Financial Report
December 31, 2002 and 2001



Board of Directors Paulding County Hospital 1035 West Wayne Street Paulding, OH 45879

We have reviewed the Independent Auditor's Report of the Paulding County Hospital, prepared by Plante & Moran, PLLC, for the audit period January 1, 2002 through December 31, 2002. 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 Paulding County Hospital is responsible for compliance with these laws and regulations.

Betty Montgomeny

BETTY MONTGOMERY Auditor of State

June 3, 2003



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Independent Auditor's Report

To the Board of Directors Paulding County Hospital Paulding, Ohio

We have audited the accompanying balance sheets of Paulding County Hospital as of December 31, 2002 and 2001, and the related statements of revenue and expenses of General Fund, changes in fund balances and cash flows of General Fund 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 auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit 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 Paulding County Hospital as of December 31, 2002 and 2001, and the results of its operations, changes in its fund balance, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

In accordance with *Government Auditing Standards*, we have also issued a report dated February 14, 2003, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and 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.

February 14, 2003

Plente + Moren, PLLC

	December 31				
		2002		2001	
Assets					
General Funds					
Current Assets					
Cash and cash equivalents (Note 2)	\$	366,248	\$	437,345	
Patient accounts receivable, net (Note 3)	·	1,733,233		1,914,697	
Notes receivable, current portion		42,898		82,164	
Inventories		328,871		286,558	
Prepaid expenses		123,060		157,186	
Third party settlements (Note 7)		220,231		44,651	
Other receivables		47,394		6,817	
Total current assets		2,861,935		2,929,418	
Assets Limited as to Use					
Investments (Note 2)		3,661,086		3,110,457	
Accrued interest receivable		5,688		132,828	
Total assets limited as to use		3,666,774		3,243,285	
Property & Equipment, Net (Note 4)		7,505,583		7,090,894	
Notes Receivable - Net of Current Portion		303,011		268,494	
Total assets	\$	14,337,303	\$	13,532,091	
Donor Restricted Funds					
Investments (Note 2)	\$	13,705	\$	13,577	

Balance Sheet

	December 31				
		2002		2001	
Liabilities and Fund Balances General Fund					
Current Liabilities Current portion of long-term debt (Note 5) Accounts payable Construction payable	\$	254,224 452,482 -	\$	201,185 610,475 261,164	
Accrued expenses Payroll and taxes Vacation and sick pay Other		343,219 320,542 227,630		314,907 313,377 63,711	
Total current liabilities		1,598,097		1,764,819	
Long-Term Debt, Net of Current Portion (Note 5)		589,651		645,165	
Fund Balance, General Fund Contributed capital (Note 6) Unrestricted fund balance Total fund balance, general fund		1,900,000 10,249,555 12,149,555		1,900,000 9,222,107 11,122,107	
Total liabilities and fund balance	\$	14,337,303	<u>\$</u>	13,532,091	
Donor Restricted Funds					
Specific Purpose Funds	\$	13,705	\$	13,577	

Statement of Revenue and Expenses of General Fund

	Year Ended December 31				
	2002	2001			
Operating Revenue					
Net patient service revenue (Note 8)	\$ 14,051,601	\$ 12,765,735			
Other operating revenue	202,393	185,993			
Total operating revenue	14,253,994	12,951,728			
Operating Expenses					
Salaries and wages	6,346,524	5,906,193			
Employee benefits	1,820,894	1,625,774			
Professional fees	264,595	259,057			
Supplies and other expenses	2,808,723	2,664,132			
Purchased services	1,243,619	972,685			
Depreciation	750,354	723,246			
Interest	50,824	53,384			
Provision for bad debts	414,819	205,342			
Total operating expenses	13,700,352	12,409,813			
Income from Operations	553,642	541,915			
Non-Operating Gains (Losses)					
Investment income	97,822	288,730			
Contributions	126,647	156,523			
Other (Note 13)	249,337	(1,269,223)			
Total net non-operating gains (losses)	473,806	(823,970)			
Revenue and Gains in Excess of Expenses (Expenses in Excess of Revenues and Gains)	\$ 1,027,448	\$ (282,055)			

