NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME MACON, MISSISSIPPI

AUDITED FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION SEPTEMBER 30, 2020

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME September 30, 2020

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Independent Auditors' Report

Board of Trustees Noxubee General Critical Access Hospital and Noxubee County Nursing Home Macon, Mississippi

Report on the Financial Statements

We have audited the accompanying financial statements of Noxubee General Critical Access Hospital and Noxubee County Nursing Home, a component unit of Noxubee County, Mississippi, as of and for the years ended September 30, 2020, and 2019, and the related notes to financial statements, which collectively comprise Noxubee General Critical Access Hospital and Noxubee County Nursing Home'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 financial statements based on our audit. 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, the financial statements referred to above present fairly, in all material respects, the financial position of Noxubee General Critical Access Hospital and Noxubee County Nursing Home, a component unit of Noxubee County, Mississippi, as of September 30, 2020, and 2019, and the changes in its financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1, the financial statements present only the financial information of Noxubee General Critical Access Hospital and Noxubee County Nursing Home and do not purport to, and do not, present fairly the financial position of Noxubee County, Mississippi as of September 30, 2020, and 2019, the changes in its financial position, or 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's Discussion and Analysis (pages 3 to 7) 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 Schedule of Surety Bonds for Officials and Employees (page 23) 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 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the audit procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Surety Bonds for Officials and Employees is fairly stated in all material respects in relation to the basic 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 June 10, 2021, on our consideration of Noxubee General Critical Access Hospital and Noxubee County Nursing Home'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 reports 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 Noxubee General Critical Access Hospital and Noxubee County Nursing Home's internal control over financial reporting and compliance.

Eupora, Mississippi June 10, 2021 Watkins Ward and Stafford, Puc

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Management's Discussion and Analysis Years Ended September 30, 2020, and 2019

Our discussion and analysis of Noxubee General Critical Access Hospital and Noxubee County Nursing Home's financial performance provides an overview of the facility's financial activities for the fiscal years ended September 30, 2020, and 2019. Please read it in conjunction with the facility's financial statements, which begin on page 8.

FINANCIAL HIGHLIGHTS

- ♦ The facility's net position increased from 2019 to 2020 by \$466,850, or 3.87%, and increased from 2018 to 2019 by \$693,357, or 6.10%.
- ◆ The facility reported an operating loss of \$450,435 in 2020, and operating income of \$466,490 in 2019.
- ◆ The facility received Medicaid upper payment limit payments of \$984,579 for the year ended September 30, 2020, and \$1,011,939 for the year ended September 30, 2019; this is a decrease of \$27,360.
- ♦ The facility received Provider Relief Funds of \$5,342,031 in 2020, of which \$491,754 was recognized as nonoperating revenue, and the remaining \$4,850,277 was recognized as deferred revenue for the year ended September 30, 2020.

USING THIS ANNUAL REPORT

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

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

Our analysis of the facility finances begins on page 4. One of the most important questions asked about the facility's finances is, "Is the facility as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the facility's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the facility's net position and changes in them. You can think of the facility's net position – the difference between assets and liabilities – as one way to measure the facility's financial health, or financial position. Over time, increases or decreases in the facility's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the facility's patient base and measures of the quality of service it provides to the community, as well as local economic factors, to assess the overall health of the facility.

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operating, 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?"

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Management's Discussion and Analysis Years Ended September 30, 2020, and 2019

THE FACILITY'S NET POSITION

The facility's net position is the difference between its assets and liabilities reported in the Statements of Net Position on pages 8 and 9. The facility's net position increased from 2019 to 2020 by \$466,850, or 3.87%, and increased from 2018 to 2019 by \$693,357, or 6.10%, as reflected in Table 1.

The change in the facility's net position is due to several factors.

- During 2020, cash and cash equivalents increased by \$6,267,724, compared to an increase of \$189,363 in 2019.
- ♦ During 2020, other receivables increased by \$346,187, compared to a decrease of \$45,978 in 2019.
- During 2020, the facility's estimated third-party payor settlement increased by \$759,846, compared to a decrease of \$206,690 in 2019.
- ◆ The facility acquired capital assets in the amounts of \$12,882, and \$68,985, for the years 2020, and 2019, respectively. Depreciation and amortization expenses amounted to \$164,836 in 2020, and \$273,019 in 2019.
- ♦ During 2020, deferred revenue increased by \$4,850,277, compared to \$0 in 2019.
- During 2020, long-term debt including current maturities increased by \$1,786,905, compared to a decrease of \$267,810 in 2019.

