Comanche County Hospital
A Component Unit of
Comanche County, Kansas



Independent Auditor's Report and Financial Statements

December 31, 2022 and 2021

Comanche County Hospital
A Component Unit of Comanche County, Kansas
December 31, 2022 and 2021

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Independent Auditor's Report

Board of Trustees
Comanche County Hospital
Coldwater, Kansas

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Comanche County Hospital (Hospital), a component unit of Comanche County, Kansas, as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which comprise Comanche County Hospital's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Comanche County Hospital as of December 31, 2022 and 2021, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Comanche County Hospital, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Comanche County Hospital's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit 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 Comanche County Hospital's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Comanche County Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the pension and other postemployment benefits information listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.

FORVIS, LLP

Wichita, Kansas
June 21, 2023

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Balance Sheets
December 31, 2022 and 2021

Assets and Deferred Outflows of Resources

	2022	2021
Current Assets		
Cash	$ 179,587	$ 1,137,108
Short-term investments	302,280	706,000
Patient accounts receivable, net of allowance; 2022 – $215,796; 2021 – $172,837	975,809	625,743
Estimated amounts due from third-party payers	580,000	800,000
Supplies	152,897	115,338
Prepaid expenses and other	234,948	130,312
Total current assets	2,425,521	3,514,501
Capital Assets, Net	1,887,997	2,039,893
Total assets	4,313,518	5,554,394
Deferred Outflows of Resources		
Pension	1,105,964	827,443
Other postemployment benefits	45,988	54,529
Total deferred outflows of resources	1,151,952	881,972
Total assets and deferred outflows of resources	$ 5,465,470	$ 6,436,366

See Notes to Financial Statements

Liabilities, Deferred Inflows of Resources and Net Position (Deficit)

	2022	2021
Current Liabilities		
Current maturities of long-term debt	$ 41,375	$ 98,165
Accounts payable	200,941	101,146
Accrued salaries and payroll taxes	119,214	102,244
Accrued vacation benefits	265,554	247,232
Unearned revenue	-	148,717
Advance from Medicare	-	1,139,748
Total current liabilities	627,084	1,837,252
Long-term Debt	-	45,560
Net Pension Liability	2,758,352	1,865,644
Total Other Postemployment Benefits Liability	23,669	31,560
Total liabilities	3,409,105	3,780,016
Deferred Inflows of Resources		
Pension	187,384	683,058
Other postemployment benefits	135,684	133,710
Total deferred inflows of resources	323,068	816,768
Net Position (Deficit)		
Net investment in capital assets	1,846,622	1,896,168
Unrestricted (deficit)	(113,325)	(56,586)
Total net position	1,733,297	1,839,582
Total liabilities, deferred inflows of resources and net position (deficit)	$ 5,465,470	$ 6,436,366

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2022 and 2021

	2022	2021
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2022 – $188,101, 2021 – $95,951	$ 5,675,676	$ 5,212,365
Other	30,549	30,615
Total operating revenues	5,706,225	5,242,980
Operating Expenses		
Salaries and wages	3,097,797	3,462,328
Supplies and other	3,111,663	2,465,488
Depreciation	438,064	403,482
Total operating expenses	6,647,524	6,331,298
Operating Loss	(941,299)	(1,088,318)
Nonoperating Revenues (Expenses)		
Noncapital appropriations - Comanche County	394,034	408,096
Investment income	6,727	7,985
Interest expense	(3,000)	(6,995)
Loss on disposal of capital assets	(9,168)	(5,455)
Noncapital grants and gifts	296,610	87,208
Provider Relief Funds (*CARES Act*)	148,717	2,259,022
Other income	1,094	-
Total nonoperating revenues	835,014	2,749,861
Increase (Decrease) in Net Position	(106,285)	1,661,543
Net Position (Deficit), Beginning of Year	1,839,582	178,039
Net Position, End of Year	$ 1,733,297	$ 1,839,582

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Statements of Cash Flows
Years Ended December 31, 2022 and 2021

