

**WAYNE GENERAL HOSPITAL**  
Waynesboro, Mississippi

**Audited Financial Statements**  
Years Ended September 30, 2018 and 2017

**WAYNE GENERAL HOSPITAL**

Waynesboro, Mississippi

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## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Wayne General Hospital  
Waynesboro, Mississippi

### Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of Wayne General Hospital (the "Hospital"), a component unit of Wayne County, Mississippi, as of and for the years ended September 30, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of 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.

### 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 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, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of the Hospital, as of September 30, 2018 and 2017, and its revenues, expenses and changes in net position and, cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 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 audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Hospital's basic financial statements. The schedule of surety bonds for officials and employees on page 26 is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The schedule of surety bonds for officials and employees has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

## **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated January 11, 2019, on our consideration of the Hospital'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 Hospital'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 Hospital's internal control over financial reporting and compliance.

*HORNE LLP*

Ridgeland, Mississippi  
January 11, 2019

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

This section of Wayne General Hospital's (the "Hospital") annual financial report presents background information and management's analysis of the Hospital's financial performance during the fiscal years that ended on September 30, 2018 and 2017. Please read it in conjunction with the financial statements in this report.

**FINANCIAL HIGHLIGHTS**

Fiscal Year Ended September 30, 2018

The Hospital's total net position increased by \$733,639 or approximately 4.5 percent from the prior year. This increase results from the recognition of revenues in excess of expenses (increase in net position).

At the end of the 2018 fiscal year, the assets of the Hospital exceeded liabilities by \$17,169,225. Of this amount, \$8,113,865 (unrestricted net position) may be used to meet ongoing obligations to the Hospital's employees, patients and creditors, \$8,822,534 is invested in capital assets and \$232,826 is designated for use in the Hospital's self-insurance programs. The Hospital established a self-insurance fund in accordance with the requirements of the Mississippi Tort Claims Board. During 2007, the Hospital changed from a self-insurance program and purchased a commercial policy. The Hospital is required to maintain the self-insurance fund for potential claims from the period of self-insurance.

Net patient service revenue increased by \$2,752,546 or 10.7 percent, from the prior year. This is due to increase in inpatient and outpatient volumes. During this same period, operating expenses decreased by \$450,925 or 1.6 percent from the prior year. This decrease is largely due to a reduction in salaries and related benefits. These changes will be further discussed in the Operating and Financial Performance section of this analysis.

Fiscal Year Ended September 30, 2017

The Hospital's total net position decreased by \$2,629,325 or approximately 13.8 percent from the prior year. This decrease results from the recognition of expenses in excess of revenues (decrease in net position).

At the end of the 2017 fiscal year, the assets of the Hospital exceeded liabilities by \$16,435,586. Of this amount, \$6,792,873 (unrestricted net position) may be used to meet ongoing obligations to the Hospital's employees, patients and creditors, \$9,407,359 is invested in capital assets and \$235,354 is designated for use in the Hospital's self-insurance programs. The Hospital established a self-insurance fund in accordance with the requirements of the Mississippi Tort Claims Board. During 2007, the Hospital changed from a self-insurance program and purchased a commercial policy. The Hospital is required to maintain the self-insurance fund for potential claims from the period of self-insurance.

Net patient service revenue decreased by \$633,749 or 2.4 percent, from the prior year. This is due to a decrease in overall outpatient volumes, with surgery cases increasing slightly as the only exception. During this same period, operating expenses also increased by \$679,878 or 2.4 percent from the prior year. This increase is largely due to an increase in salaries and wages and related employee benefits. These increases will be further discussed in the Operating and Financial Performance section of this analysis.

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

**OVERVIEW OF THE FINANCIAL STATEMENTS**

This annual report consists of four components - the Management's Discussion and Analysis of Financial Condition and Operating Results (this section), the Independent Auditor's Report, the Financial Statements and Supplementary Information.

The financial statements of the Hospital report the financial position of the Hospital and the results of its operations and its cash flows. The financial statements are prepared on the accrual basis of accounting. These statements offer short-term and long-term financial information about the Hospital's activities.

The statements of net position include all of the Hospital's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Hospital's creditors (liabilities) for both the current year and the prior year. It also provides the basis for evaluating the capital structure of the Hospital, and assessing the liquidity and financial flexibility of the Hospital.

All of the current year's revenues and expenses are accounted for in the statements of revenue, expenses and changes in net position. These statements measure the performance of the Hospital's operations over the past year and can be used to determine whether the Hospital has been able to recover all of its costs through its patient service revenue and other revenue sources.

The primary purpose of the statements of cash flows is to provide information about the Hospital's cash from operating, investing and financing activities. The statements of cash flows outline where the cash comes from, what the cash is used for and the changes in the cash balance during the reporting period.

The annual report also includes notes to financial statements that are essential to gain a full understanding of the data provided in the financial statements. The notes to the financial statements can be found immediately following the basic financial statements in this report.

Following the notes to the financial statements is a section containing supplementary information that further explains and supports the information reported in the financial statements. This section includes optional schedules showing gross patient service revenue and operating expenses by department.

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

**FINANCIAL ANALYSIS OF THE HOSPITAL**

The statements of net position and the statements of revenues, expenses and changes in net position report information about the Hospital's activities. Increases or improvements, as well as decreases or declines in the net position, are one indicator of the financial state of the Hospital. Other non-financial factors that should also be considered include changes in economic conditions, population growth (including uninsured and working poor) and new or changed government legislation.

