OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY STARKVILLE, MISSISSIPPI

CONSOLIDATED FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION SEPTEMBER 30, 2015

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Financial Statements and Additional Information September 30, 2015

Contents

Page

Independent Auditors' Report 1-3
Management's Discussion and Analysis 4-9
Consolidated Statements of Net Position 10-11
Consolidated Statements of Revenues, Expenses, and Changes in Net Position
Consolidated Statements of Cash Flows 13-14
Notes to Consolidated Financial Statements 15-31
Detailed Schedules of Operating Revenues 32-34
Detailed Schedules of Operating Expenses 35-36
Schedule of Surety Bonds for Officials and Employees
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 <i>Government Auditing Standards</i>
Independent Auditors' Report on Compliance with State Laws and Regulations



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants

James L. Stafford, CPA Harry W. Stevens, CPA S. Keith Winfield, CPA William B. Staggers, CPA Michael W. McCully, CPA Mort Stroud, CPA R. Steve Sinclair, CPA Marsha L. McDonald, CPA Wanda S. Holley, CPA Robin Y. McCormick, CPA/PFS Robert E. Cordle, Jr., CPA J. Randy Scrivner, CPA

Kimberly S. Caskey, CPA Susan M. Lummus, CPA Thomas J. Browder, CPA Stephen D. Flake, CPA John N. Russell, CPA Thomas A. Davis, CPA Anita L. Goodrum, CPA Ricky D. Allen, CPA Jason D. Brooks, CPA Perry C. Rackley, Jr., CPA

Independent Auditors' Report

Board of Trustees **Oktibbeha County Hospital** D/B/A OCH Regional Medical Center and Subsidiary Starkville, Mississippi

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary, a component unit of Oktibbeha County, Mississippi, as of and for the years ended September 30, 2015 and 2014, and the related notes to consolidated financial statements, which collectively comprise Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's basic financial statements as listed in the contents.

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 consolidated financial statements based on our audit. We did not audit the financial statements of OCH/SCW Mammography, LLC, a majority-owned subsidiary. Those statements were compiled by other accountants, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included in OCH/SCW Mammography, LLC, is based solely on the report of the other accountants. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. 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 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.

Opinion

In our opinion, based on our audit and the report of the other accountants, the consolidated financial statements referred to above present fairly, in all material aspects, the financial position of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary, a component unit of Oktibbeha County, Mississippi, as of September 30, 2015 and 2014 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 consolidated financial statements present only the financial information of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary and do not purport to, and do not, present fairly the financial position of Oktibbeha County, Mississippi as of September 30, 2015 and 2014, 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 9) 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 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, 2015 and 2014, and the schedule of surety bonds for officials and

employees (pages 32 to 37) are presented for purposes of additional analysis and are not required parts of the basic financial statements.

The detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2015 and 2014, and the schedule of surety bonds for officials and employees are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2015 and 2014, and the schedule of surety bonds for officials and employees are fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 16, 2016, on our consideration of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary'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 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 Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's internal control over financial reporting and compliance.

Eupora, Mississippi January 16, 2016

Watkins Ward and Stafford, PUC

Our discussion and analysis of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's financial performance provides an overview of the hospital's financial activities for the fiscal years ended September 30, 2015 and 2014. Please read it in conjunction with the hospital's consolidated financial statements, which begin on page 10.

FINANCIAL HIGHLIGHTS

- The hospital's net position increased in 2015 by \$2,955,081, or 3.34%, and increased in 2014 by \$1,128,660, or 1.29%.
- The hospital reported an operating income in 2015 of \$2,828,789, and an operating income of \$1,471,408 in 2014. Operating income increased in 2015 by \$1,357,381, compared to the operating income reported in 2014. Operating income in 2014 increased by \$2,733,824, compared to the operating loss in 2013.
- Nonoperating expenses decreased by \$250,141, or 12.88%, in 2015 compared to 2014. Nonoperating expenses decreased in 2014 by \$354,596, or 15.44% compared to 2013.
- Nonoperating revenues increased by \$242,462, or 15.48% in 2015 compared to 2014. Nonoperating revenues increased by \$29,080, or 1.89% in 2014 compared to 2013.

USING THIS ANNUAL REPORT

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

The Consolidated Statements of Net Position and Consolidated Statements of Revenues, Expenses, and Changes in Net Position

Our analysis of the hospital finances begins on page 5. One of the most important questions asked about the hospital's finances is, "Is the hospital as a whole better or worse off as a result of the year's activities?" The Consolidated Statements of Net Position and Consolidated Statements of Revenues, Expenses, and Changes in Net Position report information about the hospital'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.

USING THIS ANNUAL REPORT (Continued)

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

The Consolidated Statements of Cash Flows

The final required statement is the Consolidated 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 HOSPITAL'S NET POSITION

The hospital's net position is the difference between its assets and liabilities reported in the Consolidated Statements of Net Position on pages 10 and 11. The hospital's net position increased in 2015 by \$2,955,081, or 3.34%, and increased in 2014 by \$1,128,660, or 1.29% as shown in **Table 1**.

THE HOSPITAL'S NET POSITION (CONTINUED)

Table 1: Assets, Liabilities and Net Position

		2015		2014		2013
Assets:						
Current assets	\$	28,889,786	\$	25,872,503	\$	21,052,887
Capital assets, net		61,532,582		64,593,974		68,561,899
Other assets		1,028,566		1,176,757		1,264,121
Other noncurrent assets	_	24,412,111		21,778,892		23,601,852
Total Assets	=	115,863,045	. =	113,422,126		114,480,759
Liabilities:						
Current liabilities		11,045,387		9,635,328		9,319,857
Long-term debt outstanding		13,290,976		15,205,652		17,710,833
Minority interest in subsidiary	-	60,777		70,322		67,905
Total Liabilities	_	24,397,140		24,911,302		27,098,595
Net Position:						
Invested in capital assets, net of related debt		46,177,066		47,547,324		50,147,573
Restricted:						
Restricted under bond agreement		1,350,102		1,382,306		1,702,761
Restricted for liability risk		3,986,854		3,900,280		3,497,022
Unrestricted	_	39,951,883		35,680,914	_	32,034,808
Total Net Position	_	91,465,905		88,510,824		87,382,164
Total Liabilities and Net Position	\$	115,863,045	\$	113,422,126	\$	114,480,759

The change in the hospital's assets is due to several factors. Cash increased by \$1,140,530, or 21.78%, compared to 2014. Patient accounts receivable, net of estimated uncollectibles and allowances, increased by \$1,942,990, or 11.97%, compared to 2014. Board restricted funds increased by \$2,610,289 or 14.67% compared to 2014.

