

Berger Health System

**Financial Report
with Additional Information
December 31, 2010**



Dave Yost • Auditor of State

Board of Governors
Berger Health System
600 North Pickaway Street
Circleville, Ohio 43113

We have reviewed the *Independent Auditor's Report* of the Berger Health System, Pickaway County, prepared by Plante & Moran, PLLC, for the audit period January 1, 2010 through December 31, 2010. 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 Berger Health System is responsible for compliance with these laws and regulations.

A handwritten signature in black ink that reads "Dave Yost".

Dave Yost
Auditor of State

June 6, 2011

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Berger Health System

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Independent Auditor's Report

To the Board of Governors
Berger Health System

We have audited the accompanying financial statements of the business-type activities and the aggregate discretely presented component units of Berger Health System (the "System"), a component unit of the City of Circleville, as of and for the years ended December 31, 2010 and 2009, which collectively comprise the System's basic financial statements as listed in the table of contents. These financial statements are the responsibility of the System's management. Our responsibility is to express opinions on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the 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 respective financial position of the business-type activities and the aggregate discretely presented component units of Berger Health System, a component unit of the City of Circleville, at December 31, 2010 and 2009 and the changes in financial position and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

The management's discussion and analysis is not a required part of the financial statements but is supplemental information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management, regarding the methods of measurement and presentation of the required supplemental information. However, we did not audit the information and express no opinion on it.

To the Board of Governors
Berger Health System

In accordance with *Government Auditing Standards*, we have also issued our report dated April 12, 2011 on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide opinions on internal control over financial reporting or on compliance. 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 audits.

Plante & Moran, PLLC

April 12, 2011

Berger Health System

Management's Discussion and Analysis

This section of Berger Health System's (the "System") annual financial statements presents background information and management's discussion and analysis (MD&A) of the System's financial performance during the year ended December 31, 2010. This MD&A includes a discussion and analysis of the activities and results of the primary government entity, Berger Hospital, and its component units of Pickaway Health Services (PHS), Pickaway Professional Services (PPS), and Berger Health Foundation (BHF).

This MD&A should be read together with the financial statements included in this report as the financial statements present the primary government entity and component units using the methods described in Statements No. 14, *The Financial Reporting Entity*, and No. 39, *Determining Whether Certain Organizations Are Component Units*, issued by the Governmental Accounting Standards Board.

Financial Highlights

- The System's net assets decreased to \$57.2 million in 2010. This was a \$700,000 decrease from 2009.
- During the year, the System's net operating revenue increased by .67 percent to \$77.7 million while expenses increased by 3.4 percent to \$77.9 million.
- Throughout 2010, the System made the following significant capital acquisitions and improvements from sources of funding that were derived from cash flows from operations:
 - Purchase and installation of a new backup generator
 - Purchase and installation of an electronic medical records system
 - Purchase and installation of a new digital mammography unit

Financial Statements

The financial statements of the System present information about the System using financial reporting methods similar to those used by private sector companies. These statements offer short-term and long-term financial information.

The balance sheet includes all of the System's assets and liabilities and provides information about the nature and amounts of investments in resources (assets) and the obligations to System creditors (liabilities). It also provides the basis for computing rate of return, evaluating the capital structure of the System, and assessing the liquidity and financial flexibility of the System.

All of the current year's revenue and expenses are accounted for in the statement of revenue, expenses, and changes in net assets. This statement measures the financial results of the System's operations and presents revenue earned and expenses incurred.

Berger Health System

Management's Discussion and Analysis (Continued)

The final financial statement is the statement of cash flows. The primary purpose of this statement is to provide information about the System's cash flows from operating activities, financing activities, and investing activities. The statement also provides information on the sources and uses of cash during the year.

Financial Analysis

The balance sheet and the statement of revenue, expenses, and changes in net assets report information about the System's net assets and their changes. Increases or decreases in the System's net assets are one indicator of financial health. Other non-financial factors, such as changes in economic conditions, population growth (including uninsured and medically indigent), government legislation, and the System's strategic plan should also be considered.

A summary of the System's balance sheet as of December 31, 2010, 2009, and 2008 is presented below (in thousands). As can be seen, net assets decreased to \$57.2 million in 2010, down from \$57.9 million in 2009 and up from \$56.9 million in 2008.

	<u>2010</u>	<u>2009</u>	<u>\$ Change 2010-2009</u>	<u>% Change 2010-2009</u>	<u>2008</u>
Assets					
Cash and investments	\$ 36,401	\$ 33,602	\$ 2,799	8.3%	\$ 31,167
Capital assets	41,086	42,447	(1,361)	-3.2%	44,740
Other assets	13,875	10,809	3,066	28.4%	13,553
Total assets	<u>\$ 91,362</u>	<u>\$ 86,858</u>	<u>\$ 4,504</u>	<u>5.2%</u>	<u>\$ 89,460</u>
Liabilities and Net Assets					
Liabilities					
Current and other liabilities	\$ 10,863	\$ 11,428	\$ (565)	-4.9%	\$ 11,573
Long-term debt	23,332	17,577	5,755	32.7%	20,970
Total liabilities	34,195	29,005	5,190	17.9%	32,543
Net Assets					
General	56,537	56,924	(387)	-0.7%	56,044
Restricted	630	929	(299)	-32.2%	873
Total net assets	<u>57,167</u>	<u>57,853</u>	<u>(686)</u>	<u>-1.2%</u>	<u>56,917</u>
Total liabilities and net assets	<u>\$ 91,362</u>	<u>\$ 86,858</u>	<u>\$ 4,504</u>	<u>5.2%</u>	<u>\$ 89,460</u>

Berger Health System

Management's Discussion and Analysis (Continued)

A summary of the System's statements of revenue, expenses, and changes in net assets for the years ended December 31, 2010, 2009, and 2008 is presented below (in thousands).

	2010	2009	\$ Change 2010-2009	% Change 2010-2009	2008
Revenue					
Net patient revenue	\$ 74,783	\$ 74,351	\$ 432	0.6%	\$ 70,487
Other	2,913	2,822	91	3.2%	2,555
Total revenue	77,696	77,173	523	0.7%	73,042
Expenses					
Salaries and benefits	40,565	38,838	1,727	4.4%	37,919
Supplies and other	32,002	30,977	1,025	3.3%	28,804
Depreciation	5,342	5,493	(151)	-2.7%	5,594
Total expenses	77,909	75,308	2,601	3.5%	72,317
(Loss) gain from operations	(213)	1,865	(2,078)	-111.4%	725
Nonoperating expense	(175)	(985)	810	-82.2%	-249
Excess of revenue (under) over expenses	(388)	880	(1,268)	-144.1%	476
Change in restricted net assets	(298)	56	(354)	-632.1%	202
Total net assets - Beginning of year	57,853	56,917	936	1.6%	56,239
Total net assets - End of year	<u>\$ 57,167</u>	<u>\$ 57,853</u>	<u>(686)</u>	<u>-1.2%</u>	<u>\$ 56,917</u>

Operating and Financial Performance

Sources of Revenue

During 2010, the System derived substantially all of its revenue from patient services. Revenue includes, among other items, revenue from the Medicare and Medicaid programs, patients, insurance carriers, preferred provider organizations, and managed care programs.

Berger Health System

Management's Discussion and Analysis (Continued)

The table below presents the percentages of gross patient revenue, by payor, for the years ended December 31, 2010, 2009, and 2008.

