JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

CONSOLIDATED FINANCIAL STATEMENTS

AND

REQUIRED SUPPLEMENTARY INFORMATION

DECEMBER 31, 2020 AND 2019

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

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Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) and Affiliated Organizations (collectively the "Medical Center"), component units of Jackson County, which comprise the consolidated balance sheets and statements of fiduciary net position as of December 31, 2020 and 2019, and the related consolidated statements of operations and changes in net position, changes in fiduciary net position, and cash flows for the years then ended, and the related notes to the consolidated financial statements. We have also audited the Medical Center's consolidated statements of fiduciary net position as of December 31, 2020 and 2019 and the related consolidated statements of changes in fiduciary net position for the years then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated 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 *Uniform Compliance Guidelines for Audits of Hospitals and State and Local Governments by Authorized Independent Public Accountants*, issued by the Indiana State Board of Accounts. For the year ended December 31, 2020, we also conducted our audit in accordance with 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Medical Center as of December 31, 2020 and 2019 and the results of its operations, its changes in net position and its cash flows for the years then ended, and the Medical Center’s consolidated statements of fiduciary net position as of December 31, 2020 and 2019 and the results of its consolidated changes in fiduciary net position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Change in Accounting Principle

As discussed in Note 2 to the consolidated financial statements, the Medical Center adopted Governmental Accounting Standards Board (“GASB”) Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. Our opinion is not modified with respect to this matter.

Report on Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management’s Discussion and Analysis, and the schedules of pension plan information on pages i-x and 57-58, respectively, be presented to supplement the basic consolidated financial statements. Such information, although not a part of the basic consolidated 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 consolidated 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 consolidated financial statements, and other knowledge we obtained during our audits of the basic consolidated 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.

Board of Trustees
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

<u>Other Reporting Required by *Government Auditing Standards*</u>

In accordance with *Government Auditing Standards*, we have also issued our report dated April 29, 2021, on our consideration of the Medical Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. The report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control over financial reporting and compliance.

Blue & Co., LLC

Louisville, Kentucky
April 29, 2021

Management's discussion and analysis of the financial performance of Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) (the "Hospital") and Affiliated Organizations (collectively the "Medical Center") provides an overview of the Medical Center's financial activities and performance for the years ended December 31, 2020 and 2019. This discussion and analysis should be read in conjunction with the accompanying Medical Center's consolidated financial statements.

FINANCIAL HIGHLIGHTS

The Medical Center's net position increased $37,626,578 from 2019 to 2020. During 2020, the Medical Center's total operating revenue increased by 2.7% to $311,636,457 with total operating expenses increasing by 6.3% to $302,473,382.

- The Medical Center raised rates by 2.0% in 2020.

- During the period from 2012 to 2014, the Medical Center assumed ownership of the bed licenses of fifteen long term care facilities. The Medical Center entered into management agreements with the previous owners and/or management entities to manage the day-to-day operations of the facilities. The Medical Center also leases the buildings and premises from the prior owners. The first full year of operations was 2015 with all fifteen facilities included in the Medical Center's financial results. Upper payment limit amounts recognized in patient service revenue resulting from these long-term care facilities was $24,435,847 in 2020 and $22,515,059 in 2019.

- In an effort to increase Medicaid reimbursement to hospitals, the State of Indiana implemented a Hospital Assessment Fee program in 2012. Indiana hospitals are assessed a fee which allows the state to access Federal funds allowing it to pay Medicaid patient claims at higher rates, not to exceed Medicare reimbursement. The Medical Center incurred Hospital Assessment Fees expense of $6,870,148 in 2020 and $8,040,460 in 2019.

- In response to the COVID-19 global pandemic, United States Congress passed the CARES Act legislation, which included assistance for healthcare facilities. As part of the legislation, the Medical Center received $25,034,394 from Provider Relief Fund program. During 2020, the Medical Center was able to recognize $16,599,748 under the terms of the program. The remaining balance was deferred as of December 31, 2020. The Medical Center has until June 30, 2021 to recognize the remaining funds received under the terms of the program, if possible.

The Medical Center's net position increased $35,312,036 from 2018 to 2019. During 2019, the Medical Center's total operating revenue increased by 6.2% to $303,471,953 with total operating expenses increasing by 5.9% to $284,572,017.

- The Medical Center raised rates by 5.9% in 2019.

- During the period from 2012 to 2014, the Medical Center assumed ownership of the bed licenses of fifteen long term care facilities. The Medical Center entered into management agreements with the previous owners and/or management entities to manage the day-to-day operations of the facilities. The Medical Center also leases the buildings and premises from the prior owners. The first full year of operations was 2015 with all fifteen facilities included in the Medical Center's financial results. Upper payment limit amounts recognized in net patient service revenue from these long-term care facilities was $22,515,059 in 2019 and $23,547,897 in 2018.

- In an effort to increase Medicaid reimbursement to hospitals, the State of Indiana implemented a Hospital Assessment Fee program in 2012. Indiana hospitals are assessed a fee which allows the state to access Federal funds allowing it to pay Medicaid patient claims at higher rates, not to exceed Medicare reimbursement. The Medical Center incurred Hospital Assessment Fees expense of $8,040,460 in 2019 and $6,520,582 in 2018.

- The construction of an 80,000 square foot addition to the main Hospital facility was completed in May of 2019. The addition is comprised of a five-story medical office building and attached parking garage. Upon completion, one floor of the building was immediately occupied by surgical physician specialists, including a new specialty of neurosurgery. Another floor of the building houses a new primary care office, along with pediatrics and infectious disease physician practices. The construction was completed within the amount budgeted for the project at a completed cost of $40,764,300.

- During 2019, the Medical Center completed a renovation and expansion of its intensive care unit (ICU), moderate acuity adult care unit, and added an additional surgical suite. The cost of the completed project was $7,577,100.

FINANCIAL STATEMENTS

The consolidated financial statements of the Medical Center present information about the Medical Center using financial reporting methods similar to those used by private sector companies. These statements offer short-term and long-term financial information. The consolidated balance sheets include all of the Medical Center's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Medical Center's creditors (liabilities). It also provides the basis for compiling rate of return, evaluating the capital structure of the Medical Center, and assessing the liquidity and financial flexibility of the Medical Center. All of the current and prior year's revenues and expenses are accounted for in the consolidated statements of operations and changes in net position. This statement measures the financial results of the Medical Center's operations and presents revenues earned and expenses incurred. The consolidated statements of cash flows provide information about the Medical Center's cash flows from operating activities, capital and related financing activities, and investing activities, plus provide information on the sources and uses of cash during both the current and prior year.

FINANCIAL ANALYSIS

The consolidated balance sheets and the consolidated statements of operations and changes in net position report information about the Medical Center's activities. These two statements report the net position of the Medical Center and its changes. Increases or decreases in the Medical Center's net position are one indicator of whether its financial health is improving or deteriorating. However, other non-financial factors such as changes in economic conditions, population changes (including uninsured and medically indigent individuals and families), and new or changed governmental legislation should also be considered.

CONDENSED FINANCIAL INFORMATION

A summary of the Medical Center's consolidated balance sheets as of December 31, 2020 and 2019 is presented below:

	2020	2019	$ Change	% Change
Assets				
Current assets	$ 164,976,058	$ 133,097,353	$ 31,878,705	24.0%
Capital assets	123,865,668	128,007,070	(4,141,402)	-3.2%
Other assets	193,242,634	178,892,029	14,350,605	8.0%
Total assets	482,084,360	439,996,452	42,087,908	9.6%
Deferred outflows	9,182,709	3,828,501	5,354,208	139.9%
Total assets and deferred outflows	$ 491,267,069	$ 443,824,953	$ 47,442,116	10.7%
Liabilities				
Current liabilities	$ 41,858,904	$ 37,570,161	$ 4,288,743	11.4%
Long-term liabilities	37,133,674	30,769,026	6,364,648	20.7%
Total liabilities	78,992,578	68,339,187	10,653,391	15.6%
Deferred inflows	1,091,476	1,929,329	(837,853)	-43.4%
Total liabilities and deferred inflows	80,084,054	70,268,516	9,815,538	14.0%
Net position				
Net investment in capital assets	102,677,120	104,962,171	(2,285,051)	-2.2%
Restricted expendable net position	5,253,653	5,367,529	(113,876)	-2.1%
Restricted nonexpendable net position	360,009	344,540	15,469	4.5%
Unrestricted	302,892,233	262,882,197	40,010,036	15.2%
Total net position	411,183,015	373,556,437	37,626,578	10.1%
Total liabilities and net position	$ 491,267,069	$ 443,824,953	$ 47,442,116	10.7%

A summary of the Medical Center's consolidated balance sheets as of December 31, 2019 and 2018 is presented below:

	2019	2018	$ Change	% Change
Assets				
Current assets	$ 133,097,353	$ 128,472,530	$ 4,624,823	3.6%
Capital assets	128,007,070	103,545,109	24,461,961	23.6%
Other assets	178,892,029	162,178,997	16,713,032	10.3%
Total assets	439,996,452	394,196,636	45,799,816	11.6%
Deferred outflows	3,828,501	4,189,274	(360,773)	-8.6%
Total assets and deferred outflows	$ 443,824,953	$ 398,385,910	$ 45,439,043	11.4%
Liabilities				
Current liabilities	$ 37,570,161	$ 34,280,696	$ 3,289,465	9.6%
Long-term liabilities	30,769,026	23,044,897	7,724,129	33.5%
Total liabilities	68,339,187	57,325,593	11,013,594	19.2%
Deferred inflows	1,929,329	2,815,916	(886,587)	-31.5%
Total liabilities and deferred inflows	70,268,516	60,141,509	10,127,007	16.8%
Net position				
Net investment in capital assets	104,962,171	78,718,861	26,243,310	33.3%
Restricted expendable net position	5,367,529	5,095,651	271,878	5.3%
Restricted nonexpendable net position	344,540	301,276	43,264	14.4%
Unrestricted	262,882,197	254,128,613	8,753,584	3.4%
Total net position	373,556,437	338,244,401	35,312,036	10.4%
Total liabilities and net position	$ 443,824,953	$ 398,385,910	$ 45,439,043	11.4%

CONDENSED FINANCIAL INFORMATION

A summary of the Medical Center's consolidated statements of operations and changes in net position for the years ended December 31, 2020 and 2019 is presented below:

	2020	2019	$ Change	% Change
Operating revenues				
Net patient service revenue	$ 305,233,280	$ 301,031,394	$ 4,201,886	1.4%
Other revenue	6,403,177	2,440,559	3,962,618	162.4%
Total operating revenues	311,636,457	303,471,953	8,164,504	2.7%
Operating expenses				
Salaries and benefits	170,085,935	161,337,872	8,748,063	5.4%
Supplies and drugs	43,109,513	38,684,035	4,425,478	11.4%
Depreciation and amortization	11,759,692	10,387,478	1,372,214	13.2%
Other operating expenses	77,518,242	74,162,632	3,355,610	4.5%
Total operating expenses	302,473,382	284,572,017	17,901,365	6.3%
Income from operations	9,163,075	18,899,936	(9,736,861)	-51.5%
Nonoperating revenues (expenses)	28,463,503	16,412,100	12,051,403	-73.4%
Change in net position	$ 37,626,578	$ 35,312,036	$ 2,314,542	6.6%
Net position, end of year	$ 411,183,015	$ 373,556,437	$ 37,626,578	10.1%

A summary of the Medical Center's consolidated statements of operations and changes in net position for the years ended December 31, 2019 and 2018 is presented below:

	2019	2018	$ Change	% Change
Operating revenues				
Net patient service revenue	$ 301,031,394	$ 283,196,987	$ 17,834,407	6.3%
Other revenue	2,440,559	2,529,446	(88,887)	-3.5%
Total operating revenues	303,471,953	285,726,433	17,745,520	6.2%
Operating expenses				
Salaries and benefits	161,337,872	152,271,439	9,066,433	6.0%
Supplies and drugs	38,684,035	34,922,434	3,761,601	10.8%
Depreciation and amortization	10,387,478	8,983,934	1,403,544	15.6%
Other operating expenses	74,162,632	72,470,816	1,691,816	2.3%
Total operating expenses	284,572,017	268,648,623	15,923,394	5.9%
Income from operations	18,899,936	17,077,810	1,822,126	10.7%
Nonoperating revenues (expenses)	16,412,100	(5,989,592)	22,401,692	374.0%
Change in net position	$ 35,312,036	$ 11,088,218	$ 24,223,818	218.5%
Net position, end of year	$ 373,556,437	$ 338,244,401	$ 35,312,036	10.4%

SOURCES OF REVENUE

The Medical Center derives the majority of its revenue from charges for patient care and related services. The Medical Center is reimbursed for services from a variety of sources including the Medicare and Medicaid programs, insurance carriers, managed care plans, and patients. The Medical Center has established payment arrangements with Medicare, Medicaid, and various commercial insurance carriers. Services provided under those arrangements are paid at predetermined rates and/or reimbursable cost as defined. Provisions have been made in the consolidated financial statements for contractual adjustments representing the difference between the standard charges for services and the actual or estimated payment.

