The Methodist Hospitals, Inc.

Consolidated Financial Report
December 31, 2020

Contents

Plante & Moran, PLLC
Suite 900
200 N. Martingale Rd.
Schaumburg, IL 60173-2044
Tel: 847.697.6161
Fax: 847.697.6176
plantemoran.com

Independent Auditor's Report

To the Board of Directors
The Methodist Hospitals, Inc.

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of The Methodist Hospitals, Inc. (the "Hospital"), which comprise the consolidated balance sheet as of December 31, 2020 and 2019 and the related consolidated statements of operations, changes in net assets, and cash flows 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 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 audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement. The consolidated financial statements for the year ended December 31, 2019 were not audited in accordance with *Government Auditing Standards*.

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 Methodist Hospitals, Inc. as of December 31, 2020 and 2019 and the consolidated results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

To the Board of Directors
The Methodist Hospitals, Inc.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated April 15, 2021 on our consideration of The Methodist Hospitals, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, 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 the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Methodist Hospitals, Inc.'s internal control over financial reporting and compliance.

Plante & Moran, PLLC

April 15, 2021

Consolidated Balance Sheet

December 31, 2020 and 2019

	2020	2019
Assets		
Current Assets		
Cash and cash equivalents	$ 111,737,001	$ 23,867,445
Short-term investments (Note 6)	616,969	603,597
Patient accounts receivable (Note 3)	36,423,966	38,318,290
Cost report settlements receivable (Note 4)	12,617,542	27,173,816
Other current assets (Note 9)	21,628,861	22,327,294
Total current assets	183,024,339	112,290,442
Assets Limited as to Use (Note 6)	117,885,207	110,272,707
Property and Equipment - Net (Note 10)	138,183,640	131,043,819
Right-of-use Operating Lease Assets (Note 14)	10,827,643	12,478,146
Other Assets	1,305,043	2,382,681
Total assets	**$ 451,225,872**	**$ 368,467,795**
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	$ 21,389,632	$ 15,820,302
Current portion of long-term debt (Note 12)	2,585,283	2,674,296
Right-of-use operating lease obligation - Current portion (Note 14)	2,238,497	2,705,131
Cost report settlements payable (Note 4)	2,242,131	6,059,825
Deferred revenue (Note 20)	17,264,997	-
Accrued liabilities and other (Note 11)	32,855,874	17,146,571
Total current liabilities	78,576,414	44,406,125
Long-term Debt - Net of current portion (Note 12)	69,930,379	55,736,806
Right-of-use Operating Lease Obligation - Net of current portion (Note 14)	8,483,613	9,910,472
Other Liabilities (Note 13)	38,365,743	15,142,645
Total liabilities	195,356,149	125,196,048
Net Assets		
Without donor restrictions	254,928,162	242,869,167
With donor restrictions	941,561	402,580
Total net assets	255,869,723	243,271,747
Total liabilities and net assets	**$ 451,225,872**	**$ 368,467,795**

Consolidated Statement of Operations

Years Ended December 31, 2020 and 2019

	2020	2019
Revenue, Gains, and Other Support		
Patient service revenue	$ 282,765,881	$ 280,837,078
Other operating revenue	40,266,414	5,442,229
Medicaid disproportionate share revenue	63,310,370	68,044,191
Net assets released from restrictions used for operations	91,969	333,350
Total revenue, gains, and other support	386,434,634	354,656,848
Operating Expenses		
Salaries and wages	149,144,645	149,674,183
Employee benefits and payroll taxes	36,051,185	35,506,995
Supplies	60,941,463	57,816,881
Outside services	65,281,841	53,097,295
Professional and other liability costs	2,795,919	3,531,659
Utilities	7,235,774	6,938,932
Repairs and maintenance	9,562,083	9,367,235
Medicaid assessment fee (Note 4)	16,695,496	17,509,084
Depreciation and amortization	17,884,495	18,147,458
Interest expense	2,611,544	3,157,298
Other	8,651,416	8,558,249
Total operating expenses	376,855,861	363,305,269
Operating Income (Loss)	9,578,773	(8,648,421)
Nonoperating Income (Loss)		
Investment income	8,298,899	12,264,424
Other loss	(2,821,415)	(3,572,671)
Total nonoperating income	5,477,484	8,691,753
Excess of Revenue Over Expenses	15,056,257	43,332
Pension-related Changes Other Than Net Periodic Cost (Note 16)	(2,997,262)	(3,855,988)
Increase (Decrease) in Net Assets without Donor Restrictions	**$ 12,058,995**	**$ (3,812,656)**

See notes to consolidated financial statements.

Consolidated Statement of Changes in Net Assets

Years Ended December 31, 2020 and 2019

	2020	2019
Net Assets without Donor Restrictions		
Excess of revenue over expenses	$ 15,056,257	$ 43,332
Pension-related changes other than net periodic cost	(2,997,262)	(3,855,988)
Increase (decrease) in net assets without donor restrictions	12,058,995	(3,812,656)
Net Assets with Donor Restrictions		
Restricted contributions	630,950	306,000
Net assets released from restrictions	(91,969)	(333,350)
Increase (decrease) in net assets with donor restrictions	538,981	(27,350)
Increase (Decrease) in Net Assets	12,597,976	(3,840,006)
Net Assets - Beginning of year	243,271,747	247,111,753
Net Assets - End of year	**$ 255,869,723**	**$ 243,271,747**