	2022	2021
Cash Flows From Operating Activities		
Receipts from and on behalf of patients	$ 4,405,862	$ 4,478,465
Payments to suppliers and contractors	(3,154,063)	(2,496,919)
Payments to employees	(2,941,368)	(3,495,537)
Other receipts (payments), net	(118,168)	(1,891,923)
Net cash used in operating activities	(1,807,737)	(3,405,914)
Cash Flows From Noncapital Financing Activities		
Noncapital appropriations - Comanche County	394,034	408,096
Noncapital grants and gifts	296,610	87,208
Provider Relief Funds (*CARES Act*)	148,717	2,259,022
Net cash provided by noncapital financing activities	839,361	2,754,326
Cash Flows From Capital and Related Financing Activities		
Principal paid on long-term debt	(102,350)	(185,052)
Interest paid on long-term debt	(3,000)	(6,995)
Purchases of capital assets	(295,336)	(773,955)
Proceeds from sale of capital assets	-	86,500
Net cash used in capital and related financing activities	(400,686)	(879,502)
Cash Flows From Investing Activities		
Interest on investments	6,727	7,985
Purchases of investments	(4,129)	(3,661)
Proceeds from disposition of investments	407,849	-
Oil & Gas proceeds	1,094	-
Net cash provided by investing activities	411,541	4,324
Decrease in Cash	(957,521)	(1,526,766)
Cash, Beginning of Year	1,137,108	2,663,874
Cash, End of Year	$ 179,587	$ 1,137,108

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Statements of Cash Flows (Continued)
Years Ended December 31, 2022 and 2021

	2022	2021
Reconciliation of Operating Loss to Net Cash Used in Operating Activities		
Operating loss	$ (941,299)	$ (1,088,318)
Depreciation	438,064	403,482
Provision for uncollectible accounts	188,101	95,951
Changes in operating assets and liabilities		
Patient accounts receivable	(538,167)	(111,314)
Estimated amounts due from and to third-party payers	(919,748)	(718,537)
Supplies	(37,559)	(17,896)
Prepaid expenses and other	(104,636)	652
Accounts payable and accrued expenses	135,087	(10,664)
Unearned revenue	(148,717)	(1,922,538)
Net pension liability	892,708	(458,215)
Total other postemployment benefits liability	(7,891)	(952)
Deferred outflows of resources - pension and OPEB	(269,980)	(214,593)
Deferred inflows of resources - pension and OPEB	(493,700)	637,028
Net cash used in operating activities	$ (1,807,737)	$ (3,405,914)

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Notes to Financial Statements
December 31, 2022 and 2021

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Comanche County Hospital (Hospital) is a rural acute care hospital located in Coldwater, Kansas. The Hospital is a component unit of Comanche County (County) and the Board of County Commissioners appoints members to the Board of Trustees of the Hospital. The Hospital primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Comanche County area.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, liabilities and deferred inflows and outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated or voluntary nonexchange transactions (principally federal and state grants and county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated or voluntary nonexchange transactions. Government-mandated or voluntary nonexchange transactions that are not program specific (such as county appropriations), property taxes, investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

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

Cash Equivalents

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents.

Investments and Investment Income

Investments in nonnegotiable certificates of deposit are carried at amortized cost.

Investment income includes interest income earned on bank deposits and certificates of deposit.

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Supplies

Supply inventories are stated at the lower of cost or market. Costs are determined using the first-in, first-out (FIFO) method.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	20 years
Buildings	10-40 years
Fixed equipment	5-20 years
Moveable equipment	3-30 years

Capital Asset Impairment

The Hospital evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss. No asset impairment was recognized during the years ended December 31, 2022 and 2021.

Deferred Outflows of Resources

The Hospital reports the consumption of net position that is applicable to a future reporting period as deferred outflows of resources in a separate section of its balance sheets.

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; 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.

Cost-Sharing Defined Benefit Pension Plan

The Hospital participates in a cost-sharing multiple-employer defined benefit pension plan, the Kansas Public Employees Retirement Savings Plan (KPERS). For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of KPERS and additions to/deductions from KPERS' fiduciary net position have been determined on the same basis as they are reported by KPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Defined Benefit Other Postemployment Benefit Plan

The Hospital participates in a defined benefit other postemployment benefit (OPEB) plan, Long-Term Disability (LTD) Plan (the OPEB Plan). For purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, have been determined on the same basis as they are reported by the OPEB Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms.

Deferred Inflows of Resources

The Hospital reports an acquisition of net position that is applicable to a future reporting period as deferred inflows of resources in a separate section of its balance sheets.

Net Position

Net position of the Hospital is classified in two components on its balance sheets.

- Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets.
- Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Noncapital Appropriations – Comanche County

The Hospital received approximately 6% and 5% in 2022 and 2021, respectively, of its financial support from noncapital appropriations from Comanche County property tax levy.

Property taxes are assessed on a calendar basis and are received beginning January 1 of each year. Revenue from noncapital appropriations – Comanche County is recognized in full in the year in which use is first permitted.