The Medical Center's percentages of gross revenue by payor for 2020, 2019, and 2018 are as follows:

Payor Mix	2020	2019	2018
Medicare	40 %	40 %	40 %
Medicaid	25	24	26
Blue Cross	18	17	17
SIHO*	4	4	3
Other third-party payors	9	8	7
Self-pay	4	7	7
Total	100 %	100 %	100 %

*Southeastern Indiana Health Organization

OPERATING AND FINANCIAL PERFORMANCE

The Medical Center's financial performance from operations was positive in 2020. The same is true for the Medical Center's overall financial performance. A discussion of the highlights of 2020 operations and changes in activity is presented below:

Revenues

The Medical Center's net patient service revenues increased by $4,201,886 in 2020. Highlights of this change are as follows:

- The Medical Center raised rates by 2.0% in 2020.
- Upper Payment Limit (UPL) revenue relating to ownership of fifteen nursing home licenses increased approximately $1,900,000 from 2019 to 2020. UPL revenue is reliant on each home's Medicaid days and per day rate.

- Patient volume increases were noted for patient days, births, and respiratory therapy. Due to the Public Health Emergency related to the COVID-19 global pandemic, all other service lines experience volume decreases.

Expenses

Total operating expenses increased by $17,901,365 in 2020. Highlights of this change are as follows:

- Salary and benefits costs increased $8,748,063 due to labor needs during the public health emergency, and addition of beds at some facilities.

- Supplies and drugs increased $4,425,478 due to increased costs of drugs for oncology patients, and expenses required for infection control and prevention during the public health emergency.

The Medical Center's financial performance from operations was positive in 2019. The same is true for the Medical Center's overall financial performance. A discussion of the highlights of 2019 operations and changes in activity is presented below:

Revenues

The Medical Center's net patient service revenues increased by $17,834,407 in 2019. Highlights of this change are as follows:

- The Medical Center raised rates by 5.9% in 2020.

- Upper Payment Limit (UPL) revenue relating to ownership of fifteen nursing home licenses decreased approximately $1,000,000 from 2018 to 2019. UPL revenue is reliant on each home's Medicaid days and per day rate.

- Patient volume increases were noted for surgeries, laboratory tests, diagnostic imaging procedures, physical therapy, occupational therapy, speech therapy, cancer treatment services, births, and home health services.

Expenses

Total operating expenses increased by $15,923,394 in 2019. Highlights of this change are as follows:

- Salary and benefits costs increased $9,066,433. This was due to staffing needs in new and existing physician practices and market wage adjustments for many positions.

- Hospital assessment fee increased $1,519,878. The State determines the hospital assessment fee due from each facility, which in turn allows the State to leverage Federal funds and increase Medicaid reimbursement of patient claims.

FINANCIAL ANALYSIS – CASH FLOWS

The Medical Center's 2020 cash flows increased $27,705,781 due to an advanced payment of Medicare funds, as well as funding received through the Provider Relief Funding Program, both of which were received due to the Coronavirus Aid, Relief, and Economic Security (CARES) Act passed by United States Congress, as well as expense reductions due to volume decreases.

The Medical Center's 2019 cash flows decreased $7,100,357 due to an increase in the purchase of capital assets primarily related to the construction of a new medical office building, parking garage, and remodeled and expanded ICU, as well as the construction of an additional surgical suite.

FIDUCIARY FUNDS

As described in Note 2 to the consolidated financial statements, the Medical Center adopted Governmental Accounting Standards Board Statement No. 97 – *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. This statement clarified the types of funds that qualify as fiduciary funds that are included in the consolidated financial statements. The impact of this adoption can be seen in Note 2 to the consolidated financial statements. Fiduciary funds are used to account for resources held for the benefit of individuals or units outside of the Medical Center. The Medical Center is the trustee or fiduciary responsible for assets, which can be used only for the trust beneficiaries per trust arrangements. The Medical Center is responsible for ensuring that the assets reported in these funds are used for their intended purposes. All of the Medical Center's fiduciary activities are reported in separate consolidated statements of fiduciary net position and consolidated statements of changes in fiduciary net position. The accounting for fiduciary funds is much like that used for proprietary funds. The Medical Center's Employees' Pension Plan and 457(f) Executive Deferred Compensation Plan are reported under the fiduciary funds. Since the resources of these funds are not available to support the Medical Center's own programs, they are not reflected in the government-wide financial statements. The consolidated statements of fiduciary net position and the consolidated statements of changes in fiduciary net position can be found on pages 9 and 10, respectively, of this report.

Capital Assets

	2020	2019	$Change	%Change
Land and land improvements	$ 15,857,808	$ 15,664,102	$ 193,706	1.2%
Buildings	150,934,716	147,394,278	3,540,438	2.4%
Equipment	67,834,985	64,983,276	2,851,709	4.4%
Construction in progress	3,635,898	4,126,307	(490,409)	-11.9%
	238,263,407	232,167,963	6,095,444	2.6%
Less accumulated depreciation	114,397,739	104,160,893	10,236,846	9.8%
Capital assets, net	$ 123,865,668	$ 128,007,070	$ (4,141,402)	-3.2%

Net capital assets decreased in 2020 due to increased depreciation expense due to large building projects that were completed in the latter half of 2019. These include a new medical office building, parking garage, expanded and remodeled ICU unit and addition of a surgical suite.

	2019	2018	$Change	%Change
Land and land improvements	$ 15,664,102	$ 14,462,325	$ 1,201,777	8.3%
Buildings	147,394,278	101,236,109	46,158,169	45.6%
Equipment	64,983,276	61,012,501	3,970,775	6.5%
Construction in progress	4,126,307	22,815,694	(18,689,387)	-81.9%
	232,167,963	199,526,629	32,641,334	16.4%
Less accumulated depreciation	104,160,893	95,981,520	8,179,373	8.5%
Capital assets, net	$ 128,007,070	$ 103,545,109	$ 24,461,961	23.6%

Net capital assets increased in 2019 due to capital purchases exceeding annual depreciation and the disposal of assets that have exhausted their useful lives. Buildings increased significantly due to the purchase of additional property and the completion of several large projects.

See additional information on capital assets in the notes to the consolidated financial statements in footnote number 6.

Long-Term Debt

At December 31, 2020, the Medical Center had long-term debt (including current portion) of $21,188,548, which is comprised of revenue bonds outstanding.

At December 31, 2019, the Medical Center had long-term debt (including current portion) of $23,044,899, which is comprised of revenue bonds outstanding.

ECONOMIC FACTORS AND 2021 BUDGET

The Medical Center's Board and management considered many factors when establishing the 2021 budget. Included was the status of the economy, which takes into consideration market factors and other environmental factors such as the following items:

- The effect of the Coronavirus pandemic on the healthcare industry
- Advances in medical equipment and information systems technology and the need to replace obsolete equipment
- Decreasing reimbursement from governmental and commercial insurance payors
- Increasing costs of supplies and services

- Nationwide workforce shortages in nursing and other healthcare specialist positions
- Expectation to maintain high quality of care
- Patient sensitivity to amount charged for services provided
- Community need of greater access to healthcare
- Increased competition from niche providers
- Size, composition, and needs of the Medical Center's physician medical staff

CONTACTING THE MEDICAL CENTER

This report is designed to provide our citizens, customers and creditors with a general overview of the Medical Center's finances. These consolidated financial statements include the activities of the Hospital, Jackson County Schneck Memorial Hospital Foundation (the "Foundation"), Jackson Medical Building, LLC, and Health Development Corporation and Affiliated Organization ("HDC"). Separately-issued audited financial statements are available for both HDC and the Foundation. If you have questions about this report or need additional information, contact Deborah Mann, Vice President of Finance at 812-522-0171.

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JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2020 AND 2019

ASSETS

	2020	2019 As Restated
Current assets		
Cash and cash equivalents	$ 90,298,991	$ 77,450,369
Investments	9,580,940	9,323,353
Patient accounts receivable, net of estimated uncollectibles of $23,441,858 in 2020 and $22,729,279 in 2019	27,004,116	29,508,531
Inventories	6,185,485	4,837,193
Prepaid expenses and other current assets	8,495,223	9,244,920
Estimated third-party payor settlements	-0-	61,068
Other assets, current portion	670,139	705,911
Current portion of assets whose use is limited	22,741,164	1,966,008
Total current assets	164,976,058	133,097,353
Assets whose use is limited, net of amount required to meet current obligations	181,674,891	160,386,194
Capital assets, net	123,865,668	128,007,070
Net pension asset	1,332,835	9,391,521
Other assets, net of current portion	10,234,908	9,114,314
Total assets	482,084,360	439,996,452
Deferred outflows	9,182,709	3,828,501
Total assets and deferred outflows	$ 491,267,069	$ 443,824,953

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2020 AND 2019

LIABILITIES AND NET POSITION

	2020	2019 As Restated
Current liabilities		
Accounts payable	$ 9,994,118	$ 21,164,189
Accrued personnel costs	14,675,606	14,393,397
Accrued expenses	132,655	156,224
Estimated third-party payor settlements	647,720	-0-
Deferred revenues, current portion	14,437,454	-0-
Current portion of long-term debt	1,971,351	1,856,351
Total current liabilities	41,858,904	37,570,161
Long-term liabilities		
Long-term debt, net of current portion	19,217,197	21,188,548
Deferred compensation liabilities	11,619,939	9,580,478
Deferred revenues, net of current portion	6,296,538	-0-
Total long-term liabilities	37,133,674	30,769,026
Pension deferred inflows	1,091,476	1,929,329
Total liabilities and deferred inflows	80,084,054	70,268,516
Net position		
Net investment in capital assets	102,677,120	104,962,171
Restricted		
Expendable for debt service	3,074,547	3,289,205
Expendable for donor-restricted purposes	2,179,106	2,078,324
Nonexpendable perpetual trust	360,009	344,540
Unrestricted	302,892,233	262,882,197
Total net position	411,183,015	373,556,437
Total liabilities and net position	$ 491,267,069	$ 443,824,953

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION
YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
Operating revenues		
Net patient service revenue	$ 305,233,280	$ 301,031,394
Other revenue	6,403,177	2,440,559
Total operating revenues	311,636,457	303,471,953
Operating expenses		
Salaries and wages	150,515,702	144,574,128
Employee benefits and payroll taxes	19,570,233	16,763,744
Professional medical fees	3,402,198	3,853,844
Medical supplies	17,724,060	16,823,584
Other supplies	10,960,669	8,711,849
Drugs	14,424,784	13,148,602
Purchased services	29,414,162	24,032,347
Utilities	4,757,925	4,974,801
Insurance	3,977,943	3,907,921
Depreciation and amortization	11,759,692	10,387,478
Rent	21,780,884	21,146,230
Hospital assessment fee	6,870,148	8,040,460
Other operating expenses	7,314,982	8,207,029
Total operating expenses	302,473,382	284,572,017
Income from operations	9,163,075	18,899,936
Nonoperating revenues (expenses)	28,463,503	16,412,100
Change in net position	37,626,578	35,312,036
Net position, beginning of year	373,556,437	338,244,401
Net position, end of year	$ 411,183,015	$ 373,556,437

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019 As Restated
Operating activities		
Cash received for patient services	$ 308,446,483	$ 297,430,379
Cash paid to/for employees	(165,992,493)	(156,404,103)
Cash paid to vendors and suppliers	(132,553,881)	(113,751,154)
Other receipts, net	6,403,177	2,440,559
Net cash flows from operating activities	16,303,286	29,715,681
Noncapital financing activities		
Noncapital contributions	755,272	455,780
Change in deferred revenues	20,733,992	-0-
Grant revenue	16,599,748	-0-
Net cash flows from noncapital financing activities	38,089,012	455,780
Capital and related financing activities		
Principal payments on long-term debt	(19,725,000)	(1,755,000)
Interest paid	(658,433)	(751,648)
Purchase of capital assets	(7,428,198)	(34,292,030)
Proceeds from sale of capital assets	2,825	28,000
Change in bond premiums	(26,351)	(26,349)
(Gain) loss on disposal of capital assets	35,827	86,552
Borrowings on long-term debt	17,895,000	-0-
Net cash flows from capital and related financing activities	(9,904,330)	(36,710,475)
Investing activities		
Investment income	12,274,980	17,257,331
Other nonoperating revenues (expenses)	(508,064)	(549,363)
Change in investments	(257,587)	(508,606)
Change in assets whose use is limited	(27,206,694)	(16,042,950)
Change in other assets	(1,084,822)	(717,755)
Net cash flows from investing activities	(16,782,187)	(561,343)
Net change in cash and cash equivalents	27,705,781	(7,100,357)
Cash and cash equivalents, beginning of year	139,314,040	146,414,397
Cash and cash equivalents, end of year	$ 167,019,821	$ 139,314,040
Reconciliation of cash and cash equivalents to the balance sheets		
Cash and cash equivalents in current assets	$ 90,298,991	$ 77,450,369
Cash and cash equivalents in assets whose use is limited	76,720,830	61,863,671
Total cash and cash equivalents	$ 167,019,821	$ 139,314,040

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019 As Restated
Reconciliation of income from operations to net cash and cash equivalents from operating activities		
Income from operations	$ 9,163,075	$ 18,899,936
Adjustments to reconcile income from operations to net cash flows from operating activities		
Depreciation	11,664,839	10,292,625
Amortization	94,853	94,853
Provision for bad debts	14,019,169	14,856,070
Changes in operating assets and liabilities		
Patient accounts receivable	(11,514,754)	(18,101,415)
Inventories	(1,348,292)	(537,517)
Prepaid expenses and other current assets	749,697	378,927
Net pension asset	8,058,686	483,653
Pension and goodwill deferred outflows	(5,449,061)	265,920
Accounts payable	(11,303,962)	441,937
Accrued personnel costs	282,209	3,677,856
Accrued expenses	(23,569)	(1,187,834)
Estimated third-party payor settlements	708,788	(355,670)
Pension deferred inflows	(837,853)	(886,587)
Deferred compensation liabilities	2,039,461	1,392,927
Net cash flows from operating activities	$ 16,303,286	$ 29,715,681
Supplemental disclosures of noncash operating and capital and related financing activities		
Property and equipment acquired included in accounts payable	$ 133,891	$ 577,108