Consolidated Statement of Cash Flows

Years Ended December 31, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities		
Increase (decrease) in net assets	$ 12,597,976	$ (3,840,006)
Adjustments to reconcile increase (decrease) in net assets to net cash and cash equivalents from operating activities:		
Depreciation and amortization	17,884,495	18,147,458
Net change in unrealized net gains on investments	(3,017,551)	(8,461,712)
Realized gains on investments	(2,174,118)	(544,085)
Pension-related changes other than net periodic costs	2,997,262	3,855,988
Loss on disposal of property and equipment	240,344	213,295
Amortization of bond premium	(318,676)	(318,677)
Amortization of debt issuance costs	290,569	40,582
Changes in operating assets and liabilities that provided (used) cash and cash equivalents:		
Accounts receivable	1,894,324	4,049,114
Other current assets	698,433	449,546
Costs report settlements receivable	14,556,274	(11,082,719)
Other assets	1,077,638	2,360,478
Accounts payable	5,569,330	(614,207)
Accrued liabilities and other	15,709,303	529,806
Cost report settlements payable	(3,817,694)	(585,741)
Other liabilities	20,225,836	(1,853,583)
Deferred revenue	17,264,997	-
Right-of-use operating lease assets and obligations	(242,990)	137,457
Net cash and cash equivalents provided by operating activities	101,435,752	2,482,994
Cash Flows from Investing Activities		
Purchase of property and equipment	(25,256,304)	(10,770,834)
Proceeds from sale of property and equipment	21,729	18,200
Purchases of investments and assets limited as to use	(16,528,469)	(25,734,164)
Proceeds from sales and maturities of investments and assets limited as to use	14,094,266	33,078,825
Net cash and cash equivalents used in investing activities	(27,668,778)	(3,407,973)
Cash Flows from Financing Activities		
Payments on finance lease obligations	(19,247,418)	(202,245)
Principal payments on long-term debt	(2,455,000)	(2,350,000)
Proceeds from bond issuance	35,805,000	-
Net cash and cash equivalents provided by (used in) financing activities	14,102,582	(2,552,245)
Net Increase (Decrease) in Cash and Cash Equivalents	87,869,556	(3,477,224)
Cash and Cash Equivalents - Beginning of year	23,867,445	27,344,669
Cash and Cash Equivalents - End of year	**$ 111,737,001**	**$ 23,867,445**
Supplemental Cash Flow Information		
Cash paid for interest	$ 2,335,682	$ 3,469,663
Right-of-use assets via operating lease obligation	4,185,857	15,036,464
Right-of-use assets via finance lease obligations	30,085	-

See notes to consolidated financial statements.

Note 1 - Nature of Business

The Methodist Hospitals, Inc. (the "Hospital") is an Indiana nonprofit corporation operating a 251-staffed-bed general acute-care facility in Gary, Indiana (Northlake Campus) and a 283-staffed-bed general acute-care facility in Merrillville, Indiana (Southlake Campus). The Hospital also provides physician services to patients through the following wholly owned limited liability companies: Methodist Cardiographics, LLC; Methodist Anesthesia, LLC; Methodist Pathology, LLC; and Advanced Imaging Center, LLC.

The Hospital is the sole member of The Methodist Hospitals Foundation, Inc. (the "Foundation"), which was established to support and benefit the Hospital. The Foundation has been accounted for within the Hospital's consolidated financial statements.

Note 2 - Significant Accounting Policies

Basis of Consolidation

The consolidated financial statements include the accounts of The Methodist Hospitals, Inc.; The Methodist Hospitals Foundation, Inc.; Methodist Cardiographics, LLC; Methodist Anesthesia, LLC; Methodist Pathology, LLC; and Advanced Imaging Center, LLC. All intercompany accounts have been eliminated in consolidation.

Cash and Cash Equivalents

Cash and cash equivalents include cash and highly liquid investments purchased with an original maturity of three months or less, excluding those amounts included in assets limited as to use.

The Hospital's cash balances are only insured up to the Federal Deposit Insurance Corporation limit. As of December 31, 2020 and 2019, there was approximately $124.6 million and $31.6 million, respectively, of uninsured cash. The Hospital evaluates the financial institutions with which it deposits funds; however, it is not practical to insure all cash deposits. The Hospital has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on its cash and cash equivalents.

Accounts Receivable

Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges, reduced by explicit price concessions provided to third-party payors, discounts provided to qualifying individuals as part of our financial assistance policy, and implicit price concessions provided primarily to self-pay patients. Estimates for explicit price concessions are based on provider contracts, payment terms for relevant prospective payment systems, and historical experience adjusted for economic conditions and other trends affecting the Hospital's ability to collect outstanding amounts.

For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records significant implicit price concessions 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.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheet. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in excess of revenue over expenses unless the income or loss is restricted by donor or law.

The Hospital invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet.

Note 2 - Significant Accounting Policies (Continued)

Goodwill

The recorded amounts of goodwill from prior business combinations are based on management's best estimates of the fair values of assets acquired and liabilities assumed at the date of acquisition. The Hospital assesses goodwill annually for impairment. Goodwill is recorded within other assets in the consolidated balance sheet.

During 2019, management determined that the carrying amount of the Hospital's investment in IMA Endoscopy Surgicenter, P.C. exceeded fair value, which was estimated based on the present value of expected future cash inflows. Accordingly, a goodwill impairment loss of $2,500,000 was recognized in 2019.

During 2020, management determined that the carrying amount of the Hospital's investment in an infusion center exceeded fair value, which was estimated based on the present value of expected future cash inflows. Accordingly, a goodwill impairment loss of $680,000 was recognized in 2020.

Inventories

Inventories, which consist of medical and office supplies and pharmaceutical products, are stated at the lower of cost or net realizable value determined on a first-in, first-out basis.

Assets Limited as to Use

Assets limited as to use include assets designated by the governing board for future capital improvement, over which the board retains control and may, at its discretion, subsequently use for other purposes. Included in these investments are assets held by trustees under bond indenture agreements and assets held in self-insurance trust arrangements. Restricted foundation investments consist of assets whose use by the Hospital has been restricted by the donor.

Property and Equipment

Property and equipment amounts are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under finance lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements. Repairs and maintenance costs are charged to expense as incurred.

Unamortized Financing Costs

Unamortized financing costs are amortized over the term of the related financing.

Classification of Net Assets

Net assets of the Hospital are classified as net assets without donor restrictions or net assets with donor restrictions depending on the presence and characteristics of donor-imposed restrictions limiting the Hospital's ability to use or dispose of contributed assets or the economic benefits embodied in those assets. Donor-imposed restrictions may expire with the passage of time or be removed by meeting certain requirements. Additionally, donor-imposed restrictions may limit the use of net assets in perpetuity. Earnings, gains, and losses on restricted net assets are classified as changes in net assets without donor restrictions unless specifically restricted by the donor or by applicable state law.