Table 1:	Assets,	Liabilities	, and Net	Position

		2020		2019
Assets:	•		•	
Current assets	\$	18,015,305	\$	10,504,792
Noncurrent cash and investments		4,000,000		4,000,000
Capital assets, net		1,147,113		1,299,067
Other noncurrent assets		124,947	-	124,947
Total Assets	\$	23,287,365	\$	15,928,806
Liabilities:				
Current liabilities	\$	8,466,109	\$	2,093,755
Long-term debt outstanding		2,291,729	-	1,772,374
Total Liabilities		10,757,838	-	3,866,129
Net Position:				
Invested in capital assets, net of related				
debt (deficit)		(624,498)		(746,236)
Unrestricted		13,154,025	-	12,808,913
Total Net Position		12,529,527		12,062,677
Total Liabilities and Net Position	\$	23,287,365	\$	15,928,806

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Management's Discussion and Analysis Years Ended September 30, 2020, and 2019

OPERATING RESULTS AND CHANGES IN THE FACILITY'S NET POSITION

Table 2:	Operating	Results
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Table 2. Specialing recent		2020		2019
Operating Revenues:				
Net patient service revenues	\$	17,280,991	\$	17,814,508
Other revenues	•	3,033,421	_	2,186,808
Total Operating Revenues		20,314,412		20,001,316
Operating Expenses:				
Salaries and benefits		13,381,680		12,826,710
Supplies and drugs		2,467,080		1,898,179
Other operating expenses		4,509,420		4,287,877
Insurance		241,831		249,041
Depreciation and amortization		164,836		273,019
Total Operating Expenses		20,764,847		19,534,826
Operating Income (Loss)		(450,435)		466,490
Nonoperating Revenues (Expenses):				
Investment income		340,789		264,097
Noncapital grants and contributions		175,529		56,119
Provider Relief Funds		491,754		-
Interest expense		(90,787)		(93,349)
Total Nonoperating Revenues (Expenses)		917,285		226,867
Excess of Revenues Over Expenses		466,850		693,357
Net Position Beginning of Year		12,062,677		11,369,320
Net Position End of Year	\$	12,529,527	\$	12,062,677

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Management's Discussion and Analysis Years Ended September 30, 2020, and 2019

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

Operating Income (Loss)

The first component of the overall change in the facility'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 facility reported an operating loss of \$450,435 in 2020, as compared to operating income of \$466,490 in 2019. The operating income of \$466,490 in 2019 compared to an operating loss of \$287,699 in 2018.

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

- ♦ A decrease in net patient service revenue of \$533,517 from 2019 to 2020, as compared to an increase of \$756,641 from 2018 to 2019.
- ♦ A decrease in Medicaid UPL payments of \$27,360 from 2019 to 2020, as compared to an increase of \$259,817 from 2018 to 2019. Medicaid UPL payments totaled \$984,579 in 2020, \$1,011,939 in 2019, and \$752,122 in 2018.
- An increase of \$846,613 in other revenues from 2019 to 2020, as compared to an increase of \$582,279 from 2018 to 2019.
- ♦ An increase in operating expenses of \$1,230,021 from 2019 to 2020, as compared to an increase of \$584,731 from 2018 to 2019.

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of interest income, net investment earnings, noncapital grants and contributions, and Provider Relief Funds. The facility had interest income, primarily from checking accounts and certificates of deposit, of \$340,789 for the year ended September 30, 2020, and \$264,097 for the year ended September 30, 2019. The facility also recorded noncapital grants and contributions from Noxubee County, Mississippi and other agencies in the amounts of \$175,529, and \$56,119, for the years ended September 30, 2020, and 2019, respectively. The facility received Provider Relief Funds of \$491,754 for the year ended September 30, 2020, and \$0 for the year ended September 30, 2019.

Nonoperating expenses consist of interest expense in the amounts of \$90,787 in 2020, and \$93,349 in 2019.

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Management's Discussion and Analysis Years Ended September 30, 2020, and 2019

THE FACILITY'S CASH FLOWS

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

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

At the end of 2020, and 2019, the facility's investment in capital assets net of accumulated depreciation was \$1,147,113, and \$1,299,067, respectively. In 2020, the facility purchased capital assets costing \$12,882. In 2019, the facility purchased capital assets costing \$68,985. See page 17 for a detailed analysis for capital assets.