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED STATEMENTS OF FIDUCIARY NET POSITION
DECEMBER 31, 2020 AND 2019

	2020 Pension (and other employee benefit) trust funds	2019 As Restated Pension (and other employee benefit) trust funds
Assets		
Investments at fair value		
Money market funds	$ 743,116	$ 793,060
Mutual funds	6,858,322	7,751,873
Exchange traded funds	2,470,035	1,086,509
Common stocks	23,900,482	29,459,304
U.S. government securities	1,027,312	995,566
Total assets	$ 34,999,267	$ 40,086,312
Net position		
Restricted for:		
Pensions	$ 34,401,689	$ 39,311,805
Postemployment benefits other than pensions	597,578	774,507
Total net position	$ 34,999,267	$ 40,086,312

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS

CONSOLIDATED STATEMENTS OF CHANGES IN FIDUCIARY NET POSITION
DECEMBER 31, 2020 AND 2019

	2020 Pension (and other employee benefit) trust funds	2019 As Restated Pension (and other employee benefit) trust funds
Additions		
Contributions:		
Employer	$ 101,859	$ 117,087
Investments earnings		
Net increase (decrease) in fair value	(3,320,008)	1,052,436
Interest, dividends, and other	724,067	954,707
Total investment earnings	(2,595,941)	2,007,143
Total additions	(2,494,082)	2,124,230
Deductions		
Benefits paid to participants or beneficiaries	2,547,589	1,944,408
Administrative expenses	45,374	100,898
Other disbursements	-0-	75
Total deductions	2,592,963	2,045,381
Net increase (decrease) in fiduciary net position	(5,087,045)	78,849
Net position - beginning of year	40,086,312	40,007,463
Net position - end of year	$ 34,999,267	$ 40,086,312

See accompanying notes to consolidated financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) (the "Hospital") is a not-for-profit, acute care hospital located in Seymour, Indiana. The Hospital is county owned and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital is organized for the purpose of providing healthcare services to the residents of Jackson County and the surrounding area. The Hospital's primary sources of support are from patient revenues and other ancillary income. Patient revenues include funds received from Medicare, state agencies, insurance companies, and the patients themselves.

Pursuant to the provision of long-term care, the Hospital owns the operations of fifteen long term care facilities by way of an arrangement with the managers of the facilities. These facilities provide inpatient and therapy services. Generally, gross revenues from the operation of the facilities are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. While the management and related lease agreements are in effect, the performance of all activities of the managers shall be on behalf of the Hospital and the Hospital retains the authority for the operation of the facilities.

The Hospital has entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities. Concurrently, the Hospital entered into agreements with the long-term care facilities to manage the above leased facilities, collectively referred to as the Managers. As part of the agreements, the Hospital will pay the Managers a management fee to continue managing the facilities on behalf of the Hospital in accordance with the terms of the agreements. These management fees consist of base management fees, subordinated management fees, and quarterly incentive payments. The agreements' initial terms expire at various times beginning in 2016 and beyond. The terms of these agreements may be renewed at the end of each term for an additional period of two years. All parties involved can terminate the agreement without cause with 90 days written notice. Other current assets and liabilities include certain reimbursement receivables, accrued fees and expenses, and working capital balances related to the long-term care facilities.

Health Development Corporation ("HDC") is a not-for-profit corporation located in Seymour, Indiana. HDC was organized to operate exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Hospital by recruiting physicians to the surrounding area and by providing medical education programs to the medical and Hospital staff. HDC's primary sources of revenue are from service fees charged to the Hospital.

HDC's consolidated financial statements, include the accounts of Coordinated Health, LLC (the "Clinic"). The Clinic is wholly-owned by HDC and began operations in 2002. The Clinic was organized to operate exclusively for the benefit of HDC and the purposes for which HDC is organized and operated, including the promotion and support of the health of Jackson County, Indiana residents and residents of surrounding communities. Currently, the Clinic operates three healthcare facilities located in North Vernon, Salem, and Scottsburg, Indiana. The Clinic's primary source of revenue is from patient services.

The Jackson County Schneck Memorial Hospital Foundation, Inc. (d/b/a Schneck Medical Center Foundation) (the "Foundation") is a not-for-profit organization located in Seymour, Indiana. The Foundation operates for the benefit of the Hospital. The Foundation's main sources of revenue are earnings on investments, and donations received.

Jackson Medical Building, LLC ("JMB") is a limited liability company that is wholly owned by the Hospital. JMB was organized to own and operate a medical office building located on the Hospital's campus. JMB's primary source of revenue is from rental income.

The significant accounting policies followed by the Hospital, HDC, the Clinic, JMB, and the Foundation (collectively the "Medical Center") in the preparation of the consolidated financial statements are summarized below:

Reporting Entity and Consolidation Policy

The accompanying consolidated financial statements include the accounts of the Hospital, HDC, the Clinic, JMB, and the Foundation. The Board of County Commissioners of Jackson County appoints the governing Board of Trustees of the Hospital, and a financial benefit/burden relationship exists between the Hospital and the Jackson County government. For these reasons, the Hospital is considered a component unit of Jackson County. Similarly, due to their organized purposes, HDC, the Clinic, JMB, and the Foundation are considered blended component units of the Hospital. Intercompany transactions and balances have been eliminated in consolidation. The separate audited financial statements of HDC (including the Clinic) and the Foundation may be obtained by contacting the Hospital as follows:

Schneck Medical Center
411 W. Tipton Street
P.O. Box 2349
Seymour, IN 47274

Measurement Focus and Basis of Accounting

The consolidated financial statements are reported using the economic resources measurement focus and on the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Pensions

For purposes of measuring the net pension asset, deferred outflows, and deferred inflows of resources related to pensions, pension expense, information about the fiduciary net position of the Jackson County Schneck Memorial Hospital Employees' Pension Plan, and Schneck Medical Center Retirement Allowance Plan 457(f) (the "Plans"), and additions to/deductions from the Plans' fiduciary net position have been determined on the same basis as they are reported by the Plans. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Fiduciary Funds

Following the Medical Center's consolidated financial statements are separate financial statements for fiduciary funds. Fiduciary funds are excluded from the Medical Center's consolidated financial statements as these assets are held in a trust capacity for the various associates and cannot be used to support the Hospital's programs. These funds include the Jackson County Schneck Memorial Hospital Employees' Pension Plan, and Schneck Medical Center Retirement Allowance Plan 457(f). As described in Note 2 to the consolidated financial statements, the consolidated statement of fiduciary net position as of December 31, 2019, and the related statement of changes in fiduciary net position for the year then ended, were restated due to the adoption of Governmental Accounting Standards Board ("GASB") Statement No. 97 – *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*.

Risk Management

The Medical Center 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, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. The Medical Center is insured for medical malpractice claims and judgments.

Cash and Cash Equivalents

Cash and cash equivalents as reported on the consolidated balance sheets include petty cash and other cash on hand amounts, checking accounts, and savings accounts that are readily available for use. Cash and cash equivalents as reported on the consolidated statements of cash flows include investments in highly liquid assets with maturity dates of 90 days or less when purchased.

Investments

Investments include certificates of deposit amounts maturing within one year of the dates of the consolidated balance sheets. Investments are recorded at cost, which approximates market value.

Patient Accounts Receivable and Net Patient Service Revenue

The Medical Center recognizes net patient service revenues on the accrual basis of accounting in the reporting period in which services are performed based on the current gross charge structure, less actual adjustments and estimated discounts for contractual allowances, principally for patients covered by Medicare, Medicaid, managed care, and other health plans. Gross patient service revenue is recorded in the accounting records using the established rates for the types of service provided to the patient. The Medical Center recognizes an estimated contractual allowance to reduce gross patient charges to the estimated net realizable amount for service rendered based upon previously agreed-to rates with a payor. The Medical Center utilizes the patient accounting system to calculate contractual allowances on a payor-by-payor basis based on the rates in effect for each primary third-party payor. Another factor that is considered and could further influence the level of the contractual reserves includes the status of accounts receivable balances as inpatient or outpatient. The Medical Center's management continually reviews the contractual estimation process to consider and incorporate updated laws and regulations and the frequent changes in managed care contractual terms that result from contract negotiations and renewals.

Payors include federal and state agencies, including Medicare and Medicaid, managed care health plans, commercial insurance companies, and patients. These third-party payors provide payments to the Medical Center at amounts different from its established rates based on negotiated reimbursement agreements. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and fee schedule payments. Retroactive adjustments under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts based on the Medical Center's evaluation of its major payor sources of revenue, the aging of the accounts, historical losses, current economic conditions, and other factors unique to the service area and the healthcare industry. Management regularly reviews data about the major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party payor coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulty that make the realization of amounts due unlikely). For receivables associated with self-pay payments, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The December 31, 2020 and 2019 allowance for doubtful accounts balances were comprised of the following:

	2020	2019
Reserve for third-party payor balances	$ 9,196,138	$ 5,104,156
Reserve for self-pay balances	14,245,720	17,625,123
Total allowance for doubtful accounts	$ 23,441,858	$ 22,729,279

Inventories

Inventories consist of medical supplies, pharmaceuticals, and office supplies and are valued at the lower of cost or net realizeable value, with cost being determined on the first-in, first-out (FIFO) method.

Investments and Assets Whose Use is Limited

Investments in certificates of deposit are reported in the consolidated financial statements at cost, which approximates fair value.

Assets whose use is limited include assets set aside by the respective Boards for future capital improvements, over which the Boards retain control and may at their discretion subsequently use for other purposes; assets held by trustees under indenture agreements; and assets that have been restricted by donors for specific purposes.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair market value in the consolidated balance sheets. Investment income or loss, including realized gains and losses on investments and assets whose use is limited, net change in the market value of assets whose use is limited, interest, and dividends, is included in nonoperating revenues (expenses) when earned.

Capital Assets

The Medical Center's capital assets are reported at historical cost and include expenditures for additions and repairs which substantially increase the useful lives of capital assets. Maintenance, repairs, and minor improvements are expensed as incurred. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land and construction in progress are depreciated using the straight-line method of depreciation over their estimated useful lives based upon the American Hospital Association Guide for Estimated Useful Lives for Fixed Assets.

Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest costs on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. For the years ended December 31, 2020 and 2019, interest costs were incurred as follows:

	2020	2019
Interest costs capitalized	$ 17,601	$ 255,282
Interest costs expensed	662,937	722,557
Interest costs incurred	$ 680,538	$ 977,839

Pension and Goodwill Deferred Outflows

The Medical Center purchased certain assets of a physical practice resulting in a recognition of goodwill in the amount of $1,075,000. Goodwill is being amortized over 136 months. The amount of unamortized goodwill at December 31, 2020 and 2019 was $671,875 and $766,728, respectively.

Classification of Net Position

The net position of the Medical Center is classified in four components. (1) *Net investment in capital assets* consists of capital assets net of accumulated depreciation which are reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. (2) *Restricted expendable net position* includes assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Medical Center, including amounts deposited with trustees as required by revenue bond indentures. (3) *Restricted nonexpendable net position* includes the principal portion of permanent endowments and non-controlling interests owned by external investors. (4) *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*. When both restricted and unrestricted resources are available for use, the Medical Center's policy is to use restricted resources first, then unrestricted resources as they are needed.

Consolidated Statements of Operations and Changes in Net Position

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenues and expenses. Peripheral and incidental transactions are reported as nonoperating revenues (expenses). Nonoperating revenues (expenses) which are excluded from income from operations include investment income, contributions received, restricted expenditures, and the net change in the market value of assets whose use is limited.

Advertising and Marketing Costs

Advertising and marketing costs are charged to operations when incurred. Advertising and marketing costs charged to operations were $798,051 and $906,335 for the years ended December 31, 2020 and 2019, respectively.

Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are reported as reductions of net patient service revenue.

Income Taxes

The Hospital has been granted exemption from taxation as a not-for-profit organization by the Internal Revenue Service under Section 115, and in 2005 was also granted exemption from Federal income tax under Section 501(c)(3) of the Internal Revenue Code for purposes of maintaining a 403b deferred compensation plan. Therefore, no provision for income taxes has been provided in the consolidated statements of operations and changes in net position. HDC and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. As such, HDC and the Foundation are generally exempt from income taxes. However, HDC and the Foundation are required to file Federal Form 990 – Return of Organization Exempt from Income Tax which is an informational return only. The Clinic and JMB are both organized as a single-member Limited Liability Company ("LLC"). As of December 31, 2020, the 2016 - 2020 income tax years are still open for tax examinations for both the Clinic and JMB. HDC is the sole member of the Clinic, and the Hospital is the sole member of JMB. As such, the Clinic and JMB are not required to file separate State or Federal tax returns. For tax reporting purposes, all activities of the Clinic are required to be filed with the activities of HDC, and all activities of JMB are required to be filed with the activities of the Hospital.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by each entity comprising the Medical Center and recognize a tax liability if any Medical Center entity has taken an uncertain tax position that more likely than not would not be sustained upon examination by various federal and state taxing authorities.

Management has analyzed the tax positions taken by each entity of the Medical Center, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements. Each entity of the Medical Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Grants and Contributions

From time to time, the Medical Center receives grants 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.