Table 2: Operating Results						
		2015		2014		2013
Operating Revenues:						
Net patient service revenues	\$	70,989,370	\$	64,323,000	\$	61,055,636
Other revenues		2,241,270		2,287,446		2,235,409
Electronic health records incentive	_	503,645		785,104		1,537,790
Total Operating Revenues		73,734,285		67,395,550		64,828,835
Operating Expenses:						
Salaries and benefits		40,069,839		37,791,661		39,072,031
Supplies and drugs		13,599,348		11,980,237		11,340,262
Other operating expenses		11,441,792		10,127,194		9,268,780
Insurance		162,306		228,022		465,800
Depreciation and amortization		5,632,211		5,797,028		5,944,378
Total Operating Expenses	_	70,905,496	_	65,924,142		66,091,251
Operating Income (Loss)	_	2,828,789		1,471,408	(1,262,416)
Nonoperating Revenues (Expenses):						
Contributions		2,125		552		12,275
Ambulance contributions		271,252		292,218		280,523
County contributions		1,182,864		1,182,864		1,182,864
Transfers to county	((1,182,864)	(1,182,864)	(1,182,864)
Interest income		91,979		75,960	,	105,258
Investment income (loss)		261,016		15,180	(43,226)
Interest expense	((484,015)	(586,943)	Ì	880,514)
Loss on bond refunding		-	Ì	71,730)	Ì	191,507)
Loss on disposal of capital assets	((24,408)	Ì	99,891)	Ì	41,139)
Total Nonoperating Revenues (Expenses)	-	117,949	(374,654)	(758,330)
Excess of Revenues Over (Under) Expenses Before Minority Interest		2,946,738		1,096,754	(2,020,746)
Minority Interest Share of Net Income	((69,834)	(70,026)	(69,864)
Excess of Revenues Over (Under) Expenses After Minority Interest		2,876,904		1,026,728	(2,090,610)
Contributions for Property and Equipment	_	78,177		101,932	_	-
Increase (Decrease) in Net Position		2,955,081		1,128,660	(2,090,610)
Net Position Beginning of Year	_	88,510,824		87,382,164		89,472,774
Net Position End of Year	\$_	91,465,905	\$	88,510,824	\$	87,382,164

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

Operating Income (Loss)

The first component of the overall change in the hospital's net position is its operating income (loss) – generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services.

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

- A decrease in the Medicaid Upper Payment Limit program and Medicaid DSH program of \$254,019, or 11.78% in 2015 compared to 2014, and a decrease of \$515,491, or 19.30% in 2014 compared to 2013.
- An increase in net patient service revenues of \$6,666,370, or 10.36% in 2015 compared to 2014, and an increase of \$3,267,364, or 5.35% in 2014 compared to 2013.
- A increase in employee salary and benefits expenses of \$2,278,178, or 6.03% in 2015 compared to 2014, and a decrease of \$1,280,370, or 3.28% in 2014 compared to 2013.
- An increase in supplies and drugs of \$1,619,111, or 13.51% in 2015 compared to 2014, and an increase of \$639,975 or 5.64% in 2014 compared to 2013.
- An increase in other operating expense of \$1,242,955, or 12.19% in 2015 compared to 2014, and an increase of \$930,057, or 10.03% in 2014 compared to 2013.
- A decrease in depreciation and amortization expense of \$164,817, or 2.84% in 2015 compared to 2014, and an decrease of \$147,350, or 2.48% in 2014 compared to 2013.
- Electronic health records incentive funds received of \$503,645 and \$785,104 in 2015, and 2014, respectively.

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of contributions, interest income and investment earnings. The hospital had interest income of \$91,979 for the year ended September 30, 2015, and \$75,960 for the year ended September 30, 2014. The hospital had contributions of \$1,456,241 for the year ended September 30, 2015, and \$1,475,633 for the year ended September 30, 2014. The hospital had investment income of \$261,016 for the year ended September 30, 2015, compared to income of \$15,180 in 2014.

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

Nonoperating Revenues and Expenses (Continued)

Nonoperating expenses for the year 2015 consist of interest expense, loss on bond refunding, loss on disposal of assets and transfers to the county. The hospital had interest expense of \$484,015 for the year ended September 30, 2015, and \$586,943 for the year ended September 30, 2014. The hospital had a loss on bond refunding of \$0 in 2015, and \$71,730 in 2014. The hospital had a loss on disposal of assets of \$24,408 in 2015, and \$99,891 in 2014. The hospital transferred \$1,182,864 to the county during the year ended September 30, 2015, and \$1,182,864 during 2014.

THE HOSPITAL'S CASH FLOWS

Changes in the hospital's cash flows are consistent with changes in operating income (loss) and nonoperating revenues and expenses.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

As detailed in Note 7 of the consolidated financial statements, the hospital had \$61,532,582 invested in capital assets, net of accumulated depreciation, at September 30, 2015, and \$64,593,974 at September 30, 2014. The hospital had capital expenditures of \$2,611,852 and \$1,966,912 in 2015 and 2014, respectively.

Debt

At September 30, 2015, the hospital had \$15,379,599 in long-term debt outstanding. The hospital incurred new debt in 2015 of \$276,124 while making \$2,030,902 in principal payments. In 2014, the hospital had \$17,134,377 in long-term debt outstanding, and incurred \$3,515,000 while making \$5,823,174 in principal payments.

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the hospital's finances and to show the hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's administrative offices at (662) 615-2550.

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Statements of Net Position September 30,

	2015	 2014
Assets		
Current Assets:		
Cash \$	6,377,044	\$ 5,236,514
Cash - Restricted under bond agreement for payment		
of current bond principal and interest	1,326,019	1,294,579
Patient accounts receivables (Net of estimated uncollectibles		
and allowances of \$23,101,122 in 2015 and \$21,628,809		
in 2014)	18,176,516	16,233,526
Other receivables	14,692	5,556
Estimated third-party payor settlements	140,655	335,711
Current portion of deferred expense	217,945	219,977
Inventories of supplies and drugs	1,772,546	1,741,746
Prepaid expenses	864,369	 804,894
Total Current Assets	28,889,786	 25,872,503
Noncurrent Cash and Investments:	40.007.004	
Cash - Designated by Board for capital improvements	12,367,861	9,932,014
Cash and accrued interest - Restricted under	04.000	07 707
bond indenture agreement held by trustee	24,083	87,727
MHA investment - Designated by Board for capital improvement	8,033,313	7,858,871
MHA investment - Restricted for liability risk	3,986,854	 3,900,280
Total Noncurrent Cash and Investments	24,412,111	 21,778,892
Capital Assets:		
Land	1,104,205	1,104,205
Depreciable capital assets (Net of accumulated depreciation and		
amortization of \$68,376,279 in 2015 and \$63,377,457 in 2014)	60,316,071	63,413,547
Construction in progress	112,306	76,222
Total Capital Assets	61,532,582	 64,593,974
Other Assets		
Other Assets:		
Bond issue cost (Net of accumulated amortization of	005 040	407.047
\$42,834 in 2015 and \$62,691 in 2014)	365,013	407,847
Deferred expense	663,553	 768,910
Total Other Assets	1,028,566	 1,176,757
Total Assets \$	115,863,045	\$ 113,422,126