Provider Relief Funds (CARES Act)

On March 27, 2020, the *CARES Act* was signed into law as part of the government's response to the spread of the SARS-CoV-2 virus and the incidence of COVID-19. The *CARES Act* contained provisions for certain healthcare providers to receive Provider Relief Funds (PRF) from the U.S. Department of Health and Human Services (HHS). The distributions from the Provider Relief Funds are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS. The Hospital is accounting for such payments as voluntary nonexchange transactions. Payments are recognized as revenue once the applicable terms and conditions required to retain the funds have been met and are classified as nonoperating revenue in the accompanying statements of revenues, expenses and changes in net position. The unrecognized amount of Provider Relief Fund distributions, if any, is recorded as unearned revenue in the accompanying balance sheets.

Leases

Effective January 1, 2022, the Hospital adopted GASB Statement No. 87, *Leases*. The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring 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 establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. This Statement required a retrospective transition method using the facts and circumstances that existed at the beginning of the earliest year presented. The Hospital's lease agreements that were in effect during 2021 and 2022 are immaterial to the financial statements, as a result there are no right-to-use assets or lease liabilities recorded on the balance sheets.

Income Taxes

As an essential government function of the County, the Hospital is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law.

Note 2: Deposits

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The Hospital's deposit policy for custodial credit risk requires compliance with the provisions of state law.

State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities or the state of Kansas, bonds of any city, county, school district or special road district of the state of Kansas; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits.

At December 31, 2022 and 2021, respectively, $123,308 and $1,428,212 of the Hospital's bank balances of $623,308 and $1,928,212 were exposed to custodial credit risk as follows

	2022	2021
Uninsured and collateral held by pledging financial institution	$ 123,308	$ 1,428,212

Summary of Carrying Values

The carrying values of deposits shown above are included in the balance sheets as follows:

	2022	2021
Carrying value		
Deposits	$ 481,867	$ 1,843,108
Included in the following balance sheet captions		
Cash	$ 179,587	$ 1,137,108
Short-term investments	302,280	706,000
	$ 481,867	$ 1,843,108

Note 3: Patient Accounts Receivable

The Hospital grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at December 31 consisted of:

	2022	2021
Medicare	$ 679,120	$ 376,203
Medicaid	288	363
Blue Cross	115,717	113,827
Other third-party payers	144,085	97,769
Patients	252,395	210,418
	1,191,605	798,580
Less allowance for uncollectible accounts	215,796	172,837
	$ 975,809	$ 625,743

Note 4: Capital Assets

Capital assets activity for the years ended December 31 was:

	2022				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 46,545	$ -	$ -	$ -	$ 46,545
Land improvements	128,243	-	-	-	128,243
Building	4,297,243	109,504	(145,879)	-	4,260,868
Fixed equipment	532,890	29,152	(41,847)	-	520,195
Major moveable equipment	2,635,529	9,500	-	-	2,645,029
Construction in progress	-	147,180	-	-	147,180
	7,640,450	295,336	(187,726)	-	7,748,060
Less accumulated depreciation					
Land improvements	117,797	6,487	-	-	124,284
Building	3,282,790	214,196	(136,711)	-	3,360,275
Fixed equipment	311,168	33,018	(41,847)	-	302,339
Major moveable equipment	1,888,802	184,363	-	-	2,073,165
	5,600,557	438,064	(178,558)	-	5,860,063
Capital Assets, Net	$ 2,039,893	$ (142,728)	$ (9,168)	$ -	$ 1,887,997

	2021				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 46,545	$ -	$ -	$ -	$ 46,545
Land improvements	128,243	-	-	-	128,243
Building	4,249,801	47,442	-	-	4,297,243
Fixed equipment	446,623	178,755	(92,488)	-	532,890
Major moveable equipment	2,202,771	547,758	(115,000)	-	2,635,529
	7,073,983	773,955	(207,488)	-	7,640,450
Less accumulated depreciation					
Land improvements	111,310	6,487	-	-	117,797
Building	3,072,512	210,278	-	-	3,282,790
Fixed equipment	374,788	23,163	(86,783)	-	311,168
Major moveable equipment	1,753,998	163,554	(28,750)	-	1,888,802
	5,312,608	403,482	(115,533)	-	5,600,557
Capital Assets, Net	$ 1,761,375	$ 370,473	$ (91,955)	$ -	$ 2,039,893

Note 5: Professional Liability Coverage and Claims

The Hospital purchases professional liability insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of professional liability claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Note 6: Long-term Obligations

The following is a summary of long-term obligation transactions for the Hospital for the years ended December 31:

	2022				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Financed capital purchases	$ 143,725	$ -	$ (102,350)	$ 41,375	$ 41,375

	2021				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Financed capital purchases	$ 328,777	$ -	$ (185,052)	$ 143,725	$ 98,165

Financed Capital Lease Purchases

Financed capital purchases are in the form of notes payable to vendors at various interest rates. The notes are secured by the related capital assets as collateral.

