COVINGTON COUNTY HOSPITAL COLLINS, MISSISSIPPI

FINANCIAL REPORT

SEPTEMBER 30, 2019

HARPER, RAINS, KNIGHT & COMPANY, P.A. CERTIFIED PUBLIC ACCOUNTANTS RIDGELAND, MISSISSIPPI

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The Board of Trustees Covington County Hospital Collins, Mississippi

Independent Auditors' Report

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of Covington County Hospital (the "Hospital"), a component unit of Covington County, Mississippi, as of and for the years ended September 30, 2019 and 2018, and the related notes to 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.

Auditors' 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 standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the 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 auditors' 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 auditors consider 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.

The Board of Trustees Covington County Hospital (continued)

Auditors' Responsibility (continued)

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of the Hospital, as of September 30, 2019 and 2018, and the respective changes in financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 5-10 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 audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Hospital's basic financial statements. The Schedule of Surety Bonds for Officials and Employees is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The Schedule of Surety Bonds for Officials and Employees has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

The Board of Trustees Covington County Hospital (continued)

Other Information (continued)

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 27, 2020, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Covington County Hospital internal control over financial reporting and compliance.

Harpen Rains, Knight =' Compony, F.A.

February 27, 2020

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COVINGTON COUNTY HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS

The following is a discussion and analysis of the financial performance of Covington County Hospital (hereafter referred to as the "Hospital") for the fiscal year ended September 30, 2019. Since the management's discussion and analysis is designed to focus on the current year's activities, resulting changes, and currently known facts, we encourage readers to consider the information presented here in conjunction with the Hospital's basic financial statements.

Financial Highlights

- Total liabilities for the Hospital at year-end were \$7,961,853, an increase of \$540,739, or approximately 7.3 percent, from the prior fiscal year. Current liabilities were \$2,450,063, a decrease of \$626,437 from the prior fiscal year. The long-term liabilities were \$5,511,790, an increase of \$1,167,176 from the prior fiscal year.
- Total assets for the Hospital at year-end were \$16,733,099, a decrease of \$156,831, or 1 percent, from the prior fiscal year.
- Total net position for the Hospital at year-end was \$8,771,246, a decrease of \$697,570 from the prior fiscal year. Unrestricted net position was \$6,410,150, a decrease of \$583,855 from the prior fiscal year. Net investment in capital assets was \$2,361,096, a decrease of \$113,715 from the prior fiscal year.
- Operating expenses for the fiscal year were \$26,426,051, an increase of \$1,964,578, or approximately 8 percent, from the prior fiscal year primarily due to an increase in salaries and benefits.
- Operating revenues for the fiscal year were \$25,771,027, an increase of \$934,274, or approximately 3.8 percent, from the prior fiscal year primarily due to the addition of a clinic in Magee, MS.
- Non-operating revenues for the fiscal year were \$103,054, a decrease of \$29,744, or approximately 22 percent, from the prior fiscal year primarily due to a gain on disposal of other assets for return of premiums on the Hospital's equity investment in insurance provider in prior year.
- Non-operating expense which consists of interest expense for the fiscal year was \$145,600, an increase of \$46,608, or approximately 47 percent, from the prior fiscal year.

Overview of Financial Statements

An annual report consists of four components: (1) the Management's Discussion and Analysis (this section), (2) the Independent Auditor's Report, (3) the Financial Statements and Supplementary Information, and (4) the Notes to Financial Statements.

The financial statements of the Hospital report the financial position of the Hospital and the results of its operations and its cash flows. The financial statements are prepared on the accrual basis of accounting. These statements offer short-term and long-term financial information about the Hospital's activities.

COVINGTON COUNTY HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Overview of Financial Statements (continued)

The statements of net position include all of the Hospital's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations of the Hospital's creditors (liabilities) for both the current year and the prior year. They also provide the basis for evaluating the capital structure of the Hospital and accessing the liquidity and financial flexibility of the Hospital.

All of the current year's revenue and expenses are accounted for in the statements of revenue and expenses and changes in net position. These statements measure the performance of the Hospital's operation over the past two years and can be used to determine whether the Hospital has been able to recover all of its costs through its patient service revenue and other revenue resources.

The primary purpose of the statements of cash flows is to provide information about the Hospital's cash from operations, capital and related financing and investment activities. The statements of cash flows outline where the cash comes from, what the cash is used for and the changes in the cash balance during the reporting period.

The annual report also includes notes to financial statements that are essential to gain a full understanding of the data provided in the financial statements. The notes to financial statements can be found immediately following the basic financial statements in this report. Following the notes to financial statements is a section containing supplementary information that provides additional information as required.

Financial Analysis of the Hospital

The statements of net position, the statements of revenue and expenses and changes in net position report information about the Hospital's activities. These statements report the net position of the Hospital and changes in them. Increases or improvements, as well as decreases or declines in the net position, is one indicator of the financial state of the Hospital. Other non-financial factors that should also be considered include changes in economic conditions, population growth (including uninsured and working poor) and new or changed governmental legislation.