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

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Statements of Net Position September 30,

	_	2015		2014
Liabilities and Net Position	-			
Current Liabilities:				
Accounts payable	\$	3,775,476	\$	2,957,596
Patient accounts receivable, credit balances		639,269		562,560
Accrued payroll and annual leave		4,239,220		3,950,859
Accrued expenses		76,019		79,579
Estimated third-party payor settlements		113,611		113,611
Deferred income		113,169		42,398
Current maturities of capital lease obligations		838,623		713,725
Current maturities of bonds payable	_	1,250,000		1,215,000
Total Current Liabilities		11,045,387		9,635,328
Long-Term Debt:				
Capital lease obligations		246,836		903,807
Bonds payable, net of unamortized discount	_	13,044,140		14,301,845
Total Long-Term Debt, Net of Current Maturities		13,290,976		15,205,652
Total Liabilities	_	24,336,363		24,840,980
Minority Interest in Subsidiary	-	60,777		70,322
Net Position:				
Invested in capital assets, net of related debt		46,177,066		47,547,324
Restricted:				
Restricted under bond agreement		1,350,102		1,382,306
Restricted for liability risk		3,986,854		3,900,280
Unrestricted	-	39,951,883		35,680,914
Total Net Position	-	91,465,905		88,510,824
	~		~	
Total Liabilities and Net Position	\$	115,863,045	\$	113,422,126

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

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30,

		2015	 2014
Operating Revenue: Net patient service revenue (Net of provision for bad debts of \$12,323,043 in 2015 and \$10,073,006 in 2014) Other operating revenue Electronic health records incentive Total Operating Revenue	\$	70,989,370 2,241,270 503,645 73,734,285	\$ 64,323,000 2,287,446 785,104 67,395,550
Operating Expenses:			
Salaries and benefits Supplies and drugs Other operating expenses Insurance Depreciation and amortization Total Operating Expenses	_	40,069,839 13,599,348 11,441,792 162,306 5,632,211 70,905,496	 37,791,661 11,980,237 10,198,837 156,379 5,797,028 65,924,142
Operating Income		2,828,789	 1,471,408
Nonoperating Revenues (Expenses): Contributions Ambulance contributions County contributions Transfers to county Interest income Investment income Interest expense Loss on bond refunding Loss on disposal of assets Total Nonoperating Revenues (Expenses)	((2,125 271,252 1,182,864 1,182,864) 91,979 261,016 484,015) - 24,408) 117,949	 552 292,218 1,182,864 (1,182,864) 75,960 15,180 (586,943) (71,730) (99,891) (374,654)
Excess of Revenues Over Expenses Before Minority Interest		2,946,738	1,096,754
Less Minority Interest Share of Net Income	(69,834)	 (70,026)
Excess of Revenues Over Expenses After Minority Interest		2,876,904	1,026,728
Contributions for Property and Equipment	_	78,177	 101,932
Increase in Net Position		2,955,081	1,128,660
Net Position Beginning of Year		88,510,824	 87,382,164
Net Position End of Year	\$_	91,465,905	\$ 88,510,824

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

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Statements of Cash Flows Years Ended September 30,

	2015	2014
Cash Flows From Operating Activities:		
Receipts from patients and other services	\$ 71,982,796 \$	
Payments for supplies and other expenses	(24,465,042)	(22,144,727)
Payments to and on behalf of employees	(39,650,067)	(38,010,108)
Net Cash Provided by Operating Activities	7,867,687	4,935,798
Cash Flows From Noncapital Financing Activities:		
County contributions	1,253,635	1,229,098
Transfers to the county	(1,182,864)	(1,182,864)
Contributions	273,377	292,770
Net Cash Provided by Non Capital Financing		
Activities	344,148	339,004
Cash Flows From Capital and Related Financing		
Activities:		
Purchase of property and equipment	(2,257,550)	(1,886,021)
Change in funds restricted under bond indentures	32,204	320,455
Proceeds from sale of capital assets	16,624	37,917
Proceeds from issuance of bonds payable	, -	3,515,000
Principal paid on long-term debt	(2,030,902)	(5,823,174)
Interest paid on long-term debt	(487,813)	(617,331)
Net Cash Used by Capital and Related Financing	<u> </u>	
Activities	(4,727,437)	(4,453,154)
Cash Flows From Investing Activities:		
Transfer of funds designated by Board		
for capital improvement	(2,435,847)	876,600
Interest income	91,979	75,960
Net Cash Provided (Used) by Investing Activities	(2,343,868)	952,560
Net Increase in Cash and Cash Equivalents	1,140,530	1,774,208
Cash and Cash Equivalents at Beginning of Year	5,236,514	3,462,306
Cash and Cash Equivalents at End of Year	\$\$	5,236,514

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

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Consolidated Statements of Cash Flows Years Ended September 30,

		2015		2014
Reconciliation of Operating Income to Net Cash				
Provided by Operating Activities:				
Operating income	\$	2,828,789	\$	1,471,408
Adjustment to Reconcile Operating Income to Net				
Cash Flows Provided by Operating Activities:				
Minority interest	(79,379)	(67,609)
Depreciation and amortization		5,632,211		5,797,028
Provision for uncollectible accounts		12,323,043		10,073,006
Deferred expense		107,389		8,021
Bond issue cost		42,834	(10,603)
Changes In:				
Patient accounts receivable	(14,189,324)	(12,012,044)
Supplies and other current assets	(99,411)		11,952
Accounts payable, accrued expenses, and other				
current liabilities		1,106,479	(40,602)
Estimated third party payments		195,056	(294,759)
Net Cash Provided by Operating Activities	\$	7,867,687	\$	4,935,798

Noncash Investing, Capital and Financing Activities:

The facility entered into capital lease obligations of \$276,124 during the year ended September 30, 2015. The facility entered into no new capital lease obligations during the year ended September 30, 2014.

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

Reporting Entity - The hospital consists of a 96-bed acute short-term care hospital owned by Oktibbeha County, Mississippi. The hospital provides inpatient, outpatient, and emergency services for residents of Oktibbeha County, Mississippi, and surrounding areas. The hospital is governed by a Board of Trustees appointed by the Board of Supervisors of Oktibbeha County.

