.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

1. Summary of Significant Accounting Policies, Continued

Accounting Pronouncement Not Yet Adopted

In June 2017, the GASB issued Statement No. 87, Leases (GASB 87). GASB 87 establishes standards of accounting and financial reporting by lessees and lessors. GASB 87 will require a lessee to recognize a lease liability and an intangible right-to-use lease asset at the commencement of the lease term, with certain exceptions, and will require a lessor to recognize a lease receivable and a deferred inflow of resources at the commencement of the lease term, with certain exceptions. GASB 87 is effective for fiscal years beginning after June 15, 2021 with GASB 95 deferral. The District is currently evaluating the impact GASB 87 will have on its financial statements.

2. Net Patient Service Revenue

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

Revenue from the Medicare and Medicaid programs accounted for approximately 74% and 13%, respectively, of the Hospital's net patient service revenue for the year ended 2021 and 77% and 10%, respectively, of the Hospital's net patient service revenue for the year ended 2020. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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

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

Medicare

Effective January 1, 2006, the Hospital was granted Critical Access Hospital (CAH) designation by the Medicare program. The CAH designation places certain restrictions on daily acute care inpatient census and an annual, average length of stay of acute care inpatients. Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

2. Net Patient Service Revenue, Continued

Medicare, Continued

The Hospital is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Administrative Contractor (MAC). The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital. The Hospital's Medicare cost reports have been audited by the MAC through September 30, 2018.

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid based upon a prospective cost reimbursement methodology. The Hospital is paid at a rate based upon the most recent cost report processed by the Agency for Health Care Administration adjusted for inflation and regional cost limitation.

The Hospital recorded revenue for funding from the State of Florida under the Medicaid Rural Financial Assistance Program (Program). In 2021 and 2020, the Hospital qualified for the rural assistance DSH payment.

	<u>2021</u>			<u>2020</u>		
Rural assistance DSH payments	\$	221,000	\$	256,000		

Program proceeds are based on an allocation of a fixed sum appropriated by the Florida Legislature to be distributed to eligible rural hospitals based on the level of indigent and Medicaid care provided. Such amounts have been recognized as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position.

Other Arrangements

The Hospital has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

2. <u>Net Patient Service Revenue, Continued</u>

• <u>Uninsured Patients</u>

The Hospital has a Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, an individual will not be charged more than the Amounts Generally Billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care. AGB is calculated by reviewing claims that have been paid in full (including deductibles and coinsurance paid by the patient) to the Hospital for medically necessary care by Medicare and private health insurers during a 12-month look-back period.

3. <u>Uncompensated Services</u>

The Hospital was compensated for services at amounts less than its established rates. Charges for uncompensated services for 2021 and 2020 were approximately \$12,353,000 and \$12,283,000, respectively.

Charges for uncompensated care included charity and indigent care services of approximately \$512,000 and \$310,000 for fiscal years 2021 and 2020, respectively. The cost of charity and indigent care services provided during 2021 and 2020 was approximately \$316,000 and \$172,000, respectively computed by applying a total cost factor to the charges forgone.

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

	<u>2021</u>	<u>2020</u>
Gross patient charges	\$ 22,484,421	\$ 21,772,472
Uncompensated services:		
Charity and indigent care	511,808	309,773
Medicare	4,533,296	5,264,287
Medicaid	1,398,241	1,410,433
Other allowances	2,912,983	2,913,542
Provision for bad debts	2,996,296	2,385,067
Total uncompensated care	12,352,624	12,283,102
Net patient service revenue	\$ 10,131,797	\$ 9,489,370

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

4. Cash and Investments

The composition of cash and investments on the balance sheet includes the following:

	<u>2021</u>	<u>2020</u>
Cash - demand deposit accounts Short-term investment - certificate of deposit	\$ 3,604,366 264,328	\$ 5,332,116 262,087
Total cash and investments	\$ 3,868,694	\$ 5,594,203

• Certificate of deposit. The term of the certificate of deposit is twelve months and is reported at amortized cost which approximates fair value.

