Hamilton County Hospital
A Component Unit of Hamilton County, Kansas

Independent Auditor's Report and Financial Statements

December 31, 2019 and 2018

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
December 31, 2019 and 2018

Contents

BKD
CPAs & Advisors

1551 N. Waterfront Parkway, Suite 300 | Wichita, KS 67206-6601
316.265.2811 | Fax 316.265.9405 | bkd.com

Independent Auditor's Report

Board of Trustees
Hamilton County Hospital
Syracuse, Kansas

We have audited the accompanying financial statements of Hamilton County Hospital (Hospital), a component unit of Hamilton County, Kansas, as of and for the years ended December 31, 2019 and 2018, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the provisions of the Kansas Municipal Audit and Accounting Guide. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hamilton County Hospital as of December 31, 2019 and 2018, 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.

Emphasis of Matter

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern. As discussed in *Note 10*, the Hospital has suffered recurring losses from operations and has a net deficit, which raises substantial doubt about its ability to continue as a going concern. Management's plans in regard to these matters are also described in *Note 10*. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

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

BKD, LLP

Wichita, Kansas
October 15, 2021

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Balance Sheets
December 31, 2019 and 2018

Assets and Deferred Outflows of Resources

	2019	2018
Current Assets		
Cash and cash equivalents	$ 1,754,455	$ 1,256,155
Certificates of deposit	-	755,279
Patient accounts receivable, net of allowance; 2019 – $1,475,178, 2018 – $1,406,006	737,129	1,017,014
Other receivable	19,722	7,106
Estimated amounts due from Medicare	10,170	381,046
Supplies	77,654	61,743
Prepaid expenses and other	20,556	50,170
Total current assets	2,619,686	3,528,513
Capital Assets, Net	509,193	653,363
Total assets	3,128,879	4,181,876
Deferred Outflows of Resources		
Pension	470,231	70,873
Other postemployment benefits	4,339	-
Total deferred outflows of resources	474,570	70,873
Total assets and deferred outflows of resources	$ 3,603,449	$ 4,252,749

See Notes to Financial Statements

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

	2019	2018
Current Liabilities		
Current maturities of long-term debt	$ 20,681	$ 190,487
Current portion of no fund warrants	557,500	756,396
Accounts payable	8,826,270	7,875,493
Accrued expenses	51,368	66,796
Estimated amounts due to Medicare	411,109	15,852
Total current liabilities	9,866,928	8,905,024
No Fund Warrants	-	358,604
Long-term Debt	76,793	97,474
Net Pension Liability	638,292	137,790
Total Other Postemployment Benefits Liability	64,135	62,448
Total liabilities	10,646,148	9,561,340
Deferred Inflows of Resources		
Pension	1,204,897	1,688,441
Other postemployment benefits	14,645	16,602
Total deferred inflows of resources	1,219,542	1,705,043
Net Position (Deficit)		
Net investment in capital assets	411,719	365,402
Unrestricted deficit	(8,673,960)	(7,379,036)
Total net deficit	(8,262,241)	(7,013,634)
Total liabilities, deferred inflows of resources and net position (deficit)	$ 3,603,449	$ 4,252,749

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Revenues, Expenses and Changes in Net Position (Deficit)
Years Ended December 31, 2019 and 2018

	2019	2018
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2019 – $429,315, 2018 – $370,742	$ 4,833,143	$ 5,451,771
Other	94,733	13,313
Total operating revenues	4,927,876	5,465,084
Operating Expenses		
Salaries, wages and employee benefits	931,661	277,193
Purchased services and professional fees	5,459,684	6,281,941
Supplies and other	659,662	527,656
Depreciation	174,278	339,783
Total operating expenses	7,225,285	7,426,573
Operating Loss	(2,297,409)	(1,961,489)
Nonoperating Revenues (Expenses)		
Noncapital appropriations - Hamilton County	886,396	715,536
Sales tax revenue	188,107	180,389
Interest income	11,937	11,004
Interest expense	(49,944)	(177,696)
Noncapital grants and gifts	12,306	7,264
Total nonoperating revenues	1,048,802	736,497
Deficiency of Revenues Over Expenses Before Capital Appropriations	(1,248,607)	(1,224,992)
Capital Appropriations - Hamilton County	-	44,692
Decrease in Net Position	(1,248,607)	(1,180,300)
Net Deficit, Beginning of Year	(7,013,634)	(5,833,334)
Net Deficit, End of Year	$ (8,262,241)	$ (7,013,634)

