Independent Auditor's Report and Financial Statements

December 31, 2019 and 2018

December 31, 2019 and 2018

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Independent Auditor's Report

Board of Trustees Kiowa County Memorial Hospital Greensburg, Kansas

We have audited the accompanying financial statements of the Board of Trustees of Kiowa County Memorial Hospital (Board of Trustees), a component unit of Kiowa County, Kansas, and its discretely presented component unit, Great Plains of Kiowa County, Inc. (Hospital), as of and for the years ended December 31, 2019 and 2018, and the related notes to the financial statements, which collectively comprise the Board of Trustees' 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 opinions 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 opinions.



Board of Trustees Kiowa County Memorial Hospital Page 2

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Board of Trustees and of its discretely presented component unit, the Hospital, as of December 31, 2019 and 2018, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

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.

Wichita, Kansas June 26, 2020

BKD,LLP

Balance Sheets December 31, 2019 and 2018

Assets

	Board of Trustees		Hospital			I	
	 2019		2018		2019		2018
Current Assets							
Cash	\$ 479,513	\$	723,983	\$	614,238	\$	647,573
Cash held for debt service	-		-		30		122
Short-term certificates of deposit	1,904,557		1,623,722		-		-
Patient accounts receivable, net of allowance; 2019 – \$141,562, 2018 – \$139,955	_		_		958,383		693,375
Intergovernmental receivable	993,029		965,175		_		
Estimated amounts due from	,		,				
third-party payers	_		-		300,000		520,000
Settlement receivable	148,823		-		´ -		´ -
Supplies	-		-		188,326		200,604
Prepaid expenses and other	 898		575		191,725		164,884
Total current assets	3,526,820		3,313,455		2,252,702		2,226,558
Noncurrent Cash and Investments							
Funds held by County for debt service	-		-		115,630		115,630
Cash restricted for specific							
operating activities	 				295		
Total noncurrent cash	 				115,925		115,630
Capital Assets, Net	 		<u>-</u>		9,505,314		10,821,627
Other Assets							
Other noncurrent assets	 				1,777		1,927
Total assets	\$ 3,526,820	\$	3,313,455	\$	11,875,718	\$	13,165,742

Liabilities, Deferred Inflows of Resources and Net Position

	Board of Trustees 2019 2018		rustees Hos 2018 2019					
Current Liabilities								
Current maturities of long-term debt	\$	-	\$	-	\$	39,336	\$	37,893
Accounts payable		-		-		167,306		145,762
Accrued expenses						565,943		568,659
Total current liabilities		-		-		772,585		752,314
Long-term Debt						1,521,265		1,573,435
Total liabilities		_				2,293,850		2,325,749
Deferred Inflows of Resources Intergovernmental property taxes		993,029		965,175				
intergovernmental property taxes		993,029		905,175		<u>-</u>		
Net Position								
Net investment in capital assets Restricted - expendable for		-		-		7,944,713		9,210,299
Debt service		-		-		115,660		115,752
Specific operating activities		-		-		295		-
Unrestricted	2,	533,791		2,348,280		1,521,200		1,513,942
Total net position	2,	533,791		2,348,280		9,581,868		10,839,993
Total liabilities, deferred inflows								
of resources and net position	\$ 3,	526,820	\$	3,313,455	\$	11,875,718	\$	13,165,742

Statements of Revenues, Expenses and Changes in Net Position Years Ended December 31, 2019 and 2018

	Board of Trustees		Hospital		
	2019	2018	2019	2018	
Operating Revenues					
Net patient service revenue, net of					
provision for uncollectible accounts;					
2019 - \$162,641, 2018 - \$134,051	\$ -	\$ -	\$ 6,016,904	\$ 5,782,530	
Property taxes to support operations	990,810	980,964	127,055	141,463	
Other			851,110	754,199	
Total operating revenues	990,810	980,964	6,995,069	6,678,192	
Operating Expenses					
Salaries and wages	-	-	3,560,773	3,446,689	
Supplies and other	5,672	13,947	4,292,144	4,079,835	
Depreciation and amortization			1,330,731	1,354,333	
Total operating expenses	5,672	13,947	9,183,648	8,880,857	
Operating Income (Loss)	985,138	967,017	(2,188,579)	(2,202,665)	
Nonoperating Revenues (Expenses)					
Interest income	33,975	21,800	804	1,098	
Interest expense	-	· -	(64,751)	(66,823)	
Noncapital grants and gifts	1,258	1,105	10,869	28,377	
Other	148,823	-	(151)	(170,024)	
Noncapital contributions between Board					
of Trustees and Hospital	(983,683)	(980,774)	983,683	980,774	
Total nonoperating revenues (expenses)	(799,627)	(957,869)	930,454	773,402	
Increase (Decrease) in Net Position	185,511	9,148	(1,258,125)	(1,429,263)	
Net Position, Beginning of Year	2,348,280	2,339,132	10,839,993	12,269,256	
Net Position, End of Year	\$ 2,533,791	\$ 2,348,280	\$ 9,581,868	\$ 10,839,993	