Statement of Changes in Fund Balances

		Unrestricted Contributed General Fund Capital		Donor Restricted Specific Purpose			Total		
	<u>G</u>			Capital	Funds			Funds	
Balances - January 1, 2001	\$	9,504,162	\$	1,900,000	\$	13,385	\$	11,417,547	
Expenses in excess of revenues and gains Investment income		(282,055)		- -		- 192		(282,055) 192	
Balances - December 31, 2001		9,222,107		1,900,000		13,577		11,135,684	
Revenue and gains in excess of expenses Investment income		1,027,448		- -		- 128		1,027,448 128	
Balances - December 31, 2002	\$	10,249,555	\$	1,900,000	\$	13,705	\$	12,163,260	

Statement of Cash Flows of General Fund

	Year Ended [Dece	ember 31
	 2002		2001
Cash Flows from Operating and Non-Operating Activities			
Cash received from patients and third-party payors	13,642,666		12,221,335
Cash payments to suppliers for services and goods	(4,319,198)		(3,890,103)
Cash payments to employees for services	(8,131,941)		(7,362,592)
Other operating revenue received	 161,816		301,144
Net cash provided by operating and non-operating activities	1,353,343		1,269,784
Cash Flows from Investing Activities			
Investment income	224,962		920,763
Recovery (Loss) on uninsured investments	249,337		(1,269,223)
Advances to physicians - net of forgiveness	 4,749		(44,687)
Net cash provided (used) by investing activities	479,048		(393,147)
Cash Flows from Noncapital and Related Financing Activities			
Unrestricted contributions received	126,647		156,523
Cash Flows from Capital and Related Financing Activities			
Purchase of property and equipment	(1,201,207)		(1,717,216)
Interest paid on long-term debt	(50,824)		(53,384)
Principal payments on notes payable	(18,690)		(75,339)
Principal payments on capital leases	 (208,785)		(172,604)
Net cash used in capital and related financing activities	 (1,479,506)		(2,018,543)
Net Increase (Decrease) in Cash and Cash Equivalents	479,532		(985,383)
Cash and Cash Equivalents - Beginning of year	 3,547,802	_	4,533,185
Cash and Cash Equivalents - End of year	\$ 4,027,334	\$	3,547,802
Equipment obtained through capital lease	\$ 225,000		-

Statement of Cash Flows of General Fund (Continued)

A reconciliation of income from operations to net cash from operating and non-operating activities is as follows:

	Year Ended December 31			mber 31
	2002			2001
Cash Flows from Operating Activities and Non-Operating Gains				
Income from operations	\$	553,642	\$	541,915
Interest expense considered capital financing activities		50,824		53,384
Adjustments to reconcile revenue and gains in excess of expenses to net cash				
provided by operating activities and nonoperating gains				
Depreciation		750,354		723,246
Provision for bad debts		414,819		205,342
Increase in patient accounts receivable		(233,355)		(514,636)
Increase in inventories		(42,313)		(3,281)
Decrease (increase) in prepaid expenses and other receivables		(6,451)		49,635
Decrease in third-party settlements		(175,580)		(29,764)
Increase (decrease) in accounts payable		(157,993)		173,041
Increase in other accrued expenses		199,396		70,902
Net cash provided by operating activities and nonoperating gains	\$	1,353,343	\$	1,269,784

Notes to Financial Statements December 31, 2002 and 2001

Note 1 - Organization and Summary of Significant Accounting Policies

Organization – Effective January 1, 2001, Paulding County Hospital (the Hospital) became a 15-bed critical access hospital located in Paulding, Ohio. The Hospital operates under the authority of Section 339, Ohio Revised Code, to provide inpatient, outpatient, and emergency care services for the residents of Paulding County, Ohio. A Board of Directors appointed by the County Commissioners, the Probate Judge, and the Judge of the Court of Common Pleas of Paulding County governs the Hospital. The Hospital is considered a component unit of Paulding County, Ohio (County), and is included as a component unit in the general-purpose financial statements of the County.