Custodial credit risk is the risk that, in the event of the failure of a depository financial institution, the Hospital will not be able to recover its deposits. Deposits are exposed to custodial credit risk if they are not covered by depository insurance or the deposits are uncollateralized.

The Hospital's unrestricted cash balances in checking and savings accounts and time deposits are held by banks qualified as public depositories under Florida law. All deposits are insured by Federal depository insurance, up to specified limits, or collateralized with securities held in Florida's multiple financial institution collateral pool as required by Chapter 280, Florida Statutes.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

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

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at September 30, 2021 and 2020 consisted of these amounts:

		<u>2021</u>		<u>2020</u>
Patient accounts receivable: Receivable from patients and their insurance				
carriers	\$	3,215,287	\$	4,737,901
Receivable from Medicare		1,333,989		773,359
Receivable from Medicaid		238,853		460,710
Total patient accounts receivable		4,788,129		5,971,970
Less allowance for uncollectible amounts and contractual adjustments		3,551,000		5,200,000
Patient accounts receivable, net	\$	1,237,129	\$	771,970
Accounts payable and accrued expenses:				
Payable to employees (including payroll taxes)	\$	635,721	\$	569,624
Payable to suppliers	•	273,967	,	217,422
Payable to others		298,526		298,526
Total accounts payable and accrued				
expenses	\$	1,208,214	\$	1,085,572

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

6. <u>Capital Assets</u>

Capital asset changes for the years ended September 30, 2021 and 2020 are as follows:

	Balance September 30, <u>2020</u>		<u>Increases</u>		<u>Decreases</u>		Se	Balance eptember 30, 2021
Land Construction in progress	\$	490,000 28,910	\$	- -	\$	- -	\$	490,000 28,910
Total capital assets not being depreciated		518,910			_			518,910
Land improvements Buildings Equipment Software Leasehold improvements Capitalized interest		13,960 19,038,778 3,570,491 475,855 59,607 802,330		- 67,780 842,456 9,000 - -		- (100,000) - - - -		13,960 19,006,558 4,412,947 484,855 59,607 802,330
Total capital assets being depreciated	_	23,961,021	_	919,236	_	(100,000)	_	24,780,257
Less accumulated depreciation: Land improvements Buildings Equipment Software Leasehold improvements Capitalized interest		(11,960) (6,619,905) (2,546,821) (466,455) (59,607) (260,406)		(1,000) (1,039,175) (260,190) (9,400) - (42,228)		- 72,667 - - - -		(12,960) (7,586,413) (2,807,011) (475,855) (59,607) (302,634)
Total accumulated depreciation		(9,965,154)		(1,351,993)		72,667		(11,244,480)
Capital assets being depreciated, net		13,995,867		(432,757)	_	(27,333)		13,535,777
Capital assets, net	\$	14,514,777	<u>\$</u>	(432,757)	\$	(27,333)	\$	14,054,687

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

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

	Balance September 30, <u>2019</u>	<u>Additions</u>	Retirements	Balance September 30, <u>2020</u>
Land Construction in progress	\$ 490,000	\$ - 28,910	\$ - -	\$ 490,000 28,910
Total capital assets not				
being depreciated	490,000	28,910		518,910
Land improvements	13,960	<u>-</u>	<u>-</u>	13,960
Buildings	19,010,636	28,142	_	19,038,778
Equipment	3,046,438	524,053	_	3,570,491
Software	475,855	-	-	475,855
Leasehold improvements	59,607	_	_	59,607
Capitalized interest	802,330			802,330
Total capital assets				
being depreciated	23,408,826	552,195		23,961,021
Less accumulated depreciation:				
Land improvements	(10,960)	(1,000)	-	(11,960)
Buildings	(5,583,380)	(1,036,525)	-	(6,619,905)
Equipment	(2,349,420)	(197,401)	-	(2,546,821)
Software	(457,055)	(9,400)	-	(466,455)
Leasehold improvements	(59,607)	-	-	(59,607)
Capitalized interest	(218,178)	(42,228)		(260,406)
Total accumulated				
depreciation	(8,678,600)	(1,286,554)		(9,965,154)
Capital assets being depreciated, net	14,730,226	(734,359)		13,995,867
Capital assets, net	\$ 15,220,226	\$ (705,449)	\$ -	\$ 14,514,777