Debt Service Requirements

The debt service requirements on long-term debt as of December 31, 2022, are as follows:

Year Ending December 31,	Total to be Paid	Principal	Interest
2023	$ 41,732	$ 41,375	$ 357

Note 7: Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare. The Hospital is licensed as a CAH, and is paid for inpatient acute care, skilled swing-bed and outpatient services rendered to Medicare program beneficiaries at one hundred one percent (101%) of actual cost subject to certain limitations. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by the Medicare administrative contractor.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed on a prospective payment methodology, which includes a hospital specific add-on percentage based on prior filed cost reports. The add-on percentage may be rebased at some time in the future.

Approximately 76% and 78% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Note 8: Charity Care

The costs of charity care provided under the Hospital's charity care policy were approximately $21,000 and $1,000 for 2022 and 2021, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 9: Pension Plans

Plan Description

The Hospital contributes to the Kansas Public Employees Retirement System (KPERS) plan a cost-sharing multiple-employer defined benefit pension plan covering substantially all employees. The KPERS is an umbrella organization administering the following three statewide retirement systems under one plan as provided by K.S.A. 74, Article 49: Kansas Public Employees Retirement System, Kansas Police and Fire Retirement System and Kansas Retirement System for Judges.

The KPERS plan is a cost-sharing multiple-employer, defined benefit pension plan. KPERS is intended to be a qualified retirement plan under Section 401(a) of the Code. Information relating to KPERS, including stand-alone financial statements, is available by writing to KPERS, 611 South Kansas Avenue, Suite 100, Topeka, Kansas 66603-3869 or accessing the internet at www.KPERS.org.

KPERS makes separate calculations for pension-related amounts for the following four groups participating in the plan:

- State/School
- Local
- Police and Firemen
- Judges

The Hospital's employees participate in the Local group.

Benefits Provided

Retirement benefits for employees are calculated based on the credited service, final average salary and a statutory multiplier. KPERS has two levels of benefits depending on retirement age and years of credited service. Tier 1 benefits are for members who are age 65 or age 62 with ten years of credited service or of any age when combined age and years of credited service equal 85 "points." Tier 2 benefits are for members who are age 65 with five years of credited service or age 60 with 30 years of credited service. Tier 1 members receive a participating service credit of 1.75% of the final average salary for years of service prior to January 1, 2014. Participating service credit is 1.85% of final average salary for years of service after December 31, 2013. Tier 2 members retiring on or after January 1, 2012, participating service credit is 1.85% for all years of service.

Early retirement is permitted at the age of 55 and ten years of credited service. Benefits are reduced by 0.2% per month for each month between the ages of 60-62, plus 0.6% for each month between the ages of 55 and 60 for Tier 1 members. For Tier 2 members, benefits are reduced actuarially for each early commencement. The reduction factor is 35% at the age of 60 and 57.5% at age 55. If the member has 30 years of credited service, the early retirement reduction is less (50% of regular reduction). The plan also provides disability and death benefits to plan members and their beneficiaries.

The terms of the plan provide for annual 2% cost-of-living adjustment for Tier 2 members who retired prior to July 1, 2012, beginning the later of age of 65 or the second July 1 after retirement date. Other participants do not receive a cost-of-living adjustment.

Contributions

The law governing KPERS requires an actuary to make an annual valuation of the liabilities and reserves and a determination of the contributions required to discharge the KPERS liabilities. The actuary then recommends to the KPERS Board of Trustees the statewide employer-contribution rates required to maintain the three systems on the actuarial reserve basis. Prior to January 1, 2014, Tier 1 participants were required to contribute 4% of their annual pay. Effective January 1, 2014, the rate was raised to 5% with an increase in the benefit multiplier to 1.85% beginning January 1, 2014, for future years of service only. Effective January 1, 2015, the contribution rate was raised to 6%. Tier 2 participants are required to contribute 6% of compensation. The Hospital's contractually required contribution rate for the years ended December 31, 2022 and 2021, was 8.89% and 8.87% of annual payroll, respectively. The employer contribution is actuarially determined as an amount that, when combined with employee contributions, is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The Hospital's contributions to KPERS for pensions for the years ended December 31, 2022 and 2021, were $255,260 and $264,076, respectively.

