South Central Regional Medical Center (Laurel, Mississippi)
(A Component Unit of Jones County)

FINANCIAL STATEMENTS

For the Years Ended September 30, 2024 and 2023

South Central Regional Medical Center Laurel, Mississippi (A Component Unit of Jones County)

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REPORT



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INDEPENDENT AUDITOR'S REPORT

Board of Trustees South Central Regional Medical Center Laurel, Mississippi

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of South Central Regional Medical Center (the Medical Center), a component unit of Jones County, Mississippi, as of and for the years ended September 30, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of South Central Regional Medical Center, as of September 30, 2024 and 2023, and the 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.

Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Medical Center, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether
 due to fraud or error, and design and perform audit procedures responsive to those risks.
 Such procedures include examining, on a test basis, evidence regarding the amounts and
 disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing
 an opinion on the effectiveness of the Medical Center's internal control. Accordingly, no such
 opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4-15 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Medical Center's basic financial statements. The schedule of surety bonds for officers and employees is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, and Cost Principles, and Audit Requirements for Federal Awards, is also presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and the schedule of surety bonds for officers and employees are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 25, 2024, on our consideration of the Medical Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 effectiveness of the Medical Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Medical Center's internal control over financial reporting and compliance.

CARR, RIGGS & INGRAM, L.L.C.

Carr, Riggs & Chapan, L.L.C.

Metairie, Louisiana November 25, 2024



MANAGEMENT'S DISCUSSION AND ANALYSIS

This section of South Central Regional Medical Center's (Medical Center) annual financial report presents background information and our analysis of the Medical Center's financial performance during the fiscal years that ended on September 30, 2024 and 2023. Please read it in conjunction with the financial statements in this report.

2024

FINANCIAL HIGHLIGHTS

The Medical Center's total net position increased by \$22,553,000 or 22.4 percent, from the prior year. All of this decrease results from the recognition of expenses over revenues.

At the end of the 2024 fiscal year, the assets of the Medical Center exceeded liabilities and deferred inflows by \$123,318,000. Of this excess amount, \$89,822,000 (unrestricted) may be used to meet ongoing obligations to the Medical Center's employees, patients and creditors, \$30,197,000 is invested in capital assets, net of related debt and \$3,299,000 is restricted for debt service and for self-insurance. The Medical Center is self-insured for general and professional liability claims and has established a self-insurance fund in accordance with the requirements of the Mississippi Tort Claims Board. At September 30, 2024, the Medical Center had \$2,167,000 deposited into this restricted account to be used exclusively for general and professional liability claims and related claim defense expenses. All related liabilities and incurred but not reported (IBNR) amounts are recorded in the financial statements and further defined in the notes to the financial statements. At September 30, 2024, the Medical Center had a current ratio of 4.05.

Total operating revenue increased \$60.6 million or 32.5 percent. This was due primarily to an increase of \$56.8 million in net patient service revenue. Increased volumes in pharmacy, and other outpatient services, as well as additional MHAP payments drove this increase. The Medical Center received and additional \$24.6 million from the Division of Medicaid. The increased revenue was offset by an increase in expense. The Medical Center spent and additional \$16.9 million as compared to the prior year. The increase is primarily related to salaries and medical supplies.

2023

FINANCIAL HIGHLIGHTS

The Medical Center's total net position decreased by \$23,199,000 or 18.7 percent, from the prior year. All of this decrease results from the recognition of expenses over revenues.

At the end of the 2023 fiscal year, the assets of the Medical Center exceeded liabilities and deferred inflows by \$100,765,000. Of this excess amount, \$70,711,000 (unrestricted) may be used to meet ongoing obligations to the Medical Center's employees, patients and creditors, \$27,076,000 is invested in capital assets, net of related debt and \$2,978,000 is restricted for debt service and for self-insurance. The Medical Center is self-insured for general and professional liability claims and has established a self-insurance fund in accordance with the requirements of the Mississippi Tort Claims Board. At September 30, 2023, the Medical Center had \$2,167,000 deposited into this restricted account to be used exclusively for general and professional liability claims and related claim defense expenses. All related liabilities and incurred but not reported (IBNR) amounts are recorded in the financial statements and further defined in the notes to the financial statements. At September 30, 2023, the Medical Center had a current ratio of 2.91.

Total operating revenue decreased \$4.8 million or 2.5 percent. This was due primarily to a decrease of \$7.7 million in net patient service revenue which consisted primarily of increases in contractual allowances offset by an increase in other operating revenue of \$2.8 million or 73%. Operating expenses, excluding depreciation and amortization, increased by \$10.0 million from 2022 to 2023. This increase was due primarily to increases in salaries and professional fees.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of four components - the Management's Discussion and Analysis of Financial Condition and Operating Results (this section), the Independent Auditor's Report, the Financial Statements and Supplementary Information.

The Financial Statements of the Medical Center report the financial position of the Medical Center 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 Medical Center's activities.

The Statements of Net Position include all of the Medical Center's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Medical Center's creditors (liabilities) for both the current year and two prior years. They also provide the basis for evaluating the capital structure of the Medical Center, and assessing the liquidity and financial flexibility of the Medical Center.

All of the revenues and expenses are accounted for in the *Statements of Revenues, Expenses and Changes in Net Position*. These statements measure the performance of the Medical Center's operations and can be used to determine whether the Medical Center has been able to recover all of its costs through its patient service revenue and other revenue sources.

The primary purpose of the *Statements of Cash Flows* is to provide information about the Medical Center's cash from operations, investment and financing 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 the Financial Statements* that are essential to gain a full understanding of the data provided in the financial statements. The notes to the financial statements can be found immediately following the basic financial statements in this report. Following the notes to the financial statements is a section containing supplementary information that provides additional information as required.

FINANCIAL ANALYSIS OF THE MEDICAL CENTER

The statements of net position and the statements of revenues, expenses and changes in net position report information about the Medical Center's activities. These statements report the net position of the Medical Center and changes in net position. Increases or improvements, as well as decreases or declines in the net position, are one indicator of the financial state of the Medical Center. 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 government legislation.

South Central Regional Medical Center (A Component Unit of Jones County) Management's Discussion and Analysis September 30, 2024 and 2023

2024
Net Position

A summary of the Medical Center's statements of net position is presented in the following table:

Condensed Statements of Net Position (In Thousands)

	Fiscal Year 2024	Fiscal Year 2023	Dollar Change	Total Percent Change
Current and other assets Capital assets	\$ 114,542 103,660	\$ 97,247 106,391	\$ 17,295 (2,731)	17.8% -2.6%
Total assets	\$ 218,202	\$ 203,638	\$ 14,564	7.2%
Long-term obligations outstanding Other liabilities	\$ 73,463 21,246	\$ 79,314 23,333	\$ (5,851) (2,087)	-7.4% -8.9%
Total liabilities	94,709	102,647	(7,938)	-7.7%
Deferred inflows	174	225	(51)	-22.7%
Net investment in capital assets Restricted Unrestricted	30,197 3,299 89,823	27,076 2,978 70,712	3,121 321 19,111	11.5% 10.8% 27.0%
Total net position	123,319	100,766	22,553	22.4%
Total liabilities and net position	\$ 218,202	\$ 203,638	\$ 14,564	7.2%

Total assets increased by 7.2 percent due to an increase in cash and investments of \$11.5 million. The receivables increased by \$1.4 million.

2023 Net Position

A summary of the Medical Center's statements of net position is presented in the following table:

Condensed Statements of Net Position (In Thousands)

	Fiscal Year		Fiscal Year	Dollar	Total Percent
September 30,	2023		2022	Change	Change
		(F	Restated)		
Current and other assets	\$ 97,247	\$	119,018	\$ (21,771)	-18.3%
Capital assets	106,391		109,589	(3,198)	-2.9%
Total assets	\$ 203,638	\$	228,607	\$ (24,969)	-10.9%
Long-term debt outstanding Other liabilities	\$ 79,314 23,333	\$	83,731 20,548	\$ (4,417) 2,785	-5.3% 13.6%
Total liabilities	102,647		104,279	(1,632)	-1.6%
Deferred inflows	225		363	(138)	-38.0%
Net investment in capital assets	27,076		25,858	1,218	4.7%
Restricted	2,978		3,168	(190)	-6.0%
Unrestricted	70,712		94,939	(24,227)	-25.5%
Total net position	100,766		123,965	(23,199)	-18.7%
Total liabilities and net position	\$ 203,638	\$	228,607	\$ (24,969)	-10.9%

Total assets decreased 10.9 percent due to a decrease in cash and investments of \$16 million. The receivables decreased by \$6.0 million.

2024
Summary of Revenue and Expenses

The following table presents a summary of the Medical Center's historical revenues and expenses for each of the fiscal years ended September 30, 2024 and 2023:

Condensed Statements of Revenues and Expenses (In Thousands)

September 30,	Fiscal Year 2024	Fiscal Year 2023	Dollar Change	Total Percent Change
Net patient service revenue	\$ 236,090	\$ 179,310	\$ 56,780	31.7%
Other operating revenue excluding interest income	10,638	6,852	3,786	55.3%
Total operating revenue	246,728	186,162	60,566	32.5%
Salaries and benefits Professional fees, supplies,	132,798	122,718	10,080	8.2%
maintenance, other	79,263	72,397	6,866	9.5%
Total operating expenses before depreciation / amortization	212,061	195,115	16,946	8.7%
Earnings (loss) before interest depreciation and amortization (EBITDA)	34,667	(8,953)	43,620	-487.2%
Depreciation and amortization expense	11,856	12,015	(159)	-1.3%
Operating income (loss)	22,811	(20,968)	43,779	-208.8%
Investment and grant income Income from joint ventures Gain (loss) on sale of capital assets CARES Act funding Interest expense	1,956 270 4 - (2,488)	6 72 85 - (2,394)	1,950 198 (81) - (94)	32500.0% 275.0% -95% 100.0% 3.9%
Total nonoperating revenues	(258)	(2,231)	1,973	-88.4%
Increase (decrease) in net position	\$ 22,553	\$ (23,199)	\$ 45,752	-197.2%

2024

Operating Revenue

During fiscal year 2024, the Medical Center derived approximately 95.7 percent of its total operating revenues from net patient service revenues. Operating revenues include revenues from the Medicare and Medicaid programs, patients or their third-party carriers who pay for care in the Medical Center's facilities.