Basis of Presentation – The financial statements have been presented in conformity with accounting principles generally accepted in the United States of America as recommended in the Audit Guide (Audits of Providers of Health Care Services) published by the American Institute of Certified Public Accountants. The significant accounting policies conform to accounting principles for governmental units as prescribed in the statements issued by the Governmental Accounting Standards Board (GASB) and other recognized authoritative sources. The Hospital also applies the Financial Accounting Standards Board Statements and Interpretations issued to the extent that they do not contradict or conflict with GASB pronouncements.

Cash and Cash Equivalents – Cash and cash equivalents are defined as short-term highly-liquid investments purchased with initial maturities of three months or less. Cash and cash equivalents included in assets limited as to use are considered cash and cash equivalents for purposes of the statements of cash flows of general funds.

Accounts Receivable – Accounts receivable for patients, insurance companies and governmental agencies are based on gross charges. An allowance for uncollectible accounts is established on an aggregate basis by using historical loss rate factors applied to unpaid accounts based on aging. Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Hospital's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for uncollectible accounts in the period they are deemed to be uncollectible. The allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors.

Inventories – Inventories, consisting primarily of medical supplies, food, and drugs, are valued at the lower of cost or market determined on a first-in, first-out (FIFO) basis.

Notes to Financial Statements December 31, 2002 and 2001

Note 1 - Organization and Summary of Significant Accounting Policies (Cont.)

Assets Limited as to Use - Assets **i**mited as to use include assets set aside by the Hospital Board of Directors for future capital improvements over which the Board retains control and may, at its discretion, subsequently use for other purposes.

Property and Equipment – Property and equipment are recorded at cost, or if donated, at fair value at the date of receipt. Depreciation is provided over the estimated useful life and is computed principally on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Cost of maintenance and repairs are charged to expense when incurred.

Notes Receivable – Notes receivable represent loans to physicians under various cash flow support and loan arrangements. These loans are to be repaid in varying monthly installments including varying interest rates ranging from the minimum applicable federal rate to 8 percent and are unsecured. A majority of the physician notes receivable are forgiven over time under the terms specified in the physician loan agreement.

Compensated Absences – Paid time off is charged to operations when earned. Unused and earned benefits are recorded as a current liability in the financial statements.

Unrestricted and Restricted Funds – Restricted funds represent contributions and bequests whose use is specified by the donor. Restricted gifts and other restricted resources are initially recognized as revenue of the restricted fund and are recognized by the Hospital as direct additions to the general fund in the period in which the expenditures are made for the purpose intended by the donor.

Unrestricted gifts represent contributions and bequests upon which donors place no restrictions or that arise as a result of the operation of the Hospital for its stated purpose. Assets limited as to use are not considered to be restricted funds. Unrestricted contributions are included in nonoperating revenue in the statements of revenue and expenses in the period received by the Hospital.

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. Retroactive adjustments to these estimated amounts are recorded in future periods as final settlements are determined.

Notes to Financial Statements December 31, 2002 and 2001

Note 1 - Organization and Summary of Significant Accounting Policies (Cont.)

Net Patient Service Revenue (Cont.)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that it is in compliance with all applicable laws and regulations. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Income from Operations - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as non-operating gains and losses.

Investment Income – Investment income on board-designated funds (funded depreciation) and general funds are recorded as non-operating gains. All investment income from donor-restricted funds is added to the restricted fund balance.

Charity Care - The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Pension Plan - Substantially all of the Hospital's employees are eligible to participate in a defined benefit pension plan sponsored by the Ohio Public Employees Retirement System (OPERS). The Hospital funds pension costs accrued, based on contribution rates determined by OPERS.

Federal Income Tax – As a political subdivision, the Hospital is exempt from taxation under the Internal Revenue Code.

Reclassification - Certain prior year amounts have been reclassified to conform to current year presentation.