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

At December 31, 2022 and 2021, the Hospital reported a liability of $2,758,352 and $1,865,644, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2022 and 2021, respectively, and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of December 31, 2021 and 2020, respectively, rolled forward to June 30, 2022 and 2021, respectively. The Hospital's proportion of the net pension liability was based on the ratio of the Hospital's actual contributions to total employer and nonemployer actual contributions of the group for the respective measurement periods. At June 30, 2022, the Hospital's proportion was 0.138747%, which was a decrease of 0.016729% from its proportion measured as of June 30, 2021, of 0.155476%. At June 30, 2020, the Hospital proportion was 0.134044%.

For the years ended December 31, 2022 and 2021, the Hospital recognized pension expense of $373,979 and $223,961, respectively. At December 31, 2022 and 2021, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 104,332	$ 4,944
Net difference between projected and actual earnings on pension plan investments	233,494	-
Changes of assumptions	440,907	-
Changes in proportion	194,578	182,440
Hospital's contributions subsequent to the measurement date	132,653	-
Total	$ 1,105,964	$ 187,384

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 73,641	$ 16,893
Net difference between projected and actual earnings on pension plan investments	-	662,485
Changes of assumptions	367,254	-
Changes in proportion	261,386	3,680
Hospital's contributions subsequent to the measurement date	125,162	-
Total	$ 827,443	$ 683,058

At December 31, 2022, the Hospital reported $132,653 as deferred outflows of resources related to pension contributions made subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending December 31, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2022, related to pensions that will be recognized in pension expense as follows:

2023	$ 235,134
2024	216,947
2025	114,633
2026	216,307
2027	2,906
	$ 785,927

Actuarial Assumptions

The total pension liability in the December 31, 2022 and 2021, actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Inflation	2.75%	2.75%
Salary increases, including inflation	3.5% to 12%	3.5% to 12%
Investment rate of return, net of pension plan investment expense, including inflation	7.00%	7.25%

Mortality rates were based on the RP-2014 Healthy Annuitant Table for males or females, as appropriate with adjustments for mortality improvements based on Scale MP-16 for the December 31, 2022 and 2021, actuarial valuations.

The actuarial assumptions used in the December 31, 2022 and 2021, valuations were based on the results of an actuarial experience study for the three-year period ended December 31, 2018, respectively.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following tables:

	2022		2021	
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return
U.S. equities	23.5%	5.20%	23.5%	5.20%
Non-U.S. equities	23.5%	6.40%	23.5%	6.40%
Private equity	8.0%	9.50%	8.0%	9.50%
Private real estate	11.0%	4.45%	11.0%	4.45%
Yield driven	8.0%	4.70%	8.0%	4.70%
Real return	11.0%	3.25%	11.0%	3.25%
Fixed income	11.0%	1.55%	11.0%	1.55%
Short-term investments	4.0%	0.25%	4.0%	0.25%
	100.0%		100.0%	

Discount Rate

The discount rate used to measure the total pension liability was 7.00% and 7.25% for the years ended June 30, 2022 and 2021, respectively. The projection of cash flows used to determine the discount rate assumed that member contributions will be made at the contractually required rate. Participating employer contributions do not necessarily contribute the full actuarial determined rate. Based on legislation passed in 1993, the employer contribution rates certified by KPERS' Board of Trustees for these groups may not increase by more than the statutory cap. The expected KPERS employer statutory contribution was modeled for future years, assuming all actuarial assumptions are met in future years. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the Hospital's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The Hospital's proportionate share of the net pension liability has been calculated using a discount rate of 7.00%. The following presents the Hospital's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate as of December 31, 2022:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Hospital's proportionate share of the net pension liability	$ 3,962,462	$ 2,758,352	$ 1,755,154

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued KPERS' financial report.

Deferred Compensation Plan

The Hospital provides an additional deferred compensation plan (457 plan). The purpose of the plan is to benefit those employees who choose to participate by permitting them to defer a portion of future compensation in order to provide payments at retirement. The Hospital provides the 457 plan to substantially all employees of the Hospital. The employees may contribute up to 100% of their salary to the 457 plan. The employees' salary deferral is limited by the Internal Revenue Service (IRS) annually. Employees are 100% vested in the contributions they choose to defer. If an employee is 50 years old or older and has met the annual IRS deferral limit, the employee may contribute a catch-up deferral that is also limited by the IRS annually. Contributions from employees to the 457 plan were $8,450 and $9,350 for the years ended December 31, 2022 and 2021, respectively. The Hospital does not contribute to the 457 plan.