Debt

At year-end, the facility had \$2,291,729 in long-term debt outstanding, as compared to \$1,772,374 in 2019. The facility issued new debt of \$2,060,597 in 2020 and did not issue new debt in 2019. The facility made \$273,692 in principal payments in 2020 and \$267,810 in principal payments in 2019. See pages 18 and 19 for a detailed analysis for long-term debt.

CONTACTING THE FACILITY'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the facility's finances and to show the facility's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Noxubee General Critical Access Hospital and Noxubee County Nursing Home's Administrative Offices at (662) 726-4231.

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Statements of Net Position September 30, 2020, and 2019

		2020	2019
Assets			
Current Assets:			
Cash and cash equivalents	\$	11,261,887 \$	4,994,163
Cash - nursing home residents' funds		52,962	36,111
Health insurance trust fund		95,872	29,509
Patient accounts receivable (net of estimated uncollectibles			
and allowances of \$3,759,060 in 2020 and \$4,224,240 in 2019)		3,466,278	3,402,627
Other receivables		1,037,557	691,370
Estimated third-party payor settlement		1,507,913	748,067
Inventory, at lower of cost (first-in, first-out) or market		421,708	400,377
Accrued interest receivable		1,479	10,458
Prepaid expenses	_	169,649	192,110
Total Current Assets	_	18,015,305	10,504,792
Noncurrent Cash and Investments:			
Restricted by board for capital improvements	_	4,000,000	4,000,000
Capital Assets:			
Land		232,939	232,939
Depreciable capital assets (net of accumulated			
depreciation and amortization of \$10,286,376 in 2020			
and \$10,121,540 in 2019)		914,174	1,066,128
Total Capital Assets, Net of Accumulated Depreciation	_		
and Amortization	_	1,147,113	1,299,067
Other Assets:			
Equity in Healthcare Providers Insurance Company	_	124,947	124,947
Total Assets	\$_	23,287,365 \$	15,928,806

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

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Statements of Net Position September 30, 2020, and 2019

		2020	2019
Liabilities and Net Position			
Current Liabilities:			
Accounts payable	\$	720,096 \$	632,219
Funds held for nursing home residents		52,962	36,111
Accounts receivable credit balances		127,162	122,315
Accrued expenses and payroll withholdings		1,175,133	1,030,181
Deferred revenue		4,850,277	-
Current portion of bonds payable		284,757	272,929
Current installments of note payable		1,255,722	
Total Current Liabilities		8,466,109	2,093,755
Long-Term Debt (Net of Current Maturities):			
Bonds payable		1,486,854	1,772,374
Note payable	_	804,875	
Total Long-Term Debt		2,291,729	1,772,374
Total Liabilities		10,757,838	3,866,129
Net Position:			
Invested in capital assets, net of related debt (deficit)	(624,498)	(746,236)
Unrestricted		13,154,025	12,808,913
Total Net Position		12,529,527	12,062,677
Total Liabilities and Net Position	\$_	23,287,365 \$	15,928,806

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30, 2020, and 2019

	_	2020	2019
Operating Revenues:			-
Net patient service revenue (net of provision for bad debts of			
\$2,454,266 in 2020 and \$2,125,529 in 2019)	\$	17,280,991 \$	17,814,508
Other revenues	_	3,033,421	2,186,808
Total Operating Revenues	_	20,314,412	20,001,316
Operating Expenses:			
Salaries and benefits		13,381,680	12,826,710
Medical supplies and drugs		2,467,080	1,898,179
Other operating expenses		4,509,420	4,287,877
Insurance		241,831	249,041
Depreciation and amortization		164,836	273,019
Total Operating Expenses	_	20,764,847	19,534,826
Operating Income (Loss)	<u>(</u>	450,435)	466,490
Nonoperating Revenues (Expenses):			
Investment income		340,789	264,097
Noncapital grants and contributions		175,529	56,119
Provider Relief Funds		491,754	-
Interest expense	(90,787)	(93,349)
Total Nonoperating Revenues (Expenses)	_	917,285	226,867
Excess of Revenues Over Expenses		466,850	693,357
Net Position Beginning of the Year	_	12,062,677	11,369,320
Net Position End of the Year	\$ <u>_</u>	12,529,527	12,062,677