Notes to Financial Statements December 31, 2002 and 2001

Note 2 - Deposits and Investments

The Hospital's deposits and investments are comprised of the following:

2002		sh and Cash quivalents	ssets Limited as to Use	stricted Cash and Cash Equivalents
Deposits Certificates of Deposit	\$	366,248	\$ - 3,661,086	\$ - 13,705
Total	\$	366,248	\$ 3,661,086	\$ 13,705
2001				
Deposits Certificates of Deposit	\$	437,345	\$ - 3,243,285	\$ - 13,577
Total	\$	437,345	\$ 3,243,285	\$ 13,577
Deposits			 2002	2001
Amount of deposits reflected on the accour (without recognition of checks written but r of deposits in transit)			\$ 4,473,341	\$ 3,919,660
Amount of deposits covered by federal depository insurance			 600,000	 400,000
Amount of deposits uninsured			\$ 3,873,341	\$ 3,519,660

Amounts of deposits not insured by federal depository insurance are collateralized by pools of securities pledged by the depository banks and held in the name of the respective bank.

Notes to Financial Statements December 31, 2002 and 2001

Note 3 - Patient Accounts Receivable

The details of patient accounts receivable are set forth below:

	 2002	 2001	
Gross patient accounts receivable Less allowance for:	\$ 3,280,062	\$ 2,862,615	
Uncollectible accounts Contractual adjustments	(883,321) (663,508)	(540,416) (407,502)	
Net patient accounts receivable	\$ 1,733,233	\$ 1,914,697	

The Hospital provides services without collateral to its patients, most of whom are local residents and insured under third-party payor arrangements. The mix of receivables from patients and third-party payors is as follows:

	2002	2001
Medicare	38%	28%
Medicaid	12%	8%
Blue Cross	9%	13%
Patient pay	17%	21%
Other third-party payors	24%	30%
Total	100%	100%

Notes to Financial Statements December 31, 2002 and 2001

Note 4 - Property and Equipment

Property and equipment is summarized at December 31, 2002, as follows:

					Depreciable
	2002			2001	Life-Years
Land	\$	30,609	\$	30,609	
Land improvements		163,553		124,444	5-25
Building and improvements		9,462,106		6,234,931	5-50
Fixed equipment		1,455,292		1,455,292	5-20
Moveable equipment		4,418,002		4,154,843	5-20
Moveable equipment - capital leases		1,961,188		1,736,188	5
Construction in process		_		2,667,595	
Total		17,490,750		16,403,902	
Less accumulated depreciation		9,985,167		9,313,008	
Property and equipment-net	\$	7,505,583	\$	7,090,894	

During 2001, the Hospital was in the process of renovating the hospital facility. The Hospital completed this project as of December 31, 2002.

Notes to Financial Statements December 31, 2002 and 2001

Note 5 - Long - Term Debt

Notes payable and equipment under capital leases are summarized at December 31, 2002, as follows.

	2002		2001	
Note payable to Bank, payable over 60 months with monthly payments of \$1,881 including interest at 5.94%, collateralized by roof.	\$	52,202	\$	70,892
Capital lease payable over 60 months with monthly payments of \$4,324 including interest at 5.75%, collateralized by equipment.		198,595		-
Capital lease payable to Bank, payable over 120 months, with monthly payments of \$18,385				
including interest at 5.52%, collateralized by HVAC system.		593,078		//5,458
Total		843,875		846,350
Less current portion		254,224		201,185
Long-term portion	\$	589,651	\$	645,165

Notes to Financial Statements December 31, 2002 and 2001

Note 5 - Long -Term Debt (Cont.)

At December 31, 2002, future minimum payments on the note payable and capital lease payable are as follows.

	Not	e Payable	Lea	se Payable
2003 2004 2005 2006 2007	\$	19,970 21,205 11,027 -	\$	272,501 272,500 254,117 51,885 17,294
Total payments Less amount representing interest Net lease payments	\$	52,202	\$	868,297 (76,624) 791,673

The carrying value of equipment under capital lease obligations is as follows:

		2002
Cost of equipment under capital lease Less accumulated amortization	\$	1,961,188 769,925
Net carrying amount	<u>\$</u>	1,191,263

Note 6 - Contributed Capital

The Hospital received \$1,900,000 from Paulding County to pay for the costs of renovating, expanding, modernizing, and equipping Paulding County Hospital. The voters of Paulding County passed a levy in November 1999 to approve the levy of ad valorem taxes on all property in the county subject to ad valorem taxes levied by the County, which taxes are unlimited as to amount. Due to the County not collecting property tax revenue on this levy until 2001, the County issued a bond anticipation note. The Hospital received the proceeds of the note from the County, which matured September 14, 2000, with an interest rate of 4.5%. The Hospital has no obligation for the retirement of the notes or the bonds, which are backed by the full faith of Paulding County.