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

7. <u>Long-Term Debt</u>

Long-term debt schedule of changes for 2021 and 2020 are as follows:

		Balance tember 30, 2020	Add	<u>litions</u>	Re	ductions		Balance tember 30, 2021	Dι	mounts ue Within ne Year
Direct borrowings: MCCB note payable Office of Tourism	\$	115,738	\$	-	\$	65,183	\$	50,555	\$	9,099
note payable Madison County BOCC note		114,971		-		48,000		66,971		48,000
payable PPP loan Direct placement:		151,614 987,932		-		- 987,932		151,614 -		-
Series 2014 USDA bonds		21,382,477				308,000	2	21,074,477		318,000
Total long- term debt	<u>\$ 2</u>	22,752,732	\$		<u>\$ 1</u>	,409,115	\$ 2	21,343,617	\$	375,099
		Balance tember 30, 2019	Add	<u>litions</u>	<u>Re</u>	ductions		Balance tember 30, 2020	Dι	mounts ie Within ne Year
Direct borrowings: MCCB note payable	\$	123,562	\$	-	\$	7,824	\$	115,738	\$	8,549
Office of Tourism note payable Madison County		162,971		-		48,000		114,971		48,000
BOCC note payable PPP loan Direct placement:		151,614 -	9	- 987,932		-		151,614 987,932		- 31,651
Series 2014 USDA bonds		21,677,477				295,000	2	21,382,477		308,000
Total long-term debt	<u>\$ 2</u>	22,115,624	<u>\$ 9</u>	87,932	<u>\$</u>	350,824	<u>\$ 2</u>	22,752,732	\$	396,200

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

7. <u>Long-Term Debt, Continued</u>

• Long-Term Notes:

- Madison County Community Bank, at an interest rate of prime + 1.5%, currently at 6.25%. Final payment due September 1, 2030, collateralized by real estate. The note payable contains a provision that in an event of default, outstanding obligations may become immediately due and payable.
- ➤ Florida Office of Tourism, Trade, and Economic Development (OTTED), whereas the original agreement dated December 22, 2006 in the amount of \$450,000 with a term of four years plus simple interest of 3%, reached a settlement with the Hospital in October 2016, as no payments were made in either 2015 or 2016 due to the economic condition of the Hospital. Per the terms of the settlement agreement, the OTTED agrees to forgive accrued interest and penalties. The settlement amount of \$306,971 will be repaid in monthly installments of \$4,000 beginning October 15, 2016 at zero percent interest.
- Madison County Board of County Commissioners, at an interest rate of 0.370%, unsecured. The Hospital did not make payments toward this note in 2020 or 2021. Madison County Board of Commissioners has delayed the due date of the note until the Hospital is in a better position to pay off the note.
- ➤ Paycheck Protection Program, at an interest rate of 1% unsecured. During 2021, the loan was forgiven in full.

On October 31, 2014, the District issued Hospital Revenue Bond Series 2014 in the amount of 22,543,400, at an interest rate of 4.00% with final payment due September 1, 2054. These bonds are payable to the United States Department of Agriculture Rural Development Division (USDA) and are first collateralized by a lien on all revenues received from the Local Government Half-Cent Sales Tax and a first lien on all revenues received by the District and its operational entity Madison County Hospital Health Systems, Inc., from the operation of the Hospital and all other activities. In March 2018, the District and the USDA entered into an agreement to substitute the original bond payment schedule with a revised version as the original principal payments were incorrectly calculated. Under the revised schedule, the overpayment of the 2017 principal payment was applied to the 2018 revised amount resulting in no payment to be required by the District for 2018. The five year debt summary has been updated to reflect these changes. No other changes were made to the agreements.