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

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2020, and 2019

		2020		2019
Cash Flows From Operating Activities:				
Receipts from and on behalf of patients	\$	15,866,073	\$	17,772,489
Payments to suppliers and contractors	(7,129,324)	(6,559,097)
Payments to and on behalf of employees	(13,305,498)	(12,759,632)
Other receipts and payments, net		3,300,109		1,851,052
Net Cash Provided (Used) by Operating Activities	(1,268,640)		304,812
Cash Flows From Noncapital Financing Activities:				
Noncapital grants and contributions		175,529		56,119
Provider Relief Funds		5,342,031		-
Proceeds from note payable		2,060,597	_	-
Net Cash Provided by Noncapital Financing Activities		7,578,157		56,119
Cash Flows From Capital and Related Financing Activities:				
Principal payments on bonds payable	(273,692)	(267,810)
Interest paid on long-term debt	(88,135)	(93,997)
Purchase of capital assets	(12,882)	(68,985)
Net Cash Used by Capital and Related Financing Activities	(374,709)		430,792)
Cash Flows From Investing Activities:				
Investment income		349,767		256,902
Net Increase in Cash and Cash Equivalents		6,284,575		187,041
Cash and Cash Equivalents at Beginning of Year		5,030,274		4,843,233
Cash and Cash Equivalents at End of Year	\$	11,314,849	\$	5,030,274

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

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Statements of Cash Flows

Years Ended September 30, 2020, and 2019

		2020		2019
Reconciliation of Operating Income (Loss) to Net Cash				
Provided (Used) by Operating Activities:				
Operating income (loss)	\$ (450,435) \$		466,490
Adjustments to Reconcile Operating Income (Loss) to Net Cash				
Flows Provided (Used) by Operating Activities:				
Depreciation and amortization		164,836		273,019
Provision for bad debts		2,454,266		2,125,529
Changes in:				
Patient accounts receivable	(2,517,917)	(2,791,753)
Inventories and other current assets	(411,419)		51,640
Accounts payable, accrued expenses,				
and other current liabilities		251,875	(26,803)
Estimated third-party payor settlement	(759,846)		206,690
Net Cash Provided (Used) by Operating Activities	\$ (1,268,640) \$		304,812

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

a. Reporting Entity - Noxubee General Critical Access Hospital and Noxubee County Nursing Home, (the "facility"), is a 25-bed critical access hospital and a 60-bed long-term care nursing home owned by Noxubee County, Mississippi. The facility provides inpatient, outpatient, emergency, long-term care, and rural clinical services for residents of Noxubee County, Mississippi, and surrounding areas. The facility is governed by a Board of Trustees appointed by the Board of Supervisors of Noxubee County.

Under Governmental Accounting Standards Board (GASB) Statement Number 14: The Financial Reporting Entity, the facility is defined as a component unit of Noxubee County, Mississippi. These financial statements present only the financial position and results of operations and cash flows of Noxubee General Critical Access Hospital and Noxubee County Nursing Home.

- **b.** 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.
- **c.** Enterprise Fund Accounting The facility uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. 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, as amended, the facility has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.
- d. Cash and Cash Equivalents For purposes of the statements of cash flows, cash and cash equivalents include all cash on hand and checking accounts. The following table provides a reconciliation of cash and cash equivalents reported within the statements of net position that sum to the total of the same such amounts shown in the statements of cash flows:

	_	2020	 2019
Cash and cash equivalents	\$	11,261,887	\$ 4,994,163
Cash - nursing home residents' funds	_	52,962	 36,111
	\$	11,314,849	\$ 5,030,274

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

e. Accounts Receivable - Patient receivables are reduced by an allowance for uncollectible accounts. The allowance for uncollectible accounts is based upon management's assessment of historical and expected net collections considering historical and economic conditions, trends in healthcare coverage, major payor sources, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of this review are then used to make modifications to the provision for uncollectible accounts to establish an appropriate allowance for uncollectible receivables. After satisfaction of amounts due from insurance, established guidelines are used for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts.