**Net Position**

A summary of the Hospital's condensed statements of net position is presented in the following table:

**Condensed Statements of Net Position**

	Fiscal Year 2018	Fiscal Year 2017	Fiscal Year 2016
Current and other assets	\$ 11,985,287	\$ 10,447,750	\$ 12,118,854
Capital assets, net	9,192,393	9,407,359	10,121,398
<b>Total assets</b>	<b>\$ 21,177,680</b>	<b>\$ 19,855,109</b>	<b>\$ 22,240,252</b>
Current liabilities	\$ 3,709,288	\$ 3,419,523	\$ 3,175,341
Long-term liabilities	299,167	-	-
<b>Total liabilities</b>	<b>\$ 4,008,455</b>	<b>\$ 3,419,523</b>	<b>\$ 3,175,341</b>
Invested in capital assets	\$ 8,822,534	\$ 9,407,359	\$ 10,121,398
Restricted	232,826	235,354	277,197
Unrestricted	8,113,865	6,792,873	8,666,316
<b>Total net position</b>	<b>\$ 17,169,225</b>	<b>\$ 16,435,586</b>	<b>\$ 19,064,911</b>

Fiscal Year Ended September 30, 2018

Current and other assets increased 14.7 percent primarily due to an increase in cash and patient accounts receivable at net resulting from increases in patient volumes.

Net capital assets decreased 2.3 percent due to current year depreciation expense exceeding purchases.

Current liabilities increased 8.5 percent from the prior year primarily related to the increase of accounts payable, accrued payroll and the current portion of long-term debt related to fiscal year 2018 borrowings.



**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

Fiscal Year Ended September 30, 2017

Current and other assets decreased 13.8 percent primarily due to a decrease in cash and patient accounts receivable at net resulting from a decrease in patient volumes.

Net capital assets decreased 7.1 percent due to current year depreciation expense exceeding purchases.

Current liabilities increased 7.7 percent from the prior year primarily related to the increase of accounts payable and accrued payroll.

**Capital Assets**

	Fiscal Year 2018	Fiscal Year 2017	Fiscal Year 2016
Land and land improvements	\$ 1,907,400	\$ 1,866,399	\$ 1,866,399
Construction in progress	-	-	8,181
Building and leasehold improvements	15,259,844	15,232,956	15,147,024
Equipment	16,810,490	15,983,627	15,768,203
Subtotal	33,977,734	33,082,982	32,789,807
Less: accumulated depreciation	(24,785,341)	(23,675,623)	(22,668,409)
Net capital assets	<u>\$ 9,192,393</u>	<u>\$ 9,407,359</u>	<u>\$ 10,121,398</u>

Fiscal Year Ended September 30, 2018

Net capital assets decreased by \$214,966 primarily due to current year depreciation expense exceeding purchases. Current year capital additions equaled to \$894,752 consisting of 33 additions, and depreciation was \$1,109,718.

Accumulated depreciation increased correspondingly with the addition of depreciable assets, offset by disposals of capital assets.

Fiscal Year Ended September 30, 2017

Net capital assets decreased by \$714,039 primarily due to current year depreciation expense exceeding purchases. Current year capital additions equaled to \$293,175 consisting of 28 additions, and depreciation was \$1,007,214.

Accumulated depreciation increased correspondingly with the addition of depreciable assets, offset by disposals of capital assets.

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

**Summary of Revenues and Expenses**

The following table presents a summary of the Hospital's historical revenues and expenses for each of the fiscal years ended September 30, 2018, 2017 and 2016:

**Condensed Statements of Revenues, Expenses and Changes in Net Position**

	<b>Fiscal Year 2018</b>	<b>Fiscal Year 2017</b>	<b>Fiscal Year 2016</b>
Net patient service revenue	\$ 28,457,801	\$ 25,705,255	\$ 26,339,004
Other operating revenue	745,738	617,203	663,713
Total operating revenues	<u>29,203,539</u>	<u>26,322,458</u>	<u>27,002,717</u>
Salaries and benefits	18,796,954	19,411,990	18,764,135
Depreciation and amortization	1,112,719	1,010,214	1,099,274
Professional fees, supplies and maintenance	8,631,930	8,570,324	8,449,241
Total operating expenses	<u>28,541,603</u>	<u>28,992,528</u>	<u>28,312,650</u>
Income (loss) from operations	661,936	(2,670,070)	(1,309,933)
Nonoperating revenues			
Grants and contributions	15,750	-	-
Interest income	55,953	40,745	24,081
Increase (decrease) in net position	<u>\$ 733,639</u>	<u>\$ (2,629,325)</u>	<u>\$ (1,285,852)</u>

**Operating Revenues**

Fiscal Year Ended September 30, 2018

The Hospital derived 97.4 percent of its total operating revenues from net patient service revenues. Such revenues include revenues from the Medicare and Medicaid programs, patients or their third-party carriers who pay for care in the Hospital's facilities. The decrease in other operating revenues is the result of a drop in Emergency Medical Service contributions.

Fiscal Year Ended September 30, 2017

The Hospital derived 97.7 percent of its total operating revenues from net patient service revenues. Such revenues include revenues from the Medicare and Medicaid programs, patients or their third-party carriers who pay for care in the Hospital's facilities. The decrease in other operating revenues is the result of a drop in Emergency Medical Service contributions.

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

The following table represents the relative percentage of gross charges billed for patient services by payor for the fiscal years ended September 30, 2018, 2017 and 2016:

	<b>Fiscal Year 2018</b>	<b>Fiscal Year 2017</b>	<b>Fiscal Year 2016</b>
Medicare	48%	46%	44%
Medicaid	21	23	23
Other	31	31	33
Total gross charges	100%	100%	100%

**OPERATING AND FINANCIAL PERFORMANCE**

The following summarizes statistical information as related to the Hospital's operations:

	<b>2018</b>	<b>2017</b>	<b>2016</b>
Actual number of acute patient days (adult)	6,308	6,579	6,925
Percentage of occupancy (adult)	27.4%	28.6%	30.1%
Newborn infant patient days	432	391	500
Swingbed patient days	3,272	3,574	2,787
Percentage of occupancy (swingbed)	52.7%	57.6%	44.9%
Discharges including deaths (adult)	1,742	1,777	1,633
Average length of stay (adult)	5.5	5.7	6.0
Average daily census (adult)	27	28	27
Medicare days	6,682	6,875	5,916
Medicaid days	2,035	2,298	2,317
Surgery cases	866	1,085	1,054
Home health visits	7,924	7,194	7,717
Emergency room visits	13,717	13,752	14,608

The following summarizes changes in the Hospital's statements of revenues, expenses and changes in net position between 2018 and 2017:

Fiscal Year Ended September 30, 2018

- Total patient days decreased from previous year and there was a decrease in total admissions. The Hospital patient days and admissions are 6,308 and 1,929, respectively. This is a decrease of 4.1 percent and decrease of 2.4 percent, respectively, from 2017.
- Net patient service revenues increased as stated in the financial highlights. Gross patient service revenue increased to \$60,678,553 from \$57,515,540 in the prior year.
- Operating expenses decreased as a result of a reduction in salaries and related benefits. Salaries, wages and employee benefits decreased \$615,036 or 3 percent from the prior year.
- Interest income increased \$15,208 from prior year due to increase in investment returns.