As part of the USDA requirements, the Hospital must meet certain conditions and reporting requirements as well as establish and fund a debt service reserve fund equal to 10% of the annual payment each year until the equivalent of one annual installment is accumulated. At September 30, 2021, the Hospital was in compliance with the debt service reserve requirement.

The Revenue Bonds include a provision that in an event of continuing default, USDA may take whatever action at law or in equity may appear necessary or desirable to collect the amounts then due and thereafter to become due.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

7. <u>Long-Term Debt, Continued</u>

On April 20, 2020, the Hospital received loan proceeds in the amount of \$987,932 under the Paycheck Protection Program (PPP). The PPP, established as a part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after the covered period as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period. The unforgiven portion of the PPP loan is payable over five years at an interest rate of 1 percent, with a deferral of payments for the first ten months after the covered period. The Hospital believes its use of the proceeds is consistent with the PPP and applied for forgiveness. The Hospital will recognize any forgiveness of the loan at the time the Hospital is legally released from the debt. During 2021, the Small Business Administration issued full forgiveness for the loan in the amount of \$987,932.

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

Years Ending September 30:	<u>P</u>	<u>rincipal</u>	<u>Interest</u>			<u>Total</u>
2022	\$	375,099	\$	849,354	\$	1,224,453
2023		513,270	·	836,049	·	1,349,319
2024		356,307		822,106		1,178,413
2025		368,970		807,605		1,176,575
2026		383,494		792,576		1,176,070
2027-2031	2	2,102,000		3,710,781		5,812,781
2032-2036	2	2,559,000		3,254,422		5,813,422
2037-2041	3	3,114,000		2,699,051		5,813,051
2042-2046	3	3,786,000		2,023,906		5,809,906
2047-2051	2	1,605,000		1,203,055		5,808,055
2052-2054	3	3,180,477		255,857		3,436,334
Total	\$ 21	1,343,617	<u>\$</u>	17,254,762	\$	38,598,379

8. Pension Plan

The Madison County Memorial Hospital 401(k) Savings Plan (Plan) was established by the Hospital and administered by The Pension Center of Florida, Inc. to provide benefits at retirement to substantially all employees of the Hospital who have completed six months of service and have attained 21 years of age. Plan provisions and contribution requirements are established and may be amended by the Hospital.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

8. Pension Plan, Continued

Pension expense for the years ended September 30, 2021 and 2020 was \$19,164 and \$16,214, respectively. The amount of employer contributions to be made for any particular year end with respect to any particular participant is not to exceed 3%. Employees begin vesting after two years of service at 20% each year until they become fully vested in year six. Employees vest immediately in their contributions. The Hospital had an outstanding liability of \$11,260 and \$12,358 related to the plan at September 30, 2021 and 2020, respectively. There were no forfeitures recorded for the years ended September 30, 2021 and 2020.

9. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Medicare	44%	36%
Medicaid	6%	11%
Commercial and other	43%	36%
Self-pay	7%_	17%_
Total	100%	100%

10. Contingencies and Commitments

Health Care Reform

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

Litigation

The Hospital is involved in various claims and lawsuits arising out of the conduct of its business. The ultimate outcome of these matters is uncertain at this time; however, management does not believe that the ultimate liabilities resulting from the claims, if any, will have a material adverse effect on the Hospital's financial position, results of operations, or cash flows.

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

10. <u>Contingencies and Commitments, Continued</u>

Operating Leases

The Hospital leases certain equipment from third parties. Total lease expense was \$100,845 and \$80,625 for the years ended September 30, 2021 and 2020, respectively. Future minimum lease payments under noncancelable operating leases at September 30, 2021 are as follows:

Year Ending September 30	<u>Total</u>
2022	\$ 27,741
2023	27,741
2024	 27,741
Total	\$ 83,223

11. Malpractice Insurance

The Hospital is self-insured for malpractice claims. As a component unit of the District, a subdivision of the state of Florida, the Hospital has sovereign immunity for medical malpractice claims. As such, claim settlements may not exceed \$200,000 per individual and \$300,000 per occurrence.