Under *Governmental Accounting Standards Board Statement Number 14: The Financial Reporting Entity,* the hospital is defined as a component unit of Oktibbeha County, Mississippi. These financial statements present only the financial position and results of operations and cash flows of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary.

Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary has considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the hospital'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 hospital 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 hospital.

The consolidated financial statements include information for OCH/SCW Mammography, LLC, (a Mississippi entity) of which the hospital owns fifty one percent. OCH/SCW Mammography, LLC is a legally separate entity from the hospital.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates include allowance for uncollectibles and third-party settlements.

Proprietary Fund Accounting - The facility utilizes 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 facility has elected to apply the provisions and all pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict or contradict GASB pronouncements.

Cash and Cash Equivalents - Cash and cash equivalents include unrestricted cash used for operating purposes only.

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

Investments in Equity Securities - Investments in equity securities are carried at fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in equity securities are included in nonoperating revenues.

Capital Assets - The hospital's policy is to capitalize acquisition and construction cost greater than \$1,500 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 these asset lives:

Land improvements	5 to 20 years
Buildings and building improvements	5 to 40 years
Equipment, computers and furniture	3 to 20 years

Cost of Borrowing - Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. The hospital capitalized \$6,943 and \$16,067 in interest for the years ended September 30, 2015 and 2014, respectively.

Grants and Contributions - From time to time, the hospital receives grants from Oktibbeha County, Mississippi, other governmental entities, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

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.

Net Position - Net position of the hospital is classified in three 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. *Restricted Net Position* is made up of two components: *Restricted Under Bond Agreement* consists of cash restricted under bond agreement for the payment of current bond principal and interest, and *Restricted for liability risk* consists of cash restricted for the payment of professional and general liability claims. *Unrestricted net position* is remaining net position that does not meet the definition of *Invested in capital assets net of related debt* or *Restricted Net Position*.

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

Net Patient Service Revenue - The facility 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 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.

Operating Revenues and Expenses - The hospital's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the 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.

Charity Care - The hospital provides care to patients who meet certain criteria under its charity care policy. Because the hospital 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 2015 and 2014 approximated \$719,000 and \$758,000, respectively.

Risk Management - The hospital is 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. The hospital has set aside \$3,986,854 and \$3,900,280 for the years ended September 30, 2015 and 2014, respectively, which are designated for payment of potential liability resulting from professional and general liability claims. The designated amount is adjusted each year based on actuarial analysis and is approved by the State Tort Claims Board. The hospital purchases coverage of risks of loss related to theft of, damage to, and destruction of assets from various commercial insurance carriers. The hospital purchases coverage of risks of loss related to workers' compensation claims from Healthcare Employers Resources.

Under Governmental Accounting Standards Board Statement Number 10: Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, a liability for 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 hospital did not record a liability at September 30, 2015 for any potential loss related to liability risk.

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

Income Taxes - As a political subdivision of the State of Mississippi, the hospital qualifies as a taxexempt organization under existing provisions of the Internal Revenue Code, and its income is not subject to federal or state income taxes.

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

Excess of Revenue Over Expenses Before and After Minority Interest - The statement of revenues, expenses, and changes in net position includes excess of revenues over expenses before and after minority interest. The minority interest is the minority share of income from OCH/SCW Mammography, LLC, a legally separate entity from the hospital. Changes in net position which are excluded from excess of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Electronic Health Record Incentive Program - The Centers for Medicare and Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30. In 2015 and 2014, the Hospital received EHR incentive revenue of \$503,645 and \$785,104, respectively. EHR incentive revenues are included in operating revenues in the accompanying Statements of Revenues, Expenses and Changes in Net Position.

Note 2: Designated Net Position

Of the \$39,951,883 and \$35,680,914 of unrestricted net position reported in 2015 and 2014, respectively, \$20,401,174 and \$17,790,885, respectively, has been designated by the hospital's Board of Trustees for capital acquisitions. Designated funds remain under the control of the Board of Trustees, which may, at its discretion, later use the funds for other purposes.

Note 3: Cash and Other Deposits

The hospital deposits funds in financial institutions selected by the Board of Trustees and invests excess funds in investment instruments that are allowed by statutes. Various restrictions on deposits and investments are imposed by statutes.

The collateral for public entities deposits in financial institutions is required to be held in the name of the State Treasurer under a program established by the Mississippi State Legislature and is governed by Section 27-105-1 Miss. Code Ann. (1972). Under the program, an entity's 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 hospital funds eligible to be included in the state's collateral pool program were properly included and were fully collateralized as of September 30, 2015.

Note 4: Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codifications (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 hospital 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, 2015 and 2014 are as follows:

September 30, 2015		Fair Value	Level 1	Level 2	Level 3
MHA Investment Pool	\$_	12,020,167 \$	\$	12,020,167 \$	-
September 30, 2014		Fair Value	Level 1	Level 2	Level 3
MHA Investment Pool	\$	11,759,151 \$	- \$	11,759,151 \$	-

Mississippi Hospital Association Investment Pool

The facility participates in the Mississippi Hospital Association Investment Pool program. The funds are invested for the benefit of the facility by a third-party investment company, which is responsible for the management of the pool. A summary of the investments at September 30, 2015 and 2014 follows:

	-	2015		2014
MHA Investment Pool	\$	7,995,301	\$	8,190,553
MHA Liability Risk Pool		3,967,989		3,997,791
Unrealized gain (loss) on investments	-	56,877	(429,193)
	\$_	12,020,167	\$	11,759,151

The hospital 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: Patient Receivables – Estimated Uncollectibles and Allowance

The balance in the estimated uncollectibles and allowances account at September 30, 2015 and 2014 is composed of the following:

g.	_	2015	2014
Provision for uncollectible accounts	\$	12,043,680 \$	10,012,262
Allowance for Medicare adjustment		3,894,009	4,649,006
Allowance for Medicaid adjustment		976,033	1,695,882
Allowance for other adjustments	_	6,187,400	5,271,659
	\$_	23,101,122 \$	21,628,809

Note 6: Bond Indenture Funds

The funds held by the trustee as of September 30, 2015 and 2014, established in accordance with the requirements of the indentures to the 2002 Oktibbeha County Mississippi Revenue Bond, 2011 MHEFA Bond and the 2013 Oktibbeha County Mississippi Revenue Bond are as follows:

		2015	2014
2002 Revenue Bond:			
Debt service reserve fund	\$	- \$	1
General account			30,816
Total			30,817
2011 MHEFA Bond:			
Construction fund		87,107	87,101
General account	_	51,242	52,762
Total		138,349	139,863
2013 Revenue Bond:			
Debt service reserve fund		1,211,753	1,211,626
Total	_	1,211,753	1,211,626
Total Bond Indenture Funds for Revenue and MHEFA Bonds		1,350,102	1,382,306
Less: Bond principal and interest			
funds classified as current	(1,326,019) (1,294,579)
Total Bond Indenture Funds, Excluding Current Portion	\$	24,083 \$	87,727

The above funds are and have been maintained in accordance with the bond indenture agreements.