Payor	2010	2009	2008
Medicare	45.3%	43.4%	41.9%
Medicaid	16.5%	15.8%	16.1%
Commercial	30.3%	33.2%	34.6%
BWC	1.0%	1.4%	1.1%
Self-pay	6.6%	6.0%	6.1%
Other	0.3%	0.2%	0.2%

The System provides care to patients under payment arrangements with Medicare, Medicaid, and various commercial programs. Services provided under these arrangements are paid at predetermined rates and/or reimbursable costs as defined in each contract. Provisions have been made in the financial statements for contractual adjustments, which represent the difference between the standard charges for services and the actual or estimated payments.

Revenue

Net operating revenue increased \$523,000 in 2010 primarily as a result of an overall rate adjustment put in place January 1, 2010. This increase was offset in part by a less favorable payor mix. Further discussion follows:

- Overall activity of the System as measured by patient admissions adjusted for outpatient services increased to 9,728 in 2010 from 9,385 in 2009. This was an increase of 3.7 percent. The variables described below contributed to the increase in adjusted admissions.
 - Inpatient activity levels during 2010 decreased in terms of patient days and in terms of admissions, resulting in patient days and admissions of 10,863 and 2,962, respectively.
 - Overall outpatient visits during 2010, including emergency and clinic visits, were 98,021 or .9 percent above 2009 levels. Increases in outpatient activity were noted in laboratory services of 9.4 percent.
- During 2010, net receipts from the Health Care Assurance Program (HCAP) of \$737,000 were recognized. HCAP is a state program that helps hospitals partially offset losses from treating indigent patients by generating matching funds from the federal government through assessments and disbursements made to each Ohio hospital.

Berger Health System

Management's Discussion and Analysis (Continued)

- Included in net patient service revenue are charges for patient services waived under the System's charity care and HCAP policies. Both represent unreimbursed charges incurred by the System in providing uncompensated care to indigent patients. Eligibility for these programs is derived from family size and income levels. Based on established rates, gross charges of \$6.2 million were waived during 2010. Management's commitment to provide care for all patients without regard to their ability to pay and the growing number of uninsured continues to contribute to these levels.

Expenses

Total operating expenses increased by \$2.6 million in 2010, which was attributed to management's focused efforts to match expense growth with new services and increased service demand of current services. Further discussion follows:

- Salaries and wages increased \$626,000 or 2.1 percent from FY 2009. Merit adjustments were not given during the year except where significant changes in responsibility occurred. Adjustments in staffing levels were also managed throughout the System. The hospital staffing level remained consistent when compared to 2008 and 2009.
- Benefits increased \$1.1 million from FY 2009. The increase was due primarily to an increase in health insurance claims paid for employees and their dependents under the hospital's self-funded health insurance benefit.

Statement of Cash Flows

Another way to assess the System's financial health is to look at the statement of cash flows. Its primary purpose is to provide relevant information about the cash receipts and cash payments of an entity. The statement of cash flows also helps assess an entity's ability to generate future cash flows, an entity's ability to meet its obligations, and an entity's need for external financing.

	<u>2010</u>	<u>2009</u>	<u>Increase (Decrease)</u>	<u>2008</u>
Cash provided by (used in):				
Operating activities	\$ 1,679,278	\$ 6,192,017	\$ (4,512,739)	\$ 5,965,672
Financing activities	474,702	(6,647,167)	7,121,869	(3,810,942)
Investing activities	<u>5,757,776</u>	<u>2,439,975</u>	<u>3,317,801</u>	<u>(3,893,013)</u>
Net increase (decrease) in cash	7,911,756	1,984,825	5,926,931	(1,738,283)
Cash - Beginning of year	<u>3,936,517</u>	<u>1,951,692</u>	<u>1,984,825</u>	<u>3,689,975</u>
Cash - End of year	<u>\$ 11,848,273</u>	<u>\$ 3,936,517</u>	<u>\$ 7,911,756</u>	<u>\$ 1,951,692</u>

Berger Health System

Management's Discussion and Analysis (Continued)

The System's liquidity position improved by \$7.9 million over 2009 results. Listed below is an overview of the cash flows presented above.

- Cash generated by operations was \$1.7 million in 2010 (\$6.2 million in 2009).
- Cash used was \$4.0 million for fixed asset additions in 2010 (\$3.2 million in 2009). Debt refinancing in 2010 netted \$5.6 million above debt and lease repayments versus \$2.6 million in debt repayments for 2009.

In 2010, Berger Health System continued to utilize its financial strength to build infrastructure to ensure that healthcare is provided locally in the future. The healthcare infrastructure includes the purchase of additional capital assets, recruitment of new physicians, and the development of a free clinic and acute care in Circleville.

More information about the System's statement of cash flows is presented in the financial statements.

Actual to Budget Performance

As specified in the System's bylaws, the board of governors is required to approve an annual budget. An actual to budget comparison and analysis is presented monthly to the board. The final 2010 results are summarized below (in thousands):

	<u>2010 Actual</u>	<u>2010 Budget</u>	<u>\$ Change</u>	<u>% Change</u>
Revenue				
Net patient revenue	\$ 74,783	\$ 84,179	\$ (9,396)	-11.2%
Other	<u>2,913</u>	<u>2,565</u>	<u>348</u>	13.6%
Total revenue	<u>77,696</u>	<u>86,744</u>	<u>(9,048)</u>	-10.4%
Expenses				
Salaries and benefits	40,565	40,839	(274)	-0.7%
Supplies and other	32,002	37,496	(5,494)	-14.7%
Depreciation	<u>5,342</u>	<u>5,364</u>	<u>(22)</u>	-0.4%
Total expenses	<u>77,909</u>	<u>83,699</u>	<u>(5,790)</u>	-6.9%
(Loss) gain from operations	(213)	3,045	(3,258)	-107.0%
Nonoperating expense	<u>(175)</u>	<u>(1,066)</u>	<u>891</u>	-83.6%
Excess of revenue (under) over expenses	<u>\$ (388)</u>	<u>\$ 1,979</u>	<u>\$ (2,367)</u>	-119.6%

Berger Health System

Management's Discussion and Analysis (Continued)

In comparing actual versus budgeted 2010 results, the following variances are noted:

- In 2010, the System's actual loss from operations was \$3.3 million below budget for the year. The major contributors to this variance are described below:
 - Net patient revenue was \$9.4 million less than budget.
 - Total operating expenses were under budget by \$5.8 million.
 - Employee compensation was under budget by \$274,000 due to management's focus on maintaining staffing efficiencies.
 - Depreciation expense was below budget by \$22,000.
 - Supplies and other expenses were under budget by \$5.5 million as management actively pursued cost savings initiatives across the System resulting in expense reductions with the following largest components:
 - Supplies and pharmaceuticals were under budget by \$1.03 million.
 - Repairs and maintenance fees were under budget by \$366,000.

Capital Assets

During 2010, the System invested \$4.0 million in a broad range of capital assets included in the table below (in thousands):

	2010	2009	\$ Change 2010-2009	% Change 2010-2009	2008
Land and land improvements	\$ 5,229	\$ 5,201	\$ 28	0.5%	\$ 5,200
Buildings and fixed equipment	63,141	61,092	2,049	3.4%	60,146
Major moveable equipment	41,927	40,256	1,671	4.2%	38,113
Total capital assets	110,297	106,549	3,748	3.5%	103,459
Less accumulated depreciation	(69,533)	(64,528)	(5,005)	7.8%	(59,066)
Construction in progress	322	426	(104)	-24.4%	347
Capital assets - Net	<u>\$ 41,086</u>	<u>\$ 42,447</u>	<u>\$ (1,361)</u>	-3.2%	<u>\$ 44,740</u>

Capital assets have increased due to the fact that the System purchased the following:

- Purchase and installation of a new backup generator

Berger Health System

Management's Discussion and Analysis (Continued)

- Purchase and installation of an electronic medical records system
- Purchase and installation of a new digital mammography unit

Other increases in capital assets can be attributed to the fact that the System continues to replace equipment as it becomes obsolete as well as upgrade the capabilities of its health information system.