Statements of Cash Flows Years Ended December 31, 2019 and 2018

		Trustees		pital
	2019	2018	2019	2018
Operating Activities				
Receipts from and on behalf of patients	\$ -	\$ -	\$ 5,971,896	\$ 5,395,224
Payments to suppliers and contractors	(5,672)	(13,947)	(4,285,013)	(4,138,352)
Payments to and on behalf of employees	-	-	(3,563,489)	(3,452,608)
Cash received from County	990,810	980,964	127,055	141,463
Other receipts, net			851,110	754,199
Net cash provided by (used in)				
operating activities	985,138	967,017	(898,441)	(1,300,074)
Noncapital Financing Activities				
Noncapital grants and gifts	1,258	1,105	10,869	28,377
Noncapital contributions between Board				
of Trustees and Hospital	(983,683)	(980,774)	983,683	980,774
Net cash provided by (used in)				
noncapital financing activities	(982,425)	(979,669)	994,552	1,009,151
Capital and Related Financing Activities				
Principal paid on long-term debt	-	-	(50,727)	(48,656)
Interest paid on long-term debt	-	-	(64,751)	(66,823)
Purchase of capital assets			(14,569)	(111,103)
Net cash used in capital and				
related financing activities			(130,047)	(226,582)
Investing Activities				
Interest income received	33,652	21,592	804	1,098
Net increase in certificates of deposit	(280,835)	(267,144)		
Net cash provided by (used in)				
investing activities	(247,183)	(245,552)	804	1,098
Decrease in Cash	(244,470)	(258,204)	(33,132)	(516,407)
Cash, Beginning of Year	723,983	982,187	763,325	1,279,732
Cash, End of Year	\$ 479,513	\$ 723,983	\$ 730,193	\$ 763,325

Statements of Cash Flows (Continued) Years Ended December 31, 2019 and 2018

	Board of Trustees			Hospital				
		2019		2018		2019		2018
Reconciliation of Cash to the Balance Sheets								
Cash	\$	479,513	\$	723,983	\$	614,238	\$	647,573
Cash held for debt service		-		-		115,660		115,752
Cash restricted for specific								
operating activities		_				295		
Total cash	\$	479,513	\$	723,983	\$	730,193	\$	763,325
Reconciliation of Net Operating Revenues (Expenses) to Net Cash Provided by (Used in) Operating Activities								
Operating income (loss)	\$	985,138	\$	967,017	\$	(2,188,579)	\$	(2,202,665)
Depreciation and amortization		-		-		1,330,731		1,354,333
Other		-		-		150		107
Changes in operating assets and liabilities Patient accounts receivable, net Estimated amounts due from and to		-		-		(265,008)		281,468
third-party payers		_		_		220,000		(668,774)
Accounts payable and accrued expenses		_		_		18,828		(2,104)
Supplies and prepaid expenses and other		_				(14,563)	_	(62,439)
Net cash provided by (used in) operating activities	\$	985,138	\$	967,017	\$	(898,441)	\$	(1,300,074)

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

The Board of Trustees of Kiowa County Memorial Hospital (Board of Trustees) is a component unit of Kiowa County, Kansas (County) and was organized by the Kiowa County Commissioners to operate Kiowa County Memorial Hospital (KCMH) and to control the use of tax appropriations. The Board of Trustees is elected by the voters of the County.