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows
Years Ended December 31, 2019 and 2018

	2019	2018
Cash Flows From Operating Activities		
Receipts from and on behalf of patients	$ 5,879,161	$ 6,219,460
Payments to suppliers and contractors	(5,154,866)	(4,809,107)
Payments to and on behalf of employees	(1,334,098)	(737,112)
Other receipts, net	94,733	13,313
Net cash provided by (used in) operating activities	(515,070)	686,554
Cash Flows From Noncapital Financing Activities		
Noncapital appropriations - Hamilton County	316,280	278,936
Sales taxes supporting operations	188,107	173,283
Noncapital grants and gifts	12,306	7,264
Net cash provided by noncapital financing activities	516,693	459,483
Cash Flows From Capital and Related Financing Activities		
Purchase of capital assets	(30,108)	(5,289)
Interest paid on long-term debt	(49,944)	(177,696)
Principal payments on long-term debt	(190,487)	(203,472)
Net cash used in capital and related financing activities	(270,539)	(386,457)
Cash Flows From Investing Activities		
Interest income received	11,937	11,004
Purchase of certificates of deposit	-	(755,279)
Proceeds from disposition of certificates of deposit	755,279	-
Net cash provided by (used in) investing activities	767,216	(744,275)
Increase in Cash and Cash Equivalents	498,300	15,305
Cash and Cash Equivalents, Beginning of Year	1,256,155	1,240,850
Cash and Cash Equivalents, End of Year	$ 1,754,455	$ 1,256,155

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows (Continued)
Years Ended December 31, 2019 and 2018

	2019	2018
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities		
Operating loss	$ (2,297,409)	$ (1,961,489)
Depreciation	174,278	339,783
Loss on disposal of capital assets	-	3,150
Provision for uncollectible accounts	429,315	370,742
Changes in operating assets and liabilities		
Patient accounts receivable, net	(149,430)	(855,192)
Estimated amounts due from and to Medicare	766,133	1,252,139
Accounts payable and accrued expenses	935,349	2,068,774
Supplies, prepaid expenses and other	13,703	(20,147)
Net pension liability	500,502	(622,678)
Total other postemployment benefits liability	1,687	(17,812)
Deferred outflows of resources - pension and OPEB	(403,697)	52,213
Deferred inflows of resources - pension and OPEB	(485,501)	77,071
Net cash provided by (used in) operating activities	$ (515,070)	$ 686,554
Noncash Investing, Capital and Financing Activities		
Capital assets paid for by County	$ -	$ 44,692

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Notes to Financial Statements
December 31, 2019 and 2018

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

Nature of Operations and Reporting Entity

Hamilton County Hospital (Hospital) is an acute care hospital located in Syracuse, Kansas. The Hospital is a component unit of Hamilton County, Kansas (County). The Hospital is operated by a Board of Trustees appointed by the Board of County Commissioners. The Hospital primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Hamilton 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 are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions. Government-mandated or voluntary nonexchange transactions that are not program specific, such as county appropriations, interest 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, deferred outflows of resources, liabilities and deferred inflows 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. There are no cash equivalents for the year ended December 31, 2019. At December 31, 2018, cash equivalents consisted primarily of certificates of deposit, which are carried at amortized cost.

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 useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	15 – 20 years
Buildings	5 – 40 years
Fixed equipment	5 – 20 years
Major moveable equipment	4 – 18 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, 2019 and 2018.