The table below shows the System's 2011 capital budget with projected spending of \$4.6 million for capital projects. These projects will be financed from operations and reserves which include proceeds from debt issued in 2010.

<u>Capital Budget</u>	<u>Amount</u> (in thousands)
Chest pain unit	\$ 673
IV pumps	360
Information system upgrades	1,011
Building improvements	<u>2,556</u>
Total	<u>\$ 4,600</u>

More information about the System's capital assets is presented in the notes to the financial statements.

Long-term Debt

At year end, the System had \$26.6 million in short-term and long-term notes and bonds, an increase from \$21.0 million at December 31, 2009. Management issued additional bonds as part of a refinancing package in 2010 to finance future debt repayment schedules and to purchase capital assets. More detailed information about the System's long-term debt is presented in the notes to the financial statements.

Economic Factors and 2011 Budget

The System's board and management considered many factors when setting the 2011 budget. Of primary importance in setting the budget was the status of the economy, which takes into account market focus and other environmental factors such as the following:

- Demographics and impact areas of population growth and the expanding need for services
- Continuously increasing expectations for quality improvement
- Advances in medical equipment technology and the need to replace obsolete equipment

Berger Health System

Management's Discussion and Analysis (Continued)

- Federal healthcare reform
- Privacy legislation - Health Insurance Portability and Accountability Act (HIPAA)
- Increasing emphasis on the integrity of financial information (Sarbanes-Oxley Act)
- Increasing number of uninsured
- Increasing cost of employee benefits
- Increasing cost of medical supplies
- Increasing drug costs

The focus of management is to implement a multi-year plan that will emphasize expanded services to all areas of Pickaway County, continuous quality improvement, cost control, capital requirements, and financing/refinancing to maximize balance sheet performance.

Contacting the System's Financial Officer

This report is designed to provide our citizens, customers, and creditors with a general overview of the System's finances and to demonstrate the System's accountability. If you have questions about this report or need additional financial information, contact the chief financial officer, David Paugh, at (740) 420-8404 or david.paugh@bergerhealth.com.

Berger Health System

Balance Sheet

	December 31, 2010		December 31, 2009	
	Hospital	Component Units	Hospital	Component Units
Assets				
Current Assets				
Cash and cash equivalents	\$ 2,004,630	\$ 749,109	\$ 3,601,671	\$ 244,846
Restricted cash and cash equivalents	9,094,534	-	90,000	-
Short-term investments (Note 2)	17,140,745	175,122	28,326,251	715,073
Net patient accounts receivable (Note 3)	7,623,317	715,169	7,608,964	684,038
Estimated third-party payor settlements	1,244,991	-	-	-
Prepaid expenses and other	2,588,184	223,502	802,959	140,352
Inventory	1,359,266	-	1,487,414	-
Total current assets	41,055,667	1,862,902	41,917,259	1,784,309
Long-term Investments (Note 2)	6,597,398	639,791	-	624,136
Property and Equipment - Net (Note 4)	39,993,638	1,092,745	41,918,176	529,193
Other Assets - Bond issue costs	120,235	-	85,255	-
Total assets	\$ 87,766,938	\$ 3,595,438	\$ 83,920,690	\$ 2,937,638
Liabilities and Net Assets				
Current Liabilities				
Current portion of long-term debt (Note 5)	\$ 3,246,417	\$ -	\$ 3,392,579	\$ -
Accounts payable	3,225,353	215,725	3,060,597	118,329
Estimated third-party payor settlements	-	-	282,854	-
Accrued liabilities and other	2,125,385	539,093	2,416,118	612,683
Total current liabilities	8,597,155	754,818	9,152,148	731,012
Long-term Debt - Net of current portion (Note 5)	23,331,833	-	17,577,418	-
Other Liabilities - Accrued compensated absences (Note 5)	1,290,424	220,950	1,300,717	244,122
Total liabilities	33,219,412	975,768	28,030,283	975,134
Net Assets				
Invested in capital assets - Net of related debt	22,419,922	1,092,745	20,948,179	529,193
Restricted - Expendable for capital improvements, debt service, and other purposes	25,906	604,618	26,768	901,811
Unrestricted	32,101,698	922,307	34,915,460	531,500
Total net assets	54,547,526	2,619,670	55,890,407	1,962,504
Total liabilities and net assets	\$ 87,766,938	\$ 3,595,438	\$ 83,920,690	\$ 2,937,638

The Notes to Financial Statements are an
Integral Part of this Statement.

Berger Health System

Statement of Revenue, Expenses, and Changes in Net Assets

	Year Ended			
	December 31, 2010		December 31, 2009	
	Hospital	Component Units	Hospital	Component Units
Operating Revenue				
Net patient service revenue	\$ 68,442,745	\$ 6,339,768	\$ 68,365,936	\$ 5,984,640
Other	1,666,236	1,247,470	1,598,835	1,223,893
Total operating revenue	70,108,981	7,587,238	69,964,771	7,208,533
Operating Expenses				
Salaries and wages	22,911,792	7,272,408	22,732,004	6,826,561
Employee benefits and payroll taxes	9,091,344	1,289,517	8,212,743	1,066,685
Operating supplies and other	20,080,029	1,740,391	20,083,903	1,671,531
Professional services and consultant fees	3,342,716	2,940	3,441,539	4,925
Purchased services	3,984,555	1,467,617	3,184,705	1,249,184
Insurance	564,919	157,588	593,924	352,337
Depreciation and amortization	5,257,877	83,853	5,456,646	36,811
State hospital tax	661,450	-	395,000	-
Total operating expenses	65,894,682	12,014,314	64,100,464	11,208,034
Operating Income (Loss)	4,214,299	(4,427,076)	5,864,307	(3,999,501)
Other Income (Expenses)				
Interest income	98,578	218,298	191,893	44,337
Gain on sale of property	204,774	-	6,622	-
Contributions	673,523	-	278,236	-
Interest expense	(861,187)	-	(934,768)	-
Other expense	(508,869)	-	(571,267)	-
Total other (expenses) income	(393,181)	218,298	(1,029,284)	44,337
Excess of Revenue Over (Under) Expenses	3,821,118	(4,208,778)	4,835,023	(3,955,164)
Contribution (to) from Component Units	(5,163,137)	5,163,137	(4,024,172)	4,024,172
(Expenditures) Contributions of Restricted Assets	(862)	(297,193)	(2,940)	58,649
(Decrease) Increase in Net Assets	(1,342,881)	657,166	807,911	127,657
Net Assets - Beginning of year	55,890,407	1,962,504	55,082,496	1,834,847
Net Assets - End of year	\$ 54,547,526	\$ 2,619,670	\$ 55,890,407	\$ 1,962,504

The Notes to Financial Statements are an Integral Part of this Statement.