The Board of Trustees leases KCMH to Great Plains of Kiowa County, Inc. (Hospital or GPKC) under a lease agreement entered into, pursuant to K.S.A. 19-4601 et. Seq. (*Note 10*). The Hospital is located in Greensburg, Kansas, and provides acute, swing-bed and physician clinic services. The Hospital is licensed as a critical access hospital (CAH) and is managed by Great Plains Health Alliance, Inc. (GPHA) (*Note 10*). During January 2010, the County issued Hospital Revenue Bonds Series 2010-A. The bond obligations are payable from and secured by the revenues of the Hospital (*Note 7*). As the Board of Trustees can access the resources of the Hospital to pay the bond obligations, the Hospital is considered a component unit of the Board of Trustees and thus included in the financial statements of the Board of Trustees using discrete presentation. Prior to 2009, the Hospital and the Board of Trustees issued separate financial statements.

Basis of Accounting and Presentation

The financial statements of the Board of Trustees and 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 of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated 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 nonexchange transactions. Interest income, interest on capital assets-related debt and noncapital grants and gifts are included in nonoperating revenues and expenses. The Board of Trustees and Hospital first apply 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 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.

Notes to Financial Statements December 31, 2019 and 2018

Cash Equivalents

The Board of Trustees and Hospital consider all liquid investments with original maturities of three months or less to be cash equivalents. There were no cash equivalents at December 31, 2019 and 2018.

Property Taxes and Noncapital Contributions – Kiowa County

The Board of Trustees and Hospital received approximately 14% and 15% of its financial support from intergovernmental revenue derived from property taxes levied by the County in 2019 and 2018, respectively. One hundred percent of these funds were used to support operations in both years.

Property taxes are assessed by the County in November and are received beginning in January of the following year. Intergovernmental revenue is recognized in full in the year in which use is first permitted.

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; workers' compensation; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than employee health and dental claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

Notes to Financial Statements December 31, 2019 and 2018

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Hospital's allowance for uncollectible accounts estimated at December 31, 2019, is based on its historical collection experience by classes of patients.

Supplies

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

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair 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 improvements5-20 yearsBuildings5-30 yearsFixed equipment5-20 yearsMajor moveable equipment3-20 years

Maintenance, repairs and renewals which neither materially add to the value of the property nor appreciably prolong its life are charged to expense as incurred. Gains or losses on dispositions of property and equipment are included in operations.

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off. Expense and the related liability are recognized as vacation benefits are earned. 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 rates in effect at the balance sheet date.

Notes to Financial Statements
December 31, 2019 and 2018

Net Position

Net position is classified into three components. Net investment in capital assets consist of capital assets net of accumulated depreciation and reduced by any outstanding borrowings and related accounts used to finance the purchase or construction of those assets. Restricted expendable net position are noncapital assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors, including amounts as required by bond indentures. Unrestricted net position are remaining assets less remaining liabilities that do not meet the definition of net investment in capital assets or restricted expendable.

Board of Trustees' net position are unrestricted, but by nature, are to be used solely for the benefit of the Hospital. The funds are used by the Hospital for capital purchases and for operations as approved by action of the Board of Trustees.

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.

Income Taxes

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

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

The Hospital files tax returns in the U.S. federal jurisdiction.

Notes to Financial Statements December 31, 2019 and 2018

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 Board of Trustees' 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, respectively, \$1,839,349 and \$1,799,803 of the Board of Trustees' bank balances of \$2,384,070 and \$2,346,875 were exposed to custodial credit risk as follows:

	2019	2018
Uninsured and collateral held by pledging financial institution's trust department or agent in other than the Board of Trustees' name	\$ 1,839,349	\$ 1,799,803

Summary of Carrying Values

The carrying values of deposits shown above are included in the balance sheets at December 31, 2019 and 2018, as follows:

	2019	2018
Carrying value Deposits	\$ 2,384,070	\$ 2,347,705
Included in the following balance sheet captions Cash Short-term certificates of deposit	\$ 479,513 1,904,557	\$ 723,983 1,623,722
	\$ 2,384,070	\$ 2,347,705

Notes to Financial Statements
December 31, 2019 and 2018

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, 2019 and 2018, consisted of:

		2019	2018		
Medicare	\$	517,452	\$	433,160	
Medicaid	·	99,835	·	28,361	
Blue Cross		78,191		55,243	
Other third-party payers		178,101		112,426	
Self-pay		226,366		204,140	
		1,099,945		833,330	
Less allowance for uncollectible accounts		141,562		139,955	
Patient accounts receivable, net	\$	958,383	\$	693,375	

The mix of net receivables from patients and third-party payers at December 31, 2019 and 2018, is:

	2019	2018
Medicare	54%	63%
Medicaid	10%	4%
Other third-party payers	27%	20%
Self-pay	9%	13%
	100%	100%

Note 4: Net Patient Service Revenue

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided.