Note 7: Capital Assets

Capital asset additions, retirements and balances for the years ended September 30, 2015 and 2014 were as follows:

	Balance	Additions	Retirements	Balance
	September 30,	and	and	September 30,
	2014	Transfers	Transfers	2015
Land	5 1,104,205	-	- 9	1,104,205
Land improvements	2,417,779	-	49,191	2,466,970
Buildings and improvements	75,902,568	-	335,419	76,237,987
Fixed equipment	13,256,397	19,518	-	13,275,915
Major movable equipment:				
Under capital lease	3,199,292	276,124	(294,054)	3,181,362
Other	30,966,623	1,861,319	(274,986)	32,552,956
Minor equipment	24,811	-	-	24,811
EMS equipment	6,514	-	-	6,514
OCH Orthopedics	96,319	-	-	96,319
OCH Pulmonlogy	25,361	-	-	25,361
OCH General Surgery	22,768	-	-	22,768
OCH Regional Health	37,349	-	(32,500)	4,849
OCH Medical Associates	14,144	-	-	14,144
OCH Urology Associates	64,021	-	-	64,021
OCH Breast Health Center	19,788	-	-	19,788
OCH Family Medicine Clinic	47,874	-	(9,800)	38,074
Automobiles	689,396	-	(28,885)	660,511
Construction in progress	76,222	454,891	(418,807)	112,306
Total Historical Cost	127,971,431	2,611,852	(674,422)	129,908,861

Note 7: Capital Assets (Continued)

	S	Balance eptember 30, 2014		Additions and Transfers		etirements and ransfers	S	Balance eptember 30, 2015
Less Accumulated Depreciation and								
Amortization for:								
Land improvements	(1,945,690)	(73,845)		-	(2,019,535)
Buildings and improvements	(27,086,789)	(2,422,116)		-	(29,508,905)
Fixed equipment	(6,590,855)	(818,459)		-	(7,409,314)
Major movable equipment	(27,079,476)	(2,205,425)		579,854	(28,705,047)
EMS equipment	(6,514)		-		-	(6,514)
OCH Orthopedics	(7,070)	(14,140)		-	(21,210)
OCH Pulmonolgy	(23,268)	(648)		-	(23,916)
OCH General Surgery	(4,420)	(1,689)		-	(6,109)
OCH Regional Health	(3,996)	(2,833)		16,250		9,421
OCH Medical Associates	(16,642)	(1,659)		-	(18,301)
OCH Urolorgy Associates	(33,766)	(11,243)		-	(45,009)
OCH Breast Health Center	Ì	15,761)	Ì	835)		-	Ì	16,596)
OCH Family Medicine Clinic	(32,127)	(4,292)		8,400	(28,019)
Automobiles	Ì	531,083)	Ì	75,027)		28,885	Ì	577,225)
Total Accumulated								
Depreciation and Amortization	(63,377,457)	(5,632,211)		633,389	(68,376,279)
Capital Assets, Net	\$	64,593,974	(3,020,359)	(41,033)	\$	61,532,582
•		, ,	È	. , ,	<u> </u>	· /	· —	, ,

Note 7: Capital Assets (Continued)

	Balance September 30, 2013	Additions and Transfers	Retirements and Transfers	Balance September 30, 2014
Land	\$ 1,104,205		- \$	1,104,205
Land improvements	2,416,129	1,650	-	2,417,779
Buildings and improvements	75,870,076	29,880	2,612	75,902,568
Fixed equipment	13,137,290	9,434	109,673	13,256,397
Major movable equipment:				
Under capital lease	16,094,337	-	(12,895,045)	3,199,292
Other	16,999,560	1,572,412	12,394,651	30,966,623
Minor equipment	24,811	-	-	24,811
EMS equipment	6,514	-	-	6,514
OCH Orthopedics	-	96,319	-	96,319
OCH Pulmonlogy	25,361	-	-	25,361
OCH General Surgery	22,768	-	-	22,768
OCH Regional Health	37,349	-	-	37,349
OCH Medical Associates	14,144	-	-	14,144
OCH Urology Associates	64,021	-	-	64,021
OCH Breast Health Center	19,788	-	-	19,788
OCH Family Medicine Clinic	40,872	7,002	-	47,874
Automobiles	659,888	29,508	-	689,396
Construction in progress	463,650	220,707	(608,135)	76,222
Total Historical Cost	127,000,763	1,966,912	(996,244)	127,971,431

Note 7: Capital Assets (Continued)

	S	Balance eptember 30, 2013		Additions and Transfers	_	tirements and ransfers	S	Balance eptember 30, 2014
Less Accumulated Depreciation and								
Amortization for:								
Land improvements	(1,872,818)	(72,872)		-	(1,945,690)
Buildings and improvements	(24,558,441)	(2,528,348)		-	(27,086,789)
Fixed equipment	(5,769,960)	(820,895)		-	(6,590,855)
Major movable equipment	(25,703,415)	(2,234,496)		858,435	(27,079,476)
EMS equipment	(6,514)		-		-	(6,514)
OCH Orthopedics		-	(7,070)		-	(7,070)
OCH Pulmonolgy	(22,620)	(648)		-	(23,268)
OCH General Surgery	(2,479)	(1,941)		-	(4,420)
OCH Regional Health	(2,337)	(1,659)		-	(3,996)
OCH Medical Associates	(11,778)	(4,864)		-	(16,642)
OCH Urolorgy Associates	(19,954)	(13,812)		-	(33,766)
OCH Breast Health Center	(14,926)	(835)		-	(15,761)
OCH Family Medicine Clinic	(26,773)	(5,354)		-	(32,127)
Automobiles	(426,849)	(104,234)			(531,083)
Total Accumulated								
Depreciation and Amortization	(58,438,864)	(5,797,028)		858,435	(63,377,457)
Capital Assets, Net	\$	68,561,899	(3,830,116)	(137,809)	\$	64,593,974

Note 8: Long-Term Debt

Under the terms of the bond indenture agreements, the hospital is required to maintain certain deposits with the trustee. Such deposits are included with current assets and other assets in the financial statements. The bond indenture agreements also place limits on the incurrence of additional borrowing and requires that the hospital satisfy certain measures of financial performance as long as the bonds are outstanding. The hospital has satisfied the bond requirements.