Excess of Revenue Over Expenses

The consolidated statement of changes in net assets includes excess of revenue over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenue over expenses, consistent with industry practice, include net assets released from restrictions for the acquisition of long-lived assets and pension-related changes other than periodic benefit costs.

Note 2 - Significant Accounting Policies (Continued)

Revenue Recognition

Patient care service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided. The majority of the Hospital's services represent a bundle of services that are not capable of being distinct and, as such, are treated as a single performance obligation satisfied over time as services are rendered.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Contributions

The Hospital reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying consolidated financial statements.

The Hospital reports gifts of property and equipment as revenue, gains, and other support unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports the expiration of donor restrictions when the assets are placed in service.

Professional and Other Liability Insurance

The Hospital accrues an estimate of the ultimate expense, including litigation and settlement expense, for incidents of potential improper professional service and other liability claims occurring during the year, as well as for those claims that have not been reported at year end. Amounts receivable from insurance related to stop-loss provisions are recorded as a receivable and included in other assets.

Accounting for Conditional Asset Retirement Obligation

Management has considered its legal obligation to report asset retirement activities, such as asbestos removal, on its existing properties. Over the past 20 years, management has systematically renovated, replaced, or constructed the majority of the physical plant facilities, resulting in a relatively small portion of the facility with any remaining hazardous material. Management has calculated the present value of the retirement obligation, and the amount has been recognized as a liability on the consolidated balance sheet within other liabilities.

Note 2 - Significant Accounting Policies (Continued)

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Charity care is determined based on established policies, using patient income and assets to determine payment ability. The amount reflects the cost of free or discounted health services, net of contributions, and other revenue received, as direct assistance for the provision of charity care. The estimated cost of providing charity services is based on a calculation that applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients.

Federal Income Tax

The Internal Revenue Service (IRS) has ruled that the Hospital and its subsidiaries are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and, accordingly, no tax provision is reflected in the consolidated financial statements.

Use of Estimates

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

Subsequent Events

The consolidated financial statements and related disclosures include evaluation of events up through and including April 15, 2021, which is the date the consolidated financial statements were issued.

Note 3 - Patient Accounts Receivable

The composition of receivables from patients and third-party payors was as follows as of December 31:

	2020	2019
Medicare	36 %	36 %
Medicaid	29	27
Commercial and managed care	30	28
Self-pay	5	9
Total	100 %	100 %

Note 4 - Cost Report Settlements

A significant portion of the Hospital's revenue from patient services is received from the Medicare and Medicaid programs. A summary of the basis of reimbursement with these third-party payors is as follows:

Medicare

Inpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors. Outpatient services related to Medicare beneficiaries are reimbursed based on a prospectively determined amount per episode of care.

Note 4 - Cost Report Settlements (Continued)

Medicaid and Hospital Assessment Fee

Inpatient and outpatient services rendered to Medicaid program beneficiaries are also paid at prospectively determined rates per discharge or per procedure.

The Indiana Hospital Association (IHA) and the Office of Medicaid Policy and Planning (OMPP) worked together to develop and implement a hospital assessment fee program, as enacted by the 2011 Session of the Indiana General Assembly. In 2012, the Centers for Medicare & Medicaid Services (CMS) approved the state plan amendment necessary to implement these changes with a retroactive effective date of July 1, 2011. The program expired on June 30, 2013. In March 2014, the program was again approved by CMS, with an effective date of July 1, 2013, and continued through June 30, 2019. Effective July 1, 2019, the program was extended through June 30, 2021. Under this program, OMPP will collect an assessment fee from eligible hospitals. The fee will be used in part to increase reimbursement to eligible hospitals for services provided in both fee-for-service (FFS) and managed-care programs and as the state share of Medicaid Disproportionate Share Hospital (DSH) payments. Starting in 2016, the Hospital will be assessed a Hospital assessment fee on the Indiana HIP (Healthy Indiana Plan) 2.0 program based on the Medicaid DSH eligibility surveys. Due to the shift in Medicaid population from FFS to managed care, since 2017, the collection of the existing assessment fee is being made through a combination of offsets from claims payment and check payments. During 2020 and 2019, the Hospital incurred $16,695,496 and $17,509,084, respectively, in Medicaid assessment fees under this program, which is reflected in total operating expenses in the accompanying consolidated statement of operations. At December 31, 2020 and 2019, there is $326,313 and $3,915,277, respectively, included in cost report settlement payable in the consolidated balance sheet related to the hospital assessment fee program.

Final reimbursement under the Medicare and Medicaid programs is subject to audit by fiscal intermediaries. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying consolidated financial statements. The effect of prior year settlements received in 2020 and 2019 resulted in an increase in revenue of approximately $1,424,000 and $514,000, respectively.

The Hospital qualifies as a Medicaid Disproportionate Share Hospital provider under Indiana law and, as such, is eligible to receive DSH payments linked to the State of Indiana's fiscal year end, which is June 30. The Hospital records DSH program revenue and receivables when the related amounts are determinable and when collectibility is reasonably assured.

At December 31, 2020 and 2019, the Hospital recorded approximately $12,600,000 and $27,200,000, respectively, in amounts due from the State of Indiana under the DSH program. These amounts are reflected in cost report settlements receivable in the accompanying consolidated balance sheet. The amounts recorded represent estimated reimbursement due to the Hospital for services provided through December 31, 2020. During the years ended December 31, 2020 and 2019, approximately $28,724,000 and $30,218,000, respectively, was received in cash related to the DSH program.

Cost report settlements result from the adjustment of interim payments to final reimbursement under the Medicare and Medicaid programs that are subject to audit by fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Indiana Family and Social Services Administration (FSSA) has initiated a Medicaid Advisory Committee (MAC) initiative, whereby claims will be reviewed by contractors for validity, accuracy, and proper documentation. The Hospital is unable to determine the extent of liability for overpayments, if any. The potential exists for significant overpayment of claims liability for the Hospital at a future date.