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 for earned vacation only, 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. 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; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters, except workers' compensation and property and casualty coverage. Settled claims have not exceeded commercial coverage in any of the three preceding years.

Workers' compensation coverage is provided through a fund managed by the Kansas Workers' Risk Cooperative for Counties. The workers' compensation premiums are subject to retrospective adjustment based upon the overall performance of the fund. Property and casualty coverage is provided through a fund managed by the Kansas Counties Association Multi-Line Pool. The property and casualty premiums are subject to retrospective adjustment based upon the overall performance of the fund. Management believes adequate reserves are in place to cover claims incurred but not reported for both workers' compensation and property and casualty risks.

No Fund Warrants

On August 11, 2016, the County authorized the issuance of $2,230,000 of No Fund Warrants (Warrants) from the County to the Hospital to provide additional cash to support Hospital operations and pay outstanding accounts payable. The warrants are to be repaid to the County through a reduction of future noncapital appropriations and are reported as a liability of the Hospital in the accompanying balance sheets.

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's 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 has a single-employer defined benefit other postemployment benefit (OPEB) plan, Long-Term Disability 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 (Deficit)

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 or restricted net position.

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 – Hamilton County and Sales Tax Revenue

The Hospital received approximately 18% in 2019 and 14% in 2018 of its financial support from the proceeds of noncapital appropriations from Hamilton County and sales taxes. One hundred percent of these funds were used to support operations of the Hospital in both years.

Property taxes are levied by the County and shared with the Hospital for hospital operational purposes. Property taxes are assessed by the County in November of one year and are received beginning in January of the following year. Noncapital appropriations revenue is recognized in full in the year in which use is first permitted.

Sales tax revenue is recognized based on sales tax collected by the County's retailers in the Hospital's accounting period.

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, 2019 and 2018, $0 and $22,823 of the Hospital's bank balances of $1,782,414 and $2,059,626, respectively, were uninsured and uncollateralized.

Summary of Carrying Values

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

	2019	2018
Carrying value		
Deposits	$ 1,754,276	$ 2,009,930
Petty cash	179	1,504
	$ 1,754,455	$ 2,011,434

Included in the following balance sheet captions:

	2019	2018
Cash and cash equivalents	$ 1,754,455	$ 1,256,155
Certificates of deposit	-	755,279
	$ 1,754,455	$ 2,011,434

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:

	2019	2018
Medicare	$ 783,053	$ 877,272
Medicaid	195,323	76,424
Blue Cross	189,173	146,356
Other third-party payers	104,264	293,813
Patients	940,494	1,029,155
	2,212,307	2,423,020
Less allowance for uncollectible accounts	1,475,178	1,406,006
	$ 737,129	$ 1,017,014

Note 4: Capital Assets

Capital assets activity for the years ended December 31, was:

	2019			
	Beginning Balance	Additions	Disposals	Ending Balance
Land	$ 303	$ -	$ -	$ 303
Land improvements	122,133	-	-	122,133
Buildings	2,788,779	-	-	2,788,779
Fixed equipment	981,011	6,089	-	987,100
Major moveable equipment	3,819,029	24,019	(18,000)	3,825,048
	7,711,255	30,108	(18,000)	7,723,363
Less accumulated depreciation				
Land improvements	171,191	-	-	171,191
Buildings	2,178,948	30,470	-	2,209,418
Fixed equipment	2,036,949	141,310	-	2,178,259
Major moveable equipment	2,670,804	2,498	(18,000)	2,655,302
	7,057,892	174,278	(18,000)	7,214,170
Capital Assets, Net	$ 653,363	$ (144,170)	$ -	$ 509,193