The following table represents the relative percentage of gross charges billed for patient services by payer for the fiscal years ended September 30, 2024 and 2023:

	Fiscal Year	Fiscal Year
September 30,	2024	2023
Medicare	52.3%	49.9%
Medicaid	13.8%	16.6%
Other	34.0%	33.5%
	100.0%	100.0%

2024

OPERATING AND FINANCIAL PERFORMANCE

The following summarizes the changes in the Medical Center's statements of revenues, expenses and changes in net position for 2024 as compared to 2023:

- During 2024, the Medical Center had patient days and admissions of 30,184 and 6,526, respectively. As compared to 2023, patient days increased by 2.53 percent and admissions decreased by 0.73 percent.
- Outpatient and emergency services were 2,229,901 and 2,137,578, respectively, in 2024 and 2023, which corresponds to an increase of 4.32 percent.
- Surgical cases increased by 5.87 percent to 3,136 in 2024 from 2,962 in 2023.
- Net patient service revenue increased as stated in the Financial Highlights. Net patient service revenue increased to \$236.1 million in 2024 from \$179.3 million in 2023.
- Salaries increased \$9.9 million to \$118.3 million in 2024 from \$108.5 million in 2023.

2023
Summary of Revenue and Expenses

The following table presents a summary of the Medical Center's historical revenues and expenses for each of the fiscal years ended **September 30, 2023** and 2022:

Condensed Statements of Revenues and Expenses (In Thousands)

September 30,	Fiscal Year 2023		Fiscal Year 2022	Dollar Change	Total Percent Change
		(R	estated)		
Net patient service revenue	\$ 179,310	\$	186,988	\$ (7,678)	-4.1%
Other operating revenue excluding interest income	6,852		3,859	2,993	77.6%
Total operating revenue	186,162		190,847	(4,685)	-2.5%
Salaries and benefits Professional fees, supplies,	122,718		121,463	1,255	1.0%
maintenance, other	72,397		63,682	8,715	13.7%
Total operating expenses before depreciation / amortization	195,115		185,145	9,970	5.4%
Earnings before interest depreciation and amortization (EBITDA)	(8,953)		5,702	(14,655)	-257.0%
Depreciation and amortization expense	12,015		12,294	(279)	-2.3%
Operating income (loss)	(20,968)		(6,592)	(14,376)	218.1%
Investment and grant income Income from joint ventures Gain(loss) on sale of capital assets CARES Act Funding	6 72 85		(1,627) 437 146 10,170	1,633 (365) (61) (10,170)	-100.4% -83.5% -41.8% -100.0%
Interest expense	(2,394)		(2,325)	(69)	3.0%
Total nonoperating revenues	(2,231)		6,801	(9,032)	-132.8%
Increase in net position	\$ (23,199)	\$	209	\$ (23,408)	-11200.0%

2023

Operating Revenue

During fiscal year 2023, the Medical Center derived approximately 96.4 percent of its total operating revenues from net patient service revenues. Operating revenues include revenues from the Medicare and Medicaid programs, patients or their third-party carriers who pay for care in the Medical Center's facilities.

The following table represents the relative percentage of gross charges billed for patient services by payer for the fiscal years ended **September 30, 2023** and 2022:

	Fiscal Year	Fiscal Year
September 30,	2023	2022
A A a di a a a	40.0%	40.70/
Medicare	49.9%	49.7%
Medicaid	16.6%	17.0%
Other	33.5%	33.3%
	100.0%	100.0%

2023

OPERATING AND FINANCIAL PERFORMANCE

The following summarizes the changes in the Medical Center's statements of revenues, expenses and changes in net position for 2023 as compared to 2022:

- During 2023, the Medical Center had patient days and admissions of 29,438 and 6,574, respectively. As compared to 2022, patient days decreased by 10.4 percent and admissions increased by 0.3 percent.
- Outpatient and emergency registrations were 2,137,578 and 2,104,011, respectively, in 2023 and 2022, which corresponds to an increase of 0.2 percent.
- Surgical cases decreased by 3.1 percent to 2,962 in 2023 from 3,058 in 2022.
- Net patient service revenue decreased as stated in the Financial Highlights. Net patient service revenue decreased to \$179.3 million in 2023 from \$187.0 million in 2022.
- Salaries increased \$2.1 million to \$108.5 million in 2023 from \$106.4 million in 2022.

2024 CAPITAL ASSETS

Capital Assets (In Thousands)

Building and leasehold improvements 112,237 106,918 5,319 5.0% Equipment 89,238 82,051 7,187 8.8% Right of use assets 25,228 25,228 - 0.0% Subtotal 235,782 223,101 12,681 5.7% Less: Accumulated depreciation (133,069) (121,213) (11,856) 9.8% 102,713 101,888 825 0.8%	September 30,		Fiscal Year 2024		Fiscal Year 2023		Dollar Change	Total Percent Change
Less: Accumulated depreciation (133,069) (121,213) (11,856) 9.8% 102,713 101,888 825 0.8%	Building and leasehold improvements Equipment	\$	112,237 89,238	\$	106,918 82,051	\$	5,319	2.0% 5.0% 8.8% 0.0%
•			•		•		•	5.7% 9.8%
Net capital asset \$ 103,660 \$ 106,391 \$ (2,731) -2.6%	Construction in progress	<u> </u>	947	<u></u>	4,503	<u> </u>	(3,556)	0.8% -79.0% -2.6%

Net capital assets decreased approximately \$2.7 million or 2.6 percent due to the Medical Center's depreciation exceeding purchases. Before depreciation, capital assets increased \$9.1 million due to additions partially offset by the disposals of property.

2024

LONG-TERM DEBT AND LIABILITIES

At year-end, the Medical Center had \$73.5 million in long-term debt and liabilities including SBITAs. Total long-term debt and liabilities represents 77.6 percent of the Medical Center's total liabilities as of year-end. More detailed information about the long-term debt and liabilities is presented in the notes to the financial statements.

2023
CAPITAL ASSETS

Capital Assets (In Thousands)

September 30,	Fiscal Year 2023	(F	Fiscal Year 2022 Restated)	Dollar Change	Total Percent Change
Land and land improvements Building and leasehold improvements Equipment Right of use assets	\$ 8,904 106,918 82,051 25,228	\$	7,500 107,634 80,572 23,811	\$ 1,404 (716) 1,479 1,417	18.7% -0.7% 1.8% 6.0%
Subtotal Less: Accumulated depreciation	223,101 (121,213)		219,517 (110,594)	3,584 (10,619)	1.6% 9.6%
Construction in progress	101,888 4,503		108,923 666	(7,035) 3,837	-6.5% 576.6%
Net capital asset	\$ 106,391	\$	109,589	\$ (3,198)	-2.9%

Net capital assets decreased approximately \$3.1 million or 2.9 percent due to the Medical Center's depreciation exceeding purchases. Before depreciation, capital assets increased \$7.4 million due to construction in progress and other additions partially offset by the disposals of property.

2023

LONG-TERM DEBT AND LIABILITIES

At year-end, the Medical Center had \$79.3 million in long-term debt and liabilities including SBITAs. Total long-term debt and liabilities represents 77.2 percent of the Medical Center's total liabilities as of year-end. More detailed information about the long-term debt and liabilities is presented in the notes to the financial statements.

THE MEDICAL CENTER'S CASH FLOWS

Changes in the Medical Center's cash flows are consistent with changes in operating income and nonoperating revenues and expenses, discussed earlier.

ECONOMIC FACTORS AND NEXT YEAR'S BUDGET

While the annual budget of the Medical Center is not presented within these financial statements, the Medical Center's Board and management considered many factors when setting the fiscal year 2025 budget. Although the financial outlook for the Medical Center is outstanding, of primary importance in setting the 2025 budget is the status of the economy and the healthcare environment, which takes into account market forces and environmental factors such as:

- Medicare reimbursement changes;
- Medicaid reimbursement changes, as well as the continuation at the current or increased level of the MHAP, Disproportionate Share and Upper Payment Limit programs;
- Increased number of uninsured and working poor;
- Ongoing competition for services;
- Supply chain concerns as well as the increases in cost of supplies, including pharmaceutical and medical supplies;
- Ability to recruit Medical Center personnel
- 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 Medical Center administration;

IMPACT OF COVID-19

South Central Regional Medical Center, as have all of the healthcare facilities in the United States, has been and continues to be significantly impacted by the spread of the Coronavirus Disease 2019 (Covid- 19) pandemic. Since the Public Health Emergency declaration by the President of the United States on March 13, 2020, the Medical Center has experienced and continues to experience a significant reduction in services provided in our hospital, physician clinics, home care agencies and nursing homes. Elective surgeries were suspended for a period of time and have yet achieved the service levels of prior years. Health care professionals have raised concerns that patients are forgoing important care, such as chronic disease management, which can further jeopardize their health and as an additional consequence, reductions in revenue for health systems are anticipated in the future until the pandemic subsides.

For more detail on the Covid-19 pandemic, see the notes to the financial statements.