Note 4 - Cost Report Settlements (Continued)

Other Third-party Payors

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

Note 5 - Charity Care

In support of its mission, the Hospital's policy is to treat patients in need of medical services without regard to their ability to pay for such services. Charity care covers services provided to persons who cannot afford to pay. Charity care is determined based on established policies, using patient income and assets to determine payment ability. The amount reflects the cost of free or discounted health services, net of contributions and other revenue received, as direct assistance for the provision of charity care. The estimated cost of providing charity services is based on a calculation that applies a ratio of cost 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 Hospital's total operating expenses divided by gross patient service charges. The Hospital estimates that it provided approximately $8.3 million and $10.9 million of services to indigent patients during 2020 and 2019, respectively.

In addition, the Hospital performs many activities of community benefit, including programs provided to persons with inadequate health care resources or for other groups within the community that need special services and support. Examples include programs related to the poor, the elderly, those suffering from substance abuse, victims of child abuse, and others with specific particular health care needs. They also include broader populations who benefit from health community initiatives, such as health promotion, education, and health screening.

The Hospital also participates in the Medicare and Medicaid programs. At present, the reimbursement rates for both programs do not fully cover the cost of providing care to these patients. This represents the estimated shortfall created when a facility receives payments below the costs of treating Medicare and Medicaid beneficiaries. These uncompensated costs are not included above.

Note 6 - Assets Limited as to Use

The detail of assets limited as to use is summarized in the following schedule at December 31:

	2020	2019
Funds designated by trustees under bond indenture	$ 4,672,246	$ 4,632,368
Funds held in trust for payment of professional and other liability claims	3,308,633	3,614,447
Funds designated by board for future capital improvements	109,879,328	102,000,892
Fund designated by donors for specific purposes	25,000	25,000
Total assets limited as to use	$ 117,885,207	$ 110,272,707

Note 6 - Assets Limited as to Use (Continued)

Investments, including short-term investments, consist of the following at December 31:

	2020	2019
Money market investments	$ 8,510,135	$ 8,822,929
Government securities	9,126,353	11,847,884
Mutual funds	61,752,439	62,742,660
Corporate bonds	22,136,953	18,389,295
Pooled funds	7,796,593	1,997,363
Common stock	9,179,703	7,076,173
Total	$ 118,502,176	$ 110,876,304
Classified as:		
Short-term investments	$ 616,969	$ 603,597
Assets limited as to use	117,885,207	110,272,707
Total	$ 118,502,176	$ 110,876,304

Funds held by the trustee under a bond indenture are held for the purpose of making future bond principal and interest payments. Investment income accrues to the funds as earned.

Investment income and gains and losses are composed of the following for the years ended December 31:

	2020	2019
Interest and dividends	$ 3,107,230	$ 3,258,627
Change in net unrealized gains	3,017,551	8,461,712
Realized gains - Net	2,174,118	544,085
Total	$ 8,298,899	$ 12,264,424

Note 7 - Liquidity

The following reflects the Hospital's financial assets as of December 31, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the consolidated balance sheet date:

	2020	2019
Cash and cash equivalents	$ 111,737,001	$ 23,867,445
Short-term investments	616,969	603,597
Patient accounts receivable	36,423,966	38,318,290
Cost report settlements receivable	12,617,542	27,173,816
Other current assets	4,991,341	3,972,285
Assets limited as to use:		
Funds held by trustees under bond indenture	4,672,246	4,632,368
Funds held in trust for payment of professional and other liability claims	3,308,633	3,614,447
Funds held by board for future capital improvements	109,879,328	102,000,892
Fund held by donors for specific purposes	25,000	25,000
Financial assets - At year end	284,272,026	204,208,140
Less those unavailable for general expenditures within one year due to:		
Funds held by trustees under bond indenture	(4,672,245)	(4,632,368)
Funds held in trust for payment of professional and other liability claims	(3,308,633)	(3,614,447)
Funds held by board for future capital improvements	(109,879,328)	(102,000,892)
Fund held by donors for specific purposes	(25,000)	(25,000)
Financial assets available to meet cash needs for general expenditures within one year	$ 166,386,820	$ 93,935,433

The Hospital has certain board-designated assets limited to use, which could be made available for general expenditure within one year in the normal course of operations upon appropriate board action. The Hospital has other assets limited to use for donor-restricted purposes, debt service, and the professional and general liability insurance program. Additionally, certain other board-designated assets are designated for future capital expenditures and an operating reserve. These assets limited to use, which are more fully described in Note 6, are not available for general expenditure within the next year. However, the board-designated amounts could be made available, if necessary.

As part of the Hospital's liquidity management plan, cash in excess of daily requirements is invested in short-term investments and money market funds. Occasionally, the board of directors designates a portion of any operating surplus to an operating reserve, which was $617,000 and $604,000 as of December 31, 2020 and 2019, respectively. This fund established by the board of directors may be drawn upon, if necessary, to meet unexpected liquidity needs.

As of December 31, 2020, the Hospital was in compliance with bond covenants, as more fully described in Note 12.

Note 8 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the consolidated financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Hospital's assets measured at fair value on a recurring basis at December 31, 2020 and 2019 and the valuation techniques used by the Hospital to determine those fair values.

Note 8 - Fair Value Measurements (Continued)

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Hospital has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Hospital's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2020			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2020
Short-term Investments				
Money market investments	$ 360,539	$ -	$ -	$ 360,539
Assets Limited as to Use				
Money market investments	7,779,986	-	-	7,779,986
Common stock	9,179,703	-	-	9,179,703
Mutual funds:				
U.S. companies	20,567,441	-	-	20,567,441
International companies	15,235,209	-	-	15,235,209
Fixed income	3,460,390	-	-	3,460,390
Balanced funds	22,489,399	-	-	22,489,399
Fixed income:				
U.S. Treasuries	-	9,126,353	-	9,126,353
Pooled funds	-	7,796,593	-	7,796,593
Asset-backed securities	-	8,281,485	-	8,281,485
Mortgage-backed securities	-	7,180,910	-	7,180,910
Corporate - Domestic	-	5,270,246	-	5,270,246
Corporate - International	-	1,404,312	-	1,404,312
Total assets limited as to use	78,712,128	39,059,899	-	117,772,027
Total	$ 79,072,667	$ 39,059,899	$ -	$ 118,132,566

The assets limited as to use and short-term investments included in the consolidated balance sheet at December 31, 2020 included money market investments of $369,610, which are not measured at fair value on a recurring basis and, therefore, not in the table above.