	2018			
	Beginning Balance	Additions	Disposals	Ending Balance
Land	$ 303	$ -	$ -	$ 303
Land improvements	77,441	44,692	-	122,133
Buildings	2,792,183	-	(3,404)	2,788,779
Fixed equipment	975,722	5,289	-	981,011
Major moveable equipment	3,860,019	-	(40,990)	3,819,029
	7,705,668	49,981	(44,394)	7,711,255
Less accumulated depreciation				
Land improvements	170,943	248	-	171,191
Buildings	1,879,003	303,349	(3,404)	2,178,948
Fixed equipment	2,005,265	31,684	-	2,036,949
Major moveable equipment	2,704,142	4,502	(37,840)	2,670,804
	6,759,353	339,783	(41,244)	7,057,892
Capital Assets, Net	$ 946,315	$ (289,802)	$ (3,150)	$ 653,363

Note 5: Long-term Debt

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

	2019				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Capital lease obligations	$ 287,961	$ -	$ 190,487	$ 97,474	$ 20,681
Total long-term debt	$ 287,961	$ -	$ 190,487	$ 97,474	$ 20,681

	2018				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Capital lease obligations	$ 491,433	$ -	$ 203,472	$ 287,961	$ 190,487
Total long-term debt	$ 491,433	$ -	$ 203,472	$ 287,961	$ 190,487

Capital Lease Obligations

The Hospital is obligated under a lease for capital assets that is accounted for as a capital lease. A schedule of the capital assets and accumulated depreciation under capital lease at December 31, 2019 and 2018, follows:

	2019	2018
Buildings	$ 229,678	$ 229,678
Equipment	-	641,405
	229,678	871,083
Less accumulated depreciation	63,161	632,563
	$ 166,517	$ 238,520

The following is a schedule by year of future minimum lease payments under the capital lease including interest at 4.05% together with the present value of the future minimum lease payments as of December 31, 2019:

Year Ending December 31,	
2020	$ 24,332
2021	24,332
2022	24,332
2023	24,332
2024	10,362
Total minimum lease payments	107,690
Less amount representing interest	10,216
Present value of future minimum lease payments	$ 97,474

Note 6: Medical Malpractice Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made policy with a fixed premium which provides $200,000 of coverage for each medical incident and $600,000 of aggregate coverage for each policy year. The policy only covers claims made and reported to the insurer during the policy term, regardless of when the incident giving rise to the claim occurred. The Kansas Health Care Stabilization Fund provides an additional $300,000 of coverage for each medical incident and $900,000 of aggregate coverage for each policy year.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice 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 future.

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 recognized as a critical access hospital (CAH) and is paid at one hundred one percent (101%) of allowable costs for certain inpatient and outpatient services. The Hospital is reimbursed for certain services and cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

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 72% and 90% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2019 and 2018, 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: Cost-Sharing Multiple-Employer Defined Benefit Pension Plan

Plan Description

The Kansas Public Employees Retirement System Plan 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 (KPERS), 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 state wide 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, 2019 and 2018, was 8.89% and 8.39% 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, 2019 and 2018, were $89,022 and $46,237, respectively.

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

At December 31, 2019 and 2018, the Hospital reported a liability of $638,292 and $137,790, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2019 and 2018, respectively, and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of December 31, 2018 and 2017, respectively, rolled forward to June 30, 2019 and 2018, 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, 2019, the Hospital's proportion was 0.045678%, which was an increase of 0.035792% from its proportion measured as of June 30, 2018, of 0.009886%. At June 30, 2017, the proportion was 0.052502%.

For the years ended December 31, 2019 and 2018, the Hospital recognized pension expense (credit) of $(301,240) and $(460,481), respectively. At December 31, 2019 and 2018, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2019	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 1,397	$ 16,075
Net difference between projected and actual earnings on pension plan investments	15,017	-
Changes of assumptions	19,509	1,294
Changes in proportion	390,556	1,187,528
Hospital's contributions subsequent to the measurement date	43,752	-
Total	$ 470,231	$ 1,204,897

	2018	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 497	$ 3,904
Net difference between projected and actual earnings on pension plan investments	3,223	-
Changes of assumptions	5,967	664
Changes in proportion	25,597	1,683,873
Hospital's contributions subsequent to the measurement date	35,589	-
Total	$ 70,873	$ 1,688,441

At December 31, 2019, the Hospital reported $43,752 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, 2020. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2019, related to pensions will be recognized in pension expense as follows:

2020	$ (381,314)
2021	(353,716)
2022	(125,095)
2023	72,423
2024	9,284
	$ (778,418)

Actuarial Assumptions

The total pension liability in the December 31, 2018 and 2017, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2019	2018
Price 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	7.75%	7.75%

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, 2018 and 2017, actuarial valuations.