Notes to Financial Statements December 31, 2019 and 2018

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 CAH. Under CAH rules, inpatient acute care, skilled swing-bed and certain outpatient services rendered to Medicare program beneficiaries are paid at one hundred one percent (101%) of allowable cost subject to certain limitations. Other outpatient services related to Medicare beneficiaries are paid based on a combination of fee schedules and cost reimbursement methodologies. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The clinics are recognized as rural health clinics (RHC). Under RHC rules, clinic services are paid based on allowable costs subject to certain limitations. Tentative reimbursement and final settlement are determined in a similar manner as for hospital services. Beginning April 1, 2013, a mandatory payment reduction, known as sequestration, of 2% went into effect. Under current legislation, sequestration is scheduled to last until 2025.

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. The Hospital is reimbursed at tentative rates with final settlements determined after submission of annual cost reports by the Hospital and reviews thereof by the Kansas Department of Health and Environment.

Approximately 85% and 84% of net patient service revenue was 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.

Notes to Financial Statements December 31, 2019 and 2018

The Hospital's net patient service revenue is computed as follows for the years ended December 31, 2019 and 2018:

	 2019	2018
Medicare	\$ 4,627,303	\$ 4,547,545
Medicaid	460,247	300,273
Blue Cross	580,718	548,895
Other third-party payers	317,647	388,976
Self-pay	 193,630	 130,892
	6,179,545	 5,916,581
Less provision for uncollectible accounts	 (162,641)	(134,051)
Net patient service revenue	\$ 6,016,904	\$ 5,782,530

Note 5: Capital Assets

Capital assets activity for the years ended December 31, 2019 and 2018, was:

			2019		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 127,740	\$ -	\$ -	\$ -	\$ 127,740
Buildings and improvements	20,642,498	-	-	-	20,642,498
Fixed equipment	885,047	-	-	-	885,047
Major moveable equipment	2,890,276	14,569	(6,044)	-	2,898,801
	24,545,561	14,569	(6,044)		24,554,086
Less accumulated depreciation					
Buildings and improvements	10,426,844	1,187,746	-	-	11,614,590
Fixed equipment	657,068	53,895	-	-	710,963
Major moveable equipment	2,640,022	89,090	(5,893)		2,723,219
	13,723,934	1,330,731	(5,893)		15,048,772
Capital Assets, Net	\$ 10,821,627	\$ (1,316,162)	\$ (151)	\$ -	\$ 9,505,314

Notes to Financial Statements December 31, 2019 and 2018

	2018				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 127,740	\$ -	\$ -	\$ -	\$ 127,740
Buildings and improvements	20,581,436	61,062	-	-	20,642,498
Fixed equipment	1,140,001	-	(283,373)	28,419	885,047
Major moveable equipment	2,817,826	41,622	-	30,828	2,890,276
Construction in progress	50,828	8,419	-	(59,247)	-
	•				
	24,717,831	111,103	(283,373)		24,545,561
Less accumulated depreciation					
Buildings and improvements	9,236,892	1,189,952	-	-	10,426,844
Fixed equipment	712,863	57,554	(113,349)	-	657,068
Major moveable equipment	2,533,195	106,827			2,640,022
	12,482,950	1,354,333	(113,349)		13,723,934
Capital Assets, Net	\$ 12,234,881	\$ (1,243,230)	\$ (170,024)	\$ -	\$ 10,821,627

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 \$800,000 of coverage for each medical incident and \$2,400,000 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.

Notes to Financial Statements December 31, 2019 and 2018

Note 7: Long-term Debt

The following is a summary of long-term debt transactions for the Hospital for the years ended December 31, 2019 and 2018:

0040

			2019		
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt					
Revenue bonds payable	\$ 1,601,014	\$ -	\$ 47,559	\$ 1,553,455	\$ 35,905
Capital lease obligations	10,314		3,168	7,146	3,431
Total long-term debt	\$ 1,611,328	\$ -	\$ 50,727	\$ 1,560,601	\$ 39,336
			2018		
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt					
Revenue bonds payable	\$ 1,646,745	\$ -	\$ 45,731	\$ 1,601,014	\$ 34,725
Capital lease obligations	13,239		2,925	10,314	3,168
Total long-term debt	\$ 1,659,984	\$ -	\$ 48,656	\$ 1,611,328	\$ 37,893