Subsequent Events

The Medical Center has evaluated events or transactions occurring subsequent to the consolidated balance sheet date for recognition and disclosure in the accompanying consolidated financial statements through the date the consolidated financial statements are available to be issued, which is April 29, 2021.

Reclassifications

Certain reclassifications have been made to the 2019 consolidated financial statements to correspond to the current year's format. Total net position and change in net position are unchanged due to these reclassifications.

2. CHANGE IN ACCOUNTING PRINCIPLE

In 2020, the Medical Center adopted GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. This statement requires that for purposes of determining whether a primary government is financially accountable for a potential component unit, except for a potential component unit that is a defined contribution pension plan, a defined contribution other postemployment benefit plan ("OPEB"), or an other employee benefit plan, if the primary government performs the duties that a governing board typically would perform, the absence of a governing board should be treated the same as the appointment of a voting majority of a governing board. This statement also requires that the financial burden criterion of GASB Statement No. 84, *Fiduciary Activities*, be applicable to only defined benefit pension plans and defined benefit other postemployment benefit plans that are administered through trusts that meet the criteria of GASB Statement No. 67, *Financial Reporting for Pension Plans*, or GASB

Statement No. 74, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, respectively.

As a result of adoption of GASB Statement No. 97, certain funds which were considered fiduciary funds, as previously defined under GASB Statement No. 84 – *Fiduciary Funds*, are no longer considered these types of funds. These funds, previously reported within the consolidated financial statements as fiduciary funds, were the Medical Center's 403(b) Retirement Plan, and the 457(b) Deferred Compensation Plan (the "plans"). The plans are both considered defined contribution pension plans, as are defined in GASB Statement No. 97.

The impact of the adoption of GASB Statement No. 97 on the Medical Center's consolidated balance sheets as of December 31, 2019 is as follows:

	As previously stated December 31 2019	Adjustment	As restated December 31 2019
Consolidated balance sheets			
Assets whose use is limited, net of amount required to meet current obligations	$ 150,805,716	$ 9,580,478	$ 160,386,194
Deferred compensation liabilities	-0-	9,580,478	9,580,478

The impact of the adoption of GASB Statement No. 97 on the Medical Center's consolidated statements of fiduciary net position as of December 31, 2019 is as follows:

	As previously stated December 31 2019	Adjustment	As restated December 31 2019
Consolidated statement of fiduciary net position			
Mutual funds	$ 52,161,598	$ (44,409,725)	$ 7,751,873
Fixed income guaranteed option	96,014	(96,014)	-0-
Other assets	823,023	(823,023)	-0-
Postemployment benefits other than pensions	46,103,269	(45,328,762)	774,507

The impact of the adoption of GASB Statement No. 97 on the Medical Center's consolidated statement of changes in fiduciary net position as of December 31, 2019 is as follows:

	As previously stated December 31 2019	Adjustment	As restated December 31 2019
Consolidated statement of changes in fiduciary net position			
Contributions:			
Employee	$ 3,802,379	$ (3,802,379)	$ -0-
Employer	1,720,896	(1,603,809)	117,087
Other plans	354,319	(354,319)	-0-
Investment earnings:			
Net increase in fair value	6,341,357	(5,288,921)	1,052,436
Interest, dividends, and other	3,718,028	(2,763,321)	954,707
Miscellaneous	194,203	(194,203)	-0-
Benefits paid to participants or beneficiaries	5,901,336	(3,956,928)	1,944,408
Administrative expenses	104,329	(3,431)	100,898
Distributions to shareholders	128,172	(128,172)	-0-

3. DEPOSITS AND INVESTMENTS

Deposits and investments are comprised of the following at December 31, 2020 and 2019:

	2020	2019
Carrying amount		
Cash and cash equivalents	$ 167,019,821	$ 139,314,040
Certificates of deposit	14,000,000	14,000,000
Brokered certificates of deposit	4,436,304	4,393,690
Market-linked certificates of deposit	302,579	170,338
Mutual funds	95,645,681	84,234,153
Exchange-traded funds	433,551	363,908
Money market mutual funds	19,622,075	4,387,698
Perpetual trust	360,009	344,540
Interest receivable	9,468	41,836
Fixed income guaranteed option	96,036	96,014
Common stocks	2,102,273	1,764,738
Preferred stocks	15,798	14,969
Annuities	252,391	-0-
Total	$ 304,295,986	$ 249,125,924
Included in the consolidated balance sheet captions:		
Cash and cash equivalents	$ 90,298,991	$ 77,450,369
Investments	9,580,940	9,323,353
Assets whose use is limited	204,416,055	162,352,202
Total	$ 304,295,986	$ 249,125,924

Custodial Credit Risk - Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the Medical Center's deposits may not be returned to it. The Medical Center does not have a deposit policy for custodial credit risk. Deposits with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation ("FDIC") or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying institution.

Investments are carried at fair value or cost which approximates fair value. Net realized gains and losses on security transactions are determined on the specific identification cost basis. As of December 31, 2020 and 2019, the Medical Center had the following investments and maturities, all of which were held in the Medical Center's name by custodial banks or investment companies that are agents of the Medical Center:

December 31, 2020					
		Investment Maturities (in years)			
	Carrying Amount	Less than 1	1 - 5	6 - 10	More than 10
Certificates of deposit	$ 18,738,883	$ 15,474,120	$ 3,264,763	$ -0-	$ -0-

December 31, 2019					
		Investment Maturities (in years)			
	Carrying Amount	Less than 1	1 - 5	6 - 10	More than 10
Certificates of deposit	$ 18,564,028	$ 18,393,690	$ 170,338	$ -0-	$ -0-

Interest Rate Risk

Interest risk rate is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates.

The Medical Center does have formal investment policies that limit investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. The Hospital's current investment policy limits investments with maturities of two years or longer to no more than 60 percent of total investments. The Foundation's investment policy prohibits the purchase of fixed income securities with original maturities of more than 10 years, unless the securities are part of a fund portfolio which has an average maturity of not greater than 10 years.

Concentration of Credit Risk

The Hospital places no limit on the amount it may invest in any one issuer. The Foundation limits investments in securities of a single issuer to 10 percent of the portfolio's total market value. This limitation does not include U.S. Government Securities. The Medical Center maintains its investments, which at times may exceed federally insured limits. The Medical Center has not experienced any losses in such accounts. The Medical Center believes that it is not exposed to any significant credit risk on investments.

Fair Value Measurements and Disclosures

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active market for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Medical Center has the ability to access.

- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

- *Brokered certificates of deposit*: Determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

- *Market-linked certificates of deposit:* Determined by earning interest based on a market index, or a basket of equities (or both) that are underlying the certificate of deposit. The interest earned is based on the participation rate within the linked index.

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Medical Center are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Medical Center are deemed to be actively traded.

- *Exchange-traded funds (ETFs)*: Valued at the closing price on the active exchange on which the individual securities are traded. Unlike mutual funds, ETFs trade like common stocks and are not required to publish and transact their daily net asset value. The ETFs held by the Medical Center are deemed to be actively traded.

- *Money market mutual funds*: Generally transact subscription and redemption activity at a $1 stable net asset value (NAV) however, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

- *Perpetual trust*: Valued at fair value as reported by the trustee, which represents the Medical Center's *pro rata* interest in the net position of the trust, substantially all of which are valued on a mark-to-market basis.

- *Fixed income guaranteed option*: Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology the Finance Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

- *Common and preferred stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.

- *Annuities*: Valued at contract value, which approximates fair value, which represents deposits and reinvested interest, less any withdrawals plus accrued interest.

The following table set forth by level, within the hierarchy, the Medical Center's assets measured at fair value on a recurring basis as of December 31, 2020 are as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds				
Small	$ 7,770,584	$ -0-	$ -0-	$ 7,770,584
Mid	15,481,566	-0-	-0-	15,481,566
Large	29,586,541	-0-	-0-	29,586,541
Foreign	11,966,588	-0-	-0-	11,966,588
Diversified emerging markets	5,472,240	-0-	-0-	5,472,240
World large stock	7,415,862	-0-	-0-	7,415,862
Inflation protected bond	1,184,719	-0-	-0-	1,184,719
Intermediate core bond	8,638,730	-0-	-0-	8,638,730
Target date	8,117,409	-0-	-0-	8,117,409
Allocation	-0-	-0-	-0-	-0-
Bank loan	11,442	-0-	-0-	11,442
	95,645,681	-0-	-0-	95,645,681
Common stocks	2,102,273	-0-	-0-	2,102,273
Preferred stocks	15,798	-0-	-0-	15,798
Exchange-traded funds	433,551	-0-	-0-	433,551
Money market mutual funds	-0-	19,622,075	-0-	19,622,075
Brokered certificates of deposit	-0-	4,436,304	-0-	4,436,304
Market-linked certificates of deposit	-0-	302,579	-0-	302,579
Annuities	-0-	252,391	-0-	252,391
Fixed income guaranteed option	-0-	96,036	-0-	96,036
Perpetual trust, held by trustee	-0-	-0-	360,009	360,009
Total assets at fair value	$ 98,197,303	$ 24,709,385	$ 360,009	123,266,697
Cash and cash equivalents				167,019,821
Certificates of deposit				14,000,000
Interest receivable				9,468
Total deposits and investments				$ 304,295,986

The following table set forth by level, within the hierarchy, the Medical Center's fiduciary activities assets measured at fair value on a recurring basis as of December 31, 2020 are as follows:

Fiduciary Funds

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds				
Small	$ 355,120	$ -0-	$ -0-	$ 355,120
Mid	160,664	-0-	-0-	160,664
Large	4,896,039	-0-	-0-	4,896,039
Foreign	368,595	-0-	-0-	368,595
Diversified emerging markets	563,349	-0-	-0-	563,349
Intermediate core bond	23,972	-0-	-0-	23,972
Target date	173,685	-0-	-0-	173,685
Allocation	13,191	-0-	-0-	13,191
Options based	303,707	-0-	-0-	303,707
	6,858,322	-0-	-0-	6,858,322
Common stocks				
Basic materials	201,302	-0-	-0-	201,302
Communication services	1,246,326	-0-	-0-	1,246,326
Consumer cyclical	2,598,998	-0-	-0-	2,598,998
Consumer defensive	923,283	-0-	-0-	923,283
Energy	467,596	-0-	-0-	467,596
Financial services	3,848,454	-0-	-0-	3,848,454
Healthcare	2,974,081	-0-	-0-	2,974,081
Industrials	4,529,496	-0-	-0-	4,529,496
Real estate	217,149	-0-	-0-	217,149
Technology	6,258,164	-0-	-0-	6,258,164
Utilities	635,633	-0-	-0-	635,633
	23,900,482	-0-	-0-	23,900,482
Exchange-traded funds	2,470,035	-0-	-0-	2,470,035
Money market mutual funds	-0-	743,116	-0-	743,116
U.S. government securities	-0-	1,027,312	-0-	1,027,312
Total assets at fair value	$ 33,228,839	$ 1,770,428	$ -0-	$ 34,999,267

The following table set forth by level, within the hierarchy, the Medical Center's asset measured at fair value on a recurring basis as of December 31, 2019 are as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds				
Small	$ 5,770,899	$ -0-	$ -0-	$ 5,770,899
Mid	14,677,875	-0-	-0-	14,677,875
Large	24,830,010	-0-	-0-	24,830,010
Government	360,421	-0-	-0-	360,421
Foreign	11,454,753	-0-	-0-	11,454,753
Diversified emerging markets	4,304,186	-0-	-0-	4,304,186
World large stock	7,156,416	-0-	-0-	7,156,416
Inflation protected bond	181,432	-0-	-0-	181,432
Intermediate core bond	8,666,136	-0-	-0-	8,666,136
Target date	6,820,413	-0-	-0-	6,820,413
Bank loan	11,612	-0-	-0-	11,612
	84,234,153	-0-	-0-	84,234,153
Common stocks	1,764,738	-0-	-0-	1,764,738
Preferred stocks	14,969	-0-	-0-	14,969
Exchange-traded funds	363,908	-0-	-0-	363,908
Money market mutual funds	-0-	4,387,698	-0-	4,387,698
Brokered certificates of deposit	-0-	4,393,690	-0-	4,393,690
Market-linked certificates of deposit	-0-	170,338	-0-	170,338
Fixed income guaranteed option	-0-	96,014	-0-	96,014
Perpetual trust, held by trustee	-0-	-0-	344,540	344,540
Total assets at fair value	$ 86,377,768	$ 9,047,740	$ 344,540	95,770,048
Cash and cash equivalents				139,314,040
Certificates of deposit				14,000,000
Interest receivable				41,836
Total deposits and investments				$ 249,125,924

The following table set forth by level, within the hierarchy, the Medical Center's fiduciary activities assets measured at fair value on a recurring basis as of December 31, 2019 are as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds				
Small	$ 463,315	$ -0-	$ -0-	$ 463,315
Mid	44,930	-0-	-0-	44,930
Large	5,283,518	-0-	-0-	5,283,518
Foreign	810,707	-0-	-0-	810,707
Diversified emerging markets	712,245	-0-	-0-	712,245
Intermediate core bond	18,240	-0-	-0-	18,240
Target date	409,308	-0-	-0-	409,308
Allocation	9,610	-0-	-0-	9,610
	7,751,873	-0-	-0-	7,751,873
Common stocks				
Basic materials	78,945	-0-	-0-	78,945
Communication services	1,604,201	-0-	-0-	1,604,201
Consumer cyclical	3,958,445	-0-	-0-	3,958,445
Consumer defensive	1,253,953	-0-	-0-	1,253,953
Energy	1,010,077	-0-	-0-	1,010,077
Financial services	6,315,401	-0-	-0-	6,315,401
Healthcare	2,257,128	-0-	-0-	2,257,128
Industrials	5,024,517	-0-	-0-	5,024,517
Technology	7,160,221	-0-	-0-	7,160,221
Utilities	796,416	-0-	-0-	796,416
	29,459,304	-0-	-0-	29,459,304
Exchange-traded funds	1,086,509	-0-	-0-	1,086,509
Money market mutual funds	-0-	793,060	-0-	793,060
U.S. government securities	-0-	995,566	-0-	995,566
Total assets at fair value	$ 38,297,686	$ 1,788,626	$ -0-	$ 40,086,312

The Medical Center's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels 1, 2, and 3 during 2020 and 2019.