Net Position

A summary of the Hospital's statements of net position as of September 30, 2019 and 2018 is presented in the following table:

	Fiscal Year 2019	Fiscal Year 2018	Dollar Change	Total Percent Change
Current and other assets	\$ 8,065	\$ 9,454	\$ (1,389)	-14.7%
Capital assets	8,484	7,235	1,249	17.3%
Total assets	16,549	16,689	(140)	-0.8%
Deferred outflow of resources	184	201	(17)	-8.5%
Long-term debt outstanding	6,123	4,760	1,363	28.6%
Other liabilities	1,839	2,661	(822)	-30.9%
Total liabilities	7,962	7,421	541	7.3%
Investment in capital assets,				
net of related debt	2,361	2,475	(114)	-5%
Unrestricted	6,410	6,994	(584)	-8.4%
Total net position	\$ 8,771	\$ 9,469	\$ (698)	-7.4%

Condensed Statements of Net Position (In Thousands)

Total assets decreased 1 percent primarily due to a decrease in patient accounts receivable.

Long-term debt increased by 28.6 percent due to the Hospital taking out an additional loan with Trustmark National Bank for phase 1 of the construction project.

Summary of Revenue and Expenses

The following table presents a summary of the Hospital's historical revenues and expenses and changes in net position for each of the fiscal years ended September 30, 2019 and 2018:

	Fiscal Year 2019	Fiscal Year 2018	Dollar Change	Total Percent Change
Not notiont corrigo revenue	\$ 23,942	\$ 22,808	\$ 1,134	<u>5.0%</u>
Net patient service revenue	\$ 25,942	\$ 22,808	\$ 1,134	5.0%
Other operating revenue excluding interest income	1,829	2,029	(200)	-9.9%
-			ŕ	
Total operating revenue	25,771	24,837	934	3.8%
Salaries and benefits	15,237	13,815	1,422	10.3%
Professional fees, supplies,	13,237	15,015	1,722	10.570
maintenance, other	10,470	9,983	487	4.9%
,	10,470			
Total operating expenses	05 707	22 7 00	1 000	0.00/
before depreciation/amortization	25,707	23,798	1,909	8.0%
Earnings before interest, depreciation/amortization				
("EBITDA")	64	1,039	(975)	-93.8%
Depreciation/amortization expense	719	664	55	8.3%
Income from operations	(655)	375	(1,030)	-274.7%
Interest income	103	6	97	1616.7%
Gain on disposal of other assets	-	127	(127)	100.0%
Interest expense	(146)	(99)	(47)	47.5%
Total non-operating revenue				
(expense)	(43)	34	(77)	-226.5%
Increase (decrease) in net position	<u>\$ (698</u>)	\$ 409	<u>\$ (1,107)</u>	-270.7%

Operating and Financial Performance

The following summarizes the changes in the Hospital's statement of net position and statement of revenue and expenses and changes in net position for 2019.

The Hospital's assets consist primarily of cash, patient accounts receivable generated from medical services performed, investments and capital assets (property and equipment). The Hospital's liabilities consist of accrued obligations to employees and vendors for goods and services received and long-term debt obligations. Unrestricted net position represents the amount of the Hospital's assets (other than capital assets) greater than its liabilities (other than long-term debt related to capital assets). Unrestricted net position is generally used to continue the Hospital's day-to-day operations. Net investment in capital assets represents the amount of the Hospital's net capital assets, less its related long-term debt.

Operating revenues increased for the fiscal year ended September 30, 2019, primarily due to the addition of a clinic. Operating expenses increased for the fiscal year ended September 30, 2019, primarily as a result of an increase in salaries and benefits during the current fiscal year.

Economic Factors and Next Year's Budget

While the annual budget of the Hospital is not presented within these financial statements, the Hospital's Board and management considered many factors when setting the Hospital's operating budget. Although the financial outlook of the Hospital is considered positive, of primary importance in the setting of budgets and performance standards is the status of the economy and the healthcare environment, which takes into account market forces and environment factors, such as:

- Medicare reimbursement changes;
- Medicaid reimbursement changes, as well as the continuation at the current level of the Disproportionate Share and Mississippi Hospital Access Payment programs;
- Increased number of uninsured and working poor;
- Ongoing competition for services;
- Cost of supplies, primarily pharmaceuticals;
- Ability to continue recruiting medical staff physicians to maintain the high level of services offered to our service area;
- Continued growth of service levels in the ancillary departments;
- Continuation of the excellent working relationship between the Medical Staff, the Board and the Hospital administration;
- Impact of Healthcare Reform as it relates to reimbursement and employee health insurance coverage, and related political reform.

COVINGTON COUNTY HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS (continued)

Financial Contact

The Hospital's financial statements are designed to present users with a general overview of its finances and to demonstrate its accountability. If you have any questions about the report or need additional information, contact the Chief Executive Officer, Covington County Hospital, 701 South Holly Avenue, Collins, Mississippi 39428.