Revenue Bonds Payable

In 2010, the County entered into an agreement with the United States Department of Agriculture (USDA) to issue bonds to assist with the financing of the new hospital construction. The bonds bear interest at 4%, are due semi-annually in increasing principal amounts with final bonds maturing January 2049. The Hospital, acting as its own trustee, is required by the USDA to maintain specific principal, interest and bond reserve accounts. The actual principal and interest payments are then made to the bondholders from the Kansas State Treasurer, acting as the paying agent. The financed assets and related bond indebtedness have been included in the accompanying financial statements as assets and liabilities of the Hospital. The bonds are secured by a first and prior lien upon the gross revenues of the Hospital. During 2016, the Hospital made an early principal payment of \$250,000 to reduce the annual interest payments. The final bonds will now mature in January 2046.

Bonds may be redeemed in advance of their maturity at 100% of face value.

The bond indentures require certain covenants, including financial, to be met. The financial covenants include a rate covenant that requires a debt service coverage ratio of 1.0 to be met and through 2011, monthly deposits to be made to separate accounts for debt service payments and to fund a debt service reserve. During 2019 and 2018, the Hospital met the debt service coverage ratio of 1.0.

Notes to Financial Statements December 31, 2019 and 2018

The debt service requirements for the revenue bonds payable as of December 31, 2019, are as follows:

Year Ending December 31,	Total to be Paid		F	Principal		Interest	
2020	¢	09 042	¢	25.005		62 129	
2020	\$	98,043	\$	35,905		62,138	
2021		98,253		37,551		60,702	
2022		98,253		39,053		59,200	
2023		98,253		40,615		57,638	
2024		98,059		42,046		56,013	
2025-2029		491,090		237,711		253,379	
2030-2034		491,112		289,229		201,883	
2035-2039		491,139		351,915		139,224	
2040-2044		491,116		428,135		62,981	
2045		53,347		51,295		2,052	
	\$	2,508,665	\$	1,553,455	\$	955,210	

Capital Lease Obligations

The Hospital is obligated under leases for equipment that are accounted for as capital leases. Assets under capital leases at December 31, 2019 and 2018, totaled \$5,106 and \$7,770, respectively, net of accumulated depreciation of \$21,533 and \$18,869, respectively. The following is a schedule by year of future minimum lease payments under the capital leases including interest at rates of 8.00% together with the present value of the future minimum lease payments as of December 31, 2019:

Year Ending December 31,	
2020	\$ 3,878
2021	3,878
Total minimum lease payments	7,756
Less amount representing interest	 610
Present value of future minimum	
lease payments	\$ 7,146

Notes to Financial Statements
December 31, 2019 and 2018

Note 8: Pension Plan

Hospital employees are eligible to participate in the GPHA defined contribution pension and tax deferred annuity plans. All employees, to be eligible for employer contributions, must have completed one year of service, with a minimum of 1,000 paid hours of service and must be at least 18 years of age. Employee contributions are mandatory beginning with the first day of service if 18 years of age or older. Benefits are funded by an annuity contract with an insurance company. Employer contributions are computed at a rate of 5% of annual compensation plus 10% of the excess over \$16,000. Employee contributions are computed at the rate of 2.5% of annual compensation plus 5.0% of the excess over \$16,000. The Plan is funded for past service on an installment basis over the estimated remaining duration of employment from the effective date of the Plan to the employee's normal retirement date. Employer contributions vest at 20% per year of service with 100% vesting after five years of service. Contributions actually made by plan members and the Hospital aggregated \$170,981 and \$262,735 during 2019 and \$163,553 and \$251,411 during 2018, respectively.

Note 9: Functional Expenses

The Hospital provides health care services primarily to residents within its geographic area. Expenses related to providing these services for the years ended December 31, 2019 and 2018, are as follows:

	2019 General Healthcare and Services Administrative Total					
Salaries and wages Supplies and other Depreciation Interest	\$ 2,799,218 3,280,656 1,259,816 61,300	\$ 761,555 1,011,488 70,915 3,451	\$ 3,560,773 4,292,144 1,330,731 64,751			
	\$ 7,400,990	\$ 1,847,409	\$ 9,248,399			
		2018				
	Healthcare	General and				
	Services	Administrative	Total			
Salaries and wages Supplies and other Depreciation Interest	\$ 2,766,746 3,025,726 1,280,766 63,193	\$ 679,943 1,054,109 73,567 3,630	\$ 3,446,689 4,079,835 1,354,333 66,823			
	\$ 7,136,431	\$ 1,811,249	\$ 8,947,680			