The following summary sets forth a summary of changes in the fair values of the Medical Center's Level 3 assets for the years ended December 31, 2020 and 2019:

	2020 Perpetual Trust Held by Trustee	2019 Perpetual Trust Held by Trustee
Balance, beginning of the year	$ 344,540	$ 301,276
Purchase of investments	-0-	-0-
Redemption	-0-	-0-
Change in investment value	15,469	43,264
Balance, end of year	$ 360,009	$ 344,540

4. PATIENT ACCOUNTS RECEIVABLE

Patient accounts receivable reported as current assets at December 31, 2020 and 2019, consist of the following:

	2020	2019
Medicare	$ 24,117,704	$ 20,508,568
Medicaid	13,365,464	14,872,251
Blue Cross	9,302,202	8,464,405
Other insurance carriers	12,610,762	12,134,647
Patients	15,462,408	20,091,615
Total patient accounts receivable	74,858,540	76,071,486
Less allowance for contractuals	24,412,566	23,833,676
Less allowance for uncollectible amounts	23,441,858	22,729,279
Patient accounts receivable, net	$ 27,004,116	$ 29,508,531

5. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that are required for obligations classified as current liabilities are reported in current assets. Assets whose use is limited are reported at market value and include the following at December 31, 2020 and 2019:

Investment Summary by Type

	2020	2019
Cash and cash equivalents	$ 76,720,830	$ 61,863,671
Money market funds	19,622,075	4,387,698
Exchange-traded market funds	433,551	363,908
Interest receivable	9,468	41,836
Certificates of deposit	6,000,000	6,000,000
Brokered certificates of deposit	4,436,304	4,393,690
Market-linked certificates of deposit	302,579	170,338
Common stocks	521,333	441,385
Preferred stocks	15,798	14,969
Mutual funds	95,645,681	84,234,153
Perpetual trust, held by trustee	360,009	344,540
Fixed income guaranteed option	96,036	96,014
Annuities	252,391	-0-
Total assets whose use is limited	204,416,055	162,352,202
Less amount required for current obligations	22,741,164	1,966,008
Assets whose use is limited, net of amount required to meet current obligations	$ 181,674,891	$ 160,386,194

Investment Summary by Fund

	2020	2019
Board-Designated Funds	$ 166,448,462	$ 147,059,317
Trustee-Held Funds	3,074,547	3,289,543
Donor-Restricted Funds	2,539,115	2,422,864
Deferred Compensation Funds	11,619,939	9,580,478
Deferred Revenues	20,733,992	-0-
Total	$ 204,416,055	$ 162,352,202

Board-Designated Funds

The Hospital's Board of Trustees approved the funding of depreciation expense to meet the capital asset replacement needs of the facility. Depreciation is funded totally with expenditures for capital items reducing the funded depreciation balance. Board-designated funds also include amounts intended for specific purposes, as established by the Hospital's, HDC's, and Foundation's separate Boards. All income earned by the board-designated accounts is left to accumulate as additions to the funds. Board-designated funds remain under the control of the separate Boards, which may at their discretion later use for other purposes. Therefore, all board-designated funds are included in unrestricted net position.

Trustee-Held Funds

The trustee-held funds are restricted for the payments of principal and interest related to certain long-term debt agreements.

Donor-Restricted Funds

Donor-restricted funds represent donations that have been restricted by donors for specific purposes.

Deferred Compensation Funds

The deferred compensation funds represent assets that have accumulated under the Medical Center's deferred compensation plan. The Medical Center simply maintains the funds for the participants until they are withdrawn. The Medical Center records a liability equal to the deferred compensation assets.

Deferred Revenues

Deferred revenues represent grant funds received in advance of the Medical Center using them for their required purpose.

6. CAPITAL ASSETS

Capital asset activity for the years ended December 31, 2020 and 2019, was as follows:

	2020			
	Beginning Balance	Additions	Retirements/ Transfers	Ending Balance
Land	$ 10,822,270	$ 157,018	$ -0-	$ 10,979,288
Land improvements	4,841,832	62,127	(25,439)	4,878,520
Buildings	147,394,278	1,403,559	2,136,879	150,934,716
Fixed equipment	7,697,910	39,753	4,994	7,742,657
Movable equipment	57,285,366	3,073,300	(266,338)	60,092,328
Construction in progress	4,126,307	2,826,332	(3,316,741)	3,635,898
Total historical cost	232,167,963	7,562,089	(1,466,645)	238,263,407
Less accumulated depreciation for				
Land improvements	(2,967,150)	(184,754)	31,816	(3,120,088)
Buildings	(53,075,965)	(6,606,398)	67,023	(59,615,340)
Fixed equipment	(4,681,555)	(324,931)	5,675	(5,000,811)
Movable equipment	(43,436,223)	(4,548,756)	1,323,479	(46,661,500)
Total accumulated depreciation	(104,160,893)	(11,664,839)	1,427,993	(114,397,739)
Capital assets, net	$ 128,007,070	$ (4,102,750)	$ (38,652)	$ 123,865,668

	2019			
	Beginning Balance	Additions	Retirements/ Transfers	Ending Balance
Land	$ 9,899,246	$ -0-	$ 923,024	$ 10,822,270
Land improvements	4,563,079	144,958	133,795	4,841,832
Buildings	101,236,109	108,416	46,049,753	147,394,278
Fixed equipment	6,402,538	33,685	1,261,687	7,697,910
Movable equipment	54,609,963	4,762,388	(2,086,985)	57,285,366
Construction in progress	22,815,694	29,819,691	(48,509,078)	4,126,307
Total historical cost	199,526,629	34,869,138	(2,227,804)	232,167,963
Less accumulated depreciation for				
Land improvements	(2,806,835)	(166,777)	6,462	(2,967,150)
Buildings	(47,754,237)	(5,488,169)	166,441	(53,075,965)
Fixed equipment	(4,471,570)	(265,207)	55,222	(4,681,555)
Movable equipment	(40,948,878)	(4,372,472)	1,885,127	(43,436,223)
Total accumulated depreciation	(95,981,520)	(10,292,625)	2,113,252	(104,160,893)
Capital assets, net	$ 103,545,109	$ 24,576,513	$ (114,552)	$ 128,007,070

Long-Lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets on an ongoing basis and recognizes any impairment in the year of determination. It is reasonably possible that relevant conditions could change in the near term and necessitate a change in management's estimate of the recoverability of these assets. No asset impairment was recognized during the years ended December 31, 2020 and 2019.

7. OTHER ASSETS

At December 31, 2020 and 2019, other assets consist of the following:

	2020	2019
Physician notes receivable	$ 1,956,855	$ 1,723,638
Notes receivable	19,352	32,497
Investment in managed care company	4,846,405	4,291,877
Investment in RCG Columbus, LLC	974,900	974,900
Investment in captive insurance company	335,311	335,311
Captive insurance company subscriber savings	2,193,545	1,838,405
Investment in Inspire Health Partners	571,139	616,097
Other	7,540	7,500
Total other assets	10,905,047	9,820,225
Other assets, current portion	(670,139)	(705,911)
Other assets, net of current portion	$ 10,234,908	$ 9,114,314

Physician notes receivable are in varying amounts maturing through 2026. If the physicians meet the period of service requirement, the Medical Center will forgive these notes. If the physicians do not meet the period-of-service requirement, the notes are immediately due in full. Interest rates vary and are at the prime rate + 1 percent to the prime rate + 2 percent(4.25% to 5.25% at December 31, 2020).

The Medical Center has an ownership interest in a healthcare managed care company of 50 percent. The Medical Center accounts for its investment using the equity method.

The Medical Center made a $974,900 contribution to purchase a 12.25 percent ownership interest in RCG Columbus, LLC ("RCG"). RCG provides renal care to patients. The Medical Center's investment in RCG is being accounted for under the cost method.

The Medical Center is a 7.1 percent owner of Tecumseh Health Reciprocal Risk Retention Group (the "Captive"), a risk retention company created to purchase professional liability and general liability insurance for its members. The Medical Center accounts for this investment using the cost method. In addition, the Captive retains a subscriber savings account for each of its members based upon the premiums paid in and the resulting claims paid out, plus other factors. Members are paid the balance of their subscriber savings account once they leave the Captive in accordance with the terms of the Captive agreement.

The Medical Center is a 50 percent owner of Inspire Health Partners ("Inspire"), which is a clinically integrated network of physicians and healthcare providers who work together to coordinate patient care. Inspire is a collaboration between various hospitals, physicians, and the Medical Center to offer a community-based provider network that ensures patients get the right care, at the right time, in the right setting, in the most cost-effective manner. The Medical Center does not have majority voting rights or control over Inspire. The Medical Center accounts for this investment using the equity method.

Separate financial statements related to the joint ventures described above may be obtained by contacting Medical Center management.

8. COMPENSATED ABSENCES

The Medical Center provides a paid time off ("PTO") policy to employees for vacation, sick time, personal days, and holidays. Upon employment, full and part-time employees who are budgeted, scheduled, and work at least 37.5 hours per pay period accrue PTO from the date of hire. After completion of 3 months of service as a benefit eligible employee, PTO may be used with pay for the total amount accrued.

The rate at which full-time employees earn PTO and the maximum number of hours that may be banked are as follows:

Employee Type	Length of Service	PTO earned for each hour paid	Maximum PTO bank
Non-exempt	0 - 2 years	0.0885	368 hours
Non-exempt	2 - 10 years	0.1077	448 hours
Non-exempt	10 or more years	0.1270	528 hours
Exempt	0 - 2 years	0.0885	368 hours
Exempt	2 - 5 years	0.1077	448 hours
Exempt	5 or more years	0.1270	528 hours
Vice Presidents	Upon hire	0.1462	608 hours

PTO days are accrued when incurred. The PTO accrual at December 31, 2020 and 2019 was $5,746,079 and $5,825,115, respectively and is reported in accrued personnel costs on the consolidated financial statements.

9. EMPLOYEE HEALTH BENEFIT PLAN

The Medical Center operates a self-funded health plan covering substantially all employees. The Medical Center has an annual stop loss limit on the plan of $100,000 per insured per year and an aggregate stop loss limit of approximately $8,500,000. Claim expenditures and liabilities are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. These losses include an estimate of claims that have been incurred but not reported. Claims liabilities are calculated considering the effects of inflation, recent claim settlement trends including frequency and amounts of pay out, and other economic and social factors. The accrued liability for claims liabilities is recorded in accrued personnel costs on the consolidated balance sheets.

Changes in the balance of claims liabilities during the years ended December 31, 2020 and 2019, were as follows:

	2020	2019
Accrued liability, beginning of year	$ 1,455,718	$ 1,588,719
Incurred claims, changes in estimates, and fees/premiums	10,683,317	10,020,181
Claim payments	(10,611,134)	(10,153,182)
Accrued liability, end of year	$ 1,527,901	$ 1,455,718

10. DEFINED BENEFIT PENSION PLAN

Plan Description

The Medical Center sponsors a single-employer, defined benefit pension plan established to provide retirement, termination/severance, disability, and survivor benefits for Medical Center employees. The Plan was established on May 1, 1975 and was last restated effective May 1, 2013. Benefit provisions are established or may be amended at any time by the action of the Plan's Board of Trustees. The Medical Center functions as the plan administrator of the defined benefit pension plan, as authorized by IC 16-22-3-11. A publicly available financial report that includes the defined benefit pension plan's financial statements and required supplementary information may be obtained by contacting:

Schneck Medical Center
P.O. Box 2349
Seymour, IN 47274
Ph. (812) 522-0118

Benefits Provided

The Plan provides that the monthly retirement benefit shall be a pension payable for the member's lifetime equal to one percent (1.00%) of the member's monthly plan compensation, plus sixty-five hundredths of one percent (0.65%) in excess of covered compensation. This sum is then multiplied by the years of benefit service up to thirty (30) years to arrive at the benefit amount. Benefit service is not credited prior to May 1, 1970. The accrued benefit shall not be less than the benefit accrued as of April 30, 1990.

Employees became eligible members of the Plan after one year of service and age twenty-one. Participants are fully vested after 5 years of service. Participation and the accrual of benefits for additional years of service for active participants was frozen as of July 1, 2010.

The employee normal retirement date is age 65 if the employee's date of participation is prior to May 1, 1990, or the later of age 65 or 5 years of service if the employee's date of participation is on or after May 1, 1990. The employee early retirement date can occur once an employee has attained age 55 and has 10 years of service. A reduced early retirement benefit is available to members with at least ten years of vesting service any time after attainment of age 55, with a reduction factor determined by the date of severance from employment.