STATEMENTS OF NET POSITION September 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	\$ 2,124,744	\$ 3,276,506
Patient accounts receivable, net	3,588,066	3,160,816
Other receivables	617,944	1,445,070
Inventories	466,088	380,508
Prepaid and other current assets	162,363	159,194
Total current assets	6,959,205	8,422,094
Non-current investments		
Investments designated for Board for capital projects	1,106,186	1,031,432
Deferred outflows of resources		
Deferred loss on debt refunding	184,110	200,975
Capital assets		
Property and equipment, net	8,483,598	7,235,429
Total assets	\$16,733,099	\$16,889,930
LIABILITIES AND NET POSITION	J	
Current liabilities		
Accounts payable	\$ 831,351	\$ 1,237,801
Accrued expenses and other current liabilities	1,001,785	1,013,346
Estimated third-party payor settlements	6,215	409,349
Current portion of note payable	143,677	-
Current portion of bonds payable	398,133	391,188
Current portion of capital lease obligations	68,902	24,816
Total current liabilities	2,450,063	3,076,500
Long-term liabilities		
Note payable, net of current portion	1,368,730	-
Bonds payable, net of current portion	3,778,676	4,233,220
Capital lease obligations, net of current portion	364,384	111,394
Total long-term liabilities	5,511,790	4,344,614
Total liabilities	7,961,853	7,421,114
Net position		
Net investment in capital assets	2,361,096	2,474,811
Unrestricted	6,410,150	6,994,005
Total net position	8,771,246	9,468,816
Total liabilities and net position	\$16,733,099	\$16,889,930

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION Years Ended September 30, 2019 and 2018

	2019	2018
Operating revenues		
Net patient services revenue, net of provision for bad		
debt of \$5,125,588 for 2019 and \$6,061,428 for 2018	\$ 23,941,665	\$ 22,807,522
Other revenues	1,829,362	2,029,231
Total operating revenues	25,771,027	24,836,753
Expenses		
Salaries and benefits	15,138,049	13,804,762
Purchased services	4,605,413	4,588,836
Medical supplies and drugs	2,598,439	2,283,254
Repairs and maintenance	1,047,141	979,499
Insurance	224,901	224,597
Equipment rental	308,500	257,219
Utilities	574,763	586,150
Depreciation and amortization	719,259	663,786
Taxes and licenses	344,527	423,978
Other	865,059	649,392
Total expenses	26,426,051	24,461,473
Operating income (loss)	(655,024)	375,280
Non-operating revenues (expenses)		
Investment income	103,054	5,486
Gain on disposal of other assets	_	127,312
Interest expense	(145,600)	(98,992)
Total non-operating revenues (expenses)	(42,546)	33,806
Increase (decrease) in net position	(697,570)	409,086
Net position, beginning of year	9,468,816	9,059,730
Net position, end of year	\$ 8,771,246	\$ 9,468,816

STATEMENTS OF CASH FLOWS Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 23,938,407	\$ 21,860,873
Payments to suppliers and contractors	(11,118,013)	(9,544,814)
Payments to and on behalf of employees	(15,147,719)	(13,625,400)
Other receipts	1,829,362	2,029,231
Net change in cash from operating activities	(497,963)	719,890
Cash flows from capital and related financing activities:		
Principal payments long-term obligations	(638,116)	(537,117)
Borrowings on long-term obligations	167,374	-
Interest paid on long-term obligations	(145,600)	(107,299)
Proceeds from disposal of other assets	-	133,878
Purchase of capital assets	(117,939)	(471,290)
Total change in cash from capital		
and related financing activities	(734,281)	(981,828)
Cash flows from investing activities:		
Purchase of investments	(22,572)	(18,571)
Interest income	103,054	5,486
Net change in ash from investing activities	80,482	(13,085)
Net change in cash and cash equivalents	(1,151,762)	(275,023)
Cash and cash equivalents at beginning of year	3,276,506	3,551,529
Cash and cash equivalents at end of year	\$ 2,124,744	\$ 3,276,506
Non cash financing activities: Acquisition of equipment through leasing and financing arrangements	\$ 1,832,626	\$ 136,210

STATEMENTS OF CASH FLOWS - Continued Years Ended September 30, 2019 and 2018

	2019	2018
Reconciliation of operating income to		
net change in operating activities:		
Operating income	\$ (655,024)	\$ 375,280
Adjustments to reconcile operating income to net		
change in cash from operating activities:		
Depreciation and amortization	719,259	663,786
Provision for bad debt	5,125,588	6,061,428
Other	(52,182)	30,447
Net effect of changes in assets and liabilities:		
Patient accounts receivable	(5,552,838)	(5,620,431)
Estimated third-party payor settlements	(403,134)	(263,648)
Other receivables	827,126	(1,123,998)
Inventories	(85,580)	(52,068)
Prepaid and other current assets	(3,169)	(104,282)
Accounts payable	(406,450)	563,608
Accrued expenses and other current liabilities	(11,559)	189,768
Net change in cash from operating activities	<u>\$ (497,963)</u>	\$ 719,890

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies which have been followed by Covington County Hospital (hereafter referred to as the "Hospital") in preparing the accompanying financial statements are set forth below.