Note 8 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2019
Short-term Investments				
Money market investments	$ 358,218	$ -	$ -	$ 358,218
Assets Limited as to Use				
Money market investments	8,249,395	-	-	8,249,395
Common stock	7,076,173	-	-	7,076,173
Mutual funds:				
U.S. companies	18,554,054	-	-	18,554,054
International companies	17,200,189	-	-	17,200,189
Fixed income	6,857,162	-	-	6,857,162
Balanced funds	20,131,255	-	-	20,131,255
Fixed income:				
U.S. Treasuries	-	11,847,884	-	11,847,884
Pooled funds	-	1,997,363	-	1,997,363
Asset-backed securities	-	8,484,307	-	8,484,307
Mortgage-backed securities	-	6,340,963	-	6,340,963
Corporate - Domestic	-	1,715,434	-	1,715,434
Corporate - International	-	1,848,591	-	1,848,591
Total assets limited as to use	78,068,228	32,234,542	-	110,302,770
Total	$ 78,426,446	$ 32,234,542	$ -	$ 110,660,988

The assets limited as to use and short-term investments included in the consolidated balance sheet at December 31, 2019 included money market investments of $215,316, which are not measured at fair value on a recurring basis and, therefore, not in the table above.

The fair value of fixed-income securities at December 31, 2020 and 2019 was determined primarily based on Level 2 inputs. The Methodist Hospitals, Inc. estimates the fair value of these investments using the fair market values determined by the investment custodians.

Note 9 - Other Current Assets

The details of other assets at December 31, 2020 and 2019 are as follows:

	2020	2019
Prepaid expenses	$ 3,898,397	$ 5,338,923
Inventory	12,739,123	13,016,086
Other	1,115,210	720,999
Contract assets	3,876,131	3,251,286
Total	$ 21,628,861	$ 22,327,294

Note 10 - Property and Equipment

The cost of property, plant, and equipment and depreciable lives are summarized as follows:

	2020	2019	Depreciable Life - Years
Land	$ 5,373,674	$ 5,373,674	-
Buildings	316,412,568	277,273,610	2-40
Right-of-use finance lease assets	45,813	20,500,000	25-40
Equipment	196,018,896	187,574,190	3-5
Construction in progress	4,447,292	5,222,949	-
Total cost	522,298,243	495,944,423	
Accumulated depreciation	384,114,603	364,900,604	
Net property and equipment	$ 138,183,640	$ 131,043,819	

Depreciation and amortization expense, including assets under finance lease, totaled $17,884,495 and $18,147,458 in 2020 and 2019, respectively.

The Hospital held a medical office building under a finance lease with an original cost of approximately $20,500,000 at December 31, 2019. Accumulated amortization for this building was approximately $6,662,000 at December 31, 2019. Effective February 12, 2020, the Hospital purchased its medical office building finance lease obligation.

Construction in progress consists primarily of costs incurred for building renovations and installation of various clinical equipment. Remaining costs to complete the project are approximately $819,000 as of December 31, 2020.

Note 11 - Accrued Liabilities and Other

The details of accrued liabilities at December 31 are as follows:

	2020	2019
Payroll and related items	$ 8,805,684	$ 7,404,802
Compensated absences	9,205,101	9,046,504
Interest	544,598	531,198
Medicare advance payments - Current portion (Note 20)	13,676,718	-
Other	623,773	164,067
Total accrued liabilities	$ 32,855,874	$ 17,146,571

Note 12 - Long-term Debt

The following is a summary of long-term debt and finance lease obligations at December 31, 2020 and 2019:

	2020	2019
Indiana Finance Authority Hospital Revenue Refunding Bonds, Series 2014A, interest ranging from 4.0 percent to 5.0 percent, due in installments through 2031	$ 33,970,000	$ 36,425,000
Indiana Finance Authority Hospital Revenue Refunding Bonds, Series 2020, variable interest at one-month London Interbank Offered Rate (LIBOR) plus applicable spread ranging from 4.0 percent to 5.0 percent. Interest is payable monthly. Principal due at maturity in 2022	35,805,000	-
Medical office building finance lease obligations collateralized by leased medical office buildings. Finance lease obligations were purchased by the Hospital in February 2020	-	18,736,456
Equipment finance lease obligation	30,085	-
Unamortized premium	3,399,220	3,717,896
Total	73,204,305	58,879,352
Less current portion	2,585,283	2,674,296
Less unamortized debt issuance costs	688,643	468,250
Long-term portion	$ 69,930,379	$ 55,736,806

The Indiana Health Facility Financing Authority (the "IHFFA") has issued bonds on behalf of The Methodist Hospitals, Inc. Obligated Group (the "Obligated Group") and has loaned the proceeds to the Obligated Group under the terms of the master indenture. The sole member of the Obligated Group is The Methodist Hospitals, Inc.

Hospital Obligated Group Bonds Payable, Series 2014A consist of hospital revenue bonds issued by the Indiana Finance Authority (previously, the IHFFA). The bonds consist of serial bonds payable in annual installments for 2015 through 2031, ranging from $1,875,000 to $3,465,000 at interest rates ranging from 4 percent to 5 percent and term bonds payable in annual installments through 2031, ranging from $3,375,000 to $3,555,000 at 5 percent interest.

Effective January 9, 2020, the Hospital issued $35,805,000 Taxable Hospital Revenue Bonds, Series 2020. The principal on the bonds is due upon maturity in January 2022. The interest rate on the bonds is the one-month LIBOR plus the applicable spread (for the period beginning on (and including) the issuance date to (and including) January 2, 2021, 130 basis points (1.30 percent) and for the period beginning on (and including) January 3, 2021 to (but excluding) the maturity date, 185 basis points (1.85 percent), provided, however, that (i) in the event the rating assigned for the period beginning January 3, 2021 by S&P Global Ratings shall be BBB or better and the rating assigned by Fitch shall be BBB or better, the applicable spread shall be 155 basis points (1.55 percent); and (ii) in the event that the rating assigned by S&P Global Ratings shall be BB+ or the rating assigned by Fitch shall be BB+, the applicable spread shall be 250 basis points (2.50 percent)).