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

f. Capital Assets - The facility's policy is to capitalize acquisition and construction costs greater than \$5,000 which will provide benefit to future periods. The facility's 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 using the straight-line method of depreciation using these asset lives:

Land improvements10 to 30 yearsBuildings and building improvements5 to 50 yearsEquipment, computers, and furniture3 to 15 years

- **g. Grants and Contributions** From time to time, the facility receives grants from Noxubee County and the State of Mississippi, 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.
- **h. Restricted Resources** When the facility has both restricted and unrestricted resources available to finance a particular program, it is the facility's policy to use restricted resources before unrestricted resources.
- i. Net Position Net position of the facility is classified in three components. *Invested in capital assets net of related debt (deficit)* 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 Provider Relief Funds* consists of funds restricted by the CARES Act of 2020. *Unrestricted net position* is the remaining net position that does not meet the definition of *invested in capital assets net of related debt (deficit)* or *restricted Provider Relief Funds*.
- **j. Net Patient Service Revenue** The facility has agreements with third-party payors that provide for payments to the facility 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 amount from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- **k. Operating Revenues and Expenses** The facility'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 facility'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.
- **I.** Charity Care The facility provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the facility does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. The cost of charity care provided in 2020, and 2019, approximated \$66,700, and \$145,800, respectively.

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

m. Risk Management - The facility 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; medical malpractice; and employee health benefits. The facility purchases coverage of risks of loss related to torts and malpractice up to \$500,000 per case from the Healthcare Providers Insurance Company. The facility purchases coverage of risks of loss related to theft of, damage to, and destruction of assets, business interruption, errors and omissions, natural disasters, and employee health benefits from various commercial insurance carriers. The facility purchases coverage of risk of loss related to workers' compensation claims from Healthcare Employers Resources Exchange. Settled claims resulting from these insured risks have not exceeded commercial insurance coverage in any of the past three years.

Under Governmental Accounting Standards Board Statement Number 10: Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, a liability for a claim must be reported if information prior to the issuance of the financial statements indicates that it is probable that a liability has been incurred at the date of the financial statements and that the amount of the loss can be reasonably estimated. The facility has not been exposed to any risk of loss above the applicable insurance coverage amounts at September 30, 2020; therefore, no liability has been accrued at this time.

- **n. Income Taxes** As a political subdivision of the State of Mississippi, the facility qualifies as a tax exempt organization under existing provisions of the Internal Revenue Code, and its income is not subject to federal or state income taxes.
- **o. Inventories of Supplies and Drugs** Inventories of supplies and drugs are stated at the lower of cost (first-in, first-out) or market.
- **p. Excess of Revenues Over Expenses** The statements of revenues, expenses, and changes in net position includes excess of revenues over expenses. 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).
- **q. Financial Statement Presentation** On November 18, 2016, the FASB issued ASU 2016-18, Statement of Cash Flows (Topic 230) *Restricted Cash*. The standard became effective for governmental entities for fiscal years beginning after December 15, 2018. The facility has adjusted the presentation of its financial statements accordingly, applying the changes retrospectively to the comparative period as of and for the year ended September 30, 2019. The new standard requires changes in the facility's restricted cash to be classified as either operating activities, investing activities, or financing activities in the Statements of Cash Flows, depending on the nature of the activities that gave rise to the restriction.

The current presentation reduced the net increase in the facility's cash and cash equivalents by \$2,322 as presented on the Statements of Cash Flows for the year ended September 30, 2019.

Note 2: Designated Net Assets

Of the \$7,811,994, and \$12,808,913, of unrestricted net assets reported in 2020, and 2019, respectively, \$4,000,000 in 2020, and \$4,000,000 in 2019, has been designated by the facility'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 facility 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 27-105-5 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, 2020, and 2019.

- a. Custodial Credit Risk Deposits Custodial credit risk is defined as the risk that, in the event of the failure of a financial institution, the facility will not be able to recover deposits or collateral securities that are in the possession of an outside party. The facility does not have a deposit policy for custodial credit risk. In the event of failure of a financial institution, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation. Deposits above FDIC coverage are collateralized by the pledging financial institution's trust department or agent in the name of the Mississippi State Treasurer on behalf of the facility. As of September 30, 2020, and 2019, none of the facility's bank balances were exposed to custodial credit risk.
- **b. Interest Rate Risk** The facility does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.
- **c. Credit Risk** State law limits investments to those prescribed in Sections 27-105-33(d) and 27-105-33(e), Miss. Code Ann. (1972). The facility does not have a formal investment policy that would further limit its investment choices or one that addresses credit risk.

