

35 North Fourth Street, 1st Floor Columbus, Ohio 43215 Telephone 614-466-4514 800-282-0370

Facsimile 614-728-7398

Board of Trustees Morrow County Hospital Mt. Gilead, Ohio

We have reviewed the Independent Auditor's Report of the Morrow County Hospital, Morrow County, prepared by Holbrook & Manter, for the audit period January 1, 2000 to December 31, 2000. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Morrow County Hospital is responsible for compliance with these laws and regulations.

JIM PETRO Auditor of State

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### INDEPENDENT AUDITORS' REPORT

The Board of Trustees Morrow County Hospital Mt. Gilead, Ohio

We have audited the accompanying balance sheets of Morrow County Hospital (the Hospital) (a component unit of Morrow County, Ohio) as of and for the years ended December 31, 2000 and 1999, and the related statements of revenues, expenses, and changes in fund balances and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2000 and 1999, and the results of its operations and changes in fund balances, and cash flows for the years then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued our report dated March 15, 2001 on our consideration of the Hospital's internal control over financial reporting, and our test of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

Certified Public Accountants

(I/ullrook & Master

March 15, 2001 Marion, Ohio

### MORROW COUNTY HOSPITAL COMBINED BALANCE SHEETS DECEMBER 31, 2000 AND 1999

		2000		1999
CURRENT ASSETS:				
Cash and cash equivalents	\$	337,182	\$	97,550
Patient accounts receivable, less allowance of				
\$2,360,000 and \$2,100,000, respectively		3,286,361		3,966,055
Other accounts receivable		25,602		494
Current portion notes receivable		53,026		24,000
Inventory		116,066		101,481
Prepaid expenses		406,358	_	178,696
Total current assets		4,224,595		4,368,276
ASSETS WHOSE USE IS LIMITED: (Note 1)				
Funded Depreciation		1,057,273		1,238,281
Accrued interest		14,162	_	12,381
Total Assets Whose Use is Limited		1,071,435		1,250,662
PROPERTY & EQUIPMENT - NET, (Note 5)		6,402,328		6,150,715
OTHER ASSETS:				
Notes receivable		119,499		71,833
Total Other Assets	_	119,499		71,833
TOTAL ASSETS	\$	11,817,857	\$	11,841,486

		2000		1999
CURRENT LIABILITIES:				
Line of credit - (Note 6)	\$	0	\$	250,000
Current portion of long-term debt	,	81,180		76,540
Current portion of capital lease obligation		277,656		136,956
Accounts payable		759,622		800,464
Medicare and Medicaid third party settlement		77,567		122,376
Accrued payroll and related liabilities	_	694,467	_	647,000
Total current liabilities		1,890,492		2,033,336
LONG-TERM DEBT:				
Notes payable - (Note 7)		286,280		367,460
Capital lease obligations - (Note 8)		970,688		420,759
Total Long-Term Debt	_	1,256,968		788,219
Total liabilities		3,147,460		2,821,555
FUND BALANCES		8,670,397	_	9,019,931
TOTAL LIABILITIES AND FUND BALANCES	\$	11,817,857	\$	11,841,486

# MORROW COUNTY HOSPITAL COMBINED STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN FUND BALANCES YEARS ENDED DECEMBER 31, 2000 AND 1999

		2000	%		1999	%
OPERATING REVENUES:				_		
Patient service revenue - net	\$	14,365,833	93.91%	\$	12,999,916	93.00%
Other operating revenues	_	931,499	6.09%	_	978,579	7.00%
Total operating revenues	_	15,297,332	100.00%	-	13,978,495	100.00%
OPERATING EXPENSES:						
Wages, salaries and benefits		5,993,980	39.18%		5,935,652	42.46%
Purchased services		3,661,590	23.93%		3,449,304	24.67%
Supplies and other		2,940,180	19.22%		2,583,252	18.48%
Provision for bad debts		2,176,383	14.23%		1,416,770	10.14%
Depreciation		788,203	5.15%		734,540	5.25%
Insurance		119,142	0.78%		127,436	0.91%
Rental		99,318	0.65%		103,054	0.74%
Interest expense		38,630	0.25%		28,578	0.20%
Total operating expenses	_	15,817,426	103.39%	_	14,378,586	102.85%
INCOME FROM OPERATIONS	(	( 520,094)	( 3.39%)		( 400,091)	( 2.85%)
NONOPERATING INCOME (LOSS):						
Contributions		30,164	0.20%		17,471	0.12%
Investment income		150,884	0.99%		158,982	1.14%
Gain (loss) on disposal of assets	(	( 31,000)	( 0.20%)		817	0.01%
Gain (loss) on sale of investments		20,512	0.13%		( 7,439)	(0.05%)
Net nonoperating income (loss)	_	170,560	1.12%	-	169,831	1.22%
EXCESS (DEFICIT) OF REVENUE AND INCOME						
OVER EXPENSES AND LOSSES		( 349,534)	( 2.27%)		( 230,260)	( 1.63%)
FUND BALANCES AT BEGINNING OF YEAR	_	9,019,931		_	9,250,191	
FUND BALANCES AT END OF YEAR	\$_	8,670,397		\$_	9,019,931	