Berger Health System

Statement of Cash Flows

	Year Ended			
	December 31, 2010		December 31, 2009	
	Hospital	Component Units	Hospital	Component Units
Cash Flows from Operating Activities				
Cash received from patients and third-party payors	\$ 67,766,942	\$ 6,308,637	\$ 67,518,378	\$ 6,032,970
Cash payments to suppliers for services and goods	(30,971,634)	(3,354,290)	(30,980,201)	(7,909,856)
Cash payments to employees and for professional services	(32,325,396)	(8,658,687)	(28,006,060)	(3,285,943)
Other operating revenue received	1,666,236	1,247,470	1,598,835	1,223,895
Net cash provided by (used in) operating activities	6,136,148	(4,456,870)	10,130,952	(3,938,934)
Cash Flows from Investing Activities				
Cash received from (used in) investments	22,382,983	524,296	12,526,309	(157,806)
Cash paid for investments	(17,794,875)	-	(9,885,095)	-
Interest income and other	427,074	218,298	(87,791)	44,358
Net cash provided by (used in) investing activities	5,015,182	742,594	2,553,423	(113,448)
Cash Flows from Capital and Related Financing Activities				
Proceeds from issuance of debt obligations	24,783,000	-	-	-
Payments on capital lease obligations	(1,430,746)	-	-	-
Purchase of capital assets	(3,348,138)	(647,405)	(3,169,249)	-
Repayment of long-term debt	(17,744,001)	-	(2,584,113)	-
Other capital-related contributions	(862)	(297,193)	(2,940)	58,649
Contributions (to) from component units	(5,163,137)	5,163,137	(4,024,172)	4,024,172
Cash paid for interest	(839,953)	-	(949,492)	-
Net cash (used in) provided by capital and related financing activities	(3,743,837)	4,218,539	(10,729,966)	4,082,799
Net Increase in Cash and Cash Equivalents	7,407,493	504,263	1,954,409	30,417
Cash and Cash Equivalents - Beginning of year	3,691,671	244,846	1,737,262	214,429
Cash and Cash Equivalents - End of year	\$ 11,099,164	\$ 749,109	\$ 3,691,671	\$ 244,846

For the Hospital, cash and cash equivalents are comprised of cash and cash equivalents and restricted cash and cash equivalents in the amounts of \$2,004,630 and \$9,094,534, respectively, in 2010 and \$3,601,671 and \$90,000, respectively, in 2009.

Berger Health System

Statement of Cash Flows (Continued)

A reconciliation of operating income (loss) to net cash from operating activities is as follows:

	Year Ended			
	December 31, 2010		December 31, 2009	
	Hospital	Component Units	Hospital	Component Units
Operating income (loss)	\$ 4,214,299	\$ (4,427,076)	\$ 5,864,307	\$ (3,999,501)
Adjustments to reconcile operating income (loss) to net cash from operating activities:				
Depreciation and amortization	5,257,877	83,853	5,456,646	36,811
Provision for bad debts	4,341,959	283,576	4,024,714	218,738
Changes in assets and liabilities:				
Patient accounts receivable	(4,356,795)	(314,707)	(4,477,271)	(170,407)
Inventories and other assets	(1,635,843)	(83,150)	155,499	36,559
Accounts payable and accrued expenses	(157,504)	634	(970,974)	(61,134)
Estimated third-party settlements	(1,527,845)	-	78,031	-
Net cash provided by (used in) operating activities	<u>\$ 6,136,148</u>	<u>\$ (4,456,870)</u>	<u>\$10,130,952</u>	<u>\$ (3,938,934)</u>

Berger Health System

Component Units - Combining Balance Sheet December 31, 2010

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Assets				
Current Assets				
Cash and cash equivalents	\$ (60,791)	\$ 15,013	\$ 794,887	\$ 749,109
Short-term investments	-	-	175,122	175,122
Net patient accounts receivable	606,278	108,891	-	715,169
Prepaid expenses and other	109,714	6,811	106,977	223,502
Total current assets	655,201	130,715	1,076,986	1,862,902
Long-term Investments	200,130	-	439,661	639,791
Property and Equipment - Net	706,778	-	385,967	1,092,745
Total assets	\$ 1,562,109	\$ 130,715	\$ 1,902,614	\$ 3,595,438
Liabilities and Net Assets				
Current Liabilities				
Accounts payable	\$ 152,483	\$ 10,445	\$ 52,797	\$ 215,725
Accrued liabilities and other	460,548	70,507	8,038	539,093
Total current liabilities	613,031	80,952	60,835	754,818
Other Liabilities - Accrued compensated absences	171,653	41,849	7,448	220,950
Total liabilities	784,684	122,801	68,283	975,768
Net Assets				
Invested in capital assets	706,778	-	385,967	1,092,745
Restricted - Expendable for capital improvements	-	-	604,618	604,618
Unrestricted	70,647	7,914	843,746	922,307
Total net assets	777,425	7,914	1,834,331	2,619,670
Total liabilities and net assets	\$ 1,562,109	\$ 130,715	\$ 1,902,614	\$ 3,595,438

Berger Health System

Component Units - Combining Balance Sheet December 31, 2009

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Assets				
Current Assets				
Cash and cash equivalents	\$ (101,254)	\$ 18,462	\$ 327,638	\$ 244,846
Short-term investments	-	-	715,073	715,073
Net patient accounts receivable	595,475	88,563	-	684,038
Prepaid expenses and other	93,179	6,849	40,324	140,352
Total current assets	587,400	113,874	1,083,035	1,784,309
Long-term Investments	185,856	-	438,280	624,136
Property and Equipment - Net	143,226	-	385,967	529,193
Total assets	\$ 916,482	\$ 113,874	\$ 1,907,282	\$ 2,937,638
Liabilities and Net Assets (Deficit)				
Current Liabilities				
Accounts payable	\$ 64,968	\$ 21,075	\$ 32,286	\$ 118,329
Accrued liabilities and other	522,973	81,152	8,558	612,683
Total current liabilities	587,941	102,227	40,844	731,012
Other Liabilities - Accrued compensated absences	190,600	50,822	2,700	244,122
Total liabilities	778,541	153,049	43,544	975,134
Net Assets (Deficit)				
Invested in capital assets	143,226	-	385,967	529,193
Restricted - Expendable for capital improvements	-	-	901,811	901,811
Unrestricted	(5,285)	(39,175)	575,960	531,500
Total net assets (deficit)	137,941	(39,175)	1,863,738	1,962,504
Total liabilities and net assets (deficit)	\$ 916,482	\$ 113,874	\$ 1,907,282	\$ 2,937,638

Berger Health System

Component Units - Combining Statement of Revenue, Expenses, and Changes in Net Assets (Deficit) Year Ended December 31, 2010

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Operating Revenue				
Net patient service revenue	\$ 5,400,508	\$ 939,260	\$ -	\$ 6,339,768
Other	352,727	433,039	461,704	1,247,470
Total operating revenue	5,753,235	1,372,299	461,704	7,587,238
Operating Expenses				
Salaries and wages	5,958,819	1,185,551	128,038	7,272,408
Employee benefits and payroll taxes	948,121	326,603	14,793	1,289,517
Operating supplies and other	1,568,617	158,933	12,841	1,740,391
Professional services and consultant fees	2,940	-	-	2,940
Purchased services	1,080,109	-	387,508	1,467,617
Insurance	157,588	-	-	157,588
Depreciation and amortization	83,853	-	-	83,853
Total operating expenses	9,800,047	1,671,087	543,180	12,014,314
Operating Loss	(4,046,812)	(298,788)	(81,476)	(4,427,076)
Other Income - Interest income	-	31	218,267	218,298
Excess of Revenue (Under) Over Expenses	(4,046,812)	(298,757)	136,791	(4,208,778)
Contribution from Hospital	4,686,296	345,846	130,995	5,163,137
Expenditures of Restricted Assets	-	-	(297,193)	(297,193)
Increase (Decrease) in Net Assets	639,484	47,089	(29,407)	657,166
Net Assets (Deficit) - Beginning of year	137,941	(39,175)	1,863,738	1,962,504
Net Assets - End of year	\$ 777,425	\$ 7,914	\$ 1,834,331	\$ 2,619,670

Berger Health System

Component Units - Combining Statement of Revenue, Expenses, and Changes in Net Assets (Deficit) Year Ended December 31, 2009