Notes to Financial Statements
December 31, 2019 and 2018

Note 10: Lease and Management Agreement

The Board of Trustees controls facilities, including buildings, as well as equipment and other assets, which are owned by Kiowa County, Kansas and entered into an agreement to lease these facilities to GPKC for one dollar. The lease provides that GPKC will assume and continue operations of the Hospital and maintain all property and equipment in good condition. The current lease term is for a period of five years through January 2021. In connection with the above lease, GPKC has an agreement with GPHA, the sole member of GPKC, for management services. Either party has the option to terminate the lease at any time for a material breach of terms or provisions of the agreement with a 60-day notice. All assets and liabilities were transferred to GPKC upon commencement of the original term. At the end of the lease term, all assets, including working capital and liabilities, shall transfer back to the Board of Trustees.

In addition, the Hospital has entered into agreements with GPHA for other services, including data processing and billing services. These agreements automatically renew on an annual basis unless cancelled by either party no less than 60 days before the end of the term. Fees incurred for services provided by GPHA to the Hospital totaled \$737,259 and \$692,441 in 2019 and 2018, respectively. Amounts included in accounts payable, related to these services, totaled \$4,512 and \$6,058 as of December 31, 2019 and 2018, respectively.

Note 11: Great Plains Employee Benefits Trust

In response to amendments to the Kansas Insurance Code related to multi-employer welfare arrangements, GPHA restated its existing voluntary employees' beneficiary association (VEBA) trust as described in Section 501(c)(9) of the Internal Revenue Code, which is named the Great Plains Employee Benefits Trust (the Trust). The Trust is governed by its Board of Trustees. One of the purposes of the Trust is to provide the self-funded GPHA Employee Benefits Plan (the Plan) for its member organizations and their participating employees. The Hospital is a member organization in the Trust and substantially all of the Hospital's employees and their dependents are eligible to participate in the Plan. The Plan provides medical benefits, prescription drug benefits and dental benefits for a benefit period that runs each year from July 1 through June 30. The participant's monthly premiums are determined by the Trust. The Trust may change the premiums from time to time. The Plan agreement specifies that the Trust will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of stop-loss amounts. The Trust accrues a provision for self-insured employee benefit claims including both claims reported and claims incurred but not yet reported. If a net deficit position is anticipated by the Trust after consideration of the accrued provision, the Trust will administer insurance assessments to its member organizations based on a systematic allocation method.

Notes to Financial Statements
December 31, 2019 and 2018

Note 12: 340B Drug Pricing Program

The Hospital participates in the 340B Drug Pricing Program (340B Program) enabling the Hospital to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases. The Hospital recorded revenues of \$776,462 and \$672,266 for the years ending December 31, 2019 and 2018, respectively, included in other operating income. This program is overseen by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). HRSA is currently conducting routine audits of these programs at health care organizations and increasing its compliance monitoring processes. Laws and regulations governing the 340B Program are complex and subject to interpretation and change. As a result, it is reasonably possible that material changes to financial statement amounts related to the 340B Program could occur in the near term.

Note 13: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and 4.

Note 14: 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.

The Hospital was awarded \$217,390 in April 2020 on the first round of relief funding (\$30 billion) and \$3,170,735 on the rural provider relief funding (\$10 billion) that was part of the \$100 billion allocated to the Public Health and Social Services Emergency Fund (PHSSEF) under the *Coronavirus Aid, Relief and Economic Security Act (CARES Act)*. The Hospital also received approximately \$100,000 from the State of Kansas in late April 2020 towards COVID relief.

In April 2020 the Hospital applied for and received \$745,600 under the Paycheck Protection Program (PPP) loan that is 100% guaranteed by the Small Business Administration (SBA). The PPP is part of the *CARES Act*. Management believes all or the majority of the PPP loan will be forgiven based on the criteria in the regulations. Any amounts not forgiven are due within 2 years of the loan funding and bear interest at 1%.

Notes to Financial Statements December 31, 2019 and 2018

The Hospital was awarded \$98,923 in May 2020 that was part of the *Paycheck Protection Program* and Health Care Enhancement Act that was signed into law on April 24, 2020.

Subsequent events have been evaluated through June 26, 2020, which is the date the financial statements were available to be issued.