A schedule of changes in the hospital's long-term debt for 2015 and 2014 follows:

		Balance 9/30/2014	Additions	Reductions	Balance 9/30/2015	Due Within One Year
Bonds payable	\$	15,516,845	-	(1,222,705) \$	14,294,140 \$	1,250,000
Capital lease obligations	_	1,617,532	276,124	(808,197)	1,085,459	838,623
Total Long-Term Debt	\$	17,134,377	276,124	(2,030,902) \$	15,379,599 \$	2,088,623
		Balance 9/30/2013	Additions	Reductions	Balance 9/30/2014	Amounts Due Within One Year
Bonds and Notes Payable:						
Notes payable Bonds payable	\$	9,154 16,608,282	- 3,515,000	(9,154) \$ (4,606,437)	- \$ 15,516,845	- 1,215,000
Total Bonds and Notes Payable Capital lease		16,617,436	3,515,000	(4,615,591)	15,516,845	1,215,000
obligations		2,825,115		(1,207,583)	1,617,532	713,725
Total Long-Term Debt	\$	19,442,551	3,515,000	(5,823,174) \$	17,134,377 \$	1,928,725

Note 8: Long-Term Debt (Continued)

A detail of long-term debt, including capital lease obligations, at September 30, 2015 and 2014 follows:

Bonds Payable	 2015	2014
Series 2011 MHEFA Bonds, 3.80% due in monthly installments with varying principal and interest amounts with final installment due in the year 2021, secured by building.	3,550,000	4,030,000
Series 2013 Revenue Bonds with varying interest rates, interest due semiannually and principal due in varying annual installments with final installment due in the year 2027, secured by hospital revenue. Balance net of unamortized premium of \$107,080 at September 30, 2015 and \$116,174 at September 30, 2014.	8,477,080	8,556,174
Series 2014 Revenue Bonds with varying interest rates, interest due semiannually and principal due in varying annual installments with final installment due in the year 2019, secured by hospital revenue. Balance net of unamortized discount of \$20,293 and preimum of \$42,353 at September 30, 2015.	2,267,060	2,930,671
Total Bonds Payable	\$ 14,294,140 \$	15,516,845
Capital Lease Obligations, at varying rates of imputed interest from 0% to 5.56% collateralized	 2015	2014
by leased assets with a cost of \$3,181,362 at September 30, 2015.	\$ 1,085,459 \$	1,617,532

Note 8: Long-Term Debt (Continued)

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

Year Ended	Long-Term Debt		Capital Lease	Obligations
September 30:	Principal	Interest	Principal	Interest
2016	1,250,000	431,946	838,623	11,537
2017	1,300,000	397,451	246,836	630
2018	1,315,000	361,906	-	-
2019	1,377,059	325,903	-	-
2020	1,455,000	281,546	-	-
Thereafter	7,597,080	915,474		-
Total	\$14,294,140_\$	2,714,227 \$	1,085,459 \$	12,167

Note 9: 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. A summary of the payment arrangements with major third-party payors follows:

Medicare - Inpatient acute care services, outpatient services, and nonacute inpatient 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 facility is reimbursed for cost 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 fiscal intermediary. The facility's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2012.

Medicaid - Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the hospital and audits thereof by the Medicaid fiscal intermediary. The hospital is reimbursed for outpatient services under a cost based reimbursement methodology that is updated annually.

Note 9: Net Patient Service Revenue (Continued)

Medicaid Disproportionate Share Payment - The hospital received Medicaid disproportionate share payments of \$260,501 and \$374,462, for the years ended September 30, 2015 and 2014, respectively.

The Medicaid disproportionate share program is a program whereby the hospital qualifies for disproportionate share funds in addition to regular funds as a result of providing care to a disproportionate share of low-income patients as well as providing certain required services. The Mississippi Division of Medicaid controls the disproportionate share program and the continuation of the program rests with the agency.

Upper Payment Limit Payment - The hospital received Medicaid upper payment limit payments of \$2,149,285 and \$1,781,305 for the years ended September 30, 2015 and 2014, respectively.

The Medicaid upper payment limit program is a program whereby the hospital qualifies for upper payment limit funds in addition to regular funds. The Mississippi Division of Medicaid administers the program and the continuation of the program rests with the federal government.

Note 10: Medical Benefit Plan

The hospital adopted a self-funded medical benefit plan on May 1, 1980, covering substantially all of its employees and certain dependents of the employees. The total medical benefit expense for the years ended September 30, 2015 and 2014, amounted to \$692,828 and \$793,573 respectively. The hospital'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 was provided in the amounts of \$1,652,296 in 2015 and \$2,342,205 in 2014.

Note 11: Profit-Sharing Plan

The hospital has a profit-sharing plan that covers substantially all of its employees. The hospital's total contribution on behalf of the employees to the plan for 2015 and 2014 was \$2,312,008 and \$2,291,913, respectively. The plan requires a percentage contribution of current and/or accumulated net profits each year, with a base of 7.5% of the qualifying employees' total effective earnings for that year. In addition, the hospital matches, at 50%, the employees elective contributions up to 5%. A qualifying employee is fully vested after five years of credited service.

Note 12: Concentrations of Credit Risk

The hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2015 and 2014, was as follows:

	2015	2014
Medicare	16%	20%
Medicaid	5%	8%
Patients and other third-party payors	79%	72%
	100%	100%

Note 13: Contingencies

The hospital is party to various legal proceedings, which normally occur in the operation of a hospital. The range of potential loss at September 30, 2015 and 2014 has not been estimated. Management does not expect any significant liability to result from these legal proceedings.

Note 14: Agreement with County

The hospital receives funds from Oktibbeha County, Mississippi. These funds are deposited into the hospital's general account established under the bond indenture agreement for the 2002 Revenue Bonds. The hospital pledged the payment of \$98,572 per month to the County for the payment of the principal and interest on the 2009 General Obligation Bonds until the final maturity of the 2002 Revenue Bonds. The hospital made payments to the County of \$1,182,864 and \$1,182,864 for the years ended September 30, 2015 and 2014, respectively, for the payment of the principal and interest on the 2009 General Obligations Bond. The 2002 Revenue Bonds were refunded by the hospital's issuance of the 2013 Revenue Bonds on May 30, 2013 and the 2014 Revenue Bonds on January 22, 2014. The maturity of the 2013 bonds remained the same as the 2002 debt with a maturity of 2027. The 2014 bonds mature in 2019.

Future payments to county per the agreement for the following five years are as follows:

Year Ended September 30:	
2016 2017 2018 2019	1,182,864 1,182,864 1,182,864 1,182,864
2020	1,182,864

Note 15: Reclassifications

Certain reclassifications have been made to the 2014 financial statements to conform to the classifications used in 2015.