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Operating Revenue				
Net patient service revenue	\$ 5,025,241	\$ 959,399	\$ -	\$ 5,984,640
Other	392,529	410,035	421,329	1,223,893
Total operating revenue	5,417,770	1,369,434	421,329	7,208,533
Operating Expenses				
Salaries and wages	5,512,439	1,153,967	160,155	6,826,561
Employee benefits and payroll taxes	737,295	317,067	12,323	1,066,685
Operating supplies and other	1,535,540	96,104	39,887	1,671,531
Professional services and consultant fees	4,925	-	-	4,925
Purchased services	1,071,130	-	178,054	1,249,184
Insurance	352,337	-	-	352,337
Depreciation and amortization	36,811	-	-	36,811
Total operating expenses	9,250,477	1,567,138	390,419	11,208,034
Operating (Loss) Income	(3,832,707)	(197,704)	30,910	(3,999,501)
Other Income - Interest income	-	25	44,312	44,337
Excess of Expenses (Under) Over Revenue	(3,832,707)	(197,679)	75,222	(3,955,164)
Contribution from Hospital	3,598,588	222,186	203,398	4,024,172
Contributions of Restricted Assets	-	-	58,649	58,649
(Decrease) Increase in Net Assets	(234,119)	24,507	337,269	127,657
Net Assets (Deficit) - Beginning of year	372,060	(63,682)	1,526,469	1,834,847
Net Assets (Deficit) - End of year	<u>\$ 137,941</u>	<u>\$ (39,175)</u>	<u>\$ 1,863,738</u>	<u>\$ 1,962,504</u>

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Nature of Business and Significant Accounting Policies

Organization - Berger Health System, a component of the City of Circleville, located in Circleville, Ohio, is an acute-care hospital and related entities operated by a board of governors pursuant to an agreement between the City of Circleville, Ohio and Pickaway County. The City of Circleville is the holder of legal title to the System. Members of the board of governors are appointed by the Board of County Commissioners and the mayor of the city (four each) with the consent of the City Council. The mayor of the City of Circleville, by virtue of his or her position, is the chairperson of the board of governors. The Hospital is considered a political subdivision of a state and is therefore exempt from federal income taxes under Section 115 of the Internal Revenue Code.

Discretely Presented Component Units

Pickaway Health Services (PHS) provides healthcare and physician services in the geographic area served by the Hospital. PHS, which operates exclusively for the benefit and support of the System, is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC), and also qualifies as a public charity under Section 509 of the IRC. PHS received its 501(c)(3) status from the IRS on February 28, 1996.

Pickaway Professional Services (PPS) provides anesthesia care and related professional services in the geographic area served by the Hospital. PPS is a corporation which was formed under Chapter 1785 of the Ohio Revised Code on October 25, 2005.

During 2004, the System created Berger Health Foundation (the "Foundation"). The purpose of the Foundation is to support the System and community programs to improve the health and well-being of the people served by the System. The Foundation received its 501(c)(3) status from the IRS on February 13, 2004.

In 2006, the System created Berger Health Foundation Ventures, LLC (Ventures). Ventures was created to facilitate the System in performing activities permitted in Ohio by limited liability companies within the System's market area. Ventures was organized as a limited liability company whose sole member is Berger Health Foundation on October 31, 2006.

The accompanying basic financial statements include the accounts of Berger Hospital (the "Hospital"), Pickaway Health Services, Pickaway Professional Services, and Berger Health Foundation (collectively, the "System"). Pickaway Health Services, Pickaway Professional Services, and Berger Health Foundation are collectively the "component units" of the Hospital. Separate financial statements for the component units are not available.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Basis of Presentation - The financial statements have been prepared in accordance with generally accepted accounting principles as prescribed by Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, issued in June 1999. The System follows the "business-type" activities reporting requirements of GASB Statement No. 34, which provides a comprehensive look at the System's financial activities.

Enterprise Fund Accounting - The System uses enterprise fund accounting. Revenue and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on Governmental Accounting Standards Board (GASB) Statement No. 20, *Accounting and Financial Reporting for Proprietary Fund Accounting*, as amended, the System has elected not to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Cash and Cash Equivalents - Cash and cash equivalents include cash and investments in highly liquid investments purchased with an original maturity of three months or less.

Restricted Cash and Cash Equivalents - Restricted cash and cash equivalents include assets designated for future debt payments, bond proceeds held for future capital acquisitions, or purchase of equipment under capital lease obligations. Bond proceeds held for future capital acquisitions classified as restricted cash and cash equivalents totaled approximately \$9,005,000 and \$0 at December 31, 2010 and 2009, respectively.

Investments - Investments include certificates of deposit, money market accounts, and government securities and are recorded at fair value in the balance sheet. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income when earned.

Patient 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 write-off 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 System's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible. An 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.

Note I - Nature of Business and Significant Accounting Policies (Continued)

Inventories - Inventories, which consist of medical and office supplies, surgical supplies, and pharmaceutical products, are stated at the lower of cost or market, determined on a first-in, first-out basis.

Capital Assets - Property and equipment are stated at cost or, if donated, at fair value at the date of receipt. Depreciation is computed using straight-line and accelerated methods over the estimated useful lives (primarily 3 to 40 years) of the assets. Equipment under capital lease is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Costs of maintenance and repairs are charged to expense when incurred.

Compensated Absences - Paid time off is charged to operations when earned. Unused and earned benefits are classified as a long-term liability in the financial statements. Employees accumulate vacation days and sick leave benefits at varying rates depending on years of service. Employees are not paid for accumulated sick leave if they leave before retirement. However, employees who retire from the System may convert accumulated sick leave to termination payments equal to one-fourth of the accumulated balance, up to a maximum of 240 hours, calculated at the employee's base pay rate as of the retirement date.

Classification of Net Assets - Net assets of the System are classified in three components. Net assets invested in capital assets - net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the System, including amounts deposited with trustees as required by revenue note indentures. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets - net of related debt or restricted.

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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

Net Patient Service Revenue - The System has agreements with third-party payors that provide for payments to the System 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. Retroactively calculated adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

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 exclusions from the Medicare and Medicaid programs.

The Medicare program has initiated a Recovery Audit Contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 will be reviewed by contractors for validity, accuracy, and proper documentation. A demonstration project completed in several other states resulted in the identification of potential significant overpayments. The RAC program began for Ohio hospitals in 2010. The System received several audit requests throughout the year. The System is unable to determine the extent of future liability for any overpayments found during the audits; however, the audits completed have resulted in minimal paybacks.

Contributions - The System reports gifts of property and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the System reports the expiration of donor restrictions when the assets are placed in service.

Operating Income (Loss) - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as other income (loss).

Note 1 - Nature of Business and Significant Accounting Policies (Continued)

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

Charity care provided, based on charges at established rates, was approximately \$6,170,000 and \$6,558,000 in 2010 and 2009, respectively.

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including April 12, 2011, which is the date the financial statements were issued.

Note 2 - Deposits and Investments

Chapter 135 of the Ohio Uniform Depositor Act authorizes local and governmental units to make deposits in any national bank located in the state subject to inspection by the superintendent of financial institutions which are eligible to become a public depository. Section 135.14 of the Ohio Revised Code allows the local government to invest in United States Treasury bills, notes, bonds, or any other obligation or security issued by the United States Treasury or any other obligation guaranteed as to principal and interest by the United States of America and bonds and other obligations of the State of Ohio or federal government agencies. Investments in no-load money market mutual funds, repurchase agreements, commercial paper, and bankers' acceptances are permitted subject to certain limitations that include completion of additional training, approved by the Auditor of State, by the treasurer, or governing board investing in these instruments.