Organization and Operations

The Hospital is a regional healthcare provider established by Covington County ("the County") as a special purpose government entity under the laws of the State of Mississippi. The Hospital is owned by Covington County and is governed by a Board of Trustees pursuant to Sections 41-13-15 e.t. Seq. of Mississippi Code of 1972, as amended. Because of the relationship between the Hospital and Covington County, the Hospital has been defined as a component unit of the County.

The Hospital, located in Collins, Mississippi, is a critical access hospital ("CAH"). The Hospital provides inpatient, outpatient, geriatric psychiatric, rural health clinic and emergency care services for residents of Covington County, Mississippi and surrounding areas. The Hospital is currently licensed to provide 25 acute care inpatient beds and 10 geriatric psychiatric beds for patient care. Additionally, the Hospital operates a 60-bed long-term care facility. The Hospital is governed by a Board of Trustees, all of whom are appointed by the Board of Supervisors of the County.

Basis of Presentation

The Hospital prepares its financial statements as a business-type activity in conformity with the applicable pronouncements of the Governmental Accounting Standards Board ("GASB"). The accompanying financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. GASB Accounting Standards Codification is the sole source of authoritative accounting guidance for governmental entities in the United States of America.

Cash and Cash Equivalents

All cash accounts and all highly liquid debt instruments purchased with a maturity of three months or less are considered to be cash equivalents, including amounts limited as to use by the Board or under trust agreements.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Patient Accounts Receivable and the Provision for Doubtful Accounts

Patient accounts receivable are carried at the unpaid amount of patient service revenue charged to patients, net of allowances for contractual adjustments related to agreements with third-party payors and allowances for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts and the provision for bad debts. Data in each major payor source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. For receivables relating to services provided to patients having third-party coverage and self-pay patients, an allowance for doubtful accounts and a corresponding provision for bad debts are established based on an aging of receivables and historical collection percentages; additionally, for receivables relating to self-pay patients, the Hospital considers experience indicating the inability or unwillingness of patients to pay amounts for which they are financially responsible. Actual write-offs are charged against the allowance for doubtful accounts.

Inventories

Inventories, which consist primarily of medical supplies and drugs, are stated at the lower of cost based on the first-in, first-out, or market value.

Prepaid Expenses and Deferred Charges

Prepaid expenses are amortized over the estimated period of future benefit, generally on a straightline basis.

Capital Assets, Net

Property and equipment acquisitions are recorded at cost, or if donated, at fair value at the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciable assets are as follows:

Land improvements	10 to 20 years
Buildings	20 to 30 years
Fixed equipment	15 to 20 years
Major movable equipment (including automobiles)	3 to 15 years
Leasehold improvements	10 years

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Non-current Investments

Non-current investments include assets set aside by the Board of Trustees for future capital improvements. The Board retains control of the funds set aside for future capital improvements and may, at its discretion, subsequently use them for other purposes.

The Hospital's investments consist of an external investment pool and is reported at fair value. Interest, dividends and gains and losses on investments, both realized and unrealized, are included in non-operating income in investment income when earned.

Cost of Borrowing

Costs incurred in connection with the obtaining of financing are expensed as incurred. Premium or discount incurred in connection with the issuance of bonds and indentures is amortized over the life of the obligations on the straight-line method, which approximates the interest method, and the unamortized amount is included in the balance of the outstanding debt.

Compensated Absences

Employees' vacation benefits are recognized in the period earned. An accrued expense is recorded for vested compensated absences not used.

Net Position

Net position consists of net investment of capital assets, restricted and unrestricted. The net investment in capital assets consists of capital assets net of accumulated depreciation and the outstanding balances of any related debt that is attributable to the acquisition of the capital assets. Restricted net position are those resources that are externally restricted by creditors, grantors, contributors or laws and regulations or those restricted by constitutional provision and enabling legislation. Unrestricted net position consists of all other resources.

Statements of Revenues, Expenses, and Changes in Net Position

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services, other than financing costs, are reported as operating revenues and operating expenses. Peripheral or incidental transactions, county support, and financing costs are reported as non-operating revenues and expenses.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Grants and Contributions

From time-to-time, the Hospital receives grants from governmental entities, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

Net Patient Service Revenue

The Hospital recognizes patient service revenue related to services rendered to patients having third-party coverage based on contractual rates pursuant to agreements with such payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare – The Hospital is certified as a CAH. As a CAH, the Hospital is reimbursed for substantially all inpatient and outpatient services to Medicare beneficiaries based on reasonable costs. Additionally, as a CAH, the Hospital's licensed beds are limited to 25, and the Hospital's acute average length of stay may not exceed 96 hours. The Hospital is reimbursed for substantially all services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

Medicaid – Beginning October 1, 2012, the Medicaid program changed to an APR-DRG system for inpatient payments and an Ambulatory Payment Classification ("APC") for outpatient payments. Under APR-DRG for inpatient payment, DRG payment is used for all inpatient acute care stays and includes those beneficiaries enrolled in Managed Care. For outpatient, the APC system groups are made up of CPT/HCPCS codes that share common types of service or common types of delivery of service.