Various claims and assertions have been made against the Hospital in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, due to minimal prior expenses, the Hospital has not accrued a reserve for such asserted and unasserted claims.

12. Employee Health Insurance

The Hospital has purchased group health insurance coverage for the Hospital employees and their covered dependents. Under the group insurance program, the Hospital paid \$219,739 and \$183,697 in 2021 and 2020, respectively.

13. Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

13. <u>Compliance Plan, Continued</u>

enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Hospital has implemented a compliance plan focusing on such issues. There can be no assurance that the Hospital will not be subjected to future investigations with accompanying monetary damages.

14. Economic Dependency

The District has experienced net operating losses over the last several years which has resulted in an overall negative net position. The District currently receives a one-half-cent sales tax approved by the voters of Madison County to be used for the construction of the new hospital facilities in Madison County. The intention of these funds is to pay for the debt service related to the new hospital which opened in August 2014. The first principal payments became due on September 1, 2017. Without the support of the County, it would be doubtful the District would be able to meet these obligations. The District met with the USDA and revised the payment schedule of the 2014 USDA bonds to enable the District to be better able to meet the obligations. In addition, the Hospital requested assistance from the County for half of the expected 2022 USDA loan interest payment of \$400,000. The request has not yet been approved.

The Hospital has entered into a lease with Nova Ortho and Spine, PLLC leasing the operating room suite for one day per week at \$1,800 per month beginning in October 2021 and elective surgeries will begin in December 2021.

The Hospital was approved for \$300,000 USDA grant expected to close in January 2022. In addition, the Hospital received a USDA grant in the amount of \$1,000,000 in January 2022 for the purchase of a new IT EHR platform.

The Hospital applied for Phase 4 Provider Relief Funding with HRSA in October 2021.

The ultimate outcome of these plans is uncertain; however, management believes with the continued support of the County sales tax and progress toward their goals, they will be able continue to provide services to Madison County and surrounding areas.

15. Coronavirus (COVID-19)

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

NOTES TO FINANCIAL STATEMENTS, Continued September 30, 2021 and 2020

15. Coronavirus (COVID-19), Continued

On March 27, 2020, the President signed the Coronavirus, Aid, Relief, and Economic Security Act (CARES Act). Certain provisions of the CARES Act provide relief funds to hospitals and other healthcare providers. The funding is to be used to support healthcare-related expenses or lost revenue attributable to COVID-19. The U.S. Department of Health and Human Services (HHS) began distributing funds on April 10, 2020 to eligible providers in an effort to provide relief to both providers in areas heavily impacted by COVID-19 and those providers who are struggling to keep their doors open due to healthy patients delaying care and canceling elective services. On April 24, 2020, the Paycheck Protection Program and Health Care Enhancement Act was passed. This Act provides additional funding to replenish and supplement key programs under the CARES Act, including funds to health care providers for COVID-19 testing. Grant and contribution advance payments are reported as unearned revenue until all eligibility requirements are met. Recognized revenue is reported as nonoperating revenues in the statements of revenues, expenses and changes in net position. The District received approximately \$3.6 million in grant stimulus funding in fiscal year 2020 and recognized the full amount to revenue during 2021.

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

The District has received the following program funding:

- \$30 Billion General Distribution (1st round) On April 10, 2020, HHS distributed \$30 billion to nearly 320,000 Medicare fee-for-service providers based on their portion of 2019 Medicare fee-for-service payments. The District received \$254,736 in funding from this distribution.
- \$10 Billion Rural Distribution On May 6, 2020, HHS distributed \$10 billion to almost 4,000 rural health care providers including hospitals, health clinics, and health centers. The District received \$3,315,217 in funding from this distribution.
- In September 2020, the Florida State Office of Rural Health issued Coronavirus SHIP
 Funding to qualifying SHIP hospitals. The District received \$84,317 in funding from this
 distribution. Hospitals have flexibility to use the funding as the coronavirus and related
 community, patient, organizational needs evolve.