The Series 2014A and Series 2020 bonds have been issued under a master trust indenture and are secured by the gross revenue of the Hospital. In connection with the bond indenture and loan agreements, the Obligated Group is subject to certain financial covenants related to, among others, transfer of assets, restrictions on additional indebtedness, and maintenance of certain financial covenants, including a minimum debt service coverage ratio and minimum debt service reserve funds.

Note 12 - Long-term Debt (Continued)

The Hospital previously entered into a series of finance lease arrangements for a medical office building on the Merrillville hospital campus. Until February 2020, the Hospital leased the underlying land to the developer under terms of a ground lease. In February 2020, the Hospital exercised its right to purchase the medical office building and the underlying land. The medical office building houses physician offices, laboratory and diagnostic facilities, and an ambulatory surgery center. Until February 2020, payments totaling $144,414 were paid monthly. The right-of-use asset and related lease liability had been calculated using a discount rate of 8.12 percent.

Scheduled principal repayments on long-term debt are as follows as of December 31:

Years Ending December 31	Long-term Debt	Finance Lease Obligations
2021	$ 2,570,000	$ 15,283
2022	38,495,000	14,802
2023	2,815,000	-
2024	2,845,000	-
2025	2,975,000	-
Thereafter	20,075,000	-
Total	$ 69,775,000	$ 30,085

Note 13 - Other Liabilities

The detail of other liabilities is shown below:

	2020	2019
Accrued pension cost (Note 16)	$ 8,956,432	$ 6,979,088
Insurance liabilities (Note 17)	6,416,732	6,909,107
Medicare advance payments - Long-term portion (Note 20)	22,285,888	-
Other	706,691	1,254,450
Total other liabilities	$ 38,365,743	$ 15,142,645

Note 14 - Operating Leases

The Hospital is obligated under operating leases primarily for facilities and equipment, expiring at various dates through December 2030. The right-of-use asset and related lease liability have been calculated using discount rates ranging from 4.25 percent to 6.50 percent. The leases require the Hospital to pay taxes, insurance, utilities, and maintenance costs. Total rent expense under these leases was $2,238,000 and $2,777,000 for 2020 and 2019, respectively.

The Hospital assesses whether it is reasonable certain to exercise an option to extend or terminate a lease at the lease commencement date. In this assessment, the Hospital considers all relevant factors that create economic incentive to exercise such options, including asset, contract, market, and entity-based factors.

When readily determinable, the Hospital utilizes the interest rate implicit in a lease to determine the present value of future lease payments. For leases where the implicit rate is not readily determinable, the Hospital's incremental borrowing rate is used.

Note 14 - Operating Leases (Continued)

Future minimum annual commitments under these operating leases are as follows:

Years Ending December 31	Amount
2021	$ 2,713,255
2022	2,363,033
2023	2,258,451
2024	2,134,873
2025	1,751,998
Thereafter	919,265
Total	12,140,875
Less amount representing interest	1,417,765
Present value of net minimum lease payments	10,723,110
Less current obligations	2,238,497
Long-term obligations	$ 8,484,613

Note 15 - Defined Contribution Plan

The Hospital established a defined contribution retirement plan effective January 1, 2006, which allows for employee contributions and requires a matching employer contribution of 50 percent of the first 6 percent of employees' earnings. Expense for the years ended December 31, 2020 and 2019 was approximately $2,141,000 and $2,114,000, respectively.

Note 16 - Pension Plan

The Methodist Hospitals, Inc. sponsors a defined benefit pension plan covering certain employees.

The board of directors of the Hospital elected to freeze the employees' participation in the future accrual of benefits under the existing defined benefit plan effective December 31, 2005.

Effective June 1, 2007, the plan was amended to provide early retirement window benefits to participants who had attained age 50 and completed 10 or more years of service on or before June 30, 2007. Under the terms of the amendment, eligible participants who elected to participate received three years of additional benefits accrual based on 2006 compensation, and the early retirement reduction was calculated assuming a participant was 50 years or older. Participants were allowed to take their full benefit as a lump sum. A significant portion of participants eligible for the early retirement program elected to participate in the program.

Note 16 - Pension Plan (Continued)

Obligations and Funded Status

	Pension Benefits	
	2020	2019
Change in benefit obligation:		
Benefit obligation at beginning of year	$ 135,537,852	$ 125,119,927
Interest cost	4,493,339	5,263,332
Actuarial gain	12,977,651	15,378,338
Benefits paid	(9,089,053)	(10,223,745)
Benefit obligation at end of year	143,919,789	135,537,852
Change in plan assets:		
Fair value of plan assets at beginning of year	128,558,764	119,889,915
Actual return on plan assets	12,293,646	15,692,594
Employer contributions	3,200,000	3,200,000
Benefits paid	(9,089,053)	(10,223,745)
Fair value of plan assets at end of year	134,963,357	128,558,764
Funded status at end of year	$ (8,956,432)	$ (6,979,088)

Components of net periodic benefit cost and other amounts recognized are as follows:

	Pension Benefits	
	2020	2019
Net Periodic Benefit Cost		
Interest cost	$ 4,493,339	$ 5,263,332
Expected return on plan assets	(5,326,023)	(6,805,009)
Amortization of net loss	3,012,766	2,634,765
Total cost	$ 2,180,082	$ 1,093,088

Included in net assets without donor restrictions are the following amounts that have not yet been recognized in net periodic pension cost:

	Pension Benefits	
	2020	2019
Net loss	$ 2,997,262	$ 3,855,988

Weighted-average assumptions used to determine benefit obligations at December 31 are as follows:

	Pension Benefits	
	2020	2019
Discount rate	2.60%	3.40%

Weighted-average assumptions used to determine net periodic benefit cost for the years ended December 31 are as follows:

	Pension Benefits	
	2020	2019
Discount rate	3.40%	4.30%
Expected long-term return on plan assets	4.25%	5.75%

Note 16 - Pension Plan (Continued)

In selecting the expected long-term rate of return on assets, the Hospital considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of this plan. This included considering the allocation of trust assets and the expected returns likely to be earned over the life of the plan.