**WAYNE GENERAL HOSPITAL**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
Fiscal Years Ended September 30, 2018 and 2017

Fiscal Year Ended September 30, 2017

- Total patient days decreased from previous year and there was an increase in total admissions. The Hospital patient days and admissions are 6,579 and 1,976, respectively. This is a decrease of 5.0 percent and increase of 8.2 percent, respectively, from 2016.
- Net patient service revenues decreased as stated in the financial highlights. Operating expenses increased as a result of rising costs related to health insurance. Gross patient service revenue increased to \$57,515,541 from \$55,832,956 in the prior year.
- Professional fees, supplies and maintenance and utility expense increased \$121,333 or 1.4 percent from the prior year.
- Interest income increased \$16,664 from prior year due to increase in investment returns.

**CASH FLOWS**

Changes in the Hospital's cash flows are consistent with changes in operating income losses and changes in net position discussed earlier.

**ECONOMIC FACTORS AND NEXT YEAR'S BUDGET**

While the annual budget of the Hospital is not presented within these financial statements, the Hospital's Board and management considered many factors when setting the fiscal year 2019 budget. While the financial outlook for the Hospital is stable, of primary importance in setting the 2019 budget is the status of the economy and the healthcare environment, which takes into account market forces and environmental factors such as:

- Medicare reimbursement changes.
- Increased number of uninsured and working poor.
- Ongoing competition for services.
- Workforce shortages primarily in nursing and other clinically skilled positions.
- Cost of supplies, including pharmaceuticals.
- Impact of Healthcare Reform as it relates to reimbursement and employee health insurance coverage.

**CONTACTING THE HOSPITAL FINANCIAL MANAGER**

This financial report is designed to provide our citizens, customers and creditors with a general overview of the Hospital's finances. If you have any questions about this report or need additional financial information, please contact the Administrator, Wayne General Hospital, Post Office Box 1249, Waynesboro, Mississippi 39367.

**WAYNE GENERAL HOSPITAL**  
 Statements of Net Position  
 September 30, 2018 and 2017

	<b>2018</b>	<b>2017</b>
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	\$ 2,843,665	\$ 1,813,956
Patient receivables, net of estimated uncollectibles of \$8,785,937 and \$8,424,086, respectively	5,391,232	4,727,819
Inventories	360,284	390,931
Prepaid expenses	268,739	300,312
Other current assets	200,180	211,126
Total current assets	9,064,100	7,444,144
Noncurrent cash and investments		
Internally designated by the Board for capital acquisitions	2,409,489	2,383,413
Restricted for use under self-insurance program	232,826	235,354
Total noncurrent cash and investments	2,642,315	2,618,767
Capital assets, net	9,192,393	9,407,359
Other noncurrent assets, net	278,872	384,839
Total assets	21,177,680	19,855,109
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued expenses	736,844	643,034
Current portion of long-term debt	70,692	-
Accrued payroll and withholdings	1,253,534	1,156,304
Accrued compensated absences	1,638,442	1,610,409
Estimated third-party payor settlements	9,776	9,776
Total current liabilities	3,709,288	3,419,523
Long-term debt, less current maturities	299,167	-
Total Liabilities	4,008,455	3,419,523
<b>NET POSITION</b>		
Net investment in capital assets	8,822,534	9,407,359
Restricted - expendable for self-insurance	232,826	235,354
Unrestricted	8,113,865	6,792,873
Total net position	\$ 17,169,225	\$ 16,435,586

See accompanying notes.

**WAYNE GENERAL HOSPITAL**  
 Statements of Revenues, Expenses and Changes in Net Position  
 Years Ended September 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<b>Operating revenues</b>		
Net patient service revenue, net of provision for bad debts of \$2,670,920 and \$3,831,948	\$ 28,457,801	\$ 25,705,255
Other operating revenue	745,738	617,203
Total operating revenues	29,203,539	26,322,458
<b>Operating expenses</b>		
Salaries and wages	16,284,466	16,595,105
Professional fees	1,415,335	1,312,825
Employee benefits	2,512,488	2,816,885
Supplies and other	5,989,681	6,010,473
Maintenance and utilities	1,226,914	1,247,026
Depreciation and amortization	1,112,719	1,010,214
Total operating expenses	28,541,603	28,992,528
Income (loss) from operations	661,936	(2,670,070)
<b>Nonoperating revenues</b>		
Grants and contributions	15,750	-
Interest income	55,953	40,745
Total nonoperating revenues	71,703	40,745
Increase (decrease) in net position	733,639	(2,629,325)
Net position, beginning of year	16,435,586	19,064,911
Net position, end of year	\$ 17,169,225	\$ 16,435,586

See accompanying notes.