The CARES Act also did the following:

- Sequestration Suspended the Medicare sequestration payment adjustment, which reduces payments to providers by 2%, for the period May 1, 2020 through December 31, 2020 and extended to March 31, 2022 with subsequent legislation. Beginning April 1, 2022, the suspension is phased out through June 30, 2022.
- Medicare Add-on for Inpatient Hospital COVID-19 Patients Increased the Medicare payment for hospital patients admitted with COVID-19 by 20%.

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



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

Members of the Board Madison County Health and Hospital District Madison, Florida

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 the Madison County Health and Hospital District (District) as of and for the year ended September 30, 2021, and the related notes to the financial statements, and have issued our report thereon dated February 28, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and responses, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

Continued

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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 District's financial statements will not be prevented or detected and corrected on a timely basis. We consider deficiency 2021-001 presented in the accompanying schedule of findings and responses to be a material weakness.

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. We consider deficiency 2021-002 presented in the accompanying schedule of findings and responses to be a significant deficiency.

Compliance and Other Matters

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

Madison County Health and Hospital District's Response to Findings

The Madison County Health and Hospital District's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. The District's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

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 District'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 District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Albany, Georgia

February 28, 2022

Draffin . Tenker, LLP

SCHEDULE OF FINDINGS AND RESPONSES for the year ended September 30, 2021

(Comment reported in prior year still applicable to fiscal year 2021.) <u>Material Weakness 2021-001</u>

Condition: Estimates for accounts receivable allowances were calculated

based on revenues rather than current collection history which

resulted in a significant understatement.

Criteria: Accounts receivable allowances should be based on history and

expectations of reimbursement.

Cause: The allowance methodology currently utilized does not consider

actual reimbursement on existing accounts receivable. Rather, it is based on total revenue, regardless of expected collections.

Effect: The District's financial statements could be materially misstated.

Recommendation: It is recommended that allowances be adjusted according to

current reimbursement percentages based on actual collection

history to determine the collectability of the accounts.

Views of responsible officials and planned corrective

actions:

Accounting will evaluate the collection history of the previous twelve months to determine expected accounts receivable collections and adjust the allowance account accordingly prior to

year end.

SCHEDULE OF FINDINGS AND RESPONSES, Continued for the year ended September 30, 2021

(Comment reported in prior year still applicable to fiscal year 2021.)
Significant Deficiency 2021-002

Condition: The CFO and human resource officer have access to more

system modules than necessary to complete job related tasks creating a lack of segregation of duties in various processes including the financial reporting, cash, payroll, and accounts

payable functions.

Criteria: To ensure appropriate reporting and physical safeguard of assets,

certain responsibilities such as authorization, recordkeeping, and custody should be appropriately segregated. In situations where all three elements cannot be adequately segregated, a robust

review process should be implemented.

Cause: Due to the nature of operations, there are not enough personnel

to adequately staff all functions creating the need for key personnel to perform tasks outside their normal duties.

Effect: While no specific misstatements were noted due to segregation

issues, the potential for misappropriation exists when appropriate

safeguards are not in place.

Recommendation: It is recommended that a review process of system access be

performed to determine which access is necessary to carry out day-to-day activities and limiting access, where possible. Further,

it is recommended that an additional review process be

implemented at the administrator or board level for areas where

segregation is not possible.

Views of responsible officials and planned corrective

actions:

Due to staffing constraints, Madison County Memorial Hospital is not able to separate all duties. A review of the user access is performed quarterly to remove access not currently used or needed. We are continuing to look at adding additional review processes outside of those that are currently working in the

system, to mitigate these risks.

INDEPENDENT AUDITOR'S MANAGEMENT LETTER



INDEPENDENT AUDITOR'S MANAGEMENT LETTER

Members of the Board Madison County Health and Hospital District Madison, Florida

Report on the Financial Statements

We have audited the financial statements of Madison County Health and Hospital District, Florida, as of and for the fiscal year ended September 30, 2021, and have issued our report thereon dated February 28, 2022.