The System has designated four banks for the deposit of its funds. An investment policy has been filed with the Auditor of State on behalf of the System. Investment of interim funds is limited to bonds, notes, debentures, or any other obligations or securities issued by any federal government agency or instrumentality, certificates of deposit, and the Ohio subdivision's fund (STAR Ohio).

Statutes require the classification of funds held by the System into three categories:

Active Funds - Active funds are those funds required to be kept in a "cash" or "near-cash" status for immediate use by the System. Such funds must be maintained either in depository accounts or withdrawable on demand, including negotiable order of withdrawal (NOW) accounts.

Note 2 - Deposits and Investments (Continued)

Inactive Funds - Inactive funds are those funds not required for use within the current five-year period of designated depositories. Ohio law permits inactive monies to be deposited or invested as certificates of deposit, maturing not later than the end of the current period of designated depositories, or as savings or deposit accounts, including, but not limited to, passbook accounts.

Interim Funds - Interim funds are those funds which are not needed for immediate use but will be needed before the end of the current period of designation of deposit. Ohio law permits interim funds to be invested or deposited in the following securities:

1. Bonds, notes, or other obligations guaranteed by the United States, or those for which the faith of the United States is pledged for the payment of principal and interest
2. Bonds, note debentures, or other obligations or securities issued by any federal governmental agency
3. No-load money market mutual funds consisting exclusively of obligations described in (1) or (2) above and repurchase agreements secured by such obligations, provided that investments in securities described in this division are made only through eligible institutions
4. Interim deposits in the eligible institutions applying for interim funds to be evidenced by time certificates of deposit maturing not more than one year from date of deposit, or by savings or deposit accounts, including, but not limited to, passbook accounts
5. Bonds and other obligations of the State of Ohio
6. The Ohio State Treasurer's investment pool (STAR Ohio)
7. Commercial paper and bankers' acceptances which meet the requirements established by Ohio Revised Code, SEC 135.142
8. Under limited circumstances, corporate debt interest in either of the two highest rating classifications by at least two nationally recognized rating agencies

Protection of the System's deposits is provided by the Federal Deposit Insurance Corporation, by eligible securities pledged by the financial institution as security for repayment, by surety company bonds deposited with the treasurer, by the financial institution, or by a single collateral pool established by the financial institution to secure the repayment of all public funds deposited with the institution.

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Deposits and Investments (Continued)

Investments in stripped principal or interest obligations, reverse repurchase agreements, and derivatives are prohibited. The issuance of taxable notes for the purpose of arbitrage, the use of leverage, and short selling is also prohibited. An investment must mature within five years from the date of purchase unless matched to a specific obligation or debt of the System, and must be purchased with the expectation that it will be held to maturity.

The System's cash and investments are subject to several types of risk, which are examined in more detail below:

Custodial Credit Risk of Bank Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the System's deposits may not be returned to it. The System does not have a deposit policy for custodial credit risk. The System had approximately \$12,048,000 and \$9,582,000 as of December 31, 2010 and 2009, respectively, of bank deposits (certificates of deposit, checking, and savings accounts) that were uninsured but are collateralized with securities held by the pledging financial institution. The System believes that due to the dollar amounts of cash deposits and the limits of FDIC insurance, it is impractical to insure all deposits. As a result, the System evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Custodial Credit Risk of Investments

Custodial credit risk is the risk that, in the event of the failure of the counterparty, the System will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The System does not have a policy for custodial credit risk. At year end, the following approximates the investment securities that were collateralized, with securities held by the counterparty or by its trust department or agent:

Type of Investment	Carrying Value	How Held
December 31, 2010:		
U.S. agency bonds	\$ 22,757,000	Counterparty
STAR Ohio	258,000	Hospital's name
December 31, 2009:		
U.S. agency bonds	22,596,000	Counterparty
STAR Ohio	257,000	Hospital's name

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Deposits and Investments (Continued)

Interest Rate Risk

Interest rate risk is the risk that the value of investments will decrease as a result of a rise in interest rates. The System does not have an investment policy that addresses interest rate risk. At year end, the average maturities of investments are as follows:

Investment	Fair Value	Weighted Average Maturity
December 31, 2010:		
U.S. agency bonds	\$ 22,757,000	0.63 years
STAR Ohio	258,000	0.00 years
December 31, 2009:		
U.S. agency bonds	22,596,000	0.34 years
STAR Ohio	257,000	0.00 years

Credit Risk - The System does not have an investment policy that addresses credit risk. At the end of the year, the credit quality ratings of debt securities (other than the U.S. government) are as follows:

Investment	Fair Value	Rating	Rating Organization
December 31, 2010:			
U.S. agency bonds	\$ 22,757,000	AAA	Standard & Poor's
STAR Ohio	258,000	AAA	Standard & Poor's
December 31, 2009:			
U.S. agency bonds	22,596,000	AAA	Standard & Poor's
STAR Ohio	257,000	AAA	Standard & Poor's

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the balance sheet.

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Patient Accounts Receivable

The details of patient accounts receivable are set forth below:

	Hospital	
	2010	2009
Patient accounts receivable	\$ 16,011,317	\$ 16,123,964
Less allowance for uncollectible accounts	(2,188,000)	(2,335,000)
Less allowance for contractual adjustments	(6,200,000)	(6,180,000)
Net patient accounts receivable	<u>\$ 7,623,317</u>	<u>\$ 7,608,964</u>

	Component Units	
	2010	2009
Patient accounts receivable	\$ 1,345,169	\$ 1,603,038
Less allowance for uncollectible accounts	(90,000)	(236,000)
Less allowance for contractual adjustments	(540,000)	(683,000)
Net patient accounts receivable	<u>\$ 715,169</u>	<u>\$ 684,038</u>

The System grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. The composition of receivables from patients and third-party payors was as follows:

	Percentage	
	2010	2009
Medicare	38	30
Medicaid	16	15
Commercial insurance and HMOs	26	41
Self-pay	20	14
Total	<u>100</u>	<u>100</u>

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 4 - Capital Assets

The cost of capital assets and related depreciable lives for the Hospital for December 31, 2010 are summarized below:

	2009	Additions	Transfers	Retirements	2010
Land	\$ 3,210,610	\$ 28,270	\$ -	\$ -	\$ 3,238,880
Land improvements	1,604,282	-	-	-	1,604,282
Buildings	35,768,633	91,748	(11,203)	-	35,849,178
Building improvements	18,964,284	79,946	1,878,703	-	20,922,933
Equipment	46,118,101	2,667,048	(1,280,689)	(318,629)	47,185,831
Construction in progress	426,254	481,126	(586,811)	-	320,569
Total	106,092,164	3,348,138	-	(318,629)	109,121,673
Accumulated depreciation:					
Land improvements	1,379,041	200,378	-	-	1,579,419
Buildings	14,966,783	1,442,417	-	-	16,409,200
Building improvements	11,374,176	990,673	-	-	12,364,849
Equipment	36,453,988	2,604,228	-	(283,649)	38,774,567
Total	64,173,988	5,237,696	-	(283,649)	69,128,035
Net carrying amount	\$ 41,918,176	\$ (1,889,558)	\$ -	\$ (34,980)	\$ 39,993,638

The cost of capital assets and related depreciable lives for the Hospital for December 31, 2009 are summarized below:

	2008	Additions	Transfers	Retirements	2009
Land	\$ 3,210,610	\$ -	\$ -	\$ -	\$ 3,210,610
Land improvements	1,603,089	-	1,193	-	1,604,282
Buildings	35,756,953	-	11,680	-	35,768,633
Building improvements	18,031,204	292,684	640,396	-	18,964,284
Equipment	43,974,511	2,094,520	49,070	-	46,118,101
Construction in progress	346,548	782,045	(702,339)	-	426,254
Total	102,922,915	3,169,249	-	-	106,092,164
Accumulated depreciation:					
Land improvements	1,184,737	194,304	-	-	1,379,041
Buildings	13,516,299	1,450,484	-	-	14,966,783
Building improvements	10,384,872	989,304	-	-	11,374,176
Equipment	33,663,258	2,790,730	-	-	36,453,988
Total	58,749,166	5,424,822	-	-	64,173,988
Net carrying amount	\$ 44,173,749	\$ (2,255,573)	\$ -	\$ -	\$ 41,918,176

Capital asset activity for the component units for the years ended December 31, 2010 and 2009 included approximately \$647,400 and \$0 of additions and \$83,900 and \$36,800 of depreciation, respectively.