Note 10: Other Postemployment Benefit Plan

Plan Description

The Hospital contributes to the KPERS Long-Term Disability plan (the OPEB Plan), a single-employer defined benefit other postemployment benefit (OPEB) plan covering substantially all employees. The OPEB Plan is administered by a board of trustees appointed by KPERS. The OPEB Plan's assets are not accumulated in a qualified trust because contributions from the employer to the OPEB plan and earnings on those contributions are not irrevocable. Benefit provisions are contained in the plan document and were established and can be amended by action of the KPERS's governing body. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement No. 75.

Benefits Provided

The OPEB Plan provides LTD and life insurance benefits to eligible disabled members. Benefits provided are self-funded, and the full cost of the benefits is covered by the OPEB Plan. The monthly benefit is 60% of the member's monthly rate of compensation, with a minimum of $100 and a maximum of $5,000. The monthly benefit is subject to reduction by deductible sources of income, which include Social Security primary disability or retirement benefits, worker's compensation benefits, other disability benefits from any other source by reason of employment, and earnings from any form of employment. If the disability begins before age 60, benefits are payable while disability continues until the member's 65th birthday or retirement date, whichever first occurs. If the disability occurs at or after age 60, benefits are payable while disability continues, for a period of five years or until the date of the member's retirement, whichever first occurs. Upon the death of a member who is receiving monthly disability benefits, the plan will pay a lump sum benefit to eligible beneficiaries. The benefit amount will be 150% of the greater of (a) the member's annual rate of compensation at the time of disability, or (b) the member's previous 12 months of compensation at the time of the last date on payroll. If the member had been disabled for five or more years, the annual compensation or salary rate at the time of death will be indexed before the life insurance benefit is computed. The indexing is based on the consumer price index, less one percentage point. If a member is diagnosed as terminally ill with a life expectancy of 12 months or less, he or she may be eligible to receive up to 100% of the death benefit rather than having the benefit paid to the beneficiary.

The employees covered by the benefit terms at June 30 (the measurement date), are:

	2022	2021
Active employees	45	46
Disabled employees	-	-
	45	46

Total OPEB Liability

The Hospital's total OPEB liability of $23,669 and $31,560 was measured as of June 30, 2022 and 2021, for the years ended December 31, 2022 and 2021, respectively, and was determined by actuarial valuations as of December 31, 2021 and 2020, respectively, and rolled forward to June 30, 2022 and 2021, respectively.

The total OPEB liability in the December 31, 2021 and 2020, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Inflation	2.75%	2.75%
Discount rate	3.54%	2.16%
Salary increases, including inflation	3.50% to 10%	3.50% to 10%

The discount rate was based on the Bond Buyer General Obligation 20-Year Municipal Bond Index. The discount rate changed from 2.21% in 2020 to 2.16% in 2021 to 3.54% in 2022.

Mortality rates were based on the RP-2014 Mortality Tables, with age setbacks and age set forwards as well as other adjustments based on different membership groups, as appropriate with adjustments for mortality improvements based on MP-2021 Mortality Tables for the December 31, 2021 and 2020, actuarial valuations.

The actuarial assumptions used in the December 31, 2021 and 2020, valuations were based on the results of an actuarial experience study for the period January 1, 2016 – December 31, 2018, respectively.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2022	2021
Balance, beginning of year	$ 31,560	$ 32,512
Changes for the year:		
Service cost	12,272	11,376
Interest	947	970
Differences between expected and actual experience	(12,336)	(13,324)
Changes of assumptions	(8,774)	26
Net changes	(7,891)	(952)
Balance, end of year	$ 23,669	$ 31,560

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The total OPEB liability of the Hospital, at December 31, 2022, has been calculated using a discount rate of 3.54%. The following presents the total OPEB liability using a discount rate 1% higher and 1% lower than the 2022 discount rate.

	1% Decrease (2.54%)	Current Discount Rate (3.54%)	1% Increase (4.54%)
Hospital's total OPEB liability	$ 24,333	$ 23,669	$ 22,845

The total OPEB liability of the Hospital is not impacted by health care cost trend rates given the nature of the benefits provided by the OPEB plan, as such no sensitivity tables were prepared for the health care trend rates.