The actuarial assumptions used in both the December 31, 2018 and 2017, valuations were based on the results of an actuarial experience study for the three-year period ended December 31, 2015.

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 table:

	2019		2018	
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return
Global equity	47%	6.85%	47%	6.80%
Fixed income	13%	1.25%	13%	1.25%
Yield driven	8%	6.55%	8%	6.55%
Real return	11%	1.71%	11%	1.71%
Real estate	11%	5.05%	11%	5.05%
Alternatives	8%	9.85%	8%	9.85%
Short-term investments	2%	-0.25%	2%	-0.25%
	100%		100%	

Discount Rate

The discount rate used to measure the total pension liability was 7.75% for both the years ended June 30, 2019 and 2018. 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 7.75%. 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.

	1% Decrease (6.75%)	Current Discount Rate (7.75%)	1% Increase (8.75%)
Hospital's proportionate share of the net pension liability	$ 953,302	$ 638,292	$ 374,791

Pension Plan Fiduciary Net Position

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

Note 9: 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 long-term disability 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:

	2019	2018
Active employees	18	1
Disabled employees	1	1
	19	2

Total OPEB Liability

The Hospital's total OPEB liability of $64,135 and $62,448 was measured as of June 30, 2019 and 2018, for the years ended December 31, 2019 and 2018, respectively, and was determined by actuarial valuations as of December 31, 2018 and 2017, respectively, and rolled forward to June 30, 2019 and 2018, respectively.

The total OPEB liability in the December 31, 2018 and 2017, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2019	2018
Inflation	2.75%	2.75%
Discount rate	3.50%	3.87%
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 3.58% in 2017 to 3.87% in 2018 to 3.50% in 2019.

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-2019 Mortality Tables for the December 31, 2018, actuarial valuation.

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-2018 Mortality Tables for the December 31, 2017, actuarial valuation.

The actuarial assumptions used in the December 31, 2018, valuations were based on the results of an actuarial experience study for the period January 1, 2013 – December 31, 2015.

The actuarial assumptions used in the December 31, 2017, valuations were based on the results of an actuarial experience study for the period July 1, 2014 – June 30, 2016.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2019	2018
Balance, beginning of year	$ 62,448	$ 80,260
Changes for the year:		
Service cost	421	415
Interest	2,320	2,783
Differences between expected and actual experience	3,463	(13,988)
Changes of assumptions	1,373	(1,132)
Benefit payments	(5,890)	(5,890)
Net changes	1,687	(17,812)
Balance, end of year	$ 64,135	$ 62,448

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

The total OPEB liability of the Hospital, at December 31, 2019, has been calculated using a discount rate of 3.50%. The following presents the total OPEB liability using a discount rate 1% higher and 1% lower than the current discount rate.

	1% Decrease (2.50%)	Current Discount Rate (3.50%)	1% Increase (4.50%)
Hospital's total OPEB liability	$ 68,086	$ 64,135	$ 60,527

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, 2019 and 2018, the Hospital recognized OPEB expense of $1,281 and $1,241, respectively. At December 31, 2019 and 2018, the Hospital reported deferred outflows or resources and deferred inflows of resources related to OPEB from the following sources:

	2019	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 3,107	$ 11,100
Changes of assumptions	1,232	3,545
Total	$ 4,339	$ 14,645

	2018	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	$ 12,544
Changes of assumptions	-	4,058
Total	$ -	$ 16,602

Amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2019, related to OPEB will be recognized in OPEB expense as follows:

2020	$ (1,460)
2021	(1,460)
2022	(1,460)
2023	(1,460)
2024	(1,460)
Thereafter	(3,006)
	$ (10,306)

Note 10: Management's Consideration of Going Concern Matters

The Hospital has incurred losses from operations for the past several years. The financial statements have been prepared assuming the Hospital will continue as a going concern, realizing assets and liquidating liabilities in the ordinary course of business. Management is considering several alternatives for mitigating these conditions during the next year. These include evaluation of staffing patterns in the Hospital, pursuit of additional tax support, adjustments of charge rates for services to meet market conditions and other forms of financing. Although not currently planned, realization of assets in other than the ordinary course of business in order to meet liquidity needs could incur losses not reflected in these financial statements.

Note 11: 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.

On April 10, 2020, the Hospital received approximately $295,000 of stimulus funds from the Department of Health and Human Services (HHS). Certain conditions are required to be met to retain these funds. If the conditions are met, the funds will be retained by the Hospital with no repayment obligations. Management has attested to the requirements and believes the Hospital will retain the stimulus payments.

On April 16, 2020, Kansas Governor Laura Kelly announced a special emergency grant funding program for Kansas hospitals. This emergency funding was requested by the Kansas Hospital Association (KHA) on behalf of the hospitals and was distributed to help offset current financial strains caused by the COVID-19 pandemic. To facilitate the timely release of funds, hospitals were not required to complete an application. There are no specific requirements tied to utilization of the funds. The intent is for the grant payments to serve as a bridge to aid hospitals in meeting their basic operational expenditures. The Hospital received $100,000 on April 24, 2020, related to this special emergency grant.

On April 27, 2020, the Hospital obtained a loan through a local bank that is fully guaranteed by the U.S. Small Business Administration (SBA) through the Paycheck Protection Program (PPP). The amount borrowed was approximately $245,000 at 1.00% interest. The Hospital received legal notice on April 13, 2021, that the PPP loan was forgiven in its entirety.

In April 2020, the Hospital received approximately $4,800,000 of advanced Medicare payments through the Medicare Accelerated and Advanced Payment Program. The Hospital will continue to submit claims as usual after receiving the advanced payment. On October 1, 2020, President Trump signed into law the *Continuing Appropriations Act, 2021 and Other Extensions Act* which significantly modified the repayment provisions for these advanced payments. Under current law, the Medicare Administrative Contractor will begin recoupment one year from the date the lump-sum accelerated payment was issued. During the first 11 months after repayment begins, the recoupment rate will be 25%. At the end of the 11-month period, the recoupment rate will increase to 50% and will continue at this rate for 6 months. If the total amount of the accelerated payment is not repaid within 29 months from the date the payment was issued, a demand letter for the outstanding balance will be issued. The demanded amount will be subject to a 4% interest rate. It will be critical that providers have a plan on how it will meet cash needs during the time Medicare payments are reduced for repayment.

On May 6, 2020, the Hospital received approximately $2,964,000 of additional stimulus funds from HHS. Certain conditions are required to be met to retain these funds. If the conditions are met, the funds will be retained by the Hospital with no repayment obligations. Management has attested to the requirements and believes the Hospital will retain a portion, if not all, of the stimulus payments.

On May 20, 2020, the Hospital received approximately $49,000 of additional stimulus funds from HHS. Congress has directed this funding to address the expenses Rural Health Clinics (RHCs) are incurring for COVID-19 testing. Certain conditions are required to be met to retain these funds. If the conditions are met, the funds will be retained by the Hospital with no repayment obligations. Management has attested to the requirements and believes the Hospital will retain a portion of, if not all, of the stimulus payments.

During 2020, the Coronavirus Small Rural Hospital Improvement Program 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 $20,000 during 2020 related to this grant.

During 2020, HHS provided $100 million in aid to hospitals and health care systems in preparing for a surge in COVID-19 patients. Of that funding, $50 million was allotted to State Hospital Associations for distribution through competitive grant applications. KHA received $784,542 in funds, which were distributed on May 1. In addition, KHA was awarded an additional $1.95 million to be distributed in the future. The Hospital received $3,000 during 2020, related to this Assistant Secretary for Preparedness and Response (ASPR) grant.