**WAYNE GENERAL HOSPITAL**  
Statements of Cash Flows  
Years Ended September 30, 2018 and 2017

	2018	2017
Cash flows from operating activities		
Receipts from and on behalf of patients	\$ 27,794,388	\$ 26,298,201
Payments to suppliers and contractors	(8,462,426)	(8,388,031)
Payments to employees	(18,671,691)	(19,261,446)
Other receipts and payments, net	848,704	733,637
Net cash provided by (used in) operating activities	1,508,975	(617,639)
Cash flows from noncapital financing activities		
Noncapital grants and contributions	15,750	-
Cash flows from capital and related financing activities		
Purchases of capital assets	(894,752)	(293,175)
Payments on note payable	(11,505)	-
Borrowings on note payable	381,364	-
Net cash used in capital and related financial activities	(524,893)	(293,175)
Cash flows from investing activities		
Interest on investments	55,953	40,745
Net increase (decrease) in cash and cash equivalents	1,055,785	(870,069)
Cash and cash equivalents, beginning of year	4,197,369	5,067,438
Cash and cash equivalents, end of year	<u>\$ 5,253,154</u>	<u>\$ 4,197,369</u>
Reconciliation of income (loss) from operations to net cash provided by (used in) operating activities		
Income (loss) from operations	\$ 661,936	\$ (2,670,070)
Adjustments to reconcile income (loss) from operations to net cash provided by (used in) operating activities		
Depreciation and amortization	1,112,719	1,010,214
Provision for bad debts	2,670,920	3,831,948
Changes in assets and liabilities		
Patient receivables	(3,334,333)	(3,373,289)
Inventories	30,647	18,854
Estimated third-party payor settlements	-	134,287
Other assets	148,013	196,011
Accounts payable	93,810	83,862
Accrued salaries and compensated absences	125,263	150,544
Net cash provided by (used in) operating activities	<u>\$ 1,508,975</u>	<u>\$ (617,639)</u>
Reconciliation of cash and cash equivalents to statements of net position		
Cash and cash equivalents	\$ 2,843,665	\$ 1,813,956
Noncurrent cash and investments		
Internally designated by the Board for capital acquisitions	2,409,489	2,383,413
Total cash and cash equivalents	<u>\$ 5,253,154</u>	<u>\$ 4,197,369</u>

See accompanying notes.

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Nature of Operations, Reporting Entity and Summary of Significant Accounting Policies**

Nature of Operations and Reporting Entity

Wayne General Hospital (the "Hospital") is an acute care hospital established by Wayne County (the "County") as a special purpose government entity under the laws of the State of Mississippi. The Hospital is owned by the County and is governed by a Board of Trustees appointed by the County Board of Supervisors. Because of the relationship between the Hospital and the County, the Hospital has been defined as a component unit of the County.

The Hospital provides inpatient, outpatient and emergency care services primarily for residents of the County and the surrounding area. Admitting physicians are primarily practitioners in the same area. The Hospital is currently licensed to operate 49 inpatient beds.

Budgetary Information

The Hospital is required by statute of the State of Mississippi to prepare a non-appropriated annual budget. The budget is not subject to appropriation and is therefore not required to be presented as supplementary information.

The significant accounting policies used by the Hospital in preparing and presenting its financial statements are as follows:

Basis of Accounting

The Hospital prepares its financial statements as a business-type activity in conformity with the applicable pronouncements of the Governmental Accounting Standards Board ("GASB"). The accompanying financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus.

Blended Component Unit

The Hospital has one entity that has been, for financial reporting purposes only, presented as a blended component unit as of September 30, 2018 into the Hospital's financial statements. The Hospital exerts control and there is a financial benefit relationship with this entity. All significant intercompany transactions between this entity and the Hospital have been eliminated. The entity is as follows:

Wayne Foundation

Wayne General Hospital Foundation, Inc. (the "Foundation") is a nonstock, nonprofit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The members of the Foundation Board consist principally of persons selected from the trustees, executive staff and medical staff of the Hospital, as well as local civic leaders and professionals.

The Foundation is organized and operated exclusively for charitable scientific and educational purposes for the benefit of the Hospital. The primary sources of financial support for the Foundation are gifts, grants and contributions from the general public, corporations and charitable organizations.



**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Continued**

Use of Estimates

The preparation of financial statements in conformity 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. The most sensitive estimates included in these financial statements relate to contractual discounts under third-party contracts and the allowance for uncollectible accounts receivable.

The accounting estimates used in the preparation of the financial statements will change as new events occur, as more experience is acquired and as additional information is obtained. Future events and their effects cannot be predicted with certainty; accordingly, our accounting estimates require the exercise of judgment. In particular, laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates related to these programs will change by a material amount in the near term.

Cash and Cash Equivalents

Cash and cash equivalents include all cash accounts and investments in highly liquid instruments with an original maturity of three months or less, including cash and investments internally designated by the Board for capital acquisitions.

Cash and cash equivalents include funds held on behalf of employees who participate in the Hospital's Christmas Club Program. Funds that were not paid out at September 30, 2018 and 2017 totaled \$351,318 and \$313,734, respectively. The Hospital has recorded an accrual for these amounts, which are included in accrued payroll and withholdings on the accompanying statements of net position.

Patient Receivables

Patient receivables are reported at net realizable value, after deduction of allowances for estimated uncollectible accounts and third-party contractual discounts. The allowance for uncollectible accounts is based on historical losses and an analysis of currently outstanding amounts. This account is generally increased by charges to a provision for uncollectible accounts, and decreased by write-offs of accounts determined by management to be uncollectible. The allowances for third-party contractual discounts are based on the estimated differences between the Hospital's established rates and the actual amounts to be received under each contract. Changes in estimates by material amounts are reasonably possible in the near term.

Inventories

Inventories, which consist primarily of medical supplies and drugs, are stated at cost based on the first-in, first-out method, or at market, whichever is lower.

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Continued**

Prepaid Expenses

Prepaid expenses are amortized over the estimated period of future benefit, generally on a straight-line basis.

Noncurrent Cash and Investments

Noncurrent cash and investments include assets set aside by the Board of Trustees for future capital improvements as well as assets externally restricted for use in its self-insurance program. The Board retains control of the funds set aside for future capital improvements and may, at its discretion, subsequently use them for other purposes.

The Hospital's noncurrent cash and investments consist of money market deposits and are carried at cost plus accrued interest. Interest income is reported as non-operating revenues.

Capital Assets, Net

Capital asset acquisitions are recorded at cost, if purchased or at fair value at the date of the gift, if donated. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. 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. In accordance with GASB, management evaluates assets for potential impairment when a significant, unexpected decline in the service utility of a capital asset occurs.