Note 16: Subsequent Events

Events that occur after the Consolidated 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 Consolidated Statement of Net Position date are recognized in the accompanying consolidated financial statements. Subsequent events which provide evidence about conditions that existed after the Consolidated Statement of Net Position date require disclosure in the accompanying notes. Management of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary evaluated the activity of the hospital through January 16, 2016, (the date the consolidated financial statements were available to be issued), and determined that there were no subsequent events requiring disclosures in the notes to the consolidated financial statements.

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Detailed Schedules of Operating Revenues Years Ended September 30,

	2015			2014	
Patient Service Revenue:					
Inpatient:					
Nursing Service:					
Routine service	\$	7,495,771	\$	6,934,208	
Swingbeds		226,245		6,230	
Intensive care		1,771,063		1,610,371	
Nursery		1,668,102		1,662,229	
Other Nursing Service:					
Operating and recovery room		7,568,858		6,746,408	
Ambulatory surgery		135,962		96,563	
Heart monitor		112,107		123,169	
Delivery room		3,261,180		3,001,793	
Central service and supply		2,515,232		1,925,903	
Intravenous therapy		3,337,492		3,093,026	
Emergency service		1,395,948		1,093,101	
Pathology		40,213		32,960	
Hospitalist		755,814		163,930	
Total Nursing Service Revenue		30,283,987		26,489,891	
Other Professional Service:					
Laboratory		3,385,174		2,809,339	
Blood bank		1,001,803		779,283	
Electrocardiology		180,778		115,945	
Radiology		788,589		630,088	
Pharmacy		7,583,116		7,065,348	
Anesthesiology		413,447		381,730	
Respiratory therapy		5,253,209		4,127,943	
Physical therapy		253,952		206,474	
Nuclear medicine		23,009		29,817	
CT scan		1,585,576		1,310,728	
Ambulance		398,758		320,982	
Speech pathology		168,602		94,003	
Cardiac rehabilitation		,		440	
Ultrasound		430,702		280,082	
MRI		193,115		154,504	
Occupational therapy		59,604		13,073	
Total Other Professional Service Revenue	_	21,719,434	_	18,319,779	
Total Inpatient Revenue		52,003,421		44,809,670	

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Detailed Schedules of Operating Revenues Years Ended September 30,

	2015	2014
Outpatient:		
Other Nursing Service:		
Operating and recovery room	36,119,142	34,646,383
Ambulatory surgery	3,371,346	4,033,935
Heart monitor	267,535	262,408
Central service and supply	2,778,400	2,875,722
Intravenous therapy	2,880,856	2,770,749
Emergency service	20,138,578	18,366,924
Pathology	315,909	381,617
Total Nursing Service Revenue	65,871,766	63,337,738
Other Professional Service:		
Laboratory	8,597,979	8,333,011
Blood	539,851	584,240
Electrocardiology	928,587	727,080
Ambulance	2,140,204	2,186,075
Radiology	5,079,495	4,744,852
Pharmacy	11,894,018	10,596,003
Anesthesiology	9,869,035	10,112,139
Respiratory therapy	5,516,747	4,697,575
Physical therapy	970,235	975,919
Nuclear medicine	872,942	978,252
CT scan	16,133,320	14,843,890
Cardiac rehabilitation	183,272	196,329
Speech pathology	143,650	199,675
Ultrasound	1,227,483	1,215,946
MRI	3,631,895	3,197,825
Occupational therapy	330,529	323,926
OCH Orthopedics Clinic	853,050	91,285
Center for Breast Health	1,362,216	1,312,580
OCH Pulmonology	528,635	691,105
OCH Rural Health Clinic	5,415	387,500
OCH Family Medicine Clinic	714,587	869,219
OCH General Surgery	-	417,660
OCH Medical Associates	1,382,995	1,439,986
OCH Urology Associates	2,107,022	1,795,844
OCH Center for Pain	3,663,890	1,865,036
Total Other Professional Service Revenue	78,677,052	72,782,952
Total Outpatient Revenue	144,548,818	136,120,690
Total Patient Service Revenue	196,552,239	180,930,360

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Detailed Schedules of Operating Revenues Years Ended September 30,

	2015	2014
Contractual Adjustments and Allowances:		
Medicare	42,864,374	37,310,544
Medicaid	20,968,314	20,580,356
Blue Cross	1,880,319	1,843,830
Charity care	2,269,239	2,383,609
Medicaid upper payment limit payment	(2,149,285)	(1,781,305)
Medicaid DSH payment	(260,501)	(374,462)
Administrative and other adjustments	47,667,366	46,571,782
Total Contractual Adjustments and Allowances	113,239,826	106,534,354
Provision for Uncollectable Accounts	12,323,043	10,073,006
Net Patient Service Revenue	70,989,370	64,323,000
Other Operating Revenue:		
Employee pharmacy sales	328,460	394,246
Medical records transcript	22,371	18,910
Employee and guest meals	365,370	522,921
Commissions - Vending machines	70,069	16,403
Medical and surgical supplies	2,981	2,289
Purchase discounts	51,480	57,953
Nursery pictures	575	569
Wellness Connection fees	730,962	677,809
Physician office buildings - rent	530,193	520,420
Miscellaneous revenue	138,809	75,926
Total Other Operating Revenue	2,241,270	2,287,446
Electronic Health Records Incentive	503,645	785,104
Total Operating Revenue	\$ 73,734,285	\$ 67,395,550

2015 2014 Salaries Supplies Salaries Supplies and and and and **Benefits** Drugs Other Benefits Drugs Other **Nursing Services:** Nursing administration \$ 779,103 4,574 6,921 761,554 3,467 7,148 Routine services 3,006,558 146,757 44,775 2,832,564 118,874 43,170 Intensive care 612,792 28,252 14.771 591,984 14.033 6,966 775,026 6,827 749,806 7,639 Nursery 26,134 29,842 Other Nursing Services: Operating and recovery 7,328,859 736,811 2,539,272 6,299,379 847,240 rooms 2,721,910 Ambulatory surgery 1,079,282 361,143 49,636 1,024,320 246,134 47,864 Delivery room 1,219,209 89,350 68,919 1,176,783 85,712 65,765 Central service and 785.192 71.695 supply 271,152 78.049 285.418 821.198 **Emergency service** 5,211,166 88.488 458,298 4,715,092 78,630 705,979 Trauma 69,079 867 5,533 68,305 683 14,112 Hospitalist 206,472 202 1,290,614 33,613 3,711 546,665 **Other Professional** Services: Laboratory 919,353 641,303 563,966 900,738 625,190 443,535 Blood bank 328,575 288,548 88 Electrocardiology 2,102 197,359 153 1,267 209,734 808,534 738,366 69,597 278,532 Radiology 51,666 273,218 Pharmacy 721,324 1,880,157 79,408 676,685 1,673,665 110,055 Anesthesiology 3,315,605 100,708 100,227 98,952 83,281 3,133,011 62,233 Respiratory therapy 1,224,611 144,376 67,568 1,133,483 104,655 Ambulance 1,116,761 91,203 218,590 1,077,305 128,385 195,414 Physical therapy 777,437 18,716 33,242 752,479 22,737 34,435 Ultrasound 154,537 3,072 10,445 110,037 2,048 777 7,632 CT scan 106,716 81,500 100,046 66,352 1,817 Nuclear medicine 120,050 85,299 96,305 27,841 80,979 28,114 227,465 176,171 Medical records 951,673 12,520 919,551 9,193 Social service 94,828 489 355 39,240 2,628 101 Cardiac rehabilitation 123,758 4,596 12,385 111,893 2,979 12,483 Speech pathology 151,769 1,147 1,259 149,259 1,134 1.045 Wellness Center 499,535 14,766 139,101 498,606 15,275 131,205 Sports medicine 244,387 5,949 35,666 240,538 6,234 36,838 Physician's office 892,472 67,589 171,021 908,988 48,273 131,951