Depreciation and amortization expense on capital assets (excluding bond issue costs) for the Hospital and component units for the years ended December 31, 2010 and 2009 totaled approximately \$5,322,000 and \$5,462,000, respectively.

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 5 - Long-term Liabilities

Long-term liability activity for the year ended December 31, 2010 for both the Hospital and component units was as follows:

	2009	Current Year Additions	Current Year Reductions	2010	Amounts Due Within One Year
Loan payable to City of Circleville, variable interest ranging from 3.8 percent to 5.4 percent, payable in monthly installments ranging from \$13,340 to \$13,838, including interest, maturing in 2017	\$ 1,031,251	\$ -	\$ (105,001)	\$ 926,250	\$ 115,417
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2003B (maturing in September 2013)	8,000,000	-	(8,000,000)	-	-
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2007A (maturing in September 2014)	7,574,000	-	(7,574,000)	-	-
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2007B (maturing in September 2012)	1,831,000	-	(664,000)	1,167,000	664,000
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2008A (maturing in December 2014)	1,103,000	-	(1,103,000)	-	-
City of Circleville, Ohio Hospital Facilities Revenue Bonds, 2010A (maturing December 2017)	-	12,391,500	(149,000)	12,242,500	1,233,500
City of Circleville, Ohio Hospital Facilities Revenue Bonds, 2010B (maturing December 2017)	-	12,391,500	(149,000)	12,242,500	1,233,500
Chase equipment lease collateralized by the equipment purchased (maturing in August 2010)	1,430,746	-	(1,430,746)	-	-
Total long-term debt	20,969,997	24,783,000	(19,174,747)	26,578,250	3,246,417
Compensated absences	1,544,839	4,809,230	(4,842,695)	1,511,374	756,000
Total noncurrent liabilities	<u>\$ 22,514,836</u>	<u>\$ 29,592,230</u>	<u>\$ (24,017,442)</u>	<u>\$ 28,089,624</u>	<u>\$ 4,002,417</u>

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 5 - Long-term Liabilities (Continued)

Long-term liability activity for the year ended December 31, 2009 for both the Hospital and component units was as follows:

	2008	Current Year Additions	Current Year Reductions	2009	Amounts Due Within One Year
Loan payable to City of Circleville, variable interest ranging from 5.3 percent to 5.4 percent, payable in monthly installments ranging from \$13,340 to \$13,838, including interest, maturing in 2017	\$ 1,131,668	\$ -	\$ (100,417)	\$ 1,031,251	\$ 105,833
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2003B (maturing in September 2013)	8,000,000	-	-	8,000,000	-
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2007A (maturing in September 2014)	8,630,000	-	(1,056,000)	7,574,000	1,056,000
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2007B (maturing in September 2012)	2,495,000	-	(664,000)	1,831,000	664,000
City of Circleville, Ohio, Hospital Facilities Revenue Bonds, 2008A (maturing in December 2014)	1,239,000	-	(136,000)	1,103,000	136,000
Chase equipment lease collateralized by the equipment purchased (maturing in August 2010)	<u>2,058,442</u>	<u>-</u>	<u>(627,696)</u>	<u>1,430,746</u>	<u>1,430,746</u>
Total long-term debt	23,554,110	-	(2,584,113)	20,969,997	3,392,579
Compensated absences	<u>1,507,741</u>	<u>2,734,401</u>	<u>(2,697,303)</u>	<u>1,544,839</u>	<u>778,000</u>
Total noncurrent liabilities	<u>\$ 25,061,851</u>	<u>\$ 2,734,401</u>	<u>\$ (5,281,416)</u>	<u>\$ 22,514,836</u>	<u>\$ 4,170,579</u>

On September 1, 2003, the System entered into a financing agreement with the City, in which the City issued \$10,000,000 of Hospital Facilities Revenue Bonds (Series 2003B Bonds). The proceeds were used to construct, renovate, and equip the emergency room, surgery center, and administrative offices, as well as construct a medical office building and other structures. During 2006, the System refinanced the Series 2003B Bonds to change the maturity of the instrument. The System will pay interest-only payments at a rate of 4.10 percent until December 2011, at which time a lump-sum payment of \$3,500,000 will be due followed by quarterly principal installments ranging from \$167,000 in March 2012 to \$3,500,000 in September 2013, plus interest. In November 2010, the System retired the remaining outstanding debt with proceeds from the Series 2010 Hospital Facilities Revenue Bonds.

On November 1, 2007, the System entered into a financing agreement with the City, in which the City issued \$9,950,000 of Hospital Facilities Revenue Bonds (Series 2007A Bonds). The proceeds were used to retire prior obligations and to fund operations. The Series 2007A Bonds mature in quarterly principal installments ranging from \$264,000 in December 2007 to \$2,558,000 in September 2014 at a rate of 3.85 percent. In November 2010, the System retired the remaining outstanding debt with proceeds from the Series 2010 Hospital Facilities Revenue Bonds.

Note 5 - Long-term Liabilities (Continued)

On November 1, 2007, the System entered into a financing agreement with the City, in which the City issued \$3,325,000 of Hospital Facilities Revenue Bonds (Series 2007B Bonds). The proceeds were used to retire prior obligations and to fund operations. The Series 2007B Bonds mature in quarterly principal installments ranging from \$166,000 in December 2007 to \$171,000 in September 2012 at a rate of 5.95 percent.

On November 1, 2007, the System entered into a financing agreement with the City, in which the City issued \$1,375,000 of Hospital Facilities Revenue Bonds (Series 2008A Bonds). The proceeds were used to fund operations. The Series 2008A Bonds mature in quarterly principal installments of \$34,000 from March 2008 to December 2014 at a rate of 3.85 percent. In November 2010, the System retired the remaining outstanding debt with proceeds from the Series 2010 Hospital Facilities Revenue Bonds.

On November 1, 2010, the System entered into a financing agreement with the City, in which the City issued \$12,391,500 of Hospital Facilities Revenue Bonds (Series 2010A Bonds). The proceeds were used to retire prior obligations and to fund future capital purchases. The Series 2010A Bonds mature in quarterly principal installments ranging from \$296,000 in March 2011 to \$527,000 in December 2017 at a rate of 3.87 percent from years 2011-2015 and an option of either a variable or fixed rate during 2016 and 2017.

On November 1, 2010, the System entered into a financing agreement with the City, in which the City issued \$12,391,500 of Hospital Facilities Revenue Bonds (Series 2010B Bonds). The proceeds were used to retire prior obligations and to fund future capital purchases. The Series 2010B Bonds mature in quarterly principal installments ranging from \$296,000 in March 2011 to \$527,000 in December 2017 at a rate of 3.87 percent from years 2011-2015 and an option of either a variable or fixed rate during 2016 and 2017.

In conjunction with the Series 2007B, Series 2010A, and Series 2010B Bonds, the System is required to maintain certain financial covenants as defined in the debt agreements. Management believes it is in compliance with all such financial covenants.