### MORROW COUNTY HOSPITAL COMBINED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2000 AND 1999

		2000		1999
CASH FLOWS FROM OPERATING ACTIVITIES:				
Loss from operations	\$ (	349,534)	\$ (	230,260)
Adjustments to reconcile income from operations		, ,		,
to net cash provided by operating activities				
Depreciation		788,203		734,540
(Gain) loss on sale of equipment		31,000	(	817)
Cash provided by (used for) operating assets				
and liabilities:				
Patient accounts receivable		679,694	(	1,052,733)
Other accounts receivable	(	25,108)		47,559
Inventories	(	14,585)		15,107
Prepaid expenses	(	227,662)		30,293
Accounts payable	(	40,842)		134,471
Accrued expenses		47,467	(	100,968)
Medicare and Medicaid third party settlements		44,809)		63,451
Net cash provided (used) in operating activities		843,824	(	359,357)
CASH FLOWS FROM INVESTING ACTIVITIES:				
Proceeds from sale of property and equipment		49,100		1,500
Purchase of property and equipment	(	1,031,210)	(	1,214,228)
Purchase of construction in progress	(	88,706)		0
Increase in notes receivable	(	76,692)	(	35,167)
Decrease in assets whose use is limited		179,228		312,826
Net cash provided (used) by investing activities	_(	968,280)	(	935,069)
CASH FLOWS FROM FINANCING ACTIVITIES:				
Net proceeds (repayments) of line of credit	(	250,000)		250,000
Proceeds from issuance of revenue bonds		0		432,000
Proceeds from capital lease obligations		838,700		684,780
Repayment of long term debt		224,612)	(	660,140)
Net cash provided (used) by financing activities		364,088		706,640
Net increase (decrease) in Cash and Cash Equivalents		239,632	(	587,786)
Cash and Cash Equivalents at Beginning of Year		97,550		685,336
Cash and Cash Equivalents at End of Year	\$	337,182	\$	97,550
SUPPLEMENTAL CASH FLOW INFORMATION:				
Cash paid for interest during the year	\$	38,669	\$	28,816

See Accompanying Notes to Financial Statements.

### NOTE 1 - GENERAL STATEMENT AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:-

### General Statement

Morrow County Hospital (the Hospital) is an acute and extended care hospital facility, owned by Morrow County, Ohio and operated and governed by a Board of Trustees pursuant to the powers and duties provided in Section 339.03 of the Ohio Revised Code. Members of the Board of Trustees are appointed by the County Commissioners. The Hospital is a component unit of Morrow County, Ohio.

Morrow County Hospital Foundation ("the Foundation") is a non-profit organization, founded during 1997, to operate exclusively for the benefit and support of the Hospital.

Central Ohio Physicians Corporation ("COPC") is a professional physician corporation, founded during 1998, to operate exclusively for the support of the Hospital.

### Summary of Significant Accounting Policies

The accompanying financial Statements comply with the provisions of GASB Statement No. 14, *The Financial Reporting Entity*. The Foundation and COPC are considered component units based on the nature and significance of the relationship between the Hospital and the two entities. For financial reporting purposes, the accounts of the Hospital, the Foundation, and COPC have been combined.

### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Proprietary Fund Accounting**

The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

### **Accounting Standards**

Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities that use Proprietary Fund Accounting*, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989.

### **Charity Care**

The Hospital maintains a policy whereby patients in need of medical services are treated without regard to their ability to pay for such services. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

### NOTE 1 - GENERAL STATEMENT AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (continued)

### **Income Taxes**

The Hospital is a political subdivision of Morrow County and is exempt from Federal income tax. The Internal Revenue Service has ruled that the Foundation and COPC are exempt under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code. Accordingly no provision for federal income taxes has been made in the financial statements.