FINANCIAL STATEMENTS

South Central Regional Medical Center (A Component Unit of Jones County) Statements of Net Position

September 30,		2024		2023
Assets				
Current assets				
Cash and cash equivalents	\$	28,444,767	\$	14,122,300
Certificates of deposit	•	12,306,525		10,186,501
Investments		1,966,383		1,630,733
Patient accounts receivable, net of allowance for		,,		, ,
uncollectible accounts of approximately \$35,103,720				
in 2024 and \$33,355,698 in 2023		43,758,056		42,361,291
Estimated third-party payer settlements		-		521,242
Inventories		7,297,468		7,151,013
Lease receivable		78,112		77,805
Other current assets		5,870,581		2,680,003
Total current assets		99,721,892		78,730,888
Assets limited as to use, net of amount required for				
current liabilities		3,299,100		2,978,140
Certificates of deposit, noncurrent		750,000		6,000,000
Capital assets, net		103,659,966		106,390,528
Lease receviable		96,102		147,462
Other assets		10,674,394		9,390,430
Total assets	\$	218,201,454	\$	203,637,448
			(C	ontinued)

South Central Regional Medical Center (A Component Unit of Jones County) Statements of Net Position

September 30,		2024		2023
Liabilities and Net Position				
Current liabilities				
Current maturities of long-term debt and lease obligations	\$	2,929,185	\$	3,084,550
Current portion of subscriptions payable	•	2,766,073	т.	3,040,921
Accounts payable, trade		10,161,198		13,522,654
Estimated third-party payer settlements		387,211		-
Accrued salaries and compensated absences		8,048,598		7,163,464
Other current liabilities		323,351		320,807
Total current liabilities		24,615,616		27,132,396
Accrued self-insurance costs		2,325,777		2,325,777
Long-term debt and lease obligations, less current maturities		67,723,147		70,364,302
Subscriptions payable, less current portion		44,875		2,824,520
Subscriptions payable, less current portion		44,873		2,024,320
Total liabilities		94,709,415		102,646,995
Deferred inflow of resources				
Leases		174,214		225,267
Net position				
Net investment in capital assets		30,196,686		27,076,235
Restricted - expendable for		30,200,000		
Debt service		1,132,454		811,494
Use in self-insurance programs		2,166,646		2,166,646
Unrestricted		89,822,039		70,710,811
Total net position		123,317,825		100,765,186
		-		
Total liabilities, deferred inflows, and net position	\$	218,201,454	\$	203,637,448
			(C	oncluded)

(Concluded)

South Central Regional Medical Center (A Component Unit of Jones County) Statements of Revenues, Expenses and Changes in Net Position

For the years ended September 30,	2024	2023
Operating Revenue		
Net patient service revenue, net of provision for bad debts	\$ 236,090,534	\$ 179,310,902
of \$24,517,595 in 2024 and \$28,109,248 in 2023		
Other operating revenue	10,637,649	6,851,769
Total operating revenue	246,728,183	186,162,671
Operating Expenses		
Salaries and wages	118,321,995	108,468,231
Professional fees	• •	17,047,092
Employee benefits	14,184,968	
Supplies and other	14,476,922	14,251,079
···	54,162,910	44,380,435
Maintenance and utilities	10,915,241	10,969,044
Depreciation and amortization	11,855,504	12,014,731
Total anarating evapores	222 047 540	207 120 (12
Total operating expenses	223,917,540	207,130,612
Operating income (loss)	22,810,643	(20,967,941)
		· ·
Nonoperating Revenue (Expenses)		
Interest expense	(2,488,081)	(2,393,565)
Unrestricted gifts and bequests	65,732	63,367
Gain on sale of capital assets	4,436	84,865
Joint venture income	270,070	72,016
Investment income (loss)	1,889,839	(57,410)
	, ,	(- ,)
Total nonoperating revenue (expense)	(258,004)	(2,230,727)
Increase (decrease) in net position	22,552,639	(23,198,668)
Net Position - beginning of year	100,765,186	123,963,854
Net Position - end of year	\$ 123,317,825	\$ 100,765,186

South Central Regional Medical Center (A Component Unit of Jones County) Statements of Cash Flows

For the years ended September 30,		2024		2023
Operating Activities			_	
Receipts from and on behalf of patients	Ş	235,872,292		185,877,497
Payments to suppliers and contractors		(87,398,664)		(70,230,014)
Payments to employees		(131,913,783)		(123,097,718)
Other receipts and payments, net		10,637,649		6,691,769
Net cash provided by (used in) operating activities		27,197,494		(758,466)
. , , , , , , , , , , , , , , , , , , ,		, ,		
Noncapital Financing Activities				
Noncapital grants and contributions		65,732		63,367
Net cash provided by (used in) noncapital financing				
activities		65,732		63,367
Capital and Related Financing Activities				
Principal payments on long-term debt, leases, and SBITAs		(5,851,013)		(5,833,369)
Interest paid on long-term debt, leases, and SBITAs		(2,488,081)		(2,393,565)
Purchase of capital assets		(9,155,780)		(7,416,317)
Proceeds from sales of capital assets		35,274		101,597
Net cash provided by (used in) capital and related				
financing activities		(17,459,600)		(15,541,654)
Investing Activities				
Proceedsfrom (purchase of) of certificates of deposit		3,129,976		(16,186,501)
Proceeds from sale of investments		-		16,188,695
Proceeds from minority interest		138,812		-
Investment income		1,571,013		536,724
Net cash provided by (used in) investing activities		4,839,801		538,918
				/ -
Net increase (decrease) in cash and cash equivalents		14,643,427		(15,697,835)
Cook and Cook Favinglants hasting to a force		47.466.446		22 702 275
Cash and Cash Equivalents - beginning of year		17,100,440		32,798,275
Cash and Cash Equivalents - end of year		24 742 007	۲.	17 100 440
Cash and Cash Equivalents - end of year	\$	31,743,867	\$ //	17,100,440
			(C	Continued)

South Central Regional Medical Center (A Component Unit of Jones County) Statements of Cash Flows (Continued)

For the years ended September 30,		2024		2023
Reconciliation of Cash and Cash Equivalents Cash and cash equivalents Assets limited as to use, net of amount required	\$	28,444,767	\$	14,122,300
for current liabilities		3,299,100		2,978,140
Total cash and cash equivalents	\$	31,743,867	\$	17,100,440
Reconciliation of Income (Loss) from Operations to Net Cash Provided by (Used in) Operating Activities: Income (loss) from operations Adjustments to reconcile income (loss) from operations to net cash provided by (used in) operating activities:	\$	22,810,643	\$	(20,967,941)
Joint venture income Depreciation and amortization Provision for bad debts Changes in assets and liabilities:		270,070 11,855,504 24,517,595		72,016 12,014,731 28,109,248
Receivables Inventories Other current and noncurrent assets Accounts payable, trade Estimated third-party payer settlements Accrued salaries and compensated absences		(25,914,360) (146,455) (4,630,178) (3,361,456) 908,453 885,134		(22,167,132) (668,701) (327,540) 3,172,709 552,463 (378,408)
Other liabilities Net cash provided by (used in) operating activities		2,544	\$	(9,911)
Supplemental disclosures of noncash investing and financing activities Unrealized gains (losses) on investments	\$	318,826	\$	
	•	310,020	ې	(864,118)
Addition of ROU assets via lease	\$	-	\$	620,282
Addition of ROU assets via SBITAs	\$	-	\$ (C	796,339 oncluded)

Note 1: DESCRIPTION OF MEDICAL CENTER

Nature of Operations and Reporting Entity

South Central Regional Medical Center (the Medical Center) is a regional healthcare provider established by Jones County as a special purpose government entity under the laws of the State of Mississippi. The Medical Center is owned by Jones County and is governed by a Board of Trustees pursuant to Sections 41-13-15 et. Seq. of Mississippi Code of 1972, as amended. Because of the relationship between the Medical Center and Jones County, the Medical Center has been defined as a component unit of the county.

The Medical Center provides inpatient, outpatient, emergency care services and long-term care primarily for residents of Jones County and the surrounding primary service area. Comfort Care Home Health and Hospice, multiple physician clinics, and EmServ Ambulance Services are also a part of the Medical Center's operations. Admitting physicians are primarily practitioners in the same area. The Medical Center is currently licensed to provide 285 Medical Center beds, 248 nursing home beds and 12 assisted living beds.

Blended Component Unit

The financial statements include the accounts of the Medical Center and the South Central Health Care Foundation (the Foundation), an entity over which the Medical Center exerts control and there is a financial benefit relationship with this entity. This entity is presented as a blended component unit due to the governing body being substantially the same as the governing body of the Medical Center and having operational responsibility of this component unit. All material intercompany accounts and transactions have been eliminated.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Medical Center prepares its financial statements in conformity with the applicable pronouncements of the Governmental Accounting Standards Board (GASB). The accompanying financial statements of the Medical Center have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenue, expenses, gains, losses, assets, liabilities and deferred inflows and outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants and county appropriations) are recognized when all applicable eligibility requirements are met.

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 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. Actual results could differ from those estimates.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates (continued)

Estimates that are particularly susceptible to significant change in the near term are related to the determination of the allowances for uncollectible accounts and contractual adjustments and estimated third-party payer settlements. In particular, laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates related to these programs will change by a material amount in the near term.

Risk Management

The Medical Center is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. The Medical Center is self-funded for workers compensation, health and dental, and general and professional liabilities.

The Medical Center records liabilities for self-insured claims. The provision for estimated claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Cash and Cash Equivalents

Cash and cash equivalents and assets limited as to use include investments in highly liquid debt instruments with an original maturity of three months or less.

Investments

The Medical Center's investments consist of external investment pools and are reported at net asset value per share which approximates fair value. Interest, dividends and gains and losses on investments, both realized and unrealized, are included in nonoperating income when earned.

Investment in Joint Ventures

The Medical Center has a 51 percent financial ownership interest in the Laurel Surgical and Endoscopy Center and Open MRI. These investments are accounted for using the equity method.

Assets Limited as to Use

Assets limited as to use include assets held by trustees under indenture agreements, assets set aside by the Board of Trustees under the Medical Center's self-insured malpractice insurance program, and assets designated for further capital improvements. Amounts that are required for obligations classified as current liabilities are reported as current assets, with the excess reported as noncurrent assets.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements

The Medical Center categorizes its fair value measurements, if any, within the fair value hierarchy established by generally accepted accounting principles. The guidance establishes a hierarchy of inputs to valuation techniques used to measure fair value into three levels.

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Medical Center has the ability to access.
- Level 2 Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Patient Accounts Receivable, Net

Patient accounts receivable are reduced by estimated contractual and other adjustments and estimated uncollectible accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowances for third-party contractual and other adjustments and bad debt. Management reviews data about these major payer sources of revenue on a monthly basis in evaluating the sufficiency of the allowances. On a continuing basis, management analyzes delinquent receivables and writes them off against the allowance when deemed uncollectible. No interest is charged on patient accounts receivable balances.

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for contractual adjustments and, if necessary, a provision for bad debts (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).