For participants who severed employment prior to May 1, 2002, the accrued benefit is reduced one-one hundred eightieth (1/180) for each completed month of the first five years and one-three hundred sixtieth (1/360) for each completed month of the next five years by which the date of commencement precedes the normal retirement date. For participants who severed employment on or after May 1, 2002, the accrued benefit is reduced three percent for each year by which the date of commencement precedes the normal retirement date.

A terminated participant is eligible for termination benefits after five or more years of service with an hour of service after May 1, 2000. A disabled participant is eligible for disability retirement after five or more years of service with an hour of service after May 1, 2000.

The employee's death benefit is payable to a surviving spouse after the satisfaction of early retirements and prior to actual or normal retirement. If a participant's death occurs while an employee on or after satisfaction of early retirement requirements and prior to the earlier of their termination of employment or late retirement, their surviving spouse, if any, will be entitled to a fifty percent survivor benefit. If a participant's death occurs on or after their actual retirement while an employee, but prior to the commencement of their retirement benefit their beneficiary will be entitled to the benefit if any, payable on account of the participant's death, assuming their retirement benefit had commenced the day before their death.

Funding Policy

No contributions from active plan members are required or permitted. The Internal Revenue Service has determined that the plan is a government plan which is not subject to Employee Retirement Income Security Act (ERISA) minimum funding requirements.

Employees Covered by Benefit Terms

At April 30, 2020 and 2019, the following employees were covered by the benefit terms:

	2020	2019
Inactive plan members or beneficiaries currently receiving benefits	281	284
Inactive plan members or beneficiaries entitled to but not yet receiving benefits	138	128
Active plan members	355	363
Total	774	775

Contributions

The annual required contributions for the years ended April 30, 2020 and 2019 and estimated liabilities as of May 1, 2020 and 2019 were determined as part of the actuarial valuations using the Entry Age actuarial cost method. The Medical Center intends to contribute to the Plan each year such amounts as may be required to operate the Plan on a sound actuarial basis.

Net Pension (Asset) Liability

The total pension liability was measured as of May 1, 2020 and 2019, and the total pension liability used to calculate the net pension (asset) liability was determined by an actuarial valuation as of that date.

Actuarial Assumptions

The total pension liability in the May 1, 2020 and 2019 actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2020	2019
Inflation	2.50%	2.50%
Salary increases	Not applicable (Plan is frozen)	Not applicable (Plan is frozen)
Investment rate of return	7%	8%

Mortality rates were based on the Society of Actuaries ("SOA") published mortality table: Pri-2012 mixed collar table adjusted using MP-2020 (separate tables for male and female participants) with no mortality improvement.

The actuarial value of assets was determined using the Market Value method and the trust information furnished by PNC Institutional Investments as of April 30, 2020 and 2019.

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation		Long-Term Expected Real Rate of Return
Cash	-0-	%	0.0%
Fixed income securities	40		4.5%
Domestic and foreign equities	60		7.5%
Total	100	%	

Discount Rate

The discount rate used to measure the total pension liability was 7 percent and 8 percent, respectively, as of April 30, 2020 and 2019, and is equal to the long-term expected return on plan investments. The projection cash flows used to determine the discount rate assumed that employer contributions would be made at the actuarially calculated rate computed to prevent the deterioration in the actuarial status of the trust. The future contribution assumption was based upon the review of recent Medical Center contribution history compared to the corresponding actuarially determined contributions. Based on this assumption, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members.

Sensitivity of the Net Pension (Asset) Liability

The following presents the 2020 net pension (asset) liability of the Plan, calculated using the discount rate of 7 percent, as well as what the Plan's net pension (asset) liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6 percent) or 1-percentage-point higher (8 percent) than the current rate:

	1 % Decrease (6.0%)	Current Discount Rate (7.0%)	1% Increase (8.0%)
Net pension (asset) liability	$ 2,235,341	$ (1,332,835)	$ (4,327,222)

Detailed information about the Plan's fiduciary net position is available in a separately issued actuarial valuation report.

Changes in the Net Pension (Asset) Liability

The change in the net pension (asset) liability during the 2020 and 2019 Plan year was as follows:

	2020		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension (Asset) Liability (a) - (b)
Balances at 4/30/2019	$ 29,920,284	$ 39,311,805	$ (9,391,521)
Changes of the year:			
Service cost	-0-	-0-	-0-
Interest	2,301,237	-0-	2,301,237
Difference between expected and actual experience	254,455	-0-	254,455
Change in assumptions	2,724,867	-0-	2,724,867
Benefit payments	(2,131,990)	(2,131,990)	-0-
Employer contributions	-0-	-0-	-0-
Net investment income	-0-	(2,732,753)	2,732,753
Administrative expenses	-0-	(45,373)	45,373
Other	-0-	-0-	-0-
Net changes	3,148,569	(4,910,116)	8,058,685
Balances at 4/30/2020	$ 33,068,853	$ 34,401,689	$ (1,332,836)

	2019		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension (Asset) Liability (a) - (b)
Balances at 4/30/2018	$ 29,594,134	$ 39,469,308	$ (9,875,174)
Changes of the year:			
Service cost	-0-	-0-	-0-
Interest	2,283,328	-0-	2,283,328
Difference between expected and actual experience	(12,770)	-0-	(12,770)
Change in assumptions	-0-	-0-	-0-
Benefit payments	(1,944,408)	(1,944,408)	-0-
Employer contributions	-0-	-0-	-0-
Net investment income	-0-	1,887,878	(1,887,878)
Administrative expenses	-0-	(100,898)	100,898
Other	-0-	(75)	75
Net changes	326,150	(157,503)	483,653
Balances at 4/30/2019	$ 29,920,284	$ 39,311,805	$ (9,391,521)

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended December 31, 2020 and 2019, the Medical Center recognized pension expense (gain) of $1,771,771 and $(136,690), respectively. At December 31, 2020, the Medical Center reported deferred outflows of resources and deferred inflows of resources related to pension from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Balance, 4/30/2019	$ 3,061,773	$ (1,929,329)
Changes in assumptions	1,906,367	-0-
Liability experience gains (losses)	155,127	58,410
Investment gains (losses)	3,387,567	779,443
Balance, 4/30/2020	$ 8,510,834	$ (1,091,476)

	Deferred Outflows of Resources	Deferred Inflows of Resources
Balance, 4/30/2018	$ 3,327,693	$ (2,815,916)
Changes in assumptions	(243,027)	-0-
Liability experience gains (losses)	(45,589)	45,640
Investment gains (losses)	22,696	840,947
Balance, 4/30/2019	$ 3,061,773	$ (1,929,329)

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense as follows:

Year ended April 30:	Amount
2021	$1,489,496
2022	2,072,585
2023	2,238,282
2024	1,618,995
	$7,419,358

11. LONG-TERM DEBT

At December 31, 2020 and 2019, the Medical Center was obligated for long-term debt agreements as follows:

	2020	2019
Indiana Financing Authority Series 2010 Revenue Bonds dated December 2010, payable in annual principal installments commencing February 2011 through February 2022, in amounts ranging from $325,000 to $1,765,000. Serial fixed interest rates ranging from 3.00% to 5.00%. Secured by gross revenues.	$ 3,265,000	$ 4,945,000

Direct borrowing Series 2006B Revenue Bonds dated May 2006, payable in annual principal installments commencing February 2007 through February 2036 in amounts ranging from \$150,000 to \$950,000. In May 2013, bonds were converted to long-mode and issued to Capital One Public Funding, LLC and Jackson County Bank who will hold the bonds through February 2023 at which time a balloon payment is due for all remaining unpaid principal and interest. In February 2023, Capital One and Jackson County Bank may exercise a put option on the bonds, or refinance the remaining principal with the Medical Center. Fixed interest rate of 2.80% on \$18,795,000. Secured by gross revenues. Refinanced with Series 2020 Revenue Refunding Bonds in November 2020.	-0-	18,045,000
Direct borrowing Series 2020 Revenue Refunding Bonds dated November 2020, payable in annual principal installments commencing February 2021 through February 2036 in amounts ranging from \$180,000 to \$1,580,000. The bonds were purchased by Jackson County Bank who will hold the bonds through maturity. Early redemption of any unpaid prinipal and accrued interest is allowable subsequent to February 15, 2025. Fixed interest rate of 2.35% on \$17,895,000. Secured by gross revenues.	17,895,000	-0-
	21,160,000	22,990,000
Unamortized bond premium	28,548	54,899
Less current portion	(1,971,351)	(1,856,351)
Long-term debt, net of current portion	\$ 19,217,197	\$ 21,188,548

Long-term debt activity for the years ended December 31, 2020 and 2019 was as follows:

	2020				
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
Revenue bonds, series 2006B	\$ 18,045,000	\$ -0-	\$ (18,045,000)	\$ -0-	\$ -0-
Revenue bonds, series 2010	4,945,000	-0-	(1,680,000)	3,265,000	1,765,000
Revenue bonds, series 2020	-0-	17,895,000	-0-	17,895,000	180,000
Bond premiums	54,899	-0-	(26,351)	28,548	26,351
Total long-term debt	\$ 23,044,899	\$ 17,895,000	\$ (19,751,351)	\$ 21,188,548	\$ 1,971,351

	2019				
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
Revenue bonds, series 2006B	$ 18,195,000	$ -0-	$ (150,000)	$ 18,045,000	$ 150,000
Revenue bonds, series 2010	6,550,000	-0-	(1,605,000)	4,945,000	1,680,000
Bond premiums	81,248	-0-	(26,349)	54,899	26,351
Total long-term debt	$ 24,826,248	$ -0-	$ (1,781,349)	$ 23,044,899	$ 1,856,351

Debt service requirements on long-term debt at December 31, 2020 are based on the interest rate modes in effect and are as follows:

Year Ending December 31,	Principal	Interest
2021	$ 1,971,351	$ 580,258
2022	1,702,197	487,386
2023	695,000	397,992
2024	1,045,000	374,805
2025	1,080,000	349,563
2026 - 2030	5,995,000	1,337,013
2031 - 2035	7,120,000	559,692
2036 - 2040	1,580,000	6,188
Total	$ 21,188,548	$ 4,092,897

The Medical Center's debt agreements contain various restrictive covenants, including covenants related to days cash on hand ratio, debt service coverage ratio, debt to capitalization ratio, and audited financial statement submission requirements. Failure to meet any of these covenants would result in all principal and accrued interest due immediately without the granting of a waiver from the debt holders. Management believes the Medical Center was in compliance with all restrictive covenants during 2020 and 2019.

12. DEFERRED COMPENSATION PLANS

The Medical Center offers its employees deferred compensation plans in accordance with Internal Revenue Code Sections 457(b), 457(f), and 403(b). The 403(b) and 457(b) plans, available to all Medical Center employees, permit them to defer a portion of their salary until future years. The 457(f) plan, available to management, is funded by discretionary contributions by the Medical Center. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The deferred compensation assets and related liabilities under these plans are reported in the consolidated statements of fiduciary net position.

In 2010, the Medical Center amended its 403(b) defined contribution plan to allow for employer discretionary and matching contributions. For the years ended December 31, 2020 and 2019, the

Medical Center recognized $1,748,595 and $1,682,442, respectively, in expense related to the 403(b) plan.

13. DONOR-RESTRICTED AND NONEXPENDABLE RESTRICTED NET POSITION

Donor-restricted net position amounts are donor-restricted for a specific use or by the passage of time. Nonexpendable restricted net position amounts include a perpetual trust. Donor-restricted and nonexpendable restricted net position amounts include the following at December 31, 2020 and 2019:

	2020	2019
Donor-restricted net position		
Dr. Bud Fund	$ 696,973	$ 635,242
Medical Technology Fund	126,633	126,613
Educational/Scholarship Fund	31,199	30,198
Women's Center Fund	3,843	3,668
Cancer Fund	590,063	586,233
Hospice Fund	413,981	406,139
EPIC Fund	316,414	281,731
Employee Humanitarian Fund	-0-	8,500
Total donor-restricted net position	$ 2,179,106	$ 2,078,324
Nonexpendable restricted net position		
Perpetual trust, held by trustee	$ 360,009	$ 344,540

Dr. Bud Fund

The Dr. Bud Fund was established to provide scholarships to area students seeking to pursue careers in healthcare. Scholarships are awarded based on the recommendations of the Dr. Bud Fund Scholarship Committee.

Medical Technology Fund

The Medical Technology Fund was established to address the rapid changes in medical technology and related increased costs to replace outdated equipment. The assets of the fund are used to purchase medical equipment.

Cancer Fund

The Cancer Fund was established to provide support for the detection/prevention of cancer.

Hospice Fund

The Hospice Fund was established to support Hospice program and patient needs.

EPIC Fund

The EPIC (Employee Partners Invested in Caring) Fund was established to receive financial support from its members for special projects and programs recommended by those members.

Perpetual Trust, Held by Trustee

The perpetual trust, held by trustee represents a donation that is held in a separate trust account. The donation is to be held in perpetuity. The Medical Center has no control over the investment strategy of the trust, and will not receive any payments from the trust's principal. However, the Medical Center is entitled to receive 20 percent of the trust's net income each year. All of the Medical Center's portion of income earned by this trust is unrestricted and may be used at the Medical Center's Board of Trustee's discretion.