The Hospital participates in the Mississippi Intergovernmental Transfer Program as a Medicaid Disproportionate Share Hospital ("DSH") and in the Mississippi Hospital Access Payment ("MHAP") program. Under these programs, the Hospital receives enhanced reimbursement through a matching mechanism. DSH and MHAP amounts are shown as a reduction of contractual adjustments and are recorded net of related taxes paid. The MHAP Program is administered by the Division of Medicaid ("DOM") through the Mississippi Coordinated Access Network ("CAN") coordinated care organizations ("CCO"). The CCO's subcontract with the Hospitals throughout the state for distribution of the MHAP for the purpose of protecting patient access to hospital care.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Net Patient Service Revenue (continued)

The Hospital participates in the Mississippi Nursing Home UPL Program. This program is funded by Intergovernmental Transfers ("IGTs") from participating providers to the DOM. Under this program, the Hospital receives enhanced reimbursement for nursing home services offered to the community. Unlike the Hospital UPL program, the Nursing Home UPL Program does not prescribe specific payment timeliness, therefore creating uncertainties about both the timing and estimation of such UPL payments. Due to these uncertainties, Nursing Home UPL payments are recorded only when notified by the DOM of the imminence of such payments. UPL amounts are shown as a reduction of contractual adjustments and are recorded net of IGTs paid.

Under the Hospital and Nursing Home DSH, MHAP and UPL Programs, the Hospital received enhanced reimbursement for 2019 and 2018 as follows:

	 2019	 2018
MHAP and UPL revenue, gross	\$ 504,733	\$ 594,256
DSH revenue, gross	581,996	880,825
DSH, MHAP and UPL assessments	 (137,409)	 (207,963)
DSH, MHAP and UPL revenue, net of assessment	\$ 949,320	\$ 1,267,118

Other – The Hospital has entered into payment arrangements 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 daily rates.

Charity Care

The Hospital provides care to patients who meet certain criteria (such as family income, net worth, extent of healthcare financial obligations for healthcare services, etc.) under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The hospital implemented a policy to maintain records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. Charges foregone, based on established rates, totaled approximately \$343,146 and \$70,040 for 2019 and 2018, respectively.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The net cost of charity care provided was approximately \$162,500 and \$29,000 for 2019 and 2018, respectively. The net cost of charity care is determined by multiplying the ratio of cost to gross charges to the gross uncompensated charges associated in providing care to charity patients.

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 and liabilities 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. Significant estimates used in preparing these financial statements include those assumed in determining the allowance for doubtful accounts and contractual adjustments, third-party payor settlements related to Medicare and Medicaid programs, which are extremely complex and subject to interpretation, fair value measurement of investments, and the determination of useful lives when calculating depreciation expense. It is at least reasonably possible that the significant estimates used will change within the next year.

Income taxes

The Hospital is a governmental entity and, as such, is exempt from federal and state income taxes.

Budgetary Information

The Hospital is required by the State of Mississippi to prepare a non-appropriated annual budget. The budget is not subject to the appropriation and is, therefore, not required to be presented as supplementary information.

Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2019 and 2018, was as follows:

	2019	2018
Medicare	28%	25%
Medicaid	2%	4%
Private Pay	51%	44%
Commercial	19%	27%
	100%	100%

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 1 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Electronic Health Record Incentive Program

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The Hospital utilizes a grant accounting model to recognize EHR incentive revenues. The Hospital recognized \$-0- of EHR revenues during the years ended September 30, 2019 and 2018, respectively. EHR incentive revenues are included in other operating revenues in the accompanying statements of revenues, expenses, and changes in net position.

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

Subsequent Events

Subsequent events were evaluated by the Hospital through February 27, 2020, which is the date the financial statements were available to be issued.

NOTE 2 • CASH AND CASH EQUIVALENTS AND INVESTMENTS

Cash and cash equivalents

The collateral for public entities' deposits in financial institutions is held in the name of the State Treasurer under a program established by the Mississippi State Legislature and is governed by Section 27-105-5 Miss Code Ann. (1972). Under this program, the Hospital's funds are protected through a collateral pool administered by the State Treasurer. Financial institutions holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 2 • CASH AND CASH EQUIVALENTS AND INVESTMENTS (continued)