The Series 2007B, Series 2010A, and Series 2010B Bonds are collateralized by System's revenue and receipts, capital assets, and unexpended bond proceeds and income from bond fund-related investments of which there is \$9,004,534 outstanding as of December 31, 2010.

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 5 - Long-term Liabilities (Continued)

The following is a schedule by years of bond principal and interest as of December 31, 2010:

Years Ending December 31	Long-term Debt	
	Principal	Interest
2011	\$ 3,246,417	\$ 1,017,409
2012	3,524,417	871,656
2013	3,664,833	726,127
2014	3,812,417	580,359
2015	3,953,417	428,803
2016-2020	8,376,749	391,590
Total	<u>\$ 26,578,250</u>	<u>\$ 4,015,944</u>

Note 6 - Risk Management

Based on the nature of its operations, the System is at times subject to pending or threatened legal actions, which arise in the normal course of its activities.

The System and the component units are insured against medical malpractice claims under claims-made based policies, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policies, the System and the component units bear 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 System has an umbrella policy with additional coverage limits.

Should the claims-made policies not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term but reported subsequently will be uninsured.

The System is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. No claims have been settled during the past three years that have exceeded policy coverage limits. The cost of this insurance policy represents the System's cost for such claims for the year and it has been charged to operations as a current expense.

The System is exposed to various risks of loss related to property and general losses, as well as excess coverage for medical benefits provided to employees. The System has purchased commercial insurance coverage for these claims. Settled claims relating to the commercial insurance have not exceeded the amount of insurance coverage in any of the past three years.

Note 7 - Defined Benefit Pension Plan

Plan Description - The Hospital contributes to the Ohio Public Employees' Retirement System of Ohio (OPERS). OPERS administers three separate pension plans: the Traditional Pension Plan (TP) - a cost-sharing, multiple-employer defined benefit pension plan; the Member-Directed Plan (MD) - a defined contribution plan; and the Combined Plan (CO) - a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan. OPERS provides retirement, disability, and survivor benefits as well as postemployment healthcare coverage to qualifying members of both the Traditional Pension and the Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits, including postemployment healthcare coverage. Chapter 145 of the Ohio Revised Code assigns authority to establish and amend benefit provisions to the OPERS board of trustees. OPERS issues a stand-alone financial report. Interested parties may obtain a copy by making a written request to Ohio Public Employees' Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling 614-222-5601 or 1-800-222-PERS (7377).

Funding Policy - The Ohio Revised Code provides statutory authority for member and employer contributions. The 2010, 2009, and 2008 member contribution rates for members of local government units was 10.00 percent of their annual covered salary. The 2010, 2009, and 2008 employer contribution rate for local government units was 14.00 percent. The Hospital's contributions to OPERS for the years ended December 31, 2010, 2009, and 2008 were approximately \$3,168,000, \$3,151,000, and \$3,050,000, respectively. Required employer contributions for all plans are equal to 100 percent of employer charges and must be extracted from the employer's records.

Postretirement Benefits - In order to qualify for postemployment healthcare coverage, age-and-service retirees under the Traditional Pension and Combined Plans must have 10 or more years of qualifying Ohio service credit. Healthcare coverage for disability benefit recipients and qualified survivor benefit recipients is available. The healthcare coverage provided by OPERS meets the definition of an other postemployment benefit (OPEB), as described in GASB Statement No. 45. A portion of each employer's contribution to OPERS is set aside for the funding of postemployment health care. The Ohio Revised Code provides statutory authority for employer contributions. In 2010, 2009, and 2008, state and local employers contributed at a rate of 14.00 percent for each year of covered payroll. The portion of employer contributions allocated to health care was 5.50 percent from January 1 through February 28, 2010 and 5.00 percent from March 1 through December 31, 2010, 7.00 percent for January 1 through March 31, 2009 and 5.50 percent for April 1 through December 31, 2009, and 7.00 percent was used for all of 2008, respectively. The portion of the employer's contribution used to fund postemployment benefits for 2010, 2009, and 2008 was \$1,329,000, \$1,322,000, and \$1,525,000, respectively.

Note 7 - Defined Benefit Pension Plan (Continued)

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

The individual entry age actuarial cost method of valuation is used in determining the present value of OPEB. The difference between assumed and actual experience (actuarial gains and losses) becomes part of the unfunded actuarial accrued liability. All investments are carried at market value. For actuarial valuation purposes, a smoothed market approach is used. Under this approach, assets are adjusted to reflect 25 percent of unrealized market appreciation or depreciation on investment assets annually, not to exceed a 12 percent corridor. The investment assumption rate for 2008 was 6.50 percent. An annual increase of 4.00 percent compounded annually is the base portion of the individual pay increase assumption. This assumes no change in the number of active employees. In addition, annual pay increases, over and above the 4.00 percent base increase, were assumed to range from 0.50 percent to 6.30 percent. Healthcare costs were assumed to increase at the projected wage inflation rate plus an additional factor ranging from .50 percent to 3 percent for the next six years. In subsequent years (seven and beyond), healthcare costs were assumed to increase at 4 percent (the projected wage inflation rate). These assumptions and calculations are based on the System's latest actuarial review performed as of December 31, 2008.

The Traditional Pension and Combined Plans had 357,584 active contributing participants as of December 31, 2009. The number of active contributing participants for both plans used in the December 31, 2008 actuarial valuation was 356,388. As of December 31, 2008, the actuarial value of the retirement system's net assets available for OPEB was \$10.7 billion. The actuarially accrued liability and the unfunded actuarial accrued liability, based on the actuarial cost method used, were \$29.6 billion and \$18.9 billion, respectively.

Healthcare Plan - The Health Care Preservation Plan (HCPP), adopted by the OPERS Retirement Board on September 9, 2004, was effective January 1, 2007. Member and employer contribution rates increased January 1 of each year from 2006-2008. Rates for law and public safety employers increased over a six-year period beginning January 1, 2006, with a final rate increase on January 1, 2011. These rate increases allowed additional funds to be allocated to the healthcare plan.

Note 8 - Cost Report Settlements

Approximately 45 percent of the System's net revenue from patient services is 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 these 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 these third-party payors follows:

- **Medicare** - Inpatient, acute-care services and rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain outpatient services, including ambulatory surgery, radiology, and laboratory services, are reimbursed on prospectively determined rates or an established fee-for-service methodology.
- **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 a 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 change in rates, or the payment system itself, could have a material impact on 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.

The System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Berger Health System

Notes to Financial Statements December 31, 2010 and 2009

Note 9 - Self-insured Benefits

The System is partially self insured under a plan covering substantially all employees for health benefits. The plan is covered by a stop-loss policy that covers claims over \$125,000 per employee. Claims, charged to operations and paid when incurred, were approximately \$4,900,000 and \$4,600,000 for the years ended December 31, 2010 and 2009, respectively.

**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***

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*

To the Board of Governors
Berger Health System

We have audited the business-type activities of Berger Health System and the aggregate discretely presented component units as of and for the year ended December 31, 2010, which collectively comprise the System's basic financial statements, and have issued our report thereon dated April 12, 2011. 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.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the System's internal control over financial reporting as a basis for designing our auditing procedures 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 entity's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the System's internal control over financial reporting.

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 misstatements on a timely basis. A material weakness is a deficiency, or 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.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

To the Board of Governors
Berger Health System

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's financial statements are free of 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 determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to management of the System in a separate letter dated April 12, 2011.

This report is intended solely for the information and use of the Auditor of the State of Ohio, the board of governors of Berger Health System, management, and others within the System and is not intended to be and should not be used by anyone other than these specified parties.

Plante & Moran, PLLC

April 12, 2011



Dave Yost • Auditor of State

BERGER HEALTH SYSTEM

PICKAWAY 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.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
JUNE 16, 2011**