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Detailed Schedules of Operating Expenses Years Ended September 30,

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Detailed Schedules of Operating Expenses Years Ended September 30,

	2015		2014			
	Salaries	Supplies		Salaries	Supplies	
	and	and		and	and	
	Benefits	Drugs	Other	Benefits	Drugs	Other
Other Professional Services (Continued):						
Occupational therapy	267,060	5,391	4,169	192,413	2,197	6,286
Breast Health Center	786,808	23,351	184,647	643,217	26,693	191,740
OCH General Surgery	154	3	2,009	15,763	103	20,680
OCH Rural Health Clinic	1,794	277	3,493	194,629	16,293	38,502
OCH Medical Associates	1,041,726	24,692	49,736	969,387	21,564	73,510
OCH Urology Associates	639,207	230,821	51,382	584,702	154,013	51,294
OCH Pulmonology	467,955	6,798	25,330	473,239	7,934	27,395
OCH Center for Pain	549,145	6,479	49,634	486,557	8,934	70,034
OCH Hyperbaric Center	-	522	-	-	-	-
OCH Wound Care Center	-	48,154	22,820	-	-	-
General Services:						
Diatary	1,116,219	678,049	95,520	1,049,027	667,512	93,588
Maintenance	536,711	96,777	1,435,294	518,430	138,460	1,375,606
Housekeeping	789,773	90,964	96,235	787,910	79,364	92,373
Laundry and linen	31,428	-	357,497	31,103	-	317,319
Security	277,980	10,503	4,026	273,266	10,515	8,059
Administration and						
Fiscal Services:						
Administrative	934,278	46,519	1,678,915	887,130	57,689	1,261,109
Fiscal	4,489,165	252,066	2,124,608	4,334,820	88,689	1,980,830
Total \$	40,069,839	13,599,348	11,441,792	37,791,661	11,980,237	10,198,837

OKTIBBEHA COUNTY HOSPITAL D/B/A OCH REGIONAL MEDICAL CENTER AND SUBSIDIARY Schedule of Surety Bonds for Officials and Employees September 30, 2015

<u>Name</u>	Position	<u>Company</u>	Amoun	Amount of Bond	
Bob Singletary	Trustee	Western Surety	\$	100,000	
Jimmy Linley	Trustee	Travelers	\$	100,000	
Kimberly Brooks	Trustee	Western Surety	\$	100,000	
Walter Williams	Trustee	Western Surety	\$	100,000	
Linda Breazeale	Trustee	Western Surety	\$	100,000	
Glenn Mullins	Trustee	Western Surety	\$	100,000	
Richard Hilton	Administrator	Travelers	\$	100,000	



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants

James L. Stafford, CPA Harry W. Stevens, CPA S. Keith Winfield, CPA William B. Staggers, CPA Michael W. McCully, CPA Mort Stroud, CPA R. Steve Sinclair, CPA Marsha L. McDonald, CPA Wanda S. Holley, CPA Robin Y. McCormick, CPA/PFS Robert E. Cordle, Jr., CPA J. Randy Scrivner, CPA

Kimberly S. Caskey, CPA Susan M. Lummus, CPA Thomas J. Browder, CPA Stephen D. Flake, CPA John N. Russell, CPA Thomas A. Davis, CPA Anita L. Goodrum, CPA Ricky D. Allen, CPA Jason D. Brooks, CPA Perry C. Rackley, Jr., CPA

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

Board of Trustees **Oktibbeha County Hospital** D/B/A OCH Regional Medical Center and Subsidiary Starkville, 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 Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary, a component unit of Oktibbeha County, Mississippi, as of and for the years ended September 30, 2015 and 2014, and the related notes to consolidated financial statements, which collectively comprise Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's basic financial statements, and have issued our report thereon dated January 16, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary'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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's internal control. Accordingly, we do not express an opinion of the effectiveness of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary'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 Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's consolidated 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 consolidated 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 January 16, 2016

Watkins Word and Stafford, PUC



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants James L. Stafford, CPA Kimberly S. Caskey, CPA Harry W. Stevens, CPA Susan M. Lummus, CPA S. Keith Winfield, CPA Thomas J. Browder, CPA William B. Staggers, CPA Stephen D. Flake, CPA Michael W. McCully, CPA John N. Russell, CPA Mort Stroud, CPA Thomas A. Davis, CPA R. Steve Sinclair, CPA Anita L. Goodrum, CPA Marsha L. McDonald, CPA Ricky D. Allen, CPA Wanda S. Holley, CPA Jason D. Brooks, CPA Robin Y. McCormick, CPA/PFS Robert E. Cordle, Jr., CPA J. Randy Scrivner, CPA Perry C. Rackley, Jr., CPA

Independent Auditors' Report on Compliance with State Laws and Regulations

Board of Trustees Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary Starkville, Mississippi

We have audited the consolidated financial statements of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary, a component unit of Oktibbeha County, Mississippi, as of and for the years ended September 30, 2015 and 2014, and have issued our report thereon dated January 16, 2016.

We conducted our audit in accordance with generally accepted auditing standards 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 consolidated financial statements are free of material misstatement.

Compliance with state laws applicable to Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary is the responsibility of the hospital's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary's compliance with certain provisions of state laws. However, our objective 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, Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary 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 Oktibbeha County Hospital D/B/A OCH Regional Medical Center and Subsidiary had not complied with those provisions.

This report is intended solely for the information and use of the Board of Trustees, management, others within the organization, and the Board of Supervisors of Oktibbeha County, Mississippi, and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Eupora, Mississippi January 16, 2016

Watkins Ward and Stafford, PUC