Investments

The statutes of the State of Mississippi restrict the unauthorized investments of the Hospital to obligations of the U.S. Treasury, agencies and instrumentalities of the United States and certain other types of investments. The Mississippi Hospital Association ("MHA") investment pool is the result of an amendment to the Mississippi Code of 1972 passed in the 1999 and 2000 sessions of the Mississippi Legislature. This law expanded the investment options and permits the pooling of hospital funds. All Mississippi hospitals are allowed to participate in these funds. Pooled funds are invested in authorized investments and are managed by approved investment advisors. The Hospital's investments consist of the following external investment pool funds at September 30, 2019 and 2018:

	2019	2018
MHA Duration Trust		
Fixed income		
Intermediate duration trust	<u>\$ 1,106,186</u>	\$ 1,031,432

NOTE 3 • NET PATIENT SERVICE REVENUE

A summary of amounts comprising net patient service revenue at September 30, 2019 and 2018 is composed of the following:

	2019	2018
Gross patient revenue	\$ 50,676,832	\$ 51,378,311
Less: Provision for contractual adjustments		
under third-party reimbursement programs and other		
deductions	(21,609,579)	(22,509,361)
Provision for bad debts	(5,125,588)	(6,061,428)
	\$ 23,941,665	\$ 22,807,522

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 3 • NET PATIENT SERVICE REVENUE (continued)

A summary of revenue for gross patient services under contract with significant third-party payors follows:

	Septembe	September 30, 2019		September 30, 2018		
		Percent of		Percent of		
		Total Gross		Total Gross		
	Amount	Amount Patient Revenue		Patient Revenue		
Medicare	\$ 25,338,416	50%	\$ 25,162,160	49%		
Medicaid	7,601,525	15%	6,596,246	13%		
Other	17,736,891	35%	19,619,905	38%		
Total	\$ 50,676,832	100%	\$ 51,378,311	100%		

NOTE 4 • PATIENT ACCOUNTS RECEIVABLE, NET

Details of patient accounts receivable, net at September 30, 2019 and 2018 are as follows:

	2019	2018
Patient accounts	\$ 7,009,307	\$ 7,068,754
Allowance for contractual adjustments	(1,305,237)	(1,453,215)
Allowance for doubtful accounts	(2,116,004)	(2,454,723)
Patient accounts receivable, net	\$ 3,588,066	\$ 3,160,816

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 5 • CAPITAL ASSETS

Details of property and equipment for the year ended September 30, 2019 are as follows:

	October 1,	Additions	Retirements	September 30,
Property and equipment	2018	and Other	and Other	2019
Land (non-depreciable)	\$ 290,366	\$ -	\$ -	\$ 290,366
Construction in progress	272,747	-	(80,871)	191,876
Land improvements	305,645	-	-	305,645
Leasehold improvements	101,410	-	-	101,410
Buildings	10,483,569	1,551,780	80,871	12,116,220
Fixed equipment	2,898,483	26,900	-	2,925,383
Major moveable equipment	8,872,398	371,885	(700,990)	8,543,293
Total property and equipment	23,224,618	1,950,565	(700,990)	24,474,193
Less accumulated depreciation				
and amortization				
Land improvements	(232,077)	(10,954)	-	(243,031)
Leasehold improvements	(101,410)	-	-	(101,410)
Buildings	(5,416,805)	(245,224)	-	(5,662,029)
Fixed equipment	(2,282,062)	(134,852)	-	(2,416,914)
Major moveable equipment	(7,956,835)	(311,366)	700,990	(7,567,211)
Total accumulated depreciation	l			
and amortization	(15,989,189)	(702,396)	700,990	(15,990,595)
Property and equipment, net	\$ 7,235,429	\$ 1,248,169	\$ -	\$ 8,483,598

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 5 • CAPITAL ASSETS (continued)

Details of property and equipment for the year ended September 30, 2018 are as follows:

	October 1,	Additions	Retirements	September 30,	
Property and equipment	2017	and Other	and Other	2018	
Land (non-depreciable)	\$ 290,366	\$ -	\$ -	\$ 290,366	
Construction in progress	9,459	263,288	-	272,747	
Land improvements	305,645	-	-	305,645	
Leasehold improvements	101,410	-	-	101,410	
Buildings	10,483,569	-	-	10,483,569	
Fixed equipment	2,742,603	155,880	-	2,898,483	
Major moveable equipment	8,729,668	188,438	(45,708)	8,872,398	
Total property and equipment	22,662,720	607,606	(45,708)	23,224,618	
Less accumulated depreciation					
and amortization					
Land improvements	(221,124)	(10,953)	-	(232,077)	
Leasehold improvements	(101,410)	-	-	(101,410)	
Buildings	(5,180,338)	(236,467)	-	(5,416,805)	
Fixed equipment	(2,153,646)	(128,416)	-	(2,282,062)	
Major moveable equipment	(7,731,353)	(271,190)	45,708	(7,956,835)	
Total accumulated depreciation	l				
and amortization	(15,387,871)	(647,026)	45,708	(15,989,189)	
Property and equipment, net	<u>\$ 7,274,849</u>	<u>\$ (39,420</u>)	<u>\$</u>	<u>\$ 7,235,429</u>	