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the years ended December 31, 2022 and 2021, the Hospital recognized OPEB expense of $2,624 and $3,849, respectively. At December 31, 2022 and 2021, the Hospital reported deferred outflows or resources and deferred inflows of resources related to OPEB from the following sources:

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 42,442	$ (124,606)
Changes of assumptions	3,546	(11,078)
Total	$ 45,988	$ (135,684)

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 50,391	$ (129,743)
Changes of assumptions	4,138	(3,967)
Total	$ 54,529	$ (133,710)

Amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2022, related to OPEB will be recognized in OPEB expense as follows:

2023	$ (10,595)
2024	(10,595)
2025	(10,595)
2026	(10,425)
2027	(10,914)
Thereafter	(36,572)
	$ (89,696)

Note 11: Management Agreement

The Board of Trustees has entered into a management agreement with Great Plains Health Alliance, Inc. The agreement can be cancelled with 60 days' notice. Fees incurred under this agreement were $98,163 and $94,388 in 2022 and 2021, respectively. There are $0 and $1,477 included in accounts payable related to these services at December 31, 2022 and 2021, respectively.

Note 12: COVID-19 Pandemic & *CARES Act* Funding

On March 22, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

The extent of the COVID-19 pandemic's adverse effect on the Hospital's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Hospital's control and ability to forecast.

Because of these and other uncertainties, the Hospital cannot estimate the length or severity of the effect of the pandemic on the Hospital's business. Decreases in cash flows and results of operations may have an effect on the inputs and assumptions used in significant accounting estimates, including estimated bad debts and contractual adjustments related to uninsured and other patient accounts.

Provider Relief Fund

During the years ended December 31, 2022 and 2021, the Hospital received $0 and $336,484 of distributions from the *CARES Act* Provider Relief Fund, respectively. These distributions from the Provider Relief Fund are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS.

The Hospital accounts for such payments as voluntary nonexchange transactions. Payments are recognized as revenue once the applicable terms and conditions to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the Hospital's operating revenues and expenses through December 31, 2022 and 2021, the Hospital recognized $148,717 and $2,259,022, related to the Provider Relief Fund, and these payments are recorded as Provider Relief Funds (*CARES Act*). The unrecognized amount of Provider Relief Fund distributions of $0 and $148,717 is recorded as unearned revenue in the accompanying balance sheets for the years ended December 31, 2022 and 2021, respectively.

The Hospital will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Hospital's revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the Hospital is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the Hospital's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Medicare Accelerated and Advanced Payment Program

During the year ended December 31, 2020, the Hospital requested accelerated Medicare payments as provided for in the *CARES Act*, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. These amounts are expected to be recaptured by CMS according to the payback provisions.

Effective September 30, 2020, the payback provisions were revised and extended the payback period to begin one year after the issuance of the advance payment through a phased payback period approach. The first 11 months of the payback period will be at 25% of the remittance advice payment followed by a six-month payback period at 50% of the remittance advice payment. After 29 months, CMS expects any amount not paid back through the withheld amounts to be paid back in a lump sum or interest will begin to accrue subsequent to the 29 months at a rate of 4%.

During the year ended December 31, 2020, the Hospital received $1,841,285 from these accelerated Medicare payment requests. During the year ended December 31, 2021, Medicare applied $701,537 from these accelerated Medicare payment requests against filed claims. In 2022, the remaining $1,139,748 was paid in full.

Other COVID-19 Funding

During the years ended December 31, 2022 and 2021, the Coronavirus Small Rural Hospital Improvement Program (SHIP) provided support to small rural and Critical Access Hospitals (CAHs) which were seeing increased demands for clinical services and equipment, as well as experiencing short-term financial and workforce challenges related to responding to meeting the needs of patients with COVID-19 seeking care at their facilities. These funds were administered through the Small Rural Hospital Improvement Program to provide emergency funding support to CAHs and non-CAH rural hospitals with less than 50 beds. This approach provided funding directly to the states to target those rural hospitals and the communities they serve who are facing the greatest strain from this crisis. The Hospital received $104,440 during 2022 and recorded a receivable of $152,927 at December 31, 2022, related to this SHIP grant. The Hospital received $63,613 during 2021 and recorded a receivable of $20,091 at December 31, 2021, related to this SHIP grant. The Hospital recognized $237,276 and $20,091 for the years ended December 31, 2022 and 2021, respectively, related to this SHIP grant. The recognition is recorded as a

component of noncapital grants and gifts in the accompanying statements of revenues, expenses and changes in net position.

In November 2021, the Hospital received and recognized $47,757 from a distribution from the Frontline Hospital Employee Retention Plan program. Funding under this program was utilized by the Hospital to retain existing clinical staff and re-hire retirees who have retired since March 1, 2020. The revenue recognized is recorded as a component of noncapital grants and gifts in the accompanying statements of revenues, expenses and changes in net position.