Other Noncurrent Assets

Medical records associated with the purchase of certain assets of the Waynesboro Family Clinic (the "Clinic") are included in other noncurrent assets, net of accumulated amortization of \$30,000 and \$27,250 at September 30, 2018 and 2017, respectively. Amortization expense is calculated using the straight-line method over the estimated useful life.

The Hospital has entered into various agreements with physicians, specifically to benefit the Hospital's community service area. These agreements include income guarantees and other advances, all of which are generally conditioned upon a service commitment to the community. Advances under these agreements are forgiven upon fulfillment of the professional's contractual service commitment, but are due in full if such commitment is not fulfilled. Advances under these arrangements are amortized to expense using the straight-line method over the related commitment period. Amounts expected to be amortized in the ensuing fiscal year are classified as a current asset in the accompanying statements of net position.

Impairment of Long-Lived Assets

Long-lived assets and certain identifiable intangibles are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the assets. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount of fair value less costs to sell.

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Continued**

Compensated Absences

The Hospital policy is to compensate employees for absences due to earned vacation and sick leave. Accumulated vacation pay is accrued at the balance sheet date because it is payable upon termination of employment. Sick pay accrues but is not reflected as a liability because it is not payable upon termination of employment.

Net Position

Net position consists of net investment in capital assets; restricted and unrestricted. The net investment in capital assets consists of capital assets net of accumulated depreciation and the outstanding balance of any related debt that is attributable to the acquisitions of the capital assets. Restricted are those resources that are externally restricted by creditors, grantors, contributors or laws and regulations or those restricted by constitutional provisions and enabling legislation. Unrestricted net position consists of resources that do not meet the definition of invested in capital assets, net of related debt or restricted. When both restricted and unrestricted resources are available to finance particular programs, it is the Hospital's policy to use the restricted resources before using the unrestricted resources.

Of the \$8,113,865 and \$6,792,873 of unrestricted net position reported at September 30, 2018 and 2017, respectively, \$2,409,489 and \$2,383,413 has been designated by the Hospital's Board of Trustees for capital acquisitions at September 30, 2018 and 2017, respectively. Designated funds remain under the control of the Board of Trustees, which may at its discretion later use the funds for the other purposes.

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

The primary third-party programs include Medicare and Medicaid, which account for a significant amount of the Hospital's revenue. The laws and regulations under which Medicare and Medicaid programs operate are complex and subject to interpretation and frequent changes. As part of operating under these programs, there is a possibility that government authorities may review the Hospital's compliance with these laws and regulations. Such reviews may result in adjustments to program reimbursement previously received and subject the Hospital to fines and penalties. Management believes it has complied with the requirements of these programs.

Charity Care

The Hospital provides medical care without charge or at a reduced charge 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, these charges are not reported as revenue.

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Continued**

Operating Revenues and Expenses

The Hospital's statements of revenues, expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing healthcare services, which is the Hospital's principal activity. Nonexchange revenues, including grants and contributions received for purposes other than capital asset acquisition and interest income are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Estimated Malpractice Costs

The Hospital considers the need for recording a liability for malpractice claims. When determined to be necessary, the provision for estimated malpractice claims and the cost associated with litigation and settlement includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The Hospital is a governmental entity and, as such, is exempt from federal and state income taxes.

Accounting Pronouncements Issued Not Yet Adopted

*Governmental Accounting Standards Board Statement No. 84 ("GASB 84")*

The Hospital will adopt GASB 84, *Fiduciary Activities*, in fiscal year 2020 with any changes applied retroactively. This statement is meant to provide guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes. Fiduciary activities meeting certain criteria (i.e. pension and other employee benefit trust funds, investment trust funds, private-purpose trust funds, and custodial funds) will now be reported in a fiduciary fund as part of the basic financial statements. The Hospital is currently assessing the impact of the adoption of this GASB and its effect on the Hospital's financial position or results of operations.

*Governmental Accounting Standards Board Statement No. 87 ("GASB 87")*

The Hospital will adopt GASB 87, *Leases*, in fiscal year 2021 with any changes applied retroactively. This statement will enhance comparability of financial statements among governments by requiring lessees and lessors to report leases under a single model. Under this statement, all leases are required to be recognized as assets and liabilities with associated deferred inflows and outflows of resources on the financial statements. Furthermore the statement defines a lease and details the considerations for determining the lease term. The Hospital is currently assessing the impact of the adoption of this GASB and its effect on the Hospital's financial position or results of operations.

*Governmental Accounting Standards Board Statement No. 88 ("GASB 88")*

The Hospital will adopt GASB 88, *Certain Disclosures Related to Debt*, including Direct Borrowings and Direct Placements, in fiscal year 2019. This statement requires additional information related to debt be disclosed in the notes to financial statements, including unused lines of credit; assets pledged as collateral for the debt; and terms specified in debt agreements related to significant events of default or termination with finance-related consequences and significant acceleration clauses. With the inclusion of this information, users will better understand the effects of debt on a

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Continued**

government's future resource flows. The Hospital is currently assessing the impact of the adoption of this GASB and its effect on the Hospital's financial position or results of operations.

*Governmental Accounting Standards Board Statement No. 89 ("GASB 89")*

The Hospital will adopt GASB 89, Accounting for Interest Cost Incurred before the End of a Construction Period, in fiscal year 2021. This statement will improve financial reporting by (1) enhancing the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period, and (2) simplifying accounting for interest cost incurred before the end of a construction period. This statement will supersede GASB 62, requiring that interest cost incurred before the end of a construction period to be recognized as an expense in the period in which the cost was incurred. The Hospital is currently assessing the impact of the adoption of this GASB and its effect on the Hospital's financial position or results of operations.

**Note 2. Cash Deposits and Investments**

Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the Hospital's deposits might not be recovered. The collateral for public entities' deposits in financial institutions is held in the name of the State Treasurer under a program established by the Mississippi State Legislature and is governed by Section 27-105-5 Miss. Code Ann. (1972). Under this program, the 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 Depository Insurance Corporation ("FDIC"). All deposits with financial institutions must be collateralized in an amount equal to 105 percent of uninsured deposits and are therefore fully insured. The bank balances of the collateralized and insured balances were \$5,565,397 and \$4,554,785 at September 30, 2018 and 2017, respectively.