### Inventories

Inventories are determined by physical counts and are stated at the lower of cost or net realizable value using the first-in, first-out method of valuation.

### Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and on deposit and investments in highly liquid debt instruments with an original maturity of three months or less.

### Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. 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.

### Property and Equipment

Acquisitions of property and equipment are stated at cost or at fair market value if received as a donation. The carrying value of assets sold, retired, or otherwise disposed of, and the related allowances for depreciation are eliminated from the accounts and any resulting gain or loss is included in nonoperating revenues and expenses. Repairs and maintenance are charged to operations when incurred. Capital additions are items exceeding \$500 with an estimated useful life of two years.

Depreciation of property and equipment is provided by annual charges to expense on a straight-line basis over the expected useful lives of the assets. The ranges of useful lives used in computing depreciation are 5-25 years for land improvements and equipment and 10-50 years for buildings.

### NOTE 1 - GENERAL STATEMENT AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (continued)

### County Tax Levy

In 1986, a tax levy was passed in Morrow County to provide the Hospital with unrestricted operating funds through 1991. The levy was renewed in 1991 and 1996, providing unrestricted operating funds through 2001. Proceeds from the 2.5 mill tax levy have been included in other operating revenue in the accompanying financial statements.

### Risk Management

The Hospital is exposed to various risks of loss from medical malpractice; torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee and community injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. In addition to insurance provided by the County, the hospital purchases commercial insurance coverage for claims arising from such matters. Settlement claims have not exceeded this commercial coverage in any of the three preceding years.

### Compensated Absences

Vacation and sick benefits are accrued as a liability as the benefits are earned if the employee's right to receive compensation is attributable to services already rendered and it is probable that the employer will compensate the employee for the benefits through paid time off or some other means. The criteria for determining the vacation and sick leave liability is derived from generally accepted accounting principles and the Ohio Revised Code.

### Assets Whose Use is Limited

Assets whose use is limited consists of invested funds securing bank debt and invested funds designated by the Hospital's Board of Trustees for the replacement, improvement, and expansion of the Hospital's facilities. Investments consist principally of U.S. Government Securities and are recorded at fair value.

### Third Party Reimbursement

The Hospital is a provider of services under contractual arrangements with Medicare and Medicaid programs. In addition, the Hospital has other third-party reimbursement arrangements. Net patient service revenues include amounts estimated by management to be reimbursable by these programs under the provisions of various payment arrangements. Payment arrangements include prospectively determined rates per discharge, reimbursed cost, discounted charges and per diem rates. Amounts received by the Hospital for treatment of patients covered by such programs are less than the established billing rates. The differences between established billing rates and amounts received are deducted in arriving at net patient service revenues.

### NOTE 1 - GENERAL STATEMENT AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (continued)

Amounts earned under the Medicare and Medicaid programs are subject to audit by appropriate government authorities or their agents. 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. At December 31, 2000, final settlements had been reached with Medicare through 1997 and with Medicaid through 1995. The amounts reported in the accompanying financial statements represent the estimated settlements outstanding at December 31, 2000 and 1999, which Hospital management believes will approximate final settlements after audit by the respective agencies.

In the healthcare industry, laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital's management believes that it is in substantial compliance with all applicable laws and regulations, and is not aware of any pending or threatening investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with healthcare industry laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

### Reclassification:-

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year combined financial statements.

### Malpractice and General Patient Liability Contingencies:-

Because of the nature of its operations, the Hospital is at all times subject to pending and threatened legal actions that arise in the normal course of its activities.

At December 31, 2000, management is aware of certain asserted and unasserted malpractice and general patient liability claims and assessments against the Hospital. These claims are in various stages of processing and their outcome is uncertain. Therefore, future liability of the Hospital related to these claims and assessments is unknown. Accordingly, no amounts have been accrued for malpractice and general patient liability claims.

There may be unknown incidents arising from services provided to patients. However, because the annual insurance policy only covers claims that have been asserted and incidents reported to the insurance carrier, these unknown incidents are not yet covered by insurance. Management has no basis to estimate the ultimate cost, if any, of the settlement of such potential claims and, accordingly, has not accrued for them. In addition, management intends to maintain the current occurrence basis insurance coverage to cover any unknown incidents that may be asserted.

The Hospital purchases, through a commercial carrier, professional liability insurance on an occurrence basis without coinsurance, subject to deductibles, and up to specified policy limits per medical incident and in the aggregate, plus other supplemental protection.