14. NET PATIENT SERVICE REVENUE

For the years ended December 31, 2020 and 2019, net patient service revenue was as follows:

	2020	2019
Gross patient service revenue		
Inpatient services	$ 73,756,717	$ 71,232,165
Outpatient services	354,674,141	362,479,824
Long-term care services	148,486,254	153,632,699
Total gross patient service revenue	576,917,112	587,344,688
Deductions from revenue		
Contractual allowances	(277,081,931)	(292,198,292)
Charity care	(6,457,674)	(5,515,637)
Bad debts	(14,019,169)	(14,856,070)
Medicaid DSH payments recognized*	1,439,095	3,741,646
Nursing homes UPL payments recognized**	24,435,847	22,515,059
Total deductions from revenue	(271,683,832)	(286,313,294)
Total net patient service revenue	$ 305,233,280	$ 301,031,394

* - Disproportionate Share (DSH)
** - Upper Payment Limit (UPL)

The Medical Center grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements. The mix of gross revenues and receivables from patients and third-party payors at December 31, 2020 and 2019, was as follows:

	2020		2019	
	Revenues	Receivables	Revenues	Receivables
Medicare	40 %	32 %	40 %	27 %
Medicaid	25	18	24	20
Blue Cross	18	12	17	11
SIHO*	4	4	4	3
Other third-party payors	9	13	8	13
Patients	4	21	7	26
	100 %	100 %	100 %	100 %

*Southeastern Indiana Health Organization

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

- ***Medicare***. The Medical Center is a provider of services to patients entitled to coverage under Title XVIII (Medicare) of the Health Insurance Act. The Medical Center is reimbursed for Medicare inpatient services based on a fixed price per discharge for each diagnosis related grouping (DRG) and Medicare outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. At the Hospital's year end, a cost report is filed with the Medicare program computing reimbursement amounts related to Medicare patients. The difference between computed reimbursement and interim reimbursement is reflected as a receivable from or payable to the third-party program. The Hospital's classification of patients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization under contract with the Hospital.

- ***Medicaid***. The Medical Center is a provider of services to patients entitled to coverage under Title XIX (Medicaid) of the Health Insurance Act. The Medical Center is reimbursed for Medicaid inpatient services based on a fixed price per discharge for each diagnosis related grouping (DRG) and Medicaid outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. There is no cost settlement for either of the inpatient or outpatient programs.

- ***Charity Care***. The Medical Center provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Medical Center does not collect amounts deemed to be charity care, they are not reported as revenue. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Medical Center's total operating expenses divided by gross patient service revenue. For the years ended December 31, 2020 and 2019, the Medical Center incurred estimated costs of $3,385,711 and $2,672,359, respectively.

- ***Other***. The Medical Center has also entered into preferred provider agreements with certain commercial insurance carriers. The basis for payment to the Medical Center under these agreements includes discounts from established charges, fee schedules, as well as inpatient DRG reimbursement methodologies.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigation and/or allegations concerning possible violations of fraud and abuse statutes and/or regulations by health care providers.

The Centers for Medicare and Medicaid Services ("CMS") has been granted authority to suspend payments, in whole or in part, to Medicare providers if CMS possess reliable information on overpayment, fraud, or if willful misrepresentation exists. If CMS suspects payments are being made as the result of fraud or misrepresentation exists, CMS may suspend payment at any time without providing prior notice to the Medical Center. The initial suspensions period is limited to 180 days. However, the payment suspension period can be extended indefinitely if the matter is under investigation by the United States Department of Health, Human Services Office of Inspector General, or the United States Department of Justice. Therefore, the Medical Center is unable to predict if or when it may be subject to a suspension of payments by the Medicare and/or Medicaid programs, the possible length of the suspension period, or the potential cash flow impact of a payment suspension. Any such suspension would adversely impact the Medical Center's financial position, results of operations, and cash flows. The Medical Center believes that it is in compliance with all applicable laws and regulations.

15. HOSPITAL ASSESSMENT FEE

The purpose of the Hospital Assessment Fee ("HAF") Program is to fund the State share of enhanced Medicaid payments and Medicaid DSH payments for Indiana hospitals as reflected in the hospital assessment fee reported in the consolidated statements of operations and changes in net position. Previously, the State share was funded by government entities through intergovernmental transfers. The Medicaid enhanced payments relate to both fee for service and managed care claims. The Medicaid enhanced payments are designed to follow the patient and result in increased Medicaid rates. The Medical Center recognized HAF program expense of $6,870,148 and $8,040,460 at December 31, 2020 and 2019, respectively. For the years ended December 31, 2020 and 2019, the Medical Center recognized revenue in net patient service revenue totaling $1,439,095 and $3,741,646, respectively, relating to the DSH adjustments.

16. NONOPERATING REVENUES (EXPENSES)

For the years ended December 31, 2020 and 2019, nonoperating revenues (expenses) were as follows:

	2020	2019
Investment income (loss)	$ 12,259,511	$ 17,214,067
Interest expense	(662,937)	(722,557)
Gain (loss) on disposal of capital assets	(35,827)	(86,552)
Donations	(362,578)	(323,192)
Contributions and grants	804,834	511,743
Change in perpetual trust	15,469	43,264
Inspire, gain (loss)	(44,958)	(141,835)
Provider relief fund revenue	16,599,748	-0-
Miscellaneous	(109,759)	(82,838)
Total nonoperating revenues (expenses)	$ 28,463,503	$ 16,412,100

17. DEFERRED REVENUES

During the Medical Center's fiscal year 2020, Provider Relief Fund grants authorized under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act were distributed to healthcare providers impacted by the outbreak of the COVID-19 pandemic (the "Pandemic") under Catalog of Federal Domestic Assistance ("CFDA") #93.498. Revenues from Provider Relief Fund grants are recognized to the extent of a combination of expenses incurred to directly respond to the Pandemic, and patient revenues lost as a result of the pandemic, and are included in the consolidated statements of operations and changes in net assets as provider relief fund revenue within nonoperating revenues. Patient revenues lost represent the deficiency of net patient service revenues recognized over the period impacted by the pandemic when compared with net patient service revenues recognized over the same period in the previous year. Per the terms of the program, the applicable time period for measurement of lost revenues must be calendar year 2020 compared with calendar year 2019. Provider Relief Fund grants included in deferred revenues on the consolidated balance sheets represent grant funds received in excess of expenses incurred to directly respond to the Pandemic, and calculated lost revenues. These funds are subject to recoupment by the grantor in the event that the conditions for recognition are not met before June 30, 2021.

The passage of the CARES Act also authorized CMS to expand the Medicare Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers. For the acute care hospital, the Medical Center was eligible to request up to 100% of the Medicare payments amount for a six-month period, respectively. The Medical Center was issued the accelerated/advance payment in April 2020. Recoupment of the advance payment will begin in 2021 following a one-year deferral period. During the one-year period, Medicare claims submitted by the Medical Center will continue to be reimbursed at standard rates, after which, the recoupment process will begin and 25% of payments for submitted claims will reduce the balance of the accelerated or advance payment over an 11 month period through March 2022. Following the initial 11 month recoupment period, 50% of payments for submitted claims will be withheld to reduce the balance of the accelerated advance payments over a 6 month period through September 2022. Any outstanding balance that has not been recouped in September 2022 will be due in full from the Medical Center to CMS. The advance payment is included in deferred revenues on the consolidated balance sheets.

As of and for the year ended December 31, 2020, revenues recognized and deferred revenues were as follows:

	December 31, 2020		
	Revenue Recognized	Deferred Revenues	Total
Provider Relief Fund	$ 16,599,748	$ 8,434,646	$ 25,034,394
Medicare Accelerated and Advance Payment Program	-0-	12,299,346	12,299,346
	$ 16,599,748	$ 20,733,992	$ 37,333,740

18. PROFESSIONAL LIABILITY INSURANCE

The Indiana Medical Malpractice Act (ACT), IC 34-18 provides for a maximum recovery of $1,650,000 through the period ending June 30, 2019, and $1,800,000 beginning June 30, 2019. The Act requires the Medical Center to maintain Medical malpractice liability insurance of $400,000 per occurrence ($8,000,000 in the annual aggregate) through the period ending June 30, 2019, and $500,000 per occurrence ($10,000,000 in the annual aggregate) beginning July 1, 2019. The Act also requires the Medical Center to pay a surcharge to the State Patient's Compensation Fund (the "Fund"). The Fund is used to pay medical malpractice claims in excess of the per occurrence and annual aggregate amounts noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not able to be reasonably estimated. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

The Medical Center maintains professional liability insurance through a multiprovider reciprocal risk retention group (the "Group"), in which premiums are accrued based on the Group's experience to date. As of December 31, 2020 and 2019, this provides protection from liability in amounts not to exceed as follows:

	2020	2019
Medical Center per occurrence	$ 500,000	$ 500,000
Medical Center aggregate	$ 10,000,000	$ 10,000,000
Group umbrella aggregate	$ 10,000,000	$ 10,000,000
Group first additional umbrella aggregate	10,000,000	10,000,000
Group second additional umbrella aggregate	10,000,000	10,000,000
Total Group umbrella aggregate	$ 30,000,000	$ 30,000,000

Liabilities for incurred but not reported losses at December 31, 2020 and 2019 are not determinable; however, in management's opinion, such liabilities, if any, will not have a material effect on the Medical Center's financial position and its malpractice and general liability insurance is adequate to cover losses, if any. Should the policies not be renewed or replaced with appropriate insurance coverage, claims based upon occurrences during these terms, but reported subsequently, will be uninsured. The Medical Center intends to continue carrying such insurance.

19. RELATED PARTY TRANSACTIONS

Jackson County Bank

The Medical Center's President and Chief Executive Officer serves as a member of the Board of Directors for Jackson County Bank ("JCB"). At December 31, 2020 and 2019, and for the years then ended, the Medical Center had the following related party transactions with JCB:

	2020	2019
Deposits	$ 114,506,513	$ 62,078,422
Bonds payable	$ 17,895,000	$ 2,875,020
Interest income	$ 406,265	$ 290,734
Interest expense	$ 106,918	$ 79,917

Southeastern Indiana Health Organization (SIHO)

The Medical Center is a 50 percent owner of the SIHO insurance company. This investment is reported in other assets on the consolidated statements of operations and changes in net position, and is titled "investment in managed care company" in footnote 7. At December 31, 2020 and 2019, and for the years then ended, the Medical Center had the following related party transactions with SIHO:

	2020	2019
Patient accounts receivable	$ 3,028,899	$ 2,063,234
Gross patient revenue	$ 24,045,178	$ 21,034,719
Operating expenses	$ 12,303,253	$ 11,130,945

20. CONCENTRATIONS OF CREDIT RISK

The Medical Center maintains its cash in bank deposit accounts, which at times, may exceed federally insured limits. The Medical Center has not experienced any losses on such accounts. The Medical Center believes it is not exposed to any significant credit risk on cash.

21. OPERATING LEASES

The Medical Center leases certain building space and equipment under noncancelable operating leases expiring in various years through 2024. Minimum future rental payments under these noncancelable operating leases, as of December 31, 2020, are as follows:

Year Ending December 31,	Amount
2021	$ 766,751
2022	91,741
2023	91,741
2024	91,741
Total minimum payments	$ 1,041,974

The Medical Center incurred $21,780,884 and $21,146,230 in total rent expense for the years ended December 31, 2020 and 2019, respectively, under cancelable and noncancelable operating leases.

22. CONTINGENCIES

Legal

The Medical Center is susceptible to a variety of legal proceedings and claims by others against the Medical Center in a variety of matters arising out of the conduct of the Medical Center's business. The ultimate resolution of such claims would not, in the opinion of management, have a material adverse effect on the consolidated financial statements.

There may be unknown incidents arising from services provided to patients. However, because the annual insurance policy only covers claims that have been asserted and incidents reported to the insurance carrier, these unknown incidents are not yet covered by insurance. Management intends to maintain the current claims-made insurance coverage to cover any unknown incidents that may be asserted.

HIPAA

Management continues to implement policies, procedures, and a compliance-monitoring organizational structure to enforce and monitor compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other government statutes and regulations. The Medical Center's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions which are unknown or unasserted at this time.

COVID-19

On March 11, 2020, the World Health Organization declared Coronavirus ("COVID-19") a pandemic. The continued spread of COVID-19, or any similar outbreaks in the future, may adversely impact the local, regional, national and global economies. The extent to which COVID-19 impacts the Medical Center's operating results is dependent on the breadth and duration of the pandemic and could be affected by other factors management is not currently able to predict. Potential impacts include, but are not limited to, additional costs for responding to COVID-19, shortages of healthcare personnel, shortages of clinical supplies, increased demand for services, delays, loss of, or reduction to, revenue, contributions and funding, and investment portfolio declines. Management believes the Medical Center is taking appropriate actions to respond to the pandemic, however, the full impact is unknown and cannot be reasonably estimated at the date the consolidated financial statements were issued.