Investments

The statutes of the State of Mississippi restrict the authorized investments of the Hospital to obligations of the U. S. Treasury, agencies and instrumentalities of the United States and certain other types of investments. The Hospital does not have a formal investment policy that further limit investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. The Hospital's noncurrent cash and investments consist of money market funds held at one financial institution.

The composition of noncurrent cash and investments at September 30, 2018 and 2017 is as follows:

	<b>2018</b>	<b>2017</b>
Designated by the Board for capital improvements		
Money market accounts	\$ 2,409,489	\$ 2,383,413
Designated for use under self-insurance programs		
Money market accounts	232,826	235,354
	<b>\$ 2,642,315</b>	<b>\$ 2,618,767</b>

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Other Current Assets**

The composition of other current assets at September 30, 2018 and 2017 is as follows:

	2018	2017
Current portion of advances to and receivable from healthcare professionals	\$ 138,869	\$ 128,738
Other	61,311	82,388
	<u>\$ 200,180</u>	<u>\$ 211,126</u>

**Note 4. Capital Assets, Net**

Major classes of capital assets at September 30, 2018 and 2017 are summarized as follows:

	2018	2017
Land and improvements	\$ 1,907,400	\$ 1,866,399
Buildings	13,260,048	13,260,048
Building improvements	1,999,796	1,972,908
Fixed equipment	2,788,247	2,788,247
Major moveable equipment	14,022,243	13,195,380
Total capital assets	<u>33,977,734</u>	<u>33,082,982</u>
Less accumulated depreciation	<u>(24,785,341)</u>	<u>(23,675,623)</u>
Capital assets, net	<u>\$ 9,192,393</u>	<u>\$ 9,407,359</u>

Depreciation expense for the years ended September 30, 2018 and 2017, totaled \$1,109,718 and \$1,007,214, respectively.

Capital asset additions, retirements and balances for the year ended September 30, 2018 were as follows:

	Balance September 30, 2017	Increases	Decreases	Balance September 30, 2018
Capital assets not being depreciated				
Land	\$ 476,686	\$ -	\$ -	\$ 476,686
Capital assets being depreciated				
Land improvements	1,389,713	41,001	-	1,430,714
Buildings	13,260,048	-	-	13,260,048
Building improvements	1,972,908	26,888	-	1,999,796
Fixed equipment	2,788,247	-	-	2,788,247
Major moveable equipment	13,195,380	826,863	-	14,022,243
Total capital assets being depreciated	<u>32,606,296</u>	<u>894,752</u>	<u>-</u>	<u>33,501,048</u>

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

**Note 4. Continued**

	Balance September 30, 2017	Increases	Decreases	Balance September 30, 2018
Less accumulated depreciation for				
Land improvements	\$ (1,005,759)	\$ (20,136)	\$ -	\$ (1,025,895)
Buildings	(4,685,208)	(241,728)	-	(4,926,936)
Building improvements	(1,070,451)	-	-	(1,070,451)
Fixed equipment	(5,830,866)	(141,012)	-	(5,971,878)
Major moveable equipment	(11,083,339)	(706,842)	-	(11,790,181)
Total accumulated depreciation	(23,675,623)	(1,109,718)	-	(24,785,341)
Capital assets being depreciated, net	8,930,673	(214,966)	-	8,715,707
Capital assets, net	\$ 9,407,359	\$ (214,966)	\$ -	\$ 9,192,393

Capital asset additions, retirements and balances for the year ended September 30, 2017 were as follows:

	Balance September 30, 2016	Increases	Decreases	Balance September 30, 2017
Capital assets not being depreciated				
Land	\$ 476,686	\$ -	\$ -	\$ 476,686
Construction in progress	8,181	4,827	(13,008)	-
Total capital assets not being depreciated	484,867	4,827	(13,008)	476,686
Capital assets being depreciated				
Land improvements	1,389,713	-	-	1,389,713
Buildings	13,260,048	-	-	13,260,048
Building improvements	1,886,976	85,932	-	1,972,908
Fixed equipment	2,788,247	-	-	2,788,247
Major moveable equipment	12,979,956	215,424	-	13,195,380
Total capital assets being depreciated	32,304,940	301,356	-	32,606,296
Less accumulated depreciation for				
Land improvements	(985,615)	(20,144)	-	(1,005,759)
Buildings	(4,443,477)	(241,731)	-	(4,685,208)
Building improvements	(1,070,451)	-	-	(1,070,451)
Fixed equipment	(5,689,856)	(141,010)	-	(5,830,866)
Major moveable equipment	(10,479,010)	(604,329)	-	(11,083,339)
Total accumulated depreciation	(22,668,409)	(1,007,214)	-	(23,675,623)
Capital assets being depreciated, net	9,636,531	(705,858)	-	8,930,673
Capital assets, net	\$ 10,121,398	\$ (701,031)	\$ (13,008)	\$ 9,407,359

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

**Note 5. Other Noncurrent Assets**

The composition of other noncurrent assets at September 30, 2018 and 2017 consisted of the following:

	2018	2017
Deposits	\$ 200	\$ 200
Medical records, net of accumulated amortization	-	2,750
Advances to and receivables from healthcare professionals, less current portion	278,672	381,889
Total other noncurrent assets	<u>\$ 278,872</u>	<u>\$ 384,839</u>

**Note 6. Long-Term Debt**

A summary of long-term debt at September 30 follows:

	2018	2017
First State Bank note payable, collateralized by equipment, due in monthly installments of \$7,034 bearing interest at 4.00 percent, through July 10, 2023.	\$ 369,859	\$ -
Total long-term debt	369,859	-
Less current maturities of long-term debt	70,692	-
Long-term debt, excluding current maturities	<u>\$ 299,167</u>	<u>\$ -</u>

Scheduled interest and principal payments of long-term debt obligations at September 30, 2018 are as follows:

Year Ending September 30,	Long-Term Debt	
	Principal	Interest
2019	\$ 70,692	\$ 13,717
2020	73,617	10,792
2021	76,664	7,745
2022	79,837	4,572
2023	69,049	1,292
	<u>\$ 369,859</u>	<u>\$ 38,118</u>