Auditor's Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Chapter 10.550, Rules of the Auditor General.

Other Reporting Requirements

We have issued our Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*; and Independent Accountant's Report on an examination conducted in accordance with AICPA Professional Standards, AT-C Section 315, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General. Disclosures in these reports, which are dated February 28, 2022, should be considered in conjunction with this management letter.

Continued

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Prior Audit Findings

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding financial audit report. Corrective actions have been taken to address findings and recommendations made in the preceding financial audit report except as noted in the table below.

Tabulation of Uncorrected Audit Findings						
Current Year Finding Number	FY 2019-2020 Finding Number	FY 2018-2019 Finding Number				
2021-001	2020-001	2019-001				

2020-002

2019-002

Official Title and Legal Authority

2021-002

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. The Madison County Health and Hospital District was established pursuant to Chapter 2003-333, Laws of Florida, on June 10, 2003. It has been determined to be an independent special district of Florida and Madison County as enacted by the Legislature of the State of Florida to provide public health care services. Madison County Health Systems, Inc., D/B/A Madison County Memorial Hospital is a blended component unit of the Madison County Health and Hospital District.

Financial Condition and Management

Section 10.554(1)(i)5.a. and 10.556(7), Rules of the Auditor General, require that we apply appropriate procedures and communicate the results of our determination as to whether or not the Madison County Health and Hospital District met one or more of the conditions described in Section 218.503(1), Florida Statutes, and to identify the specific conditions met. In connection with our audit, we determined that the Madison County Health and Hospital District did not meet any conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures for Madison County Health and Hospital District. It is management's responsibility to monitor Madison County Health and Hospital District's financial condition, and our financial condition assessment was based in part on the representations made by management and the review of financial information provided by the same.

Based on our assessment at year end, it was noted that the financial condition continues to deteriorate as compared to the prior year. The District continues to have an operating loss which has resulted in a negative net position. However, there was improvement over prior year primarily related to the Paycheck Protection Program loan being forgiven by the Small Business Administration and the recognition of Provider Relief Fund grants during 2021. The District has a current ratio of 3.9 and is able to meet its current obligations. Please refer to Note 14 to the financial statements for additional details. Section 10.554(1)(i)(2), Rules of the Auditor General, requires that we communicate any recommendations to improve financial management. In connection with our audit, we have one recommendation to improve financial management. We recommend that the District continue to seek ways to maximize reimbursements and collections in order to increase operating revenues.

Additional Matters

Section 10.554(1)(i)3., Rules of the Auditor General, requires us to communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but warrants the attention of those charged with governance. In connection with our audit, we did not note any such findings.

Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, the Members of the Board, and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

Albany, Georgia February 28, 2022

Dreffin . Tecker, LLP

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE WITH SECTION 218.415, FLORIDA STATUTES



INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE WITH SECTION 218.415, FLORIDA STATUTES

Members of the Board Madison County Health and Hospital District Madison, Florida

We have examined the Madison County Health and Hospital District's (District) compliance with Section 218.415, Florida Statutes, regarding the investment of public funds during the year ended September 30, 2021, as required by Section 10.556(10)(a), *Rules of the Auditor General*. Management is responsible for the District's compliance with the specified requirements. Our responsibility is to express an opinion on the District's compliance with the specified requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the District complied, in all material respects, with the specified requirements referenced in Section 218.415, Florida Statutes. An examination involves performing procedures to obtain evidence about whether the District complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the District's compliance with specified requirements.

In our opinion, the District complied, in all material respects, with the aforementioned requirements for the year ended September 30, 2021.

This report is intended solely for the information and use of the Auditor General, State of Florida, Members of the Board, and management and is not intended to be and should not be used by anyone other than these specified parties.

Albany, Georgia February 28, 2022

Dreffin . Tenker, LLP

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