For receivables associated with uninsured patients (also known as 'self-pay'), 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 Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many uninsured patients are often either unable or unwilling to pay the full portion of their bill for which they are financially responsible. The difference between standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Medical Center increased its allowance on all accounts aged greater than 180 days to 100% at September 30, 2023, and 150 days for self pay at September 30, 2024. This change is a result of the Medical Center's refinement of their reserve methodologies. The Medical Center did not have significant write-offs from third-party payers related to collectability in fiscal years 2024 or 2023.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventories

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

Prepaid Expenses

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

Capital Assets

Capital assets include property, plant, equipment, right of use leased assets, and right of use subscription assets. Capital assets, except for right of use assets, are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Capital assets are defined as assets with an initial cost of more than \$1,000 and an estimated useful life in excess of one year. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Right of use assets and leasehold improvements are amortized over the shorter of the lease term or their respective estimated useful lives. Depreciation on capital assets is calculated using the straight-line method over the estimated useful lives of the assets, as determined utilizing "Estimated Useful Lives of Depreciable Medical Center Assets, Revised 2018 Edition" published by the American Medical Center Association.

Asset Class	Year
Land improvements	5 - 20
Buildings and improvements	5 - 40
Medical equipment	3 - 20
Furniture and fixtures	3 - 20
Right of use assets	2 - 10

Upon sale or retirement of capital assets, the cost and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss, if any, is included in the statement of revenues, expenses and changes in net position.

Expenditures that materially increase values, change capacities, or extend useful lives of the respective assets are capitalized. Routine maintenance and repairs are charged to expense when incurred.

Leases - Lessor

The Medical Center records revenues from leases in accordance with GASB No. 87, *Leases*. The lease receivable is initially measured at the present value of the lease payments expected to be received during the lease term. The deferred lease inflow of resources is measured as the sum of the initial measurement of the lease receivable, plus any payments received at or before the commencement of the lease term that relates to future period. Lease receipts result in a reduction of the lease receivable and recognition of inflows of revenues.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Leases - Lessee

All contracts allowing for the Medical Center to use another entity's asset for a period greater than 12 months must be recorded as both a right-of-use (ROU) asset and a lease liability. The liability is measured using the present value of expected payments over the lease term, less any lease incentives, discounted for the interest rate (whether explicit or implicit). Scheduled payments thereafter are allocated between the discount amortization to interest expense and the principal payment in the reduction of the outstanding liability. The lease asset is measured at the amount of the initial measurement of the lease liability, plus any payments made to the lessor at or before the commencement of the lease term and direct costs. Depreciation of the ROU asset flows through depreciation expense monthly using straight-line basis over the shorter of the lease term or the useful life of the underlying asset.

The Medical Center uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Medical Center uses its estimated incremental borrowing rate as the discount rate for leases.

The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of lease liability are composed of fixed payments and term options that the Medical Center is reasonably certain to exercise.

The Medical Center monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Leased assets, reported with capital assets, and leased liabilities, reported as long-term debt and lease obligations, are reported on the statement of net position.

The lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Subscription-Based Information Technology Arrangements

All subscription-based information technology arrangements (SBITA) allowing for the Medical Center to use another entity's information technology software alone or in combination with tangible capital assets (the underlying IT assets) for a period greater than 12 months are recorded as both a right of use (ROU) asset and a subscription liability. The liability is measured using the present value of total expected payments over the subscription term, discounted for the interest rate (whether explicit or implicit). Scheduled payments thereafter are allocated between the discount amortization to interest expense and the principal payment in the reduction of the outstanding liability. The ROU asset is measured as the sum of the initial subscription liability amount, payments made to the SBITA vendor before commencement of the subscription term, and capitalizable implementation costs, less any incentives received from the SBITA vendor at or before the commencement of the subscription term. Amortization of the ROU subscription asset flows through amortization expense monthly using the effective interest method over the life of the subscription.

The Medical Center uses the interest rate charged by the vendor as the discount rate. When the interest rate charged by the vendor is not provided, the Medical Center uses its estimated incremental borrowing rate as the discount rate for subscriptions.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subscription-Based Information Technology Arrangements (continued)

The subscription term includes the noncancellable period of the subscription. Subscription payments included in the measurement of the subscription liability are composed of fixed payments and term options that the Medical Center is reasonably certain to exercise.

The Medical Center monitors changes in circumstances that would require a remeasurement of its subscription and will remeasure the subscription asset and liability if certain changes occur that are expected to significantly affect the amount of the subscription liability.

Subscription assets, reported with capital assets, and subscription liabilities are reported on the statement of net position.

The subscription agreements do not contain any material residual value guarantees or material restrictive covenants.

Cost of Borrowing

Premiums or discounts incurred in connection with the issuance of bonds and indentures are amortized over the life of the obligations on the interest method, and the unamortized amount is included in the balance of the outstanding debt.

Impairment of Long-Lived Assets

The Medical Center evaluates, on an ongoing basis, the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The assessment of the recoverability of assets will be impacted if estimated future operating cash flows are not achieved. Based on management's evaluations, no long-lived asset impairments were recognized during the years ended September 30, 2024 or 2023.

Compensated Absences

Medical Center employees can accumulate earned time off, which is vested with the employee and upon termination is payable under certain circumstances. Sick leave is credited each month to eligible employees, but is not payable upon termination. Any employee who accumulates 720 hours of sick leave may be paid for excess sick leave up to a ceiling of \$1,000. All vested compensated absences are recorded as of the statements of net position date.

Net Position

Net position of the Medical Center is classified in three components, as follows:

<u>Net investment in capital assets</u> – consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Position (continued)

<u>Restricted net position</u> – made up of noncapital assets that must be used for a particular purpose, as specified by creditors, grantors or donors external to the Medical Center, including amounts deposited with trustees as required by bond indentures, reduced by the outstanding balances of any related borrowings.

<u>Unrestricted net position</u> – the remaining net position that does not meet the definitions of net investment in capital assets or restricted net position described above.

The Medical Center first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Operating Revenue and Expenses

The Medical Center's statements of revenue and expenses and changes in net position distinguish between operating and nonoperating revenue and expenses. Operating revenues result from exchange transactions associated with providing healthcare services, which is the Medical Center's principal activity. Nonexchange revenues, including grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center 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 including estimated retroactive adjustments under reimbursement agreements with third-party payers.

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined or as years are no longer subject to such audits, reviews, and investigations.

The Medical Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potentially significant wrongdoing. However, compliance with such laws and regulations is subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid program, and in recent years there has been an increase in regulatory initiatives at the state and federal levels including the Recovery Audit Contractor ("RAC") and Medicaid Integrity Contractor ("MIC") programs, among others. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue 'improper' (in their judgment) payments with a three year look back from the date the claim was paid.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Charity Care

The Medical Center provides care without charge, or at a reduced charge, to patients who meet certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify pursuant to this policy, these charges are not reported as revenue. The amount of charges foregone for services and supplies furnished under the Medical Center's charity care policy was approximately \$18,342,000 and \$18,606,000 for the years ended September 2024 or 2023, respectively, and estimated costs and expenses incurred to provide charity care totaled approximately \$6,175,000 and \$6,138,000, respectively. The estimated costs and expenses incurred to provide charity care were determined by applying the Medical Center's cost to charge ratio from its latest filed Medicare cost report to its charges foregone for charity care, at established rates.

Grants and Contributions

From time to time, the Medical Center 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 nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Budgetary Information

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

Current Healthcare Environment

The Medical Center monitors economic conditions closely, both with respect to potential impacts on the healthcare industry and from a more general business perspective. Management recognizes that economic conditions may continue to impact the Medical Center in a number of ways, including, but not limited to, uncertainties associated with the United States and state political landscape and rising uninsured patient volumes and corresponding increases in uncompensated care.

Additionally, the general healthcare industry environment is increasingly uncertain, especially with respect to the ongoing impacts of the federal healthcare reform legislation. Potential impacts of ongoing healthcare industry transformation include, but are not limited to:

- Significant capital investment in healthcare information technology
- Continuing volatility in state and federal government reimbursement programs
- Effective management of multiple major regulatory mandates, including the previously mentioned audit activity
- Significant potential business model changes throughout the healthcare system, including within the healthcare commercial payer industry

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Current Healthcare Environment (contined)

The business of healthcare in the current economic, legislative, and regulatory environment is volatile. Any of the above factors, along with others both currently in existence and which may arise in the future, could have a material adverse impact on the Medical Center's financial position and operating results.

Income Taxes

The Medical Center's operation is a governmental entity and, as such, is exempt from federal and state income taxes. The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Pronouncements Issued But Not Yet Effective

GASB has issued the following pronouncements that may affect future financial position, results of operations, cash flows, or financial presentation of the Medical Center upon implementation. Management has not yet evaluated the effect of implementation of these standards.

In June 2022, GASB issued GASB Statement No. 101, Compensated Absences. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. The requirements of this Statement are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. Earlier application is encouraged.

Pronouncements Issued and Recently Adopted

In May 2020, the GASB issued Statement No. 96, Subscription-Based Information Technology Arrangements. This Statement provides guidance on the accounting and financial reporting for SBITAs for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. This Statement is effective for fiscal years beginning after June 15, 2022. The Medical Center adopted Statement No. 96 for the year ended September 30, 2023. For more information on the effects of the adoption of Statement No. 96, see Note 11.

In May 2019, the GASB issued Statement No. 91, *Conduit Debt Obligations* (GASB 91). The primary objectives of GASB 91 are to provide a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. The Medical Center adopted GASB 91 for the year ended September 30, 2023, and GASB 91 did not have an impact on the financial statements.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Pronouncements Issued and Recently Adopted (continued)

In April 2022, GASB issued GASB Statement No. 99, *Omnibus 2022* (GASB 99). This Statement seeks to enhance comparability in accounting and financial reporting and to improve the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees. The requirements related to financial guarantees and the classification and reporting of derivative instruments within the scope of Statement 53 were effective for fiscal years beginning after June 15, 2023, and all reporting periods thereafter. The Medical Center adopted GASB 99 for the year ended September 30, 2024, and GASB 99 did not have an impact on the financial statements.

In June 2022, GASB issued GASB Statement No. 100, Accounting Changes and Error Corrections (GASB 100). The primary objective of this Statement is to enhance accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability. This Statement defines accounting changes as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity and describes the transactions or other events that constitute those changes. As part of those descriptions, for (1) certain changes in accounting principles and (2) certain changes in accounting estimates that result from a change in measurement methodology, a new principle or methodology should be justified on the basis that it is preferable to the principle or methodology used before the change. That preferability should be based on the qualitative characteristics of financial reporting understandability, reliability, relevance, timeliness, consistency, and comparability. This Statement also addresses corrections of errors in previously issued financial statements. The requirements of this Statement were effective for accounting changes and error corrections made in fiscal years beginning after June 15, 2023, and all reporting periods thereafter. The Medical Center adopted GASB 100 for the year ended September 30, 2024, and GASB 100 did not have an impact on the financial statements.