Pension Plan Assets

The goals of the pension plan investment program are to fully fund the obligation to pay retirement benefits in accordance with the plan documents and to provide returns that, along with appropriate funding from the Hospital, maintain an asset/liability ratio that is in compliance with all applicable laws and regulations and ensures timely payment of retirement benefits. Pension funds are invested in growth-oriented securities up to 30 percent in equities, including international equities.

The target allocation range of percentages for plan assets is 14 percent equity securities and 86 percent debt securities as of December 31, 2020 and 2019.

The fair values of the Hospital's pension plan assets at December 31, 2020 and 2019 by major asset categories are as follows:

	Fair Value Measurements at December 31, 2020			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset Classes				
Equity securities:				
U.S. companies	$ 32,317,778	$ -	$ -	$ 32,317,778
International companies	10,428,448	-	-	10,428,448
Debt securities	-	45,192,199	-	45,192,199
Total	$ 42,746,226	$ 45,192,199	$ -	$ 87,938,425

	Fair Value Measurements at December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset Classes				
Equity securities:				
U.S. companies	$ 29,827,955	$ -	$ -	$ 29,827,955
International companies	8,888,175	-	-	8,888,175
Debt securities	-	47,171,721	-	47,171,721
Total	$ 38,716,130	$ 47,171,721	$ -	$ 85,887,851

The pension plan assets shown above included cash and cash equivalents of $6,824 and $101,934 at December 31, 2020 and 2019, respectively. Cash and cash equivalents are not measured at fair value on a recurring basis and, therefore, are not included in the tables above.

The tables above present information about the pension plan assets measured at fair value at December 31, 2020 and 2019 and the valuation techniques used by the Hospital to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the plan has the ability to access.

Note 16 - Pension Plan (Continued)

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Hospital's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each plan asset.

The fair value of debt securities, fixed-income securities, and common collective trust fund at December 31, 2020 and 2019 was determined based on Level 2 inputs. The Methodist Hospitals, Inc. estimates the fair value of these investments using the fair market values determined by the investment custodians.

Investments in Entities that Calculate Net Asset Value per Share

The Hospital has investments in a common collective trust fund and 103-12 investment totaling $47,018,108 and $42,568,979 at December 31, 2020 and 2019, respectively. The Hospital holds shares or interests in the common collective trust fund and 103-12 investment at year end whereby the fair value of the investment held is estimated based on net asset value per share (or its equivalent) of the common collective trust fund and 103-12 investment.

The common collective trust fund invests primarily in common stock of small-cap companies in the U.S. The fair value of this investment has been estimated using net asset value per share of the investment.

The 103-12 investment fund invests primarily in U.S. dollar-denominated investment-grade and government securities, U.S. high yield, non-U.S. bonds, and TIPS. The fair value of this investment has been estimated using net asset value per share of the investment.

The investments measured at net asset value per share (or its equivalent) of the common collective trust fund and 103-12 investment do not have unfunded commitments or redemption periods.

Cash Flow

Contributions

The Hospital expects to contribute $3.2 million to the pension plan in 2021.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

Years Ending	Pension Benefits
2021	$ 5,680,416
2022	5,992,270
2023	6,312,524
2024	6,584,049
2025	6,848,596
2026-2030	37,261,714

Note 17 - Professional Liability Self-insurance

On April 2, 1983, the Hospital became qualified under the Indiana Medical Malpractice Act (the "Act"). The Act limits the amount of individual claims to $1,250,000 ($7,500,000 annual aggregate), of which $1,000,000 would be paid by the State of Indiana Patient Compensation Fund and $250,000 by the Hospital. The Hospital carries commercial insurance coverage for incidents that would exceed coverages specified by the self-insurance program. Prior to April 2, 1983, the Hospital carried commercial insurance for professional liability risks on an occurrence basis. The Hospital's liability for medical malpractice self-insurance is actuarially determined based upon the Hospital's estimated claims reserves and various assumptions and includes an estimate for claims incurred but not yet reported.

In connection with the self-insurance program, the Hospital established a trust. Under the trust agreement, the trust assets can only be used for payment of professional liability losses, related expenses, and the costs of administering the trust. The assets of the trust are included in funds and income from the trust assets, and administrative costs are included in the consolidated statement of operations.

Note 18 - Patient Care Service Revenue

Patient care service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in our hospitals receiving inpatient acute-care services or patients receiving services in our outpatient centers or in their homes (home care). The Hospital measures the performance obligation from admission into the Hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to our patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the Hospital does not believe it is required to provide additional goods or services related to that sale. The Hospital's revenue that is satisfied at a point in time is insignificant for both years ended December 31, 2020 and 2019.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute-care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Note 18 - Patient Care Service Revenue (Continued)

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2020 and 2019, changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years were not significant. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Note 18 - Patient Care Service Revenue (Continued)

The Hospital has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors and service lines. Tables providing details of these factors are presented below.

The composition of patient care service revenue by primary payor for the years ended December 31 is as follows:

	2020	2019
Payors:		
Blue Cross	$ 54,297,374	$ 54,530,551
Commercial	38,127,436	39,626,238
Medicaid	47,583,159	45,985,509
Medicare	117,474,815	116,477,715
Other	20,378,044	21,529,047
Uninsured	4,905,053	2,688,018
Total	$ 282,765,881	$ 280,837,078
Major service lines:		
Home health	$ 3,376,805	$ 2,601,534
Hospital	260,669,578	259,427,453
Provider services	18,719,498	18,808,091
Total	$ 282,765,881	$ 280,837,078

After a review of reimbursement methods and contract obligations, the Hospital deems all significant patient revenue to be fee for service, and the performance obligation is met over time.

There is $3,876,131 and $3,251,286 of contract assets included within other current assets on the consolidated balance sheet as of December 31, 2020 and 2019, respectively.