Note 4: Patient Accounts Receivable - Estimated Uncollectibles and Allowances

The balance in the estimated uncollectibles and allowances account at September 30, 2020, and 2019, is composed of the following:

	2020	2019
Provision for uncollectible accounts	\$ 2,893,060	\$ 3,163,240
Allowance for Medicare adjustment	530,000	740,000
Allowance for Medicaid adjustment	336,000	321,000
	\$ 3,759,060	\$ 4,224,240

Note 5: Capital Assets

Capital asset additions, retirements, and balances for the years ended September 30, 2020, and 2019, were as follows:

	Bala	ance					Bal	ance					Balance
	Septem	nber 30,			Other/		Septer	nber 30,			Other/	9	September 30,
	20	18	Addi	ions	Retirement	s	20	019	Add	itions	Retirements		2020
Land	\$ 2	32,939		-		- \$		232,939		-		- \$	232,939
Land improvements	2	58,132		-		-	:	258,132		-		-	258,132
Buildings and improvements	6,9	84,717		-		-	6,9	984,717		-		-	6,984,717
Fixed equipment	3	33,223		9,150		-	;	342,373		12,882		-	355,255
Motor vehicles	1	18,128		-		-		118,128		-		-	118,128
Major moveable equipment	3,4	10,716		59,835		-	3,4	170,551		-		-	3,470,551
Minor equipment		13,767		-		-		13,767		-		-	13,767
Total Historical Cost	11,3	51,622		68,985		_	11,4	120,607		12,882			11,433,489
Less Accumulated Depreciation for:													
Land improvements	(1	64,736)	(13,048)		-	(177,784)	(12,044)		- (189,828)
Buildings and improvements	(5,9	73,146)	(1	93,629)		-	(6,	166,775)	('	103,175)		- (6,269,950)
Fixed equipment	(3	07,333)	(3,934)		-	(;	311,267)	(6,176)		- (317,443)
Motor vehicles	(1	18,128)		-		-	(118,128)		-		- (118,128)
Major moveable equipment	(3,2	85,178)	(62,408)			(3,	347,586)	(43,441)		- (3,391,027)
Total Accumulated Depreciation	(9,8	48,521)	(2	73,019)		_	(10,	121,540)	(164,836)		- (10,286,376)
Capital Assets, Net	\$ 1,5	03,101	(2	04,034)		<u>-</u> \$	1,2	299,067	(151,954)		\$_	1,147,113

Note 6: Long-Term Debt

A schedule of changes in the facility's long-term debt for 2020, and 2019, follows:

	S	Balance eptember 30, 2018	Additions	F	eductions	Balance September 30, 2019	Additions	R	deductions_	Balance September 30, 2020	Amounts Due Within One Year
Bonds and Notes Payable: General obligation bonds Note payable		2,313,113 <u>-</u>	- -	(267,810) \$ -	2,045,303	- 2,060,597	(273,692) \$ 	1,771,611 \$ 2,060,597	284,757 1,255,722
Total Long-Term Debt	\$_	2,313,113	-	(267,810) \$	2,045,303	2,060,597	(273,692) \$	3,832,208 \$	1,540,479

The terms and due dates of the facility's long-term debt at September 30, 2020, and 2019, follow:

- 4.25% general obligation community hospital taxable bonds payable to USDA Rural Development payments of principal and interest began May 12, 2010 and will continue through 2029. Payments of principal and interest are payable in equal annual installments in the amount of \$361,808.20.
- 1.00% Paycheck Protection Program loan to Citizens National Bank payments of principal and interest to begin October 28, 2020 and will continue through April 2022. Payments of principal and interest in equal annual installments in the amount of \$115,398.82.

Note 6: Long-Term Debt (Continued)

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

		Long-Term Debt					
Year Ended September 30:	_	Principal	_	Interest			
2021	\$	1,540,479	\$	101,041			
2022		1,101,973		67,395			
2023		309,973		51,835			
2024		323,407		38,402			
2025	_	556,376	_	24,386			
Total	\$	3,832,208	\$	283,059			

Note 7: Net Patient Service Revenue

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

- **a. Medicare** Inpatient acute care services, outpatient services, non-acute inpatient services, and rural health clinic services rendered to Medicare program beneficiaries are paid based upon a cost reimbursement methodology. The facility is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the facility 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, 2017.
- **b. Medicaid** Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The facility is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the facility and audits thereof by the Medicaid fiscal intermediary. Nursing home services are reimbursed under a cost based case mix reimbursement system.
- **c. Medicaid Upper Payment Limit Payments** The facility recorded Medicaid upper payment limit payments of \$984,579 for the year ended September 30, 2020, and \$1,011,939 for the year ended September 30, 2019.