Reclassifications

Certain reclassifications were made to prior year balances to conform with current year presentation.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, November 25, 2024 and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Note 3: DEPOSITS AND INVESTMENTS

As of September 30, 2024 or 2023, the deposits and investments of the Medical Center consisted of the following:

September 30,	2024		2023
Petty cash and deposited cash	\$ 11,098	\$	11,098
Cash deposits with financial institutions	28,433,669)	14,111,202
Certificates of deposit	13,056,525	,	16,186,501
MHA external investment pools	5,265,483	,	4,608,873
Total deposits and investments	\$ 46,766,775	\$	34,917,674

Deposits and investments are included in the following statement of net position captions:

September 30,	2024	2023
		_
Cash and cash equivalents	\$ 28,444,767	\$ 14,122,300
Certificates of deposit	12,306,525	10,186,501
Certificates of deposit, noncurrent	750,000	6,000,000
Investments	1,966,383	1,630,733
Assets limited as to use, net of amount required		
for current liabilities	3,299,100	2,978,140
Total	\$ 46,766,775	\$ 34,917,674

Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the Medical Center's deposits might not be recovered. The collateral for public entities' deposits in financial institutions are 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 Medical Center'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 Depository Insurance Corporation (FDIC). All deposits with financial institutions must be collateralized in an amount equal to 105 percent of uninsured deposits and are therefore fully insured. The bank balance of the collateralized and insured balances was \$29,348,940 and \$13,743,118 at September 30, 2024 and 2023, respectively.

The Medical Center also has cash deposits held by a trustee. The use of these funds is restricted for debt service related to the Medical Center's long-term debt. The carrying value of these deposits was \$1,132,454 and \$811,494 at September 30, 2024 and 2023, respectively.

Note 3: DEPOSITS AND INVESTMENTS (Continued)

Investments

The statutes of the State of Mississippi restrict the authorized investments of the Medical Center to obligations of the U. S. Treasury, agencies and instrumentalities of the United States and certain other types of investments. The Medical Center's investments consists of the MHA external investment pool. The MHA investment pool is an investment program developed for member hospitals of the MHA. The external investment pools do not have a credit rating on the overall pool and they are not insured.

<u>Interest Rate Risk</u> - The Medical Center does not have a formal policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. However, the Medical Center limits interest rate risk by attempting to match investment maturities with known cash needs and anticipated cash flow requirements.

<u>Concentration of Credit Risk</u> - The Medical Center has not established asset allocation limits for their investment portfolio to reduce concentrations of credit risk. However, Mississippi Code 27- 105-365 limits the amount of investments in U.S. government agency and instrumentalities to 50% and the amount of investments in open-end and closed-end management-type investment companies and trusts to 20% for all monies invested with maturities of 30 days or longer.

<u>Fair Value</u> - Following is a description of the valuation methodologies used for investments measured at fair value.

MHA Investment Pool – Valued at the net asset value of shares held by the investment pool.

Note 4: ASSETS LIMITED AS TO USE

Assets limited as to use consisted of the following as of September 30, 2024 and 2023:

September 30,	2024	2023
Trustee-held funds		
USDA debt service reserve	\$ 1,132,454 \$	811,494
Self-insurance fund	2,166,646	2,166,646
Total cash and investments limited as to use	\$ 3,299,100 \$	2,978,140

Amounts classified as current assets represent those assets that are anticipated to be used to satisfy current liabilities at each statement of net position date.

Note 5: CAPITAL ASSETS

A summary of capital assets at September 30, 2024 and 2023 is set forth below:

September 30,	2024	2023
		(Restated)
Land improvements	\$ 3,633,291	\$ 3,628,791
Building	112,237,030	106,917,616
Equipment	89,238,054	82,052,105
Right of use assets - equipment	3,969,470	3,969,470
Right of use assets - buildings	9,477,983	9,477,983
Right of use assets - SBITA	11,780,193	11,780,193
	230,336,021	217,826,158
Less accumulated depreciation and amortization	(133,068,602)	(121,213,151)
		_
	97,267,419	96,613,007
Land	5,445,197	5,274,918
Construction in progress	947,350	4,502,603
Capital assets, net	\$ 103,659,966	\$ 106,390,528

Depreciation and amortization expense for the years ended September 30, 2024 and 2023 totaled \$11,855,504 and \$12,014,731, respectively.

Note 5: CAPITAL ASSETS (Continued)

Capital asset additions, retirements and balances for the year ended September 30, 2024, were as follows:

September 30,	Balance September 30, 2023	Additions	Reductions	Transfers	Balance September 30, 2024
september 50,	2023	71441110115	ricuaetions		
Capital assets not being depreciated Land Construction in progress	\$ 5,274,918 4,502,603	\$ 170,279 2,197,632	\$ -	\$ - (5,752,885)	\$ 5,445,197 947,350
Total capital assets not being depreciated	9,777,521	2,367,911	<u>-</u>	(5,752,885)	6,392,547
depreciated	3,111,321	2,307,911		(3,732,663)	0,332,347
Capital assets being depreciated Land improvements	3,628,791	4,500	-	-	3,633,291
Buildings	106,917,616	164,599	(20.001)	5,154,815	112,237,030
Equipment Right of use assets - equipment	82,052,105 3,969,470	6,618,770	(30,891)	598,070	89,238,054 3,969,470
Right of use assets - equipment	9,477,983	_	_	_	9,477,983
Right of use assets - SBITA	11,780,193	-	_	-	11,780,193
Total capital assets being depreciated	217,826,158	6,787,869	(30,891)	5,752,885	230,336,021
Less accumulated depreciation for					
Land improvements	(1,451,825)	(202,862)	-	-	(1,654,687)
Buildings	(45,253,824)	(2,988,649)	-	-	(48,242,473)
Equipment	(63,716,493)	(4,657,083)	53	-	(68,373,523)
Right of use assets - equipment	(2,256,913)	(459,168)	-	-	(2,716,081)
Right of use assets - buildings	(2,619,344)	(493,249)	-	-	(3,112,593)
Right of use assets - SBITA	(5,914,752)	(3,054,493)	-	-	(8,969,245)
Total accumulated depreciation	(121,213,151)	(11,855,504)	53		(133,068,602)
Capital assets being depreciated, net	96,613,007	(5,067,635)	(30,838)	5,752,885	97,267,419
Capital assets, net	\$ 106,390,528		\$ (30,838)	\$ -	\$ 103,659,966

Note 5: CAPITAL ASSETS (Continued)

Capital asset additions, retirements and balances for the year ended September 30, 2023, were as follows:

September 30,	Balance September 30, 2022	Additions	Transfers	Balance September 30, 2023	
september 50,	(Restated)	7100110113	Reductions	Trunsiers	2023
Capital assets not being depresented					
Capital assets not being depreciated Land	\$ 5,291,650	\$ -	\$ (16,732) \$	_	\$ 5,274,918
Construction in progress	665,554	5,225,037	, (10,752) ,	, (1,387,988)	4,502,603
	,	-, -,		(/ //	, ,
Total capital assets not being					
depreciated	5,957,204	5,225,037	(16,732)	(1,387,988)	9,777,521
Capital assets being depreciated					
Land improvements	2,208,168	1,700	-	1,418,923	3,628,791
Buildings	107,634,034	383,433	- (4.205.470)	(1,099,851)	106,917,616
Equipment	80,572,521	1,806,147	(1,395,479)	1,068,916	82,052,105
Right of use assets - equipment	3,800,868	168,602	-	-	3,969,470
Right of use assets - buildings	9,026,303	451,680	-	-	9,477,983
Right of use assets - SBITA	10,983,854	796,339	-		11,780,193
Total capital assets being					
depreciated	214,225,748	3,607,901	(1,395,479)	1,387,988	217,826,158
					_
Less accumulated depreciation for					
Land improvements	(1,291,166)	(160,659)	-	-	(1,451,825)
Buildings	(42,284,291)	(2,969,533)	-	-	(45,253,824)
Equipment	(60,699,396)	(4,412,576)	1,395,479	-	(63,716,493)
Right of use assets - equipment	(1,828,693)	(428,220)	-	-	(2,256,913)
Right of use assets - buildings	(1,684,878)	(934,466)	-	-	(2,619,344)
Right of use assets - SBITA	(2,805,475)	(3,109,277)	-	-	(5,914,752)
Total accumulated depreciation	(110,593,899)	(12,014,731)	1,395,479	-	(121,213,151)
Capital assets being					
depreciated, net	103,631,849	(8,406,830)	=	1,387,988	96,613,007
Capital assets, net	\$ 109,589,053	\$ (3,181,793)	\$ (16,732) \$	<u>-</u>	\$ 106,390,528

Note 6: OTHER ASSETS

The composition of other current assets at September 30, 2024 and 2023 was as follows:

September 30,	2024	2023
Current portion of note receivable from physicians	\$ 409,552	\$ 149.034
Prepaids	2,390,379	1,819,945
Other accounts receivable	3,070,650	711,024
-	Á 5 070 504	d 2 coo ooo
Total other current assets	\$ 5,870,581	\$ 2,680,003

The composition of other noncurrent assets at September 30, 2024 and 2023 was as follows:

September 30,	2024	2023
Morris & Dickson deposit	\$ 528,796	\$ 528,796
CON - 60 nursing home beds	637,500	637,500
Premier Healthcare Solutions, Inc., common stock	2,071,500	2,226,863
Investment in Laurel Surgical and Endoscopy Center	553,002	378,644
Investment in Open MRI	185,305	241,676
Insurance receivable	5,359,094	4,543,282
Non-current portion of note receivable from physicians	837,629	304,810
Investment in Mississippi True	400,000	400,000
Other noncurrent assets	101,568	128,859
Total other assets	\$10,674,394	\$ 9,390,430

The Medical Center's group purchasing organization, Premier Healthcare Solutions, Inc. (PHSI), completed an initial public offering on September 26, 2013. This resulted in the Medical Center's shares of PHSI stock being converted into 103,575 shares of Class B units in the public company. The Medical Center's initial ownership interest in PHSI was recorded as an equity-based investment of \$171,000 at September 30, 2013. The Class B shares were exchangeable pro rata over seven years into Class A common shares or to retain as Class B shares. As the Class B common shares are exchanged, the Class A common share value is based on the quoted market price and thus is measured using level 1 inputs. The carrying value of the Premier investment was approximately \$2,072,000 and \$2,227,000 as of September 30, 2024 and 2023, respectively.