Notes to Financial Statements December 31, 2002 and 2001

Note 7 - Cost Report Settlements

Approximately 54 percent of the Hospital's revenues from patient services are received from the Medicare and Medicaid programs. The Hospital has agreements with these payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's established rates for services and amounts reimbursed by third-party payors. A summary of the basis of reimbursement with third-party payors follows.

Medicare – Effective January 1, 2001, the Hospital received full accreditation from the Center for Medicare and Medicaid Services for the Critical Access Hospital designation. As a Critical Access Hospital, the Hospital will receive reasonable, cost-based reimbursement for both inpatient and outpatient services provided to Medicare beneficiaries.

Medicaid - Inpatient, acute-care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Capital costs relating to Medicaid inpatients are paid on a cost-reimbursement method. The Hospital is reimbursed for outpatient services on an established fee-for-service methodology.

The Medicaid payment system in Ohio is a prospective one, whereby rates for the following state fiscal year beginning July 1 are based upon filed cost reports for the preceding calendar year. The continuity of this system is subject to the uncertainty of the fiscal health of the State of Ohio, which can directly impact future rates and the methodology currently in place. Any significant changes in rates, or the payment system itself, could have a material impact on the future Medicaid funding to providers.

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit by fiscal intermediaries. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying financial statements.

Notes to Financial Statements December 31, 2002 and 2001

Note 8 - Net Patient Service Revenue

Net patient service revenue consists of the following:

	2002		2001
Revenue:			
Inpatient services:			
Routine services	\$	861,556	\$ 1,050,239
Ancillary services		3,150,167	3,241,623
Outpatient ancillary services		13,414,862	12,248,756
Total patient revenue		17,426,585	16,540,618
Less contractual adjustments under third-party reimbursement programs		3,374,984	3,774,883
Total net patient service revenue	\$	14,051,601	\$ 12,765,735

Note 9 - Defined Benefit Pension Plan

Plan Description - The Hospital contributes to the Ohio Public Employees Retirement System (OPERS), a cost-sharing, multiple-employer defined benefit pension plan administered by the Ohio Public Employees Retirement System. OPERS 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 assigns authority to establish and amend benefit provisions be the OPERS Board of Trustees. OPERS issues a stand-alone financial report available to the public that includes financial statements and required supplementary information for OPERS. That report may be obtained by writing to Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling 614-222-6705 or 1-800-222-PERS (7377).

Funding Policy - Plan members are required to contribute 8.50 percent of their annual covered salary, and the Hospital is required to contribute at an actuarially determined rate of annual covered payroll. The employer rate was 13.55 percent for 2002 and 2001. The contribution requirement of plan members and the Hospital is established and may be amended by the OPERS Board of Trustees. The Hospital's contributions to OPERS for the years ended December 31, 2002, 2001, and 2000, were \$855,337, \$801,587, and \$536,065, respectively. Required employer contributions are equal to 100% of the dollar amount billed to each employer and must be extracted from the employer's records.

Notes to Financial Statements December 31, 2002 and 2001

Note 9 - Defined Benefit Pension Plan (Cont.)

Post-Retirement Benefits - The Ohio Public Employees Retirement System provides post-retirement health care coverage to age and service retirants with ten or more years of qualifying Ohio service credit. 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 OPERS is set aside for the funding of post-retirement health care. The Ohio Revised Code provides statutory authority for employer contributions. The 2002 and 2001 employer contribution rate for local government employer units was 13.55 percent of covered payroll for 2002 and 2001, respectively. Of this amount, 5.0 percent was the portion that was used to fund health care throughout the year. The portion of the employer's contribution used to fund post-employment benefits was \$315,619.