The Medicaid Upper Payment Limit Program is a program whereby the facility qualifies for upper payment limit funds in addition to regular funds. The Division of Medicaid administers the upper payment limit program and the continuation of the program rests with the federal government.

d. Medicaid Disproportionate Share Payment - The facility recorded Medicaid disproportionate share payments of \$166,777, and \$204,409, for the years ended September 30, 2020, and 2019, respectively.

The Medicaid Disproportionate Share Program is a program whereby the facility 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.

Note 7: Net Patient Service Revenue (Continued)

A summary of gross and net patient service revenue for the years ended September 30, 2020, and 2019:

		2020	2019
Gross Patient Service Revenue	\$	25,384,266 \$	27,912,304
Less provision for bad debts Less provision for contractual adjustments under	(2,454,266) (2,125,529)
third-party agreements	(5,803,708) (8,309,928)
Less provision for employee and policy discounts	(996,657) (878,687)
Plus Medicaid UPL and DSH Payments		1,151,356	1,216,348
Net Patient Service Revenue	\$	17,280,991 \$	17,814,508

Note 8: Medical Benefit Plan

The facility has a self-funded medical benefit plan covering substantially all of its employees and certain dependents of the employees. The total benefit expense for the years ended September 30, 2020, and 2019 amounted to \$1,253,287, and \$958,747, respectively. The facility's policy is to fund the estimated medical benefit claims that will be filed against the plan less the contributions made by employees covered by the plan. In addition, an allowance representing the write-off of charges applicable to in-house claims of the employees and their dependents for the years ended September 30, 2020, and 2019, was provided in the amount of \$612,738, and \$656,938, respectively.

Note 9: Retirement Plan

A defined contribution plan for employees was established by the facility on January 1, 1978, covering all regular permanent employees who have completed one year of service. The plan generally provides for retirement benefits based on earnings and length of service with normal retirement at age 65 and early retirement at age 55 provided that employees have completed fifteen (15) years of service; disability and death benefits are also provided. Contributions to the plan are made by the facility and additional contributions can be made at the discretion of the employee. The facility contributes 5% of an employee's compensation up to \$12,000 and 9.3% of an employee's compensation in excess of \$12,000. The 2020, and 2019, employer contributions were \$504,359, and \$494,674, respectively. The 2020, and 2019, employee contributions were \$274,193, and \$257,659, respectively.

Note 10: Commitments and Contingencies

- **a. Leases** Leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. Total rental expense in 2020, and 2019, for all operating leases was approximately \$69,000, and \$65,100, respectively. There were no non-cancellable leases for the years ended September 30, 2020, and 2019.
- **b. Impact of COVID-19 Pandemic** Since the onset of the COVID-19 pandemic in March 2020, the facility has maintained relative operating normalcy. The extent of the impact of the pandemic on the facility's operational and financial performance depends on the duration and spread of the outbreak and the related impact on its patients, employees, suppliers, and costs related to testing for the virus. At this point, the extent to which the pandemic may impact the facility's financial condition or results of operations remains uncertain.

Note 11: Concentrations of Credit Risk

The facility 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, 2020, and 2019, is as follows:

	2020	2019
Medicare	27%	28%
Medicaid	14%	13%
Patients and other third-party payors	59%	59%
	100%	100%

Note 12: Other Assets

Included in other assets on the Statement of Net Position is an investment in Healthcare Providers Insurance Company. The facility is a subscriber in the insurance company. The amount of the facility's investment is \$124,947 for 2020, and \$124,947 for 2019. The facility has elected to report this investment at cost since there is not a market for the ownership interest in the company.

Note 13: Litigation

The hospital is a defendant in lawsuits arising from normal business activities. Management and attorneys for the hospital do not expect any significant liability to result from these matters in excess of their insurance coverage.

Note 14: Provider Relief Funds

The facility received Provider Relief Funds of \$5,342,031 during the year ended September 30, 2020. These funds were disbursed by the Health Resources and Services Administration (HRSA) in accordance with the CARES Act of 2020. The CARES Act appropriated the Provider Relief Funds to reimburse eligible healthcare providers for healthcare related expenses or lost revenues attributable to COVID-19. The facility's acceptance of these funds requires compliance with reporting requirements as specified by the Secretary of Health and Human Services. The reporting requirements include submitting healthcare related expenses attributable to COVID-19 and lost revenue calculations to HRSA for review and eligibility approval.