Note 7: LONG-TERM DEBT AND LEASE OBLIGATIONS

A summary of long-term debt and lease obligations, at September 30, 2024 and 2023 follows:

September 30,	2024	2023
Note Payable, interest rate of 3.67%, monthly payments of \$51,749, maturing March 2037, collateralized by the Medical Center's capital assets.	\$ 6,199,305	\$ 6,581,248
Note Payable, interest rate of 4.8%, monthly payments of \$36,887, maturing January 2034. Unsecured.	3,314,881	3,595,351
USDA Revenue Bonds Series 2020, original principal amount of \$57,745,000, bearing an interest rate of 2.75%. Principal and interest payments in the amount of \$198,644 are due monthly beginning on March 19, 2020 through February 19, 2060, collateralized by a pledge of the the Medical Center's revenues. Lease obligations, interest rates ranging from 2.7% to 14.5%, monthly payments ranging from \$292 to \$43,900, maturing in	53,880,154	54,763,279
various dates through April 2031, collateralized by leased property and equipment.	7,257,992	8,508,974
Less: current portion	70,652,332 2,929,185	73,448,852 3,084,550
Total long-term debt and lease obligations	\$ 67,723,147	\$ 70,364,302

During 2017, the Medical Center issued Medical Center Revenue notes, Series 2017, in the amount of \$57,745,000 and a promissory note with a local bank in the amount of \$8,755,000 through the United States Department of Agriculture ("USDA") direct loan program and the USDA guaranty loan program, respectively. The debt proceeds were used to refund the Mississippi Medical Center Equipment and Facilities Authority bonds dated September 7, 2006, payoff the outstanding bank loans and capital lease obligations, and fund Medical Center expansion (the "Project"). The Project consists of a 67,980 square foot three-floor addition to the easterly end of the Medical Center to house a new emergency department and to shell in two floors for future expansion, the construction of a 67,815 square foot four-floor medical office building, new parking areas and drives and a paved heliport. The Project was completed February 2020 and USDA redeemed the Series 2017 Medical Center Revenue notes.

Note 7: LONG-TERM DEBT AND LEASE OBLIGATIONS (Continued)

The maturities on long-term debt are as follows:

	Notes Payable				Lease Obligation			Revenue Bonds Payable				
Year ending September 30,		Principal		Interest		Principal		Interest		Principal		Interest
2025	\$	685,468	\$	372,981	\$	1,331,936	\$	270,563	\$	911,781	\$	1,470,046
2026		714,431		344,018		1,497,693		209,805		937,174		1,444,654
2027		744,640		313,809		883,953		158,563		963,273		1,418,554
2028		776,151		282,298		895,617		122,365		990,100		1,391,728
2029		809,020		249,429		860,724		96,106		1,017,673		1,364,154
2030-2034		4,303,224		706,371		1,788,069		81,723		5,529,608		6,379,528
2035-2039		1,481,252		70,969		-		-		6,343,684		5,565,453
2040-2044		-		-		-		-		7,277,609		4,631,528
2045-2049		-		-		-		-		8,349,027		3,560,109
2050-2054		-		-		-		-		9,578,181		2,330,955
2055-2059		-		-		-		-		10,988,293		920,844
2060		-		-		-		_		993,751		6,787
T-4-1	,	0.544.406	,	2 220 075	<u>,</u>	7 257 002	,	020 425	<u>,</u>	F2 000 4F4	,	20 404 240
Total	\$	9,514,186	\$	2,339,875	\$	7,257,992	\$	939,125	\$	53,880,154	\$	30,484,340

A schedule of changes in the Medical Center's long-term debt for 2024 follows:

	Balance September 30, 2023 Additions Reductions			Balance September 30, 2024	Due Within One Year	
USDA 2020 revenue bonds	\$ 54,763,279	\$	- \$	(883,125)	\$ 53,880,154	\$ 911,781
Notes payable	10,176,599		-	(662,413)	9,514,186	685,468
Lease obligations	8,508,974		-	(1,250,982)	7,257,992	1,331,936
Total long-term debt	\$ 73,448,852	\$	- \$	(2,796,520)	\$ 70,652,332	\$ 2,929,185

Note 7: LONG-TERM DEBT AND LEASE OBLIGATIONS (Continued)

A schedule of changes in the Medical Center's long-term debt for 2023 follows:

	Balance September 30, 2022	Additions	Reductions	Balance September 30, 2023	Due Within One Year
USDA 2020 revenue bonds Notes payable Lease obligations	55,626,502 10,799,489 9,126,671	\$ 620,28	- \$ (863,223 - (622,890 2 (1,237,979) 10,176,599	\$ 887,077 657,700 1,539,773
Total long-term debt	\$ 75,552,662	\$ 620,28	2 \$ (2,724,092) \$ 73,448,852	\$ 3,084,550

Note 8: NET INVESTMENT IN CAPITAL ASSETS

The Medical Center's net investment in capital assets, as presented on the accompanying statements of net position is calculated as follows:

September 30,	2024 2023
Capital assets Less accumulated depreciation Less debt outstanding related to capital assets	\$ 236,728,568 \$ 227,603,679 (133,068,602) (121,213,151) (73,463,280) (79,314,293)
Net investment in capital assets	\$ 30,196,686 \$ 27,076,235

Note 9: NET PATIENT SERVICE REVENUE

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

<u>Medicare</u> - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to the patient classification system that is based on clinical, diagnostic and other factors. Outpatient services related to Medicare beneficiaries are reimbursed through a prospective payment system commonly known as Ambulatory Payment Classification (APC). Under the APC system, certain medical devices and drugs are reimbursed at cost or average wholesale price. Long-term care services are reimbursed under a prospective payment system that considers the Medicare beneficiaries severity of illness among other clinical factors. Inpatient nonacute services are paid based on a prospective payment system. The Medical Center is reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission and review by the fiscal intermediary of annual cost reports.

Note 9: NET PATIENT SERVICE REVENUE (Continued)

<u>Medicaid</u> - Inpatient services rendered to Medicaid program beneficiaries are reimbursed based upon a prospective reimbursement methodology known as an APR-DRG system. Outpatient services rendered to Medicaid program beneficiaries are reimbursed based upon a prospective reimbursement methodology known as an APC system.

Other - The Medical Center 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.

<u>Mississippi Intergovernmental Transfer Program</u> - The Medical Center participates in the Mississippi Intergovernmental Transfer Program as a Medicaid Disproportionate Share Medical Center (DSH), and in the Mississippi Medical Center Access Payment (MHAP). Under these programs, the Medical Center receives enhanced reimbursement through a matching mechanism.

The MHAP Program is administered by the Division of Medicaid (DOM) through the Mississippi CAN coordinated care organizations (CCO). The CCO's subcontract with Medical Centers throughout the state for distribution of MHAP payments for the purpose of protecting patient access to Medical Center care. DSH and MHAP payments and associated tax are distributed and collected in equal monthly installments. MHAP amounts are shown as a reduction of contractual adjustments and are recorded net of related taxes paid.

The Medical Center participates in the Mississippi Nursing Home Upper Payment Limit (UPL) Program. This program is funded by Intergovernmental Transfers (IGTs) from participating providers to the DOM. Under this program, the Medical Center receives enhanced reimbursement for nursing home services offered to the community. Unlike the Medical Center UPL Program, the Nursing Home UPL Program does not prescribe specific payment timelines, 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 Medical Center and Nursing Home MHAP and UPL programs, the Medical Center received enhanced reimbursement for 2024 and 2023 as follows:

September 30,	2024	2023
UPL revenue, gross	\$ 545 <i>,</i> 332	\$ 3,857
MHAP revenue, gross	46,239,167	15,344,308
UPL assessment	(87,962)	(6,904)
MHAP assessment	(10,754,186)	(3,955,069)
MHAP and UPL revenue, net of assessment	\$ 35,942,351	\$ 11,386,192

Note 9: NET PATIENT SERVICE REVENUE (Continued)

Medicare and Medicaid Laws and Regulations - Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result of those interpretations, the 2024 and 2023 net patient service revenue increased (decreased) approximately \$68,000 and \$109,000, respectively, due to prior year retroactive adjustments in excess of amounts previously estimated.

The composition of net patient service revenue was as follows:

September 30,	2024	2023
Gross patient service revenue	\$ 557,642,178	\$ 504,188,281
Less provisions for Contractual adjustments under third-party reimbursement		
programs and other deductions	297,034,049	294,993,621
Provision for bad debts	24,517,595	29,883,758
Net patient service revenue	\$ 236,090,534	\$ 179,310,902

The Coronavirus Aid, Relief, and Economic Security Act of 2020 and Related Legislation

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law by the President of the United States. Included in the CARES Act was a healthcare provider relief fund (PRF), administered by the Department of Health and Human Services (HHS), and to be distributed to healthcare providers.

Below is a brief overview of certain provisions of the CARES Act and related legislation that have impacted and are expected to continue to impact the Medical Center's business. Please note that this summary is not exhaustive, and additional legislative action and regulatory developments may evolve rapidly. There is no assurance that the Medical Center will continue to receive or remain eligible for funding or assistance under the CARES Act or similar measures.

<u>Medicare and Medicaid Payment Policy Changes</u> - The CARES Act and subsequent legislation also alleviates some of the financial strain on Medical Centers, physicians, and other healthcare providers and states through a series Medicare and Medicaid payment policies that temporarily increase Medicare and Medicaid reimbursement and allow for added flexibility, as described below.