Depreciation expense for the years ended September 30, 2019 and 2018 amounted to \$707,417 and \$647,026, respectively. Capitalized lease equipment and related accumulated depreciation was \$496,210 and \$102,508, respectively, at September 30, 2019, and \$136,210 and \$17,026, respectively, at September 30, 2018.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 6 • LONG-TERM LIABILITIES

Details of long-term liabilities at September 30, 2019 and 2018 are as follows:

	2019	2018
Promissory note with Covington County at varying rates of interest of 2.0 percent to 3.4 percent; principal maturing in varying amounts through 2031, with semi-annual interest payments	\$ 4,176,809	\$ 4,624,408
Note payable to Trustmark bank, interest rate of 3.55 percent, monthly payments of \$16,254 maturing October 2028, collateralized by equipment	1,512,407	_
Capital lease obligations at varying rates of imputed interest from 2.00 percent to 2.57 percent, monthly payments between \$5,675 and \$4,325 maturing March 2023 through February 2026, collectoralized by equipment	422 296	126 210
collateralized by equipment Less current maturities	<u>433,286</u> 6,122,502 (610,712) \$ 5,511,790	$ \begin{array}{r} 136,210 \\ 4,760,618 \\ (416,004) \\ \$ 4,344,614 \end{array} $

The maturities on long-term debt and capital lease obligations are as follows:

	Long-Te	rm Debt	Capital Leas	e Obligations	
Year Ending September 30,	Principal Interest		Principal	Interest	
2020	\$ 541,810	\$ 129,845	\$ 68,902	\$ 7,813	
2021	473,862	116,557	79,606	6,667	
2022	484,233	102,916	80,783	5,490	
2023	499,798	84,625	65,446	4,283	
2024	515,564	73,610	48,854	3,045	
2025-2029	2,670,273	342,164	89,695	1,945	
2029-2031	503,676	86,187	-	-	
	\$ 5,689,216	\$ 935,904	\$ 433,286	\$ 29,243	

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 6 • LONG-TERM LIABILITIES (continued)

A schedule of changes in the Hospital's non-current liabilities for 2019 follows:

	September 30,			September 30,	Due Within
	2018	Additions	Retirements	2019	One Year
Notes payable Capital lease	\$ 4,624,408	\$ 1,640,000	\$ 575,193	\$ 5,689,215	\$ 541,810
obligations	136,210	360,000	62,923	433,287	68,902
	\$ 4,760,618	\$ 2,000,000	\$ 638,116	\$ 6,122,502	\$ 610,712

Below is a schedule of changes in the Hospital's non-current liabilities for 2018:

	September 30,			September 30,	Due Within
	2017	Additions	Retirements	2018	One Year
Notes payable	\$ 5,114,079	\$ -	\$ 489,671	\$ 4,624,408	\$ 391,188
Capital lease obligations	47,446	136,210	47,446	136,210	24,816
	\$ 5,161,525	\$ 136,210	\$ 537,117	\$ 4,760,618	\$ 416,004

NOTE 7 • FAIR VALUE MEASUREMENTS

The Hospital's investments are recorded at fair value as of September 30, 2019. GASB No. 72, *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect the entity's assumption about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 7 • FAIR VALUE MEASUREMENTS (continued)

- Level 1 Investments whose values are based on quoted prices (unadjusted) for identical assets or liabilities in active markets that a government can access at the measurement date.
- Level 2 Investments with inputs other than quoted prices included within Level 1 that are observable for an asset or liability, either directly or indirectly.
- Level 3 Investments classified as Level 3 have unobservable inputs for an asset or liability and may require a degree of professional judgement.

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The following table represents the Hospital's investments within the fair value hierarchy at September 30, 2019 and 2018.

	Assets at Fair Value as of September 30, 2019					
	Level	1	Level 2	Le	vel 3	Total
MHA Duration Trust Intermediate duration trust	\$		<u>\$1,106,186</u>	\$	-	<u>\$1,106,186</u>
	Assets at Fair Value as of September 30, 2018					0, 2018
	Level	1	Level 2	Le	vel 3	Total
MHA Duration Trust Intermediate duration trust	\$	_	\$ 1,031,432	\$	-	\$ 1,031,432

The fair value of the MHA investment pools are based on the closing price reported on the active market on which the individual funds are traded, and the fair value is allocated to the Hospital based on unit ownership. Therefore, investments are considered a Level 2 category.