23. COMMITMENTS

As of December 31, 2020, the Medical Center has construction and renovation project commitments as follows:

Project	Expected Date of Completion	Estimated Total Cost of Project	Costs Incurred as of December 31, 2020
OR #1 renovation for DaVinci	2021	$ 4,318,000	$ 483,093
Expand OR #1/OP care center	2021	3,001,500	1,909,976
MOB 3rd floor buildout	2022	3,000,000	34,000
SFC Scott remodel	2021	830,000	44,781
SPC interior renovations	2021	517,484	61,321
Hospitalist remodel	2021	40,000	37,733
All other projects	2021	4,000,000	1,064,994
		$ 15,706,984	$ 3,635,898

24. CONDENSED FINANCIAL INFORMATION

The Medical Center includes three blended component units in its reporting entity. Condensed component unit information for all of its blended as of and for the year ended December 31, 2020 is as follows:

	HDC	Foundation	JMB	Total
Balance sheet				
Assets				
Current assets	$ 991,475	$ 1,994,677	$ 1,734,001	$ 4,720,153
Assets whose use is limited	-0-	2,179,106	-0-	2,179,106
Capital assets, net	562,754	-0-	3,272,131	3,834,885
Other assets	137,333	-0-	-0-	137,333
Total assets	1,691,562	4,173,783	5,006,132	10,871,477
Deferred outflows	-0-	-0-	-0-	-0-
Total assets and deferred outflows	$ 1,691,562	$ 4,173,783	$ 5,006,132	$ 10,871,477
Liabilities				
Current liabilities	$ 361,510	$ 76,289	$ 1,114	$ 438,913
Long-term liabilities	-0-	-0-	-0-	-0-
Total liabilities	361,510	76,289	1,114	438,913
Net position				
Net investment in capital assets	562,754	-0-	3,272,131	3,834,885
Restricted expendable	-0-	2,179,106	-0-	2,179,106
Restricted nonexpendable	-0-	-0-	-0-	-0-
Unrestricted	767,298	1,918,388	1,732,887	4,418,573
Total net position	1,330,052	4,097,494	5,005,018	10,432,564
Total liabilities and net position	$ 1,691,562	$ 4,173,783	$ 5,006,132	$ 10,871,477

	HDC	Foundation	JMB	Total
Statement of operations and changes in net position				
Operating revenues				
Net patient service revenue	$ 1,843,495	$ -0-	$ -0-	$ 1,843,495
Other operating revenue	2,447,699	325,575	816,884	3,590,158
Total operating revenues	4,291,194	325,575	816,884	5,433,653
Operating expenses				
Depreciation and amortization	99,270	-0-	210,054	309,324
Other operating expenses	3,537,068	374,542	413,437	4,325,047
Total operating expenses	3,636,338	374,542	623,491	4,634,371
Income (loss) from operations	654,856	(48,967)	193,393	799,282
Nonoperating revenus (expenses)	48,290	554,999	-0-	603,289
Change in net position	703,146	506,032	193,393	1,402,571
Net position - beginning of year	626,906	3,591,462	4,811,625	9,029,993
Net position - end of year	$ 1,330,052	$ 4,097,494	$ 5,005,018	$ 10,432,564

	HDC	Foundation	JMB	Total
Statement of cash flows				
Cash provided by				
Operating activities	$ 206,344	$ 224,072	$ 401,172	$ 831,588
Noncapital financing activities	47,788	-0-	-0-	47,788
Capital and related financing activities	(11,927)	-0-	(367,118)	(379,045)
Investing activities	(51,165)	(120)	-0-	(51,285)
Total	191,040	223,952	34,054	449,046
Cash - beginning of year	470,479	189,785	1,686,895	2,347,159
Cash - end of year	$ 661,519	$ 413,737	$ 1,720,949	$ 2,796,205

Condensed component unit information for all of its blended components as of and for the year ended December 31, 2019 is as follows:

	HDC	Foundation	JMB	Total
Balance sheet				
Assets				
Current assets	$ 844,128	$ 1,513,138	$ 1,697,672	$ 4,054,938
Assets whose use is limited	-0-	2,078,324	-0-	2,078,324
Capital assets, net	650,097	-0-	3,115,067	3,765,164
Other assets	103,152	-0-	-0-	103,152
Total assets	1,597,377	3,591,462	4,812,739	10,001,578
Deferred outflows	-0-	-0-	-0-	-0-
Total assets and deferred outflows	$ 1,597,377	$ 3,591,462	$ 4,812,739	$ 10,001,578
Liabilities				
Current liabilities	$ 970,471	$ -0-	$ 1,114	$ 971,585
Long-term liabilities	-0-	-0-	-0-	-0-
Total liabilities	970,471	-0-	1,114	971,585
Net position				
Net investment in capital assets	650,097	-0-	3,115,067	3,765,164
Restricted expendable	-0-	2,078,324	-0-	2,078,324
Restricted nonexpendable	-0-	-0-	-0-	-0-
Unrestricted	(23,191)	1,513,138	1,696,558	3,186,505
Total net position	626,906	3,591,462	4,811,625	9,029,993
Total liabilities and net position	$ 1,597,377	$ 3,591,462	$ 4,812,739	$ 10,001,578

	HDC	Foundation	JMB	Total
Statement of operations and changes in net position				
Operating revenues				
Net patient service revenue	$ 2,025,146	$ -0-	$ -0-	$ 2,025,146
Other operating revenue	2,452,456	394,314	800,158	3,646,928
Total operating revenues	4,477,602	394,314	800,158	5,672,074
Operating expenses				
Depreciation and amortization	101,650	-0-	209,790	311,440
Other operating expenses	4,501,138	447,816	396,495	5,345,449
Total operating expenses	4,602,788	447,816	606,285	5,656,889
Income (loss) from operations	(125,186)	(53,502)	193,873	15,185
Nonoperating revenus (expenses)	808	798,932	-0-	799,740
Change in net position	(124,378)	745,430	193,873	814,925
Net position - beginning of year	751,284	2,846,032	4,617,752	8,215,068
Net position - end of year	$ 626,906	$ 3,591,462	$ 4,811,625	$ 9,029,993

	HDC	Foundation	JMB	Total
Statement of cash flows				
Cash provided by				
Operating activities	$ 22,227	$ 163,694	$ 403,620	$ 589,541
Capital and related financing activities	(52,725)	-0-	(31,774)	(84,499)
Investing activities	64,839	(126,323)	-0-	(61,484)
Total	34,341	37,371	371,846	443,558
Cash - beginning of year	436,138	152,414	1,315,049	1,903,601
Cash - end of year	$ 470,479	$ 189,785	$ 1,686,895	$ 2,347,159

25. RECENT GASB PRONOUNCEMENTS

Management has not currently determined what effects, if any, the implementation of the following recently enacted statements may have on its future consolidated financial statements:

GASB Statement No. 87, *Leases*, issued June 2017, will be effective for periods beginning after June 15, 2021. This Statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It established a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. This statement will enhance the needs of consolidated financial statement users by improving accounting and financial reporting for leases by governments. In May 2020, the GASB issues GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, which postponed the effective date of GASB Statement No. 87, *Leases*, by 18 months. GASB Statement No. 87 will be effective for periods beginning after June 15, 2021.

GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, issued June 2018, will be effective for periods beginning after December 15, 2020. This Statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost incurred for financial statements prepared using the economic resources management focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. In May 2020, the GASB issues GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, which postponed the effective date of GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, by one year. GASB Statement No. 89 will be effective for periods beginning after December 15, 2020.

REQUIRED SUPPLEMENTARY INFORMATION

SCHEDULE OF CHANGES IN THE MEDICAL CENTER'S NET PENSION (ASSET) LIABILITY AND RELATED RATIOS

	2020	2019	2018	2017	2016	2015
Total pension liability						
Service cost	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
Interest	2,301,237	2,283,328	2,150,623	2,127,933	2,077,981	2,056,704
Difference between expected and actual experience	254,455	(12,770)	82,553	(110,540)	216,064	(278,935)
Change in assumptions	2,724,867	-0-	1,321,201	40,006	39,514	38,454
Benefit payments	(2,131,990)	(1,944,408)	(1,839,340)	(1,727,210)	(1,654,220)	(1,430,850)
Net change in total pension liability	3,148,569	326,150	1,715,037	330,189	679,339	385,373
Total pension liability - beginning	29,920,284	29,594,134	27,879,097	27,548,908	26,869,569	26,484,196
Total pension liability - ending (a)	$ 33,068,853	$ 29,920,284	$ 29,594,134	$ 27,879,097	$ 27,548,908	$ 26,869,569
Plan fiduciary net position						
Employer contributions	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-	$ -0-
Net transfers into (out of) trust	-0-	-0-	-0-	-0-	-0-	-0-
Net investment income	(2,732,753)	1,887,878	4,124,238	5,660,569	(2,126,387)	3,223,583
Benefit payments	(2,131,990)	(1,944,408)	(1,839,340)	(1,727,210)	(1,654,220)	(1,430,850)
Administrative expenses	(45,373)	(100,898)	(46,265)	(104,316)	(42,455)	(67,884)
Other	-0-	(75)	(50)	(50)	-0-	(37,011)
Net change in plan fiduciary net position	(4,910,116)	(157,503)	2,238,583	3,828,993	(3,823,062)	1,687,838
Plan fiduciary net position - beginning	39,311,805	39,469,308	37,230,725	33,401,732	37,224,794	35,536,956
Plan fiduciary net position - ending (b)	$ 34,401,689	$ 39,311,805	$ 39,469,308	$ 37,230,725	$ 33,401,732	$ 37,224,794
Medical Center net pension (asset) liability - ending (a) - (b)	$ (1,332,836)	$ (9,391,521)	$ (9,875,174)	$ (9,351,628)	$ (5,852,824)	$ (10,355,225)
Plan fiduciary net position as a percentage of the total net pension liability	104.03%	131.39%	133.37%	133.54%	121.25%	138.54%
Covered payroll	N/A	N/A	N/A	N/A	N/A	N/A
Medical Center net pension (asset) liability as a percentage of covered payroll	N/A	N/A	N/A	N/A	N/A	N/A

*The schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Medical Center will present information for those years for which information is available.

SCHEDULE OF MEDICAL CENTER CONTRIBUTIONS

	Actuarially determined contribution	Employer contributions	Contribution deficiency (excess)	Covered payroll	Contributions as a % of covered payroll
4/30/2020	$ -0-	$ -0-	$ -0-	N/A	N/A
4/30/2019	-0-	-0-	-0-	N/A	N/A
4/30/2018	-0-	-0-	-0-	N/A	N/A
4/30/2017	-0-	-0-	-0-	N/A	N/A
4/30/2016	-0-	-0-	-0-	N/A	N/A
4/30/2015	-0-	-0-	-0-	N/A	N/A
4/30/2014	-0-	-0-	-0-	N/A	N/A
4/30/2013	-0-	-0-	-0-	N/A	N/A
4/30/2012	-0-	-0-	-0-	N/A	N/A
4/30/2011	-0-	-0-	-0-	N/A	N/A

Notes to Schedule

Valuation date: Actuarially determined contribution rates are calculated as of May 1, one year prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine most current contribution rate above:

Actuarial cost method	Entry Age
Amortization method	Level dollar, open
Remaining amortization method	30 years
Asset valuation method	Market value
Inflation	2.50%
Salary increases	Not applicable (Plan is frozen)
Investment rate of return	7.00%
Retirement age	65
Mortality	SOA published mortality table: Pri-2012 mixed collar table, adjusted using MP-2020

CPAs / ADVISORS

blue

Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

blueandco.com

Report of Independent Auditors 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
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

Report on the Consolidated Financial Statements

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 consolidated financial statements of Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) and Affiliated Organizations (collectively the "Medical Center"), component units of Jackson County, which comprise the consolidated balance sheet as of December 31, 2020, and the related statements of operations and changes in net position, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated April 29, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Medical Center's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Medical Center'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 with 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. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and questioned costs as items 2020-001 and 2020-002, that we consider to be significant deficiencies.

Compliance and Other Matters

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

Medical Center's Response to Finding

The Medical Center's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Medical Center's response was not subjected to the auditing procedures applied in the audit of the consolidated 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 Medical Center'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 Medical Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Blue & Co., LLC

Louisville, Kentucky
April 29, 2021

SIGNIFICANT DEFICIENCY

2020-001

Segregation of Duties – Cash Receipts

Criteria – The Medical Center's internal control processes should ensure that employees handling cash are not able to adjust patient accounts receivable balances.

Condition – During our audit procedures, we noted that certain cashiers have the ability to both receive patient payments and post adjustments or write-offs to patient accounts receivable balances.

Cause – The cause of this deficiency is due to the lack of internal controls related to segregation of duties.

Effect – The effect is a deficiency in the design of internal control procedures to prevent misappropriation of cash.

Recommendation – We recommend that the Medical Center review these processes to prevent employees from having the ability to both collect patient payments and adjust patient accounts receivable balances.

Management's Response – To respond to this lack of segregation of duties, the Medical Center has had in place certain mitigating internal controls, including management's review and approval of charity care write-offs and review and approval of bad debt write-offs. In addition, the majority of patient payments received are not in cash, which results in a lower risk of material misappropriation. Lastly, there are three cashiers that currently receive cash payments. Management has performed a cost benefit analysis surrounding this lack of segregation of duties, and has concluded that currently the cost of strengthening internal controls in this area outweigh the benefits.

2020-002

Segregation of Duties – Nursing Homes

Criteria – The Medical Center's internal control processes at their nursing homes should ensure proper segregation of duties.

Condition – During our audit procedures, we noted that certain nursing homes have few accounting personnel, making it difficult to have a proper segregation of duties.

Cause – The cause of this deficiency is due to the lack of personnel required to ensure proper segregation of duties over various internal control processes.

Effect – The effect is a deficiency in the design of internal control procedures to ensure proper segregation of duties.

Recommendation – We recommend that the Medical Center review these processes to ensure a design of proper segregation of duties over internal control processes at their nursing homes. We also recommend that existing internal controls be documented as performed by appropriate sign-off and dating of reviews, approvals, and processes.

Management's Response – We will perform a cost benefit analysis to determine the most cost effective way to implement proper internal controls to mitigate the risks that exist due to the lack of segregation of duties.