• The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the sequestration payment adjustment percentage of 2% applied to all Medicare Fee-for-Service (FFS) claims from May 1 through December 31, 2020. The Consolidated Appropriations Act, 2021, extended the suspension period to March 31, 2021. An Act to prevent across-the-board direct spending cuts, and for other purposes, signed into law on April 14, 2021, extended the suspension period to December 31, 2021. The Protecting Medicare and American Farmers from Sequester Cuts Act extended the suspension period through March 31. 2022, and adjusted the sequester to 1% between April 1, 2022 and June 30, 2022. Subsequent to July 1, 2022 the 2% cut was effective.

Note 9: NET PATIENT SERVICE REVENUE (Continued)

The Coronavirus Aid, Relief, and Economic Security Act of 2020 and Related Legislation (continued)

- The CARES Act instituted a 20% increase in the Medicare MS-DRG payment for COVID-19 hospital admissions for the duration of the public health emergency (which expired on May 11, 2023) as declared by the Secretary of HHS.
- The scheduled reduction of \$4 billion in federal Medicaid DSH allotments in FFY 2020, as mandated by the Affordable Care Act, was suspended until October 1, 2024. Also, the federal DSH allotment reduction for FFY 2024 is set at \$8 billion for each year through termination in FFY 2027.
- A 6.2% increase in the Federal Medical Assistance Percentage ("FMAP") matching funds was instituted to help states respond to the COVID-19 pandemic. The additional funds are available to states from January 1, 2020 through the quarter in which the public health emergency period ends, provided that states meet certain conditions. An increase in states' FMAP leverages Medicaid's existing financing structure, which allows federal funds to be provided to states more quickly and efficiently than establishing a new program or allocating money from a new funding stream. Increased federal matching funds support states in responding to the increased need for services, such as testing and treatment during the COVID-19 public health emergency, as well as increased enrollment as more people lose income and qualify for Medicaid during the economic downturn. The public health emergency ended in May 2023. The FMAP increases were phased out quarterly until it was fully removed on January 1, 2024. The FMAP was 5% for April through June 2023, 2.5% for July through September 2023, and 1.5% for October through December 2023.

Note 10: INSURANCE PROGRAMS

Risk Management

The Medical Center is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters and employee health, dental and accident benefits. Commercial liability insurance is purchased for most of these risks. However, employee health and dental insurance, workers' compensation and certain general and professional liability risks are self-funded as further explained below. The Medical Center has accrued for the estimate of self-funded claims incurred but not paid.

Self-Funded Workers Compensation

Effective July 1, 2010, the Medical Center began an individual self-funded plan for workers' compensation claims. Prior to July 1, 2010, the Medical Center participated in the Mississippi Medical Center Association Public Medical Center's workers' compensation pool. A liability is recorded when it is probable that a loss has been incurred and the amount of that loss can be reasonably estimated. Liabilities for claims incurred are reevaluated periodically to take into consideration recently settled claims, frequency of claims and other economic and social factors. The Medical Center purchased commercial insurance that provides coverage for workers' compensation claims in excess of the self-funded limits. As of September 30, 2024 and 2023, the Medical Center accrued \$100,000 for potential claim liabilities which is included in accrued self-insurance costs in the statement of net position. Claims and related activity were not significant for the years ended September 30, 2024 and 2023.

Note 10: INSURANCE PROGRAMS (Continued)

Changes in the Medical Center's claims liability amount in fiscal years, 2024 and 2023 were:

For the year ended September 30:	Beginning Balance	ar	Current ear Claims nd Changes Estimates	Current Year Payments	Ending Balance
2024	\$ 100,000	\$	163,782	\$ (163,782) \$	100,000
2023	\$ 100,000	\$	56,693	\$ (56,693) \$	100,000

Self-Funded Health Insurance

The Medical Center provides health and dental insurance coverage to its employees under a self-funded plan. Health claims are paid by the Medical Center as they are incurred and filed by the employee. An estimated liability for claims incurred but not reported or paid is included in other current liabilities and accrued self-insurance costs in the statement of net position.

The claims liability at September 30, 2024 and 2023 is based on the requirements of GASB, which requires that liability for claims be reported if information prior to the issuance of the financial statements indicates that it is probable that a liability has been incurred at the date of the financial statements and the amount of the loss can be reasonably estimated. Changes in the Medical Center's claims liability amount in fiscal years 2024 and 2023 were:

For the year ended September 30:	Beginning Balance	a	Current Tear Claims and Changes Testimates	Current Year Payments	Ending Balance
2024	\$ 1,234,546	\$	6,788,890	\$ (6,788,890) \$	1,234,546
2023	\$ 1,234,546	\$	7,772,412	\$ (7,772,412) \$	1,234,546

Medical Malpractice Program

The Medical Center maintains a professional and general liability insurance program under a self-funded plan. At year-end, the Medical Center accrues for the estimate of losses for malpractice claims outstanding. As of September 30, 2024 and 2023, this accrual totaled \$1,312,000 which is included in accrued self-insurance costs in the statement of net position. The future assertion of claims for occurrences prior to year-end is reasonably possible and may occur, although it is not anticipated.

Note 10: INSURANCE PROGRAMS (Continued)

Changes in the Medical Center's claims liability amount, including related legal fees, for the years 2024 and 2023 were as follows:

For the year ended September 30:	Beginning Balance	Yo an	Current ear Claims ad Changes Estimates	Current Year Payments	Ending Balance
2024	\$ 1,312,000	\$	165,055	\$ (165,055) \$	1,312,000
2023	\$ 1,312,000	\$	402,709	\$ (402,709) \$	1,312,000

The Mississippi Tort Claims Act provides a cap on the amount of damages recoverable against government entities, including governmental medical centers. For claims filed, the amount recoverable is the greater of \$500,000 or the amount of liability insurance coverage that has been retained.

Note 11: SUBSCRIPTION LIABILITIES

GASB No. 96, Subscription-Based Information Technology Arrangements, was adopted for periods beginning October 1, 2022. Under this new guidance, nearly all contracts allowing for the Medical Center to use another entity's information technology software alone or in combination with tangible capital assets (the underlying IT assets) for a period greater than 12 months must be recorded as both a right of use (ROU) asset and a subscription liability. The liability is measured using the present value of expected payments over the subscription term, discounted for the interest rate (whether explicit or implicit). Scheduled payments thereafter are allocated between the discount amortization to interest expense and the principal payment in the reduction of the outstanding liability. Amortization of the ROU asset flows through amortization expense monthly using straight-line basis over the life of the subscription.

The right of use assets and related subscription liabilities largely involve the following:

- A licensing and remote hosting agreement with a global supplier of health information technology solutions which provides software/applications, managed/shared services, and remote hosting services. The contract spans a period of 48 months.
- Other Subscriptions
 - o Online learning center for the organization
 - Payroll/time and attendance tracking
 - Remote hosted software for operating systems, email communications, and various other processing softwares
 - These subscriptions range from 16 months to 60 months

With the implementation of GASB 96, the initial subscription liability was recorded in the amount of \$10,898,106. As of September 30, 2024 and 2023, the balance of the subscription liability was \$2,810,948 and \$5,865,441, respectively. The Medical Center is required to make monthly principal and interest payments totaling approximately \$253,000. The subscriptions have interest rates ranging from 2.75% to 12.39%.

Note 11: SUBSCRIPTION LIABILITIES (Continued)

Subscription liability activity for the years ended September 30, 2024 and 2023, was as follows:

	Sei	Balance otember 30,				S	Balance eptember 30,	Aı	mounts Due
		2023		Additions	Reductions		2024	Wit	thin One Year
Subscription liability	\$	5,865,441	\$	-	\$ (3,054,493)	\$	2,810,948	\$	2,766,073
Balance				S	Balance eptember 30,	Aı	mounts Due		
	Oct	ober 1, 2022		Additions	Reductions		2023	Wit	thin One Year
Subscription liability	\$	8,178,379	\$	796,339	\$ (3,109,277)	\$	5,865,441	\$	3,040,921

Minimum future subscription payments under the subscription liability as of September 30, 2024, are as follows:

	Subscription Liability						
For the year ending September 30,		Principal		Interest		Total	
2025 2026	\$	2,766,073 44,875	\$	162,251 1,001	\$	2,928,324 45,876	
Total minimum subscription payments	\$	2,810,948	\$	163,252	\$	2,974,200	

Note 12: RETIREMENT PLAN

The Medical Center has established a 403(b) tax deferred retirement plan for the benefit of all full-time employees. Effective November 1, 2007, the Medical Center matches 100 percent of each contribution as follows: less than 10 years of participation, the Medical Center will match 100 percent of contributions up to 1.5 percent of eligible compensation; 10-15 years of participation, the Medical Center will match 167 percent of contributions up to 2.5 percent of eligible compensation; 15-20 years of participation, the Medical Center will match 200 percent of contributions up to 3 percent of eligible compensation; and greater than 20 years of participation, the Medical Center will match 233 percent of contributions up to 3.5 percent of eligible compensation. Effective May 1, 2024, the Medical Center amended the plan to provide a match of 100% of each contribution up to 4.0 percent of eligible compensation for all eligible employees. Participants are immediately vested in their salary reduction contributions plus earnings thereon. Participants gain 100 percent vesting in Medical Center matching contributions after 5 years of participation based on a tiered schedule. The Medical Center's matching contributions for the years ended September 30, 2024 and 2023 were approximately \$867,000 and \$682,000, respectively.

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 Note 9.

Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation. The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Accounts Receivable

The Medical Center grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer agreements. The percentage mix of accounts receivable, at net, from patients and major third-party payers at September 30 was as follows:

September 30,	2024	2023
Medicare	35.9%	34.0%
Medicaid	9.8%	9.5%
Commercial	22.5%	17.2%
Other	31.8%	39.3%
Total	100.0%	100.0%

Note 13: SIGNIFICANT ESTIMATES AND CONCENTRATIONS (Continued)

Patient Service Revenue Under Contract

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

		September 30, 2024			September 3	0, 2023
			Percent of			Percent of
			Total Gross			Total Gross
			Patient			Patient
		Amount	Revenue		Amount	Revenue
Medicare	\$	291,430,000	52.3%	\$	251,823,000	49.9%
Medicaid		76,853,000	13.8%		83,612,000	16.6%
Other		189,359,178	34.0%		168,753,281	33.5%
Total	Ś	557,642,178	100.0%	\$	504,188,281	100.0%

Note 14: COMMITMENTS AND CONTINGENCIES

Guaranty of Joint Venture Debt

The Medical Center is guarantor for the debt for one of its joint ventures. In the event of default on the debt, the Medical Center will be required to pay to the joint venture's debt holder 125 percent of 51 percent of the outstanding joint venture debt. The potential total of this payment amounted to \$-0- and \$1,949 at September 30, 2024 and 2023, respectively. No liability has been recorded for this guarantee as of September 30, 2024 and 2023. In connection with the debt guarantee, the Medical Center pledged as collateral a certificate of need for the operation of an ambulatory surgery center. Substantially all of the assets of the joint venture have also been pledged as collateral for the debt.