NOTE 8 • RETIREMENT PLAN

The Hospital has established the Covington County Hospital Retirement Plan, a defined contribution plan, for the benefit of its employees. Under provisions of the Plan, all employees with ninety (90) days of service are eligible to participate and become eligible for employer matching after one year of service (1/2 percent for each 1 percent of voluntary contributions up to a maximum of 2 percent). Additionally, after ten (10) years of service, the employee becomes eligible for a discretionary match if they contribute 5% or greater. Previously, all employees with one year of service were eligible to participate with the Hospital contributing up to 2 percent plus 1/10 percent for each year of service of each participating employee's eligible compensation as determined by the Board of Trustees on an annual basis. The Hospital's contributions for the years ended September 30, 2019 and 2018 totaled \$140,519 and \$138,880, respectively.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 9 • NET POSITION

Net investment in capital assets was as follows at September 30, 2019 and 2018:

	2019	2018
Capital assets	\$ 24,479,214	\$ 23,224,618
Less accumulated depreciation	(15,995,616)	(15,989,189)
Less debt outstanding related to capital assets	(6,122,502)	(4,760,618)
Net investment in capital assets	\$ 2,361,096	<u>\$ 2,474,811</u>

NOTE 10 • RISK MANAGEMENT

The Hospital is involved in litigation and regulatory investigations arising in the normal course of business. Based on consultations with legal counsel, management is of the opinion that these matters will be resolved without material adverse effect on the Hospital's future financial position or on the result of its future operations.

NOTE 11 • HEALTH CARE REFORM ACTS

In March 2010, the Patient Protection and Affordable Care Act and the related Health Care and Education Reconciliation Act were signed into law. The Act impacts multiple aspects of the healthcare system, including many provisions that change payments from Medicare, Medicaid and insurance companies, expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for businesses to provide healthcare benefits, prohibiting denial of coverage/claims based on pre-existing conditions, establishing health insurance exchanges and support of medical research. The Reconciliation Act adds some new provisions that were not included originally. Several legal challenges have been made against the legislation since it was enacted, and uncertainty exists as to the ultimate impact of the legislation on the healthcare delivery system. On June 28, 2012, The United States Supreme Court upheld the constitutionality of components of the Affordable Care Act, allowing the historic overhaul of the healthcare system to continue. Potential impacts of healthcare reform include uncertainty and volatility in Medicare and Medicaid reimbursement, fundamental changes in payment systems, increased regulation and significant required investments in healthcare information technology, as well as significant changes in the political landscape.

NOTES TO FINANCIAL STATEMENTS Years Ended September 30, 2019 and 2018

NOTE 12 • COMPLIANCE MATTER

In January 2013, the Hospital identified a potential noncompliance violation of the Stark Law related to Federal Physicians' Self-Referral Statute (Section 1877 of the Social Security Act). In April 2013, the Hospital voluntary self-reported this matter with a submission to the Division of Technical Payment Policy, Provider and Supplier Self-Disclosure of the Centers for Medicare & Medicaid Services (CMS). The voluntary disclosure was made pursuant to the Affordable Care Act and under the Medicare Voluntary Self-Referral Disclosure Protocol issued by CMS. The matter is currently under review by CMS and it is not possible at this time to evaluate the likelihood of an unfavorable outcome or to estimate the amount or range of any potential loss or penalties.

Name	Position	Company	А	mount of Bond
Robert Johnson	Board Member	Brierfield Insurance Company	\$	100,000
James McPhail	Board Member	Brierfield Insurance Company		100,000
Everlean Booth	Board Member	Brierfield Insurance Company		100,000
Jeff Hall	Board Member	Brierfield Insurance Company		100,000
Greg Sullivan	Board Member	Brierfield Insurance Company		100,000
Public Employees	Employees	Brierfield Insurance Company		100,000
Public Employees	Retirement Plan	Travelers Insurance Company		350,000
Arrington Living Center	Resident Trust Bond	Western Surety Company		65,000

SCHEDULE OF SURETY BONDS FOR OFFICIALS AND EMPLOYEES September 30, 2019



The Board of Trustees Covington County Hospital Collins, Mississippi

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of business-type activities of Covington County Hospital (the "Hospital"), as of and for the year ended September 30, 2019, and the related notes to financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated February 27, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies in internal control, that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. The Board of Trustees Covington County Hospital (continued)

Compliance and Other Matters

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

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Harpen, Raine, Knight : Compony, F.A.

February 27, 2020

Certified Public Accountants · Consultants · hrkcpa.com



The Board of Trustees Covington County Hospital Collins, Mississippi

Independent Auditors' Report on Compliance with State Laws and Regulations

We have audited the financial statements of Covington County Hospital (the "Hospital"), a component unit of Covington County, Mississippi, as of and for the year ended September 30, 2019, and have issued our report thereon dated February 27, 2020.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements.

Compliance with state laws and regulations applicable to the Hospital is the responsibility of the Hospital's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of the Hospital's compliance with certain provisions of state laws and regulations. However, the objective of our audit of the financial statements was not to provide an opinion on overall compliance with such provisions. Accordingly, we do not express such an opinion.

The results of our tests indicate, with respect to the items tested, the Hospital complied with the provisions referred to in the preceding paragraph. With respect to items not tested, nothing came to our attention that caused us to believe that the facility had not complied with state laws and regulations.

This report is intended solely for the information and use of management, the Board of Trustees, others within the Hospital and the Board of Supervisors of Covington County and is not intended to be, and should not be, used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Harpen, Raine, Kaught =' Compony, F.A.

February 27, 2020

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