A schedule of changes in the Hospital's long-term debt for 2018 follows:

	Balance September 30, 2017	Additions	Retirements	Balance September 30, 2018	Due Within One Year
Notes payable	\$ -	\$ 381,364	\$ (11,505)	\$ 369,859	\$ 70,692
Total long-term debt	<u>\$ -</u>	<u>\$ 381,364</u>	<u>\$ (11,505)</u>	<u>\$ 369,859</u>	<u>\$ 70,692</u>



**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 7. Retirement Plan**

The Board of Trustees of the Hospital has established a defined contribution retirement plan for the benefit of the Hospital's employees. Participants may direct the investment of their account balance within a predefined range of investment alternatives. Participant contributions are matched by the employer on a 1 to 1 basis, up to a maximum contribution as defined by the plan; however, the employee must contribute a minimum of 2 percent to receive the employer match.

The participant can elect to make voluntary contributions, in addition to the above, of up to 20 percent of compensation, which are not matched by the employer.

Actual contributions during the years ended September 30, 2018 and 2017 were as follows:

	<b>2018</b>	<b>2017</b>
Hospital	\$ 195,021	\$ 204,169
Participant	548,741	579,692
Total	<u>\$ 743,762</u>	<u>\$ 783,861</u>

**Note 8. Insurance Programs**

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. The Hospital also carries insurance for medical malpractice claims and judgments, as discussed below.

Medical Malpractice Insurance

The Hospital held professional and general liability insurance under a self-funded plan prior to 2007. During 2007, the Hospital purchased professional and general liability insurance to cover medical malpractice claims. The Hospital has not accrued any losses for malpractice claims or expenses for periods subsequent to the self-funded plan. Nevertheless, the future assertion of claims for occurrences prior to year-end is reasonably possible and may occur, although not anticipated. In any event, management believes that any such claims would be substantially covered under its insurance program.

The Mississippi Tort Claims Act provides a cap on the amount of damages recoverable against government entities, including governmental hospitals. For claims arising, the amount recoverable is the greater of \$500,000 or the amount of liability insurance coverage that has been retained.

Self-Funded Health Insurance

The Hospital provides health insurance coverage to its employees under a self-funded plan. Health claims are paid by the Hospital as they are incurred and filed by the employee. An estimated liability for claims incurred but not reported or paid is included in accrued expenses and operating expenses in the accompanying financial statements. Commercial insurance is purchased for claims in excess

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 8. Continued**

of coverage provided by the Hospital to limit the Hospital's liability or losses under its self-insurance program. Settled claims have not exceeded this commercial insurance in either of the past three years.

The claims liability at September 30, 2018 and 2017 is based on the requirements of GASB and provides that a liability for claims 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 amount of loss can be reasonably estimated. Changes in the Hospital's claims liability amount are reflected below:

	<u>2018</u>	<u>2017</u>
Claims liability, beginning of year	\$ 143,388	\$ 157,572
Claims filed and changes in estimates	1,495,393	1,769,852
Claims paid	<u>(1,469,262)</u>	<u>(1,784,036)</u>
Claims liability, end of year	<u>\$ 169,519</u>	<u>\$ 143,388</u>

**Note 9. Net Patient Service Revenue**

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

Medicare

Inpatient acute, swingbed, outpatient and home health 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. Medicare bad debts and disproportionate share payments are paid at a tentative rate with final settlement determined after submission of annual costs and audits thereof by the fiscal intermediary.

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed based upon the Ambulatory Payment Classification ("APC") system for outpatient payments and an APR-DRG system for inpatient payments.

Revenue from the Medicare and Medicaid programs accounted for approximately 48 percent and 21 percent, respectively, of the Hospital's gross patient service revenue for the year ended 2018. During 2017, revenue from Medicare and Medicaid programs accounted for 46 percent and 23 percent, respectively, of the Hospital's gross patient service revenue. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result,

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 9. Continued**

there is at least a reasonable possibility that recorded estimates will change by a material amount in the near-term. The 2018 and 2017 net patient service revenue increased approximately \$187,650 and \$27,097, respectively, due to prior-year retroactive adjustments in excess of amounts previously estimated. The Hospital's cost reports have been settled through 2015.

Beginning with the state fiscal year 2016, July 1, 2015, UPL payments were phased out and the Division of Medicaid ("DOM") implemented the Mississippi Hospital Access Payment ("MHAP") program (the "MHAP Program") in its place. The MHAP Program is administered by the DOM through the Mississippi CAN coordinated care organizations ("CCO"). The CCO's subcontracts with the Hospitals throughout the state for distribution of the MHAP for the purpose of protecting patient access to hospital care. The MHAP Program began December 1, 2015 and the MHAP payments and associated tax are distributed and collected in equal monthly installments. For the fiscal years ended September 30, 2018 and 2017, the Hospital received \$2,054,133 from the MHAP program. MHAP amounts are shown as a reduction of contractual adjustments with related assessments of \$1,359,891 and \$1,427,320, respectively, for the year ended September 30, 2018 and 2017, recorded in operating expenses.

Managed Care

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

A summary of gross and net patient service revenue for the years ended September 30, 2018 and 2017 follows:

	<b>2018</b>	<b>2017</b>
Gross patient service revenue	\$ 60,678,553	\$ 57,515,540
Less provisions for		
Contractual adjustments under third-party reimbursement programs and other deductions	29,549,832	27,978,337
Provision for bad debts	2,670,920	3,831,948
Net patient service revenue	\$ 28,457,801	\$ 25,705,255

**Note 10. Charity Care**

The Hospital maintains records to identify and monitor the level of charity care it provides. The amount of charges foregone for services and supplies furnished under the Hospital's charity care policy aggregated approximately \$1,357,000 and \$1,140,000 for the years ended September 30, 2018 and 2017, respectively. The estimated cost of charity care, estimated using a ratio of cost to gross charges, totaled approximately \$638,000 and \$575,000 for the years ended September 30, 2018 and 2017, respectively.