Note 12: Future Change in Accounting Principle

Leases

Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases* (GASB 87) provides a new framework for accounting for leases under the principle that leases are financings. No longer will leases be classified between capital and operating. Lessees will recognize an intangible asset and a corresponding liability. The liability will be based on the payments expected to be paid over the lease term, which includes an evaluation of the likelihood of exercising renewal or termination options in the lease. Lessors will recognize a lease receivable and related deferred inflow of resources. Lessors will not derecognize the underlying asset. An exception to the general model is provided for short-term leases that cannot last more than 12 months. Contracts that contain lease and nonlease components will need to be separated so each component is accounted for accordingly.

In response to the challenges arising from COVID-19, on May 7, 2020, GASB approved Statement 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*. While the proposal included an extra year to implement all guidance, GASB, in a unanimous vote, approved an 18-month postponement for GASB 87. All statements and implementation guides with a current effective date of reporting periods beginning after June 15, 2018, and later will have a one-year postponement. This change is effective immediately. GASB 87 is effective for financial statements for fiscal years beginning after June 15, 2021. Earlier application is permitted. Governments will be allowed to transition using the facts and circumstances in place at the time of adoption, rather than retroactive to the time each lease was begun. The Hospital is evaluating the impact the statement will have on the financial statements.

Required Supplementary Information

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

	2019 *	2018 *	2017 *	2016 *	2015 *	2014 *
Hospital's proportion of the net pension liability	0.045678%	0.009886%	0.052502%	0.154778%	0.201791%	0.199463%
Hospital's proportionate share of the net pension liability	$ 638,292	$ 137,790	$ 760,468	$ 2,394,461	$ 2,649,605	$ 2,455,017
Hospital's covered-employee payroll	$ 933,400	$ 173,609	$ 880,545	$ 1,831,408	$ 3,366,015	$ 3,455,088
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	68.38%	79.37%	86.36%	130.74%	78.72%	71.06%
Plan fiduciary net position as a percentage of the total total pension liability	69.88%	68.88%	67.12%	65.10%	64.95%	66.60%

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 fiscal year).

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

	2019 *	2018 *	2017 *	2016 *	2015 *	2014 *
Contractually required contribution	$ 89,022	$ 46,237	$ 22,762	$ 174,737	$ 279,419	$ 298,821
Contribution in relation to the contractually required contribution	89,022	46,237	22,762	217,970	236,186	298,821
Contribution deficiency (excess)	$ -	$ -	$ -	$ (43,233)	$ 43,233	$ -
Hospital's covered-employee payroll	$ 1,001,370	$ 551,094	$ 264,488	$ 880,167	$ 3,077,228	$ 3,370,077
Contributions as a percentage of covered-employee payroll	8.89%	8.39%	8.61%	24.76%	7.68%	8.87%

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 most recent fiscal year-end (December 31).

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

	2019 *	2018 *	2017 *
Total OPEB Liability			
Service cost	$ 421	$ 415	$ 5,128
Interest	2,320	2,783	2,412
Differences between expected and actual experience	3,463	(13,988)	-
Changes in assumptions	1,373	(1,132)	(3,835)
Benefit payments	(5,890)	(5,890)	(5,890)
Net Change in Total OPEB Liability	1,687	(17,812)	(2,185)
Hospital's Total OPEB Liability - Beginning	62,448	80,260	82,445
Hospital's Total OPEB Liability - Ending	$ 64,135	$ 62,448	$ 80,260
Hospital's Covered-Employee Payroll	$ 854,961	$ 96,252	$ 1,359,973
Hospital's Total OPEB Liability as a percentage of covered-employee payroll	7.50%	64.88%	5.90%
Changes of Assumptions			
Discount rate	3.50%	3.87%	3.58%

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 in paragraph 4 of GASB Statement No. 75.

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