The facility has identified healthcare related expenses attributable to COVID-19 not reimbursed by other sources of \$491,754 recognized as nonoperating revenue for the year ended September 30, 2020. The remaining \$4,850,277 is recognized as deferred revenue for the year ended September 30, 2020. Per the current HRSA guidelines, the facility has until June 30, 2021 to expend the remaining Provider Relief Funds; however, the HRSA continues to revise and clarify current guidelines.

The Addendum to the 2020 Compliance Supplement released by the Office of Management and Budget provides guidance on the reporting of Provider Relief Funds subject to the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). The Provider Relief Funds expended as of September 30, 2020 will not be reported on a Schedule of Expenditures of Federal Awards in the current year, nor will the compliance testing required under the Addendum to the 2020 Compliance Supplement be performed. However, the facility will be subject to audit requirements of the Uniform Guidance in the subsequent year. The compliance testing and the reporting of the Provider Relief Funds expended for the years ended September 30, 2021 and 2020 will be reported on a Schedule of Expenditures of Federal Awards for the year ended September 30, 2021.

Note 15: Subsequent Events

Events that occur after the Statement of Net Position date but before the financial statements are available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Net Position date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Net Position date require disclosure in the accompanying notes. Management of Noxubee General Critical Access Hospital and Noxubee County Nursing Home evaluated the activity of the facility through June 10, 2021, (the date the financial statement were available to be issued), and determined that there were no subsequent events requiring disclosure in the notes to financial statements, except for the event in the following paragraph.

Noxubee General Critical Access Hospital and Noxubee County Nursing Home applied for forgiveness of the Paycheck Protection Program (PPP) loan initially entered into on April 28, 2020 in connection with the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The facility submitted documentation establishing compliance with the forgiveness criteria set forth by the CARES Act and Small Business Administration (SBA). As of June 10, 2021, the SBA had not yet approved the application; however, the facility anticipates forgiveness of the entire principal amount of \$2,060,597 to be recorded as nonoperating revenue for the year ended September 30, 2021.

NOXUBEE GENERAL CRITICAL ACCESS HOSPITAL AND NOXUBEE COUNTY NURSING HOME Schedule of Surety Bonds for Officials and Employees September 30, 2020

Name	Position	Company	Amount of Bond
Vance Taylor	Trustee	Travelers	\$100,000
James Gillespie	Trustee	Travelers	\$100,000
Wesley Lee	Trustee	Western Surety	\$100,000
William Skinner	Trustee	Travelers	\$100,000
Willie Mary Reece	Trustee	Western Surety	\$100,000
Corey Brown	Trustee	Ohio Casualty Insurance	\$100,000
John Huerkamp	Trustee	Ohio Casualty Insurance	\$100,000
Margaret Ebert	Administrator	Ohio Casualty Insurance	\$100,000



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

Board of Trustees Noxubee General Critical Access Hospital and Noxubee County Nursing Home Macon, 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 Noxubee General Critical Access Hospital and Noxubee County Nursing Home, a component unit of Noxubee County, Mississippi, as of and for the years ended September 30, 2020, and 2019, and the related notes to financial statements, which collectively comprise Noxubee General Critical Access Hospital and Noxubee County Nursing Home's basic financial statements as listed in the contents, and have issued our report thereon dated June 10, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Noxubee General Critical Access Hospital and Noxubee County Nursing Home'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 opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Noxubee General Critical Access Hospital and Noxubee County Nursing Home's internal control. Accordingly, we do not express an opinion on the effectiveness of Noxubee General Critical Access Hospital and Noxubee County Nursing Home'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 Noxubee General Critical Access Hospital and Noxubee County Nursing Home's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

Eupora, Mississippi June 10, 2021 Watkins Ward and Stafford, Puc



WATKINS, WARD and STAFFORD

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Independent Auditors' Report on Compliance with State Laws and Regulations

Board of Trustees Noxubee General Critical Access Hospital and Noxubee County Nursing Home Macon, Mississippi

We have audited the financial statements of Noxubee General Critical Access Hospital and Noxubee County Nursing Home, a component unit of Noxubee County, Mississippi, as of and for the years ended September 30, 2020, and 2019, and have issued our report thereon dated June 10, 2021.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by 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.

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

The results of our tests indicate, with respect to the items tested, Noxubee General Critical Access Hospital and Noxubee County Nursing Home 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 Noxubee General Critical Access Hospital and Noxubee County Nursing Home 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 facility, and the Board of Supervisors of Noxubee 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 June 10, 2021 Watkins Ward and Stafford, Puc