COVID-19

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus (COVID-19) can be characterized as a pandemic. As a result, uncertainties have arisen that may have a significant negative impact on the operating activities and results of the Organization. The occurrence and extent of such an impact will depend on future developments, including (i) the duration and spread of the virus, (ii) government quarantine measures, (iii) voluntary and precautionary restrictions on travel or meetings, (iv) the effects on the financial markets, and (v) the effects on the economy overall, all of which are uncertain.

Note 15: BLENDED COMPONENT UNIT

The Foundation is a tax-exempt, legally separate component unit of the Medical Center. The Foundation acts primarily as a fund-raising organization to supplement the resources that are available to the Medical Center.

The condensed statements of net position, condensed statements of revenues, expenses and changes in net position, and the condensed statements of cash flows as of and for the years ended September 30, 2024 and 2023 for the Foundation are as follows:

	The Foundation						
September 30,		2024					
Condensed Statements of Net Position							
Assets							
Current assets	\$	48,352	\$	40,563			
Total assets	\$	48,352	\$	40,563			
Net position							
Unrestricted	\$	48,352		40,563			
Total net position	\$	48,352	\$	40,563			

Note 15: BLENDED COMPONENT UNIT (Continued)

		on		
For the years ended September 30,		2024		2023
Condensed Statements of Revenues, Expenses and Changes in Net Position				
Operating Revenue				
Other operating revenue	\$	65,460	\$	63,367
Total operating revenue		65,460		63,367
Operating Expenses				
Other operating expenses		57,671		76,044
Total operating expenses		57,671		76,044
Operating income (loss)		7,789		(12,677)
Increase (decrease) in net position		7,789		(12,677)
Net Position - beginning of year		40,563		53,240
Net Position - end of year	\$	48,352	\$	40,563
		The Foun	datio	on
For the years ended September 30,		2024		2023
Condensed Statements of Cash Flows				
Cash provided by (used in) operating activities	\$	7,789	\$	(12,677)
Increase (decrease) in cash and cash equivalents		7,789		(12,677)
Cash and Cash Equivalents - beginning of year		40,563		53,240
Cash and Cash Equivalents - end of year	\$	48,352	\$	40,563

Note 16: INVESTMENTS IN JOINT VENTURES

The Medical Center has an ownership interest (51 percent) in a joint venture that provides surgical and endoscopy services. The Medical Center has an ownership interest (51 percent) in a joint venture that provides Open MRI services. There are no separately audited financial statements for the joint ventures.

The Medical Center's investments in joint ventures are reflected in other assets on the accompanying statements of net position. The following is summarized unaudited financial information for the joint ventures as of and for the years ended September 30, 2024 and 2023, respectively.

	Laurel Surgical and			
	Endoscopy Center			Center
September 30,		2024		2023
Cash	\$	242,866	\$	254,347
Patient accounts receivable, net		488,166		318,529
Capital assets, net		656,574		561,396
Other assets		282,085		202,975
				_
Total assets	\$	1,669,691	\$	1,337,247
Current liabilities	\$	393,681	\$	312,655
Long-term liabilities		-		3,057
Members' capital		1,276,010		1,021,535
Total liabilities and capital	\$	1,669,691	\$	1,337,247
Net patient service and other revenues	\$	5,813,962		4,838,146
Operating expenses		(5,489,307)		(4,883,303)
Net income (loss)	\$	324,655	\$	(45,157)

Note 16: INVESTMENTS IN JOINT VENTURES (Continued)

	Open MRI			
September 30,		2024		2023
Cash	\$	131,082	\$	165,860
Patient accounts receivable, net		154,473		170,523
Capital assets, net		649,832		691,557
Total assets	\$	935,387	\$	1,027,940
Current liabilities	\$	84,171	\$	84,591
Total liabilities		84,171		84,591
Members' capital		851,216		943,349
Total liabilities and members' capital	\$	935,387	\$	1,027,940
Net patient service and other revenues Operating expenses	\$	1,256,254 (1,146,387)		1,303,199 (1,157,216)
Net income (loss)	\$	109,867	\$	145,983

Note 17: COLLABORATIVE SERVICE AGREEMENTS

The Medical Center is a party in several administrative service agreements whereby the Medical Center provides management services to other local area hospitals. Included in Other Operating Revenue is \$676,000 and \$160,000 of revenue related to these agreements for the years ended September 30, 2024 and 2023, respectively.



SUPPLEMENTARY INFORMATION

South Central Regional Medical Center (A Component Unit of Jones County) Schedule of Surety Bonds for Officers and Employees September 30, 2023

Name	Position	Company	Amo of Bo	
Becky Brewer	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Victor Jones, Jr.	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Lewis Goins	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Michael Lowe	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Jack M. Scoggin	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Arthur L. Siggers	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
George Walters	Trustee	Fidelity and Deposit Company of Maryland	\$	100,000
Gregg Gibbes	President & Chief Executive Officer	Fidelity and Deposit Company of Maryland	\$	100,000
All Employees		Fidelity and Deposit Company of Maryland	\$	250,000



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INDEPENDENT AUDITOR'S 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

Board of Trustees South Central Regional Medical Center Laurel, Mississippi

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 South Central Regional Medical Center (the Medical Center), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements, and have issued our report thereon dated November 25, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Medical Center's internal control over financial reporting (internal control) as a basis for designing 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 Medical Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Medical Center'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 that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

Carr, Riggs & Ungram, L.L.C.

As part of obtaining reasonable assurance about whether the Medical Center's financial statements are free from material misstatement, 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 financial statements. 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Metairie, Louisiana

November 25, 2024



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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Trustees South Central Regional Medical Center Laurel, Mississippi

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited South Central Regional Medical Center's (the Medical Center) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Medical Center's major federal programs for the year ended September 30, 2024. The Medical Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Medical Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Medical Center and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Medical Center's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Medical Center's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Medical Center's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Medical Center's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and
 design and perform audit procedures responsive to those risks. Such procedures include
 examining, on a test basis, evidence regarding the Medical Center's compliance with the
 compliance requirements referred to above and performing such other procedures as we
 considered necessary in the circumstances.
- Obtain an understanding of the Medical Center's internal control over compliance relevant
 to the audit in order to design audit procedures that are appropriate in the circumstances and
 to test and report on internal control over compliance in accordance with the Uniform
 Guidance, but not for the purpose of expressing an opinion on the effectiveness of the
 Medical Center's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Metairie, Louisiana November 25, 2024

Carr, Riggs & Ungram, L.L.C.

South Central Regional Medical Center Schedule of Expenditures of Federal Awards For the Year Ended September 30, 2024

Federal Grantor/Pass-Through Grantor/ Program Title or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying No.	•		Total Federal Expenditures	
U.S. Department of Health and Human Services						
Rural Health Research Centers Rural						
Residency Planning and Development						
Program	93.155	NA	\$	-	\$	69,072
U.S. Department of Health and Human Services U.S. Department of Agriculture				<u>-</u>		69,072
Community Facilities Loans and Grants	10.766	NA		-	5	4,763,279
Total U.S. Department of Agriculture				-	5	4,763,279
Total Expenditures of Federal Awards			\$	-	\$ 5	4,832,351

South Central Regional Medical Center (Component Unit of Jones County) Notes to the Schedule of Expenditures of Federal Awards

Note 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) represents federal grant activity of the Medical Center under programs of the federal government for the year ended September 30, 2024. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Medical Center, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Medical Center.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Indirect Cost Rate

The Uniform Guidance allows an organization to elect a 10% *de minimis* indirect cost rate. For the year ended September 30, 2024, the Medical Center did not elect to use this rate.

Loan / Loan Guarantee Outstanding Balances

As of September 30, 2024, the Medical Center had \$53,880,154 of federal loans or loan guarantees outstanding, as part of the Community and Facilities Loan and Grants cluster.

Note 3: NONCASH ASSISTANCE

The Medical Center did not receive any federal noncash assistance for the year ended September 30, 2024.

South Central Regional Medical Center (Component Unit of Jones County) Schedule of Findings and Questioned Costs

SECTION I: SUMMARY OF AUDITOR'S RESULTS

Financial Statements

1.	Type o	f auditor's report issued:	Unmodified
2.	Interna	Il control over financial reporting:	
	a.	Material weakness(es) identified?	None
	b.	Significant deficiency(es) identified?	None noted
	c.	Noncompliance material to financial statements noted?	None

Federal Awards

Assistance Listing Number

10.766

Federal Program

Community Facilities Loans and Grants

5. Dollar threshold used to distinguish between type A and B programs: \$750,0006. Auditee qualified as a low-risk auditee for federal purposes? No

South Central Regional Medical Center (Component Unit of Jones County) Schedule of Findings and Questioned Costs

SECTION II: FINANCIAL STATEMENT FINDINGS

No matters were reported.

SECTION III: FEDERAL AWARD FINDINGS

No matters were reported.

SECTION IV: SUMMARY OF PRIOR AUDIT FINDINGS

Finding 2023-001: Significant Deficiency, Internal Control Over Compliance

Federal Agency: U.S. Department of Health and Human Services

Assistance Listing Number: 93.498 – COVID-19 Provider Relief Fund (PRF) and American

Rescue Plan (ARP) Rural Distribution

Award Year: 2021

Federal Award Identification: PRF 20210001

Pass-Through Entity: N/A

Condition: Payroll expenses are an allowed expense according to the

guidance and FAQs generated by HRSA. The Medical Center should have controls in place whereby all expenses are reviewed prior to submission to ensure the expense is for the

proper purpose.

Status: Resolved. The Medical Center implemented a policy to require

the documented approval of a corrected time card.