The Ohio Revised Code provides the statutory authority requiring public employers to fund post-retirement health care through their contributions to OPERS.

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

The number of active contributing participants during 2002 was 402,041. As of December 31, 2001, the actuarial value of the Retirement System's net assets available for OPEB was \$11.6 billion. The actuarially accrued liability and the unfunded actuarial accrued liability, based on the actuarial cost method used, were \$16.4 billion and \$4.8 billion, respectively.

Notes to Financial Statements December 31, 2002 and 2001

Note 10 - Risk Management

The Hospital is insured against medical malpractice claims under an occurence-based policy. The policy covers claims resulting from incidents that occur during the policy terms, regardless of when the claims are reported to the insurance carries. Under the terms of the policy, the Hospital bears the risk of the ultimate costs of any individual claims exceeding \$1,000,000 or aggregate claims exceeding \$3,000,000 for claims asserted in the policy year. In addition, the Hospital has an umbrella policy with an additional \$5,000,000 of coverage.

Should the occurrence-based policy not be renewed or replaced with equivalent insurance, claims based on the occurrences subsequent to the policy term will be uninsured.

While there is pending litigation against the Hospital, management is not aware of any such medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. The cost of this insurance policy represents the Hospital's cost for such claims for the year, and it has been charged to operations as a current expense. There have been no claims settled in the last three years that have exceeded insured limits.

Note 11 - Deferred Compensation Plan

All full-time employees of the Hospital may participate in a deferred compensation plan created by the State of Ohio under the provisions of Internal Revenue Code (IRC) Section 457 (Deferred Compensation Plans with Respect to Service for State and Local Governments). Under the plan, employees may elect to defer a portion of their salaries and avoid paying taxes on the deferred portion until the withdrawal date. The deferred compensation amount is not available for withdrawal by employees until termination, retirement, death, or unforeseeable emergency.

Compensation assets deferred under a plan, all property, and rights, and all income attributable to those amounts, property, or rights is held in trust at the state level for the benefit of the participants.

Notes to Financial Statements December 31, 2002 and 2001

Note 12 - Self-Insurance

The Hospital is partially self-insured under a plan covering all employees for employee health insurance. The plan is covered by a stop-loss policy that covers claims over \$25,000 per employee or total claims in excess of \$1,000,000. The plan policy year ends on December 31. Claims, charged to operations when incurred, were approximately \$580,000 and \$665,000 for the years ended December 31, 2002 and 2001, respectively.

Reconciliation of accrued health insurance at December 31, 2002 and 2001, consists of the following:

Balance at January 1, 2001	\$	46,180
Health insurance expense		665,000
Payments made		(666,271)
Balance at December 31, 2001		44,909
Health insurance expense		580,000
Payments made		(534,352)
Balance at December 31, 2002	<u>\$</u>	90,557

Note 13 - Loss on Investments

At December 31, 2001, the Hospital maintained \$1.48 million of investments at a local bank. In February 2002, it was discovered the bank was defrauded of most of its assets. The Hospital was only insured for \$100,000 (FDIC) and was collateralized on additional amounts totaling \$95,620. Due to the uncertainty of recovering any of the funds beyond insured and collateralized amounts, the Hospital wrote down the uninsured portion of investments totaling \$1.29 million at December 31, 2001. The Hospital has recovered the insured and collateralized amounts as of December 31, 2001, as well as an additional \$249,777 of uninsured amounts, which were previously written down at December 31, 2001.



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Report Letter on Compliance with Laws and Regulations and Internal Control – General Purpose Financial Statements

To the Board of Directors Paulding County Hospital Paulding, Ohio

We have audited the financial statements of Paulding County Hospital as of and for the year ended December 31, 2002, and have issued our report thereon dated February 14, 2003. We conducted our audit 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.

Compliance

As part of obtaining reasonable assurance about whether Paulding County Hospital 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 audit 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 Paulding County 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, a report was issued to management and the Board of Directors under separate cover regarding internal control issues and operating efficiencies which we did not consider to be material weaknesses.

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







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PAULDING COUNTY PAULDING 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 JUNE 17, 2003