Note 19 - Functional Expenses

The Hospital is a general acute-care facility that provides inpatient and outpatient health care services to patients in Lake County and several surrounding counties. Expenses related to providing these services for the years ended December 31, 2020 and 2019 are as follows:

	2020		
	Program Services	Management and General	Total
Salaries and wages	$ 127,751,780	$ 21,392,865	$ 149,144,645
Employee benefits and payroll taxes	30,345,640	5,705,545	36,051,185
Supplies	57,235,947	3,705,516	60,941,463
Outside services	55,677,952	9,603,889	65,281,841
Professional and other liability costs	2,795,919	-	2,795,919
Utilities	4,463,800	2,771,974	7,235,774
Repairs and maintenance	4,349,007	5,213,076	9,562,083
Medicaid assessment fee	16,695,496	-	16,695,496
Depreciation and amortization	15,776,893	2,107,602	17,884,495
Interest expense	2,611,544	-	2,611,544
Other	4,695,892	3,955,524	8,651,416
Total	$ 322,399,870	$ 54,455,991	$ 376,855,861

Note 19 - Functional Expenses (Continued)

	2019		
	Program Services	Management and General	Total
Salaries and wages	$ 127,959,817	$ 21,714,366	$ 149,674,183
Employee benefits and payroll taxes	29,763,353	5,743,642	35,506,995
Supplies	54,218,534	3,598,347	57,816,881
Outside services	42,325,833	10,771,462	53,097,295
Professional and other liability costs	3,531,659	-	3,531,659
Utilities	3,944,459	2,994,473	6,938,932
Repairs and maintenance	3,920,694	5,446,541	9,367,235
Medicaid assessment fee	17,509,084	-	17,509,084
Depreciation and amortization	15,999,290	2,148,168	18,147,458
Interest expense	3,157,298	-	3,157,298
Other	5,978,531	2,579,718	8,558,249
Total	$ 308,308,552	$ 54,996,717	$ 363,305,269

The consolidated financial statements report certain functions or expense categories that support both program and support functions. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including revenue cycle, patient services, purchasing, and information technology expenses, are allocated between program and support based on based pro rata percentage of expense to total expenses.

Note 20 - COVID-19 Pandemic

On March 11, 2020, the World Health Organization declared a pandemic outbreak of a respiratory disease caused by a new coronavirus. First identified in late 2019 and now known as COVID-19, the outbreak has impacted millions of individuals in the United States and worldwide. In response, the United States federal government and individual state and local governments have implemented measures to combat the outbreak that have impacted health care business operations. During the second quarter of fiscal year 2020, the Hospital's operations were significantly impacted, as shelter-in-place orders and government mandates to suspend elective procedures reduced volumes significantly during the period. The Hospital mitigated the impact by managing workforce productivity, delaying capital expenditures, actively managing cash disbursements, and implementing other cost reduction measures.

Enacted on March 27, 2020 by the federal government, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was established, which authorizes $100 billion to be administered through grants and other mechanisms to hospitals, public entities, not-for-profit entities, and Medicare- and Medicaid-enrolled suppliers and institutional providers. The purpose of these funds is to reimburse providers for lost revenue attributable to COVID-19, such as forgone revenue from canceled procedures, and to provide support for related health care expenses, such as constructing temporary structures or emergency operation centers; retrofitting facilities; purchasing medical supplies and equipment, including personal protective equipment and testing supplies; and increasing workforce. Further, these relief funds ensure uninsured patients are receiving testing and treatment for COVID-19.

Note 20 - COVID-19 Pandemic (Continued)

On April 10, 2020, the U.S. Department of Health and Human Services (HHS) began making payments to health care providers from the $100 billion appropriation. These are payments to health care providers that will not need to be repaid as long as the Hospital complies with certain terms and conditions outlined by HHS. The Hospital relied upon guidance issued by HHS through the date the financial statements were available to be issued. The terms and conditions first require the health care provider to identify health care-related expenses attributed to COVID-19 that another source has not reimbursed or is obligated to reimburse. If those expenses do not exceed the funding received, the health care provider then applies the funds to patient care lost revenue. The HHS' January 15, 2021 notice, *Post-Payment Notice of Reporting Requirements*, provided health care providers three options to calculate patient care lost revenue. To determine the total distributions to be recognized as revenue as of December 31, 2020, the Hospital totaled unreimbursed related expenses attributed to COVID-19 and calculated patient care lost revenue based on the difference between 2020 budgeted and 2020 actual patient care revenue.

The Hospital received approximately $50.1 million of payments as part of general and targeted distributions of the CARES Act Provider Relief Fund. As of December 31, 2020, the Hospital has recognized $32.9 million as other operating revenue on the consolidated statement of operations. The Hospital has asserted that it has met the conditions and restrictions outlined within the HHS published terms and conditions for the CARES Act as of December 31. 2020. The Hospital has the remaining $17.3 million recorded within deferred revenue on the consolidated balance sheet, as the Hospital has asserted is has not yet met all of the terms and conditions and restrictions for the CARES Act relative to these funds as of December 31, 2020. The Hospital has an additional 6 months from January 1, 2021 to June 30, 2021 in which to use amounts remaining toward expenses attributable to COVID-19 but not reimbursed by other sources and/or lost patient care revenue. HHS is entitled to recoup Provider Relief Funds that are unused as for the purposes disclosed above.

HHS' requirements for the uses of the CARES Act funds are subject to change and are open to interpretation and clarification and, therefore, may result in changes in the amounts recognized as other operating revenue during the year ended December 31, 2020. Any changes in amounts recognized as result of new guidance, interpretation, or clarification will be recognized in the period in which the change occurred.

Medicare Advance Payments

The Hospital requested accelerated Medicare payments, as provided for in the CARES Act, which allows for eligible health care facilities to request up to 6 months of advance Medicare payments.

Subsequent to year end, U.S. Congress and CMS extended the repayment terms of the accelerated Medicare payments to begin one year after the first payment was issued, at which point these amounts will be repaid at 25 percent of the Medicare payments to the Hospital for 11 months. After 11 months, the recoupment will increase to 50 percent of the Medicare payments for 6 additional months (or until all amounts are repaid). Any unapplied accelerated payment amounts that are unpaid after this 17-month period are due to CMS, plus interest at a rate of 4 percent on the outstanding balance. Repayment of the accelerated payments for the Hospital will begin during the year ending December 31, 2021 and will continue into the year ending December 31, 2023.

As of December 31, 2020, the Hospital has recorded a total of approximately $36 million, which is recorded as accrued liabilities and other and other liabilities on the consolidated balance sheet.