Note 13: Subsequent Events

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which may negatively affect the financial position, results of operations and cash flows of the Hospital. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Note 14: Future Change in Accounting Principle

Governmental Accounting Standards Board (GASB) Statement No. 96, Subscription-Based Information Technology Arrangements (SBITA) provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset – an intangible asset – and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*, as amended. The requirements of this Statement are effective for fiscal years beginning after June 15, 2022, and all reporting periods thereafter.

Required Supplementary Information

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Schedule of the Hospital's Proportionate Share of the Net Pension Liability
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2022 *	2021 *	2020 *	2019 *
Hospital's proportion of the net pension liability	0.138747%	0.155476%	0.134044%	0.133827%
Hospital's proportionate share of the net pension liability	$ 2,758,352	$ 1,865,644	$ 2,323,859	$ 1,870,061
Hospital's covered-employee payroll	$ 2,777,998	$ 2,874,889	$ 2,639,276	$ 2,507,837
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	99.29%	64.89%	88.05%	74.57%
Plan fiduciary net position as a percentage of the total pension liability	69.75%	76.40%	66.30%	69.88%

Note to Schedule: This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

*The amounts presented for each fiscal year are as of the measurement date (June 30 of the year reported).

2018 *	2017 *	2016 *	2015 *	2014 *
0.131743%	0.130990%	0.134387%	0.128995%	0.114391%
$ 1,836,221	$ 1,897,332	$ 2,079,007	$ 1,693,761	$ 1,407,939
$ 2,422,953	$ 2,361,898	$ 2,386,770	$ 2,294,069	$ 2,086,199
75.78%	80.33%	87.11%	73.83%	67.49%
68.88%	67.12%	65.10%	64.95%	66.60%

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Schedule of the Hospital's Pension Contributions
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2022 *	2021 *	2020 *	2019 *
Contractually required contribution	$ 255,260	$ 264,076	$ 231,848	$ 221,312
Contribution in relation to the contractually required contribution	$ 255,260	$ 264,076	$ 231,848	$ 221,312
Contribution deficiency (excess)	$ -	$ -	$ -	$ -
Hospital's covered-employee payroll	$ 2,762,944	$ 2,972,978	$ 2,798,467	$ 2,489,446
Contributions as a percentage of covered-employee payroll	9.24%	8.88%	8.28%	8.89%

Note to Schedule: This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

*The amounts presented for each fiscal year are as of the fiscal year-end (December 31 of the year reported).

2018 *	2017 *	2016 *	2015 *	2014 *
$ 205,281	$ 196,590	$ 212,068	$ 215,985	$ 182,240
$ 205,281	$ 196,590	$ 212,068	$ 215,985	$ 182,240
$ -	$ -	$ -	$ -	$ -
$ 2,446,730	$ 2,320,974	$ 2,310,107	$ 2,278,316	$ 2,010,924
8.39%	8.47%	9.18%	9.48%	9.06%

Comanche County Hospital
A Component Unit of Comanche County, Kansas
Schedule of Changes in the Hospital's Total OPEB Liability and Related Ratios
Last Ten Fiscal Years

	2022 *	2021 *	2020 *	2019 *
Total OPEB Liability				
and actual experience	$ (12,336)	$ (13,324)	$ 10,296	$ 9,410
Benefit payments	-	-	6,361	5,002
Changes in assumptions	(8,774)	26	-	-
Interest	947	970	(147,589)	48,319
Service cost	12,272	11,376	1,283	4,469
Differences between expected	-	-	(18,438)	(12,786)
Net Change in Total OPEB Liability	(7,891)	(952)	(148,087)	54,414
Hospital's Total OPEB Liability - Beginning	31,560	32,512	180,599	126,185
Hospital's Total OPEB Liability - Ending	$ 23,669	$ 31,560	$ 32,512	$ 180,599
Hospital's Covered-Employee Payroll	$ 2,998,844	$ 2,610,712	$ 2,434,153	$ 2,387,589
Hospital's Total OPEB Liability as a Percentage of Covered-Employee Payroll	0.79%	1.21%	1.34%	7.56%
Discount Rate	3.54%	2.16%	2.21%	3.50%

Note to Schedule: This schedule is intended to show a 10-year trend. Additional years will be reported as they become available. No assets are accumulated in a trust that meets the criteria of paragraph 4 of GASB Statement No. 75.

*The amounts presented for each fiscal year are as of the measurement date (June 30 of the year reported).

2018 *	2017 *
$ 9,261	$ 9,807
3,695	3,052
-	-
28,902	-
(2,558)	(5,100)
(13,948)	(8,374)
25,352	(615)
100,833	101,448
$ 126,185	$ 100,833
$ 2,198,821	$ 2,235,265
5.74%	4.51%
3.87%	3.58%