### **NOTE 2 – CASH AND INVESTMENTS:-**

The Hospital maintains a cash and investment pool. Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less.

### **Deposits**

At December 31, 2000 the carrying amount of the Hospital's book deposits was \$337,182 as compared to bank balances of \$604,654. The difference in carrying amount and bank balances is caused by outstanding checks and deposits intransit. Of the bank balances, \$100,000 is covered by Federal Insurance Programs and \$504,654 is uninsured but collateralized by pools of securities pledged by the depository banks, or by its trust department or agent but not in the Hospital's name as defined by GASB Statement No. 3, Deposits With Financial Institutions, Investments (Including Repurchase Agreement), and Reverse Repurchase Agreements.

### Investments

State statutes authorize and direct the permitted types of investments. All investments of the Hospital are held in the Hospital's name by a depository bank that is an agent of the Hospital.

In accordance with GASB Statement No. 3, the Hospital categorized investments in the following table to give an indication of the level of risk assumed by the entity at year end. Category 1 includes investments that are insured or registered, or for which securities are held by the Hospital or its agent in the name of the Hospital. Category 2 includes uninsured and unregistered investments for which securities are held by the broker's or dealer's trust department or agent in the name of the Hospital. Category 3 includes uninsured and unregistered investments for which the securities are held by the broker or dealer, or by its trust department or agent but not in the Hospital's name. As discussed in Note 1, the Hospital's investments generally are carried at fair value.

		Category		Carrying	Market
	1	2	3	Amount	Value
Investments Whose Use is Limited	\$ <u>1,057,273</u>	\$	\$	\$ _1,057,273_\$	1,057,273
Total	\$ <u>1,057,273</u>	\$	\$	\$ <u>1,057,273</u> \$	1,057,273

### **NOTE 3 - CHARITY CARE:-**

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under this charity care policy. Charity care, based on estimated rates, totaled approximately \$83,665 and \$104,795 during the years ended December 31, 2000 and 1999, respectively.

### **NOTE 4 – OPERATING REVENUE:-**

The Hospital provides services to certain patients covered by various third party payor arrangements that provide for payments to the Hospital at amounts different than its established rates. Gross patient service revenue and allowances to reconcile to net patient services revenue for the years ended December 31, 2000 and 1999 are as follows:

		1999
Gross patient service revenue	\$ 19,645,703	\$ 17,939,452
Less contractual allowances;-		
Medicare	3,426,718	3,554,004
Medicaid and other	1.853,152	1,385,532
Total Contractual Allowances	5.279.870_	4.939.536
Net patient service revenue	\$ <u>14,365,833</u>	\$ <u>12,999,916</u>

### NOTE 5 - PROPERTY AND EQUIPMENT-NET:-

Property and equipment consists of the following:

	_	2000		1999
Land and improvements	\$	458,003	\$	469,409
Buildings		3,794,052		3,748,964
Equipment		9,048,545		9,660,446
Construction in progress		502,556		413,851
		13,803,156		14,292,670
Accumulated depreciation		7,400,828)	(	8.141.955)
Property and equipment - net	\$_	6,402,328	\$	6,150,715

### **NOTE 6 – LINE OF CREDIT:-**

In 1999, the Hospital entered into a line of credit agreement with First-Knox National Bank with a maximum line of \$433,000 at an interest rate of prime, or 9.50% at December 31, 2000 with an outstanding balance at December 31, 2000 and 1999 of \$0 and \$250,000, respectively. The agreement requires that the principal plus all accrued interest be paid on the maturity date, August 16, 2001.

### **NOTE 7 – NOTES PAYABLE:-**

Following is a summary of the long-term notes payable at December 31:

		2000		1999
Hospital facilities refunding revenue note, series 1999, sixty monthly payments of \$8,332 includes principal and interest at 5.90%. Secured by the receipts of the Hospital.	\$	355,460	\$	432,000
Deed restriction for donation of land. Payment based on a fulfillment of physician contract and disposal of land by				
the Hospital Foundation. Land is restricted to the use of a				
medical building.		12,000		12,000
		367,460		444,000
Current maturities	<u>(</u>	81.180)	(	76.540)
Long-term portion	\$	286,280	\$	367,460
Future maturities of the long-term debt are as follows:				

Year	Amount
2001	\$ 81,180
2002	86,101
2003	91,321
2004	96,858
2005	0
Thereafter	12.000
	\$ 367,460

### **NOTE 8 - LEASES :-**

At December 31, 2000, the Hospital has capital leases for a computer hardware and software system and the CT scanner system. The obligations under these capital leases have been recorded at the present value of future minimum lease payments, discounted at appropriate interest rates. The capitalized costs of \$1,523,480 less accumulated depreciation of \$289,304 are included in property and equipment. The Hospital also has an operating lease for medical equipment.