**WAYNE GENERAL HOSPITAL**  
Years Ended September 30, 2018 and 2017

**NOTES TO FINANCIAL STATEMENTS**

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**Note 11. Concentrations of Credit Risk**

Patient Receivables

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The percentage mix of net patient receivables from patients and major third-party payors at September 30, 2018 and 2017 was as follows:

	<b>2018</b>	<b>2017</b>
Medicare	41%	34%
Medicaid	16	12
Commercial insurance	17	21
Other	26	33
Total	<u>100%</u>	<u>100%</u>

**Note 12. Commitments and Contingencies**

The Hospital is involved in litigation and regulatory investigations arising in the normal course of business. Based on consultations with legal counsel, management is of the opinion that these matters will be resolved without material adverse effect on the Hospital's future financial position or on the results of its future operations.

**Note 13. Risks and Uncertainties**

The Patient Protection and Affordable Care Act ("ACA") is the comprehensive healthcare reform bill passed by Congress in March 2010. The law reshapes the way healthcare is delivered and financed by transitioning providers from a volume-based fee-for-service system toward value-based care. Through a series of new programs, regulations, fees and subsidies, the ACA seeks to achieve a triple aim of better population health, lower per capita costs and elevated patient experience. Several legal challenges have been made against the legislation since it was enacted, and uncertainty exists as to the ultimate impact of the legislation on the healthcare delivery system. On June 28, 2012, the United States Supreme Court upheld the constitutionality of components of the ACA, allowing the historic overhaul of the healthcare system to continue. On January 20, 2017, the U.S. President signed an Executive Order entitled *Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Appeal*. Subsequent attempts at repeal and replace of the ACA have been unsuccessful. Potential impacts of healthcare reform include political uncertainty and volatility in Medicare and Medicaid reimbursement, fundamental changes in payment systems, increased regulation and significant required investments in healthcare information technology.

The accompanying financial statements have been prepared using values and information currently available to the Hospital.

**WAYNE GENERAL HOSPITAL**  
Schedule of Surety Bonds for Officials and Employees  
September 30, 2018

Name	Position	Company	Amount Of Bond
Kenny Odom	Trustee/ President	Travelers Casualty and Surety Company of America	\$ 100,000
Martin Stadalis	Trustee	Travelers Casualty and Surety Company of America	100,000
Charles E. Pitts	Trustee	Travelers Casualty and Surety Company of America	100,000
Annice H. Jordan	Trustee	Travelers Casualty and Surety Company of America	100,000
Samuel Clyde Revette	Trustee	Travelers Casualty and Surety Company of America	100,000
Clifford McCarty	Trustee	Travelers Casualty and Surety Company of America	100,000
Raymond G. Cooley	Trustee	Travelers Casualty and Surety Company of America	100,000
Katherine Waddell	Hospital Administrator	Travelers Casualty and Surety Company of America	100,000



**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**

Board of Trustees  
Wayne General Hospital  
Waynesboro, Mississippi

We have audited 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, the financial statements of the business-type activities of Wayne General Hospital (the "Hospital"), as of September 30, 2018, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated January 11, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's Internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital'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. We consider the deficiencies described in the accompanying schedule of findings and responses as items 2018-01 and 2018-02 to be significant deficiencies.

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 the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amount. 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*.

## **The Hospital's Responses to Findings**

The Hospital's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. The Hospital'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 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. Accordingly, this communication is not suitable for any other purpose.

*HORNE LLP*

Ridgeland, Mississippi  
January 11, 2019

**WAYNE GENERAL HOSPITAL**  
Schedule of Findings and Responses  
Year Ended September 30, 2018

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**Significant Deficiencies:**

<b>Reference Number</b>	<b>Finding</b>
<b>Finding 2018-01</b>	<p><i>Criteria or Specific Requirement</i> – Proper segregation of duties requires that no single employee have access, authority and approval over a single process.</p> <p><i>Condition</i> – The materials management purchasing agent has all of the following responsibilities: performs inventory level counts, places orders, signs for receipt of goods and enters receipt of goods into the system, adds new vendors and initials invoices indicating the invoice is ready to be processed for payment. In addition to those responsibilities, the materials management purchasing agent also has access to the accounts payable system.</p> <p><i>Context</i> – Segregation of duties is required to mitigate risk related to access, authority and approval within the purchasing department.</p> <p><i>Effect</i> – Lack of the segregation of duties could lead to errors or irregularities due to one individual performing multiple duties within a single process.</p> <p><i>Cause</i> – Due to lack of personnel within the purchasing department, a number of duties are concentrated within one individual.</p> <p><i>Recommendation</i> – Management should shift a portion of the responsibilities of the purchasing agent to another employee, who does not have conflicting duties within the Hospital, to eliminate a single person from performing the entire process.</p> <p><i>Views of Responsible Official and Planned Corrective Actions</i> – Management will continue to evaluate the cost benefit of shifting these duties.</p>

**Finding 2018-02**

*Criteria or Specific Requirement* – Proper segregation of duties requires that no single employee have access, authority and approval over a single process.

*Condition* – The human resources director has all of the following responsibilities: sets up new employees and making changes to the HR module, maintains the payroll system and processes payroll.

*Context* – Segregation of duties is required to mitigate risk related to access, authority and approval within the payroll department.



**WAYNE GENERAL HOSPITAL**  
Schedule of Findings and Responses  
Year Ended September 30, 2018

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**Significant Deficiencies:**

<b>Reference Number</b>	<b>Finding</b>
	<p><i>Effect</i> – Lack of segregation of duties could lead to errors or irregularities due to one individual performing multiple duties within a single process.</p> <p><i>Cause</i> – Due to lack of personnel within the payroll department, a number of duties are concentrated within one individual.</p> <p><i>Recommendation</i> – Management should shift a portion of the responsibilities of the human resource director to another employee, who does not have conflicting duties within the Hospital, to eliminate a single person from performing the entire process.</p> <p><i>Views of Responsible Officials and Planned Corrective Actions</i> – Management will continue to evaluate the cost benefit of shifting these duties.</p>