### **NOTE 8 - LEASES :-** (continued)

Annual minimum lease payments of the capital and operating leases required for the five years subsequent to December 31, 2000 are as follows:

	_	Capital Leases	_	Operating Leases
2001	\$	352,704	\$	13,188
2002		352,704		21,372
2003		352,704		21,372
2004		225,639		21,372
2005	_	179,790	_	8,488
Total minimum lease payments		1,463,541	\$_	85,792
Amounts representing interest	_	215,197		
Present value of net minimum payments		1,248,344		
Less current portion	_	277,656		
Long-term capitalized lease obligations	\$_	970,688		

### **NOTE 9 - PENSION BENEFIT OBLIGATION:-**

All employees of the Hospital participate in the Public Employees Retirement System of Ohio (the "PERS of Ohio"), a cost-sharing multiple employer defined benefit pension plan. PERS of Ohio provides retirement and disability benefits, annual cost-of-living adjustments and death benefits to plan members and beneficiaries. Chapter 145 of the Ohio Revised Code provides statutory authority to establish and amend benefits. The Public Employees Retirement System of Ohio issues a stand-alone financial report that includes financial statements and required supplementary information for the PERS of Ohio.

The Ohio Revised Code provides statutory authority for employee and employer contributions. The contribution rate for employees is 8.5%. The 2000 rate for local government employer units was 13.55% of covered payroll, 9.35% to fund the pension benefit obligation and 4.2% to fund health care. The Hospital's regular and paid contributions to the PERS of Ohio for the years ending December 31, 2000, 1999 and 1998 were \$587,347, \$605,594 and \$602,700, respectively.

### NOTE 10 - POST EMPLOYMENT BENEFITS OTHER THAN PENSION BENEFITS:

Public Employees Retirement System of Ohio provides post-retirement health care coverage to age and service retirees with ten or more years of qualifying Ohio service credit and to their primary survivor recipients. Health care coverage for disability recipients and primary survivor recipients is available. The health care coverage provided by the retirement system is considered an Other Post Employment Benefit (OPEB) as described in GASB Statement No. 12. A portion of each employer's contribution to PERS is set aside for the funding of post retirement health care. The Ohio Revised Code provides statutory authority for employer contributions.

The 2000 employer contribution rate was 13.55% of covered payroll; 4.2% was the portion that was used to fund health care for the year. The Ohio Revised Code provides the statutory authority requiring public employers to fund post retirement health care through their contributions to PERS.

### NOTE 10 - POST EMPLOYMENT BENEFITS OTHER THAN PENSION BENEFITS:- (continued)

OPEB is financed through employer contributions and investment earnings thereon. The contributions allocated to retiree health and Medicare, along with investment income on allocated assets and periodic adjustments in health care provisions are expected to be sufficient to sustain the program indefinitely.

During 1997, the PERS Retirement Board adopted a new calculation method for determining employer contributions applied to OPEB. Under the new method, effective January 1, 1998, employer contributions, equal to 4.2% of member covered payroll, are used to fund health care expenses. Under the prior method, accrued liabilities and normal cost rates were determined for retiree health care coverage.

### **NOTE 11 - RELATED PARTY TRANSACTIONS:-**

Morrow County Hospital Auxiliary, which is controlled by Morrow County Hospital, was established to solicit contributions from the general public and to support the operations of the Hospital. Funds are distributed to the Hospital as determined by the Auxiliary's Board of Directors. The Auxiliary contributed \$20,000 to the Hospital in 2000 and \$21,900 in 1999 for the purchase of Hospital medical equipment.

The Hospital contributed funds to the Foundation, a component unit, of \$211,569 in 2000 and \$240,339 in 1999.

The Foundation contributed funds to COPC, a component unit, of \$209,527 in 2000 and \$235,099 in 1999.

### **NOTE 12 - CONCENTRATIONS OF CREDIT RISK:-**

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at December 31, 2000 and 1999, was as follows:

	2000	<u> 1999</u>
Medicare	34%	40%
Other third-party payors	26%	30%
Patients	22%	17%
Medicaid	14%	9%
Blue Cross	4%	4%
	100%	100%

### **NOTE 13 - SELF-INSURANCE:-**

Effective June 1, 1990, the Hospital began participating in a self-funded health and dental insurance plan. In addition, the Hospital purchases stop-loss insurance that provides coverage of claims in excess of certain amounts on individual claims. The self-funded plan is administered by a third party administrator which determines the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in the time. In connection therewith, the Hospital charged to operations a provision of \$195,883 for 2000 and \$305,449 for 1999, which represents the sum of actual claims paid and estimates of liability relating to claims, both asserted and unasserted, resulting from incidents that occurred during the year. As of December 31, 2000 and 1999, the Hospital had estimated its outstanding loss reserves at \$44,500, which is reported as a current liability for each year. Subsequent adjustment of insurance plan liabilities based on claims experience is treated as an adjustment to expense.

### **NOTE 14 - COMPONENT UNIT FUNDS:-**

### CONDENSED BALANCE SHEETS

		December 31, 2000				December 3	1, 1999	
		Morrow County Hospital Foundation		Central Ohio Physicians Corp.		Morrow County Hospital Foundation	_	Central Ohio Physicians Corp.
ASSETS:-								
Cash and cash equivalents	\$	15,397	\$	22,471	\$	17,802	\$	4,430
Accounts receivable		50		9,296		-		36,338
Property and equipment - net		75,874		-		80,704		-
Other assets			_	10	_		_	10
Total assets	\$	91,321	\$_	31,777	\$	98,506	\$ _	40,778
LIABILITIES AND FUND BALAN	CES:	-						
Accounts payable	\$	-	\$	6,168	\$	1,305	\$	10,172
Notes payable		12,000	_		_	12,000	_	
Total liabilities		12,000		6,168		13,305		10,172
FUND BALANCES	-	79,321	_	25,609	-	85,201	_	30,606
TOTAL LIABILITIES AND								
FUND BALANCES	\$	91,321	\$_	31,777	\$	98,506	\$ _	40,778

### CONDENSED STATEMENT OF REVENUE. EXPENSE AND AND CHANGES IN FUND BALANCES

		December 31, 2000				December 31, 1999			
		Morrow County Hospital Foundation	_	Central Ohio Physicians Corp.	_	Morrow County Hospital Foundation	_	Central Ohio Physicians Corp.	
OPERATING REVENUES:-									
Patient service revenues - net Contributions	\$	0 211,569	\$	45,295 209,527	\$	0 240,339	\$	99,240 235,099	
Other	•	159	-	328	-	191	_	191	
		211,728		255,150		240,530		334,530	
OPERATING EXPENSES:-									
General operating expense		8,081		260,147		13,975		346,217	
Contributions		209,527	_	0_	_	235,099	_	0	
		217,608	-	260,147	-	249,074	_	346,217	
Excess of revenues over expenses		( 5,880)		( 4,997)	(	8,544)	(	11,687)	
Fund balances at beginning of year	•	85,201	-	30,606	_	93,745	_	42,293	
Fund balances at end of year	\$	79,321	\$ _	25,609	\$ _	85,201	\$_	30,606	



Report on Compliance and on Internal Control Over Financial Reporting Based on an Audit of Financial Statements Performed In Accordance with *Government Auditing Standards* 

To the Board of Trustees Morrow County Hospital Mt. Gilead, Ohio

We have audited the financial statements of Morrow County Hospital (the Hospital) (a component unit of Morrow County, Ohio) as of and for the years ended December 31, 2000 and 1999 and have issued our report thereon dated March 15, 2001. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

### Compliance

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

### Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses. However, we noted other matters involving internal controls over financial reporting, which we have reported to management of the Hospital in a separate letter dated March 15, 2001.

This report is intended solely for the information and use of the Board of Directors, management, and others within the Hospital and is not intended to be and should not be used by anyone other than these specified parties.

Certified Public Accountants

Ilustroak & Master

March 15, 2001 Marion, Ohio



88 East Broad Street P.O. Box 1140 Columbus, Ohio 43216-1140

Telephone 614-466-4514

800-282-0370

Facsimile 614-466-4490

### MORROW COUNTY MORROW COUNTY

### **CLERK'S CERTIFICATION**

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

**CLERK OF THE BUREAU** 

Susan Babbitt

CERTIFIED APRIL 24, 2001