Independent Accountants' Report and Financial Statements
June 30, 2012 and 2011



# Rawlins County Health Center A Component Unit of Rawlins County, Kansas June 30, 2012 and 2011

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## Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Directors Rawlins County Health Center Atwood, Kansas

We have audited the accompanying balance sheets of Rawlins County Health Center (Health Center), a component unit of Rawlins County, Kansas, as of June 30, 2012 and 2011, and the related statements of revenues, expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Health Center'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, the Kansas Municipal Audit Guide 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 Rawlins County Health Center as of June 30, 2012 and 2011, and the changes in its financial position and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 19, 2012, on our consideration of Rawlins County Health Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.





Board of Directors Rawlins County Health Center Page 2

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information, including the comparison of revenues and expenses (cash basis) – actual to tax budget required by the Kansas Municipal Audit Guide and the schedule of expenditures of federal awards required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The schedule of expenditures of federal awards has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole. The comparison of revenues and expenses (cash basis) – actual to tax budget has not been subjected to auditing procedures applied in the audit of the basic financial statements and, accordingly, we express no opinion on it.

BKD,LLP

December 19, 2012

## Balance Sheets June 30, 2012 and 2011

### **Assets**

		2012	2011		
Current Assets					
Cash	\$	586,122	\$	773,348	
Patient accounts receivable, net of allowance; 2012 - \$561,543, 2011 - \$124,574		873,949		794,843	
Estimated amounts due from third-party payers		350,000		-	
Property taxes receivable		20,610		38,676	
Supplies		141,250		132,888	
Prepaid expenses and other		137,117		32,805	
Total current assets		2,109,048	_	1,772,560	
Noncurrent Cash and Investments					
Designated by Board of Directors for capital acquisitions		79,664		67,633	
Held by Foundation		163,001		41,060	
Held by trustee for debt service and capital acquisitions		112,114		3,960,883	
Time restricted trust assets		38,373		40,164	
Irrevocable trust		352,903		353,100	
		746,055	_	4,462,840	
Capital Assets, Net		10,053,472		6,271,651	
Deferred Financing Costs, Net		16,390		48,625	
Total assets	\$	12,924,965	\$	12,555,676	

## **Liabilities and Net Assets**

	2012	2011
Current Liabilities		
Current maturities of long-term debt	\$ 268,42	9 \$ 176,303
Accounts payable	429,04	6 432,922
Salaries payable	239,82	8 221,341
Payroll taxes payable	50,97	8 45,997
Vacation benefits payable	137,10	7 114,104
Accrued interest payable	209,23	1 85,773
Estimated amounts due to third-party payers		- 185,000
Deferred property tax revenue	212,90	9 206,103
Total current liabilities	1,547,52	8 1,467,543
Long-term Debt	7,986,74	7,836,084
Total liabilities	9,534,27	9,303,627
Net Assets		
Invested in capital assets, net of related debt	1,769,70	8 2,031,949
Restricted - expendable for		
Debt service	112,11	4 188,198
Capital acquisitions	163,00	1 41,060
Restricted - nonexpendable for		
Irrevocable trust	352,90	3 353,100
Time restricted trust	38,37	3 40,164
Unrestricted	954,59	2 597,578
Total net assets	3,390,69	3,252,049
Total liabilities and net assets	\$ 12,924,96	<u>\$ 12,555,676</u>

## A Component Unit of Rawlins County, Kansas

## Statements of Revenues, Expenses and Changes in Net Assets Years Ended June 30, 2012 and 2011

	2012	2011
Operating Revenues		
Net patient service revenue	\$ 5,787,261	\$ 4,749,080
Assisted living	125,639	120,744
Other	43,492	27,638
Total operating revenues	5,956,392	4,897,462
Operating Expenses		
Salaries and wages	3,233,734	2,697,386
Employee benefits	684,687	557,220
Purchased services and professional fees	926,560	751,658
Supplies and other	1,356,080	1,462,646
Depreciation and amortization	562,761	292,258
Total operating expenses	6,763,822	5,761,168
Operating Loss	(807,430)	(863,706)
Nonoperating Revenues (Expenses)		
Property taxes	416,499	408,684
Investment income	6,657	67,718
Interest expense	(90,923)	(30,277)
Noncapital grants and gifts	283,664	38,114
Total nonoperating revenues (expenses)	615,897	484,239
Deficiency of Revenue Over Expenses		
Before Capital Grants and Gifts	(191,533)	(379,467)
Capital Grants and Gifts	330,175	922,094
Increase in Net Assets	138,642	542,627
Net Assets, Beginning of Year	3,252,049	2,709,422
Net Assets, End of Year	\$ 3,390,691	\$ 3,252,049

## A Component Unit of Rawlins County, Kansas

## **Statements of Cash Flows**

Years Ended June 30, 2012 and 2011

	2012	2011
Operating Activities		
Receipts from and on behalf of patients	\$ 5,173,155	\$ 4,898,036
Payments to suppliers and contractors	(2,955,438)	(2,584,824)
Payments to employees	(3,192,244)	(2,649,745)
Other receipts	169,131	148,382
Net cash used in operating activities	(805,396)	(188,151)
Noncapital Financing Activities		
Property taxes supporting operations	441,371	410,853
Noncapital grants and gifts	283,664	38,114
	<b>505.005</b>	440.045
Net cash provided by noncapital financing activities	725,035	448,967
Capital and Related Financing Activities		
Proceeds from issuance of long-term debt	-	7,000,000
Payment of deferred financing costs	17,640	(23,214)
Purchase of capital assets	(3,876,025)	(4,093,558)
Principal paid on long-term debt	(211,174)	(1,176,798)
Interest paid on long-term debt	(90,923)	(30,277)
Capital grants and gifts	208,234	1,227,757
Net cash provided by (used in) capital and related		
financing activities	(3,952,248)	2,903,910
Investing Activities		
Interest income received	8,645	7,369
Purchase of certificate of deposit	-	(100,000)
Proceeds from disposition of certificate of deposit	-	100,000
11000000 II oiii disposition of columente of deposit		
Net cash provided by investing activities	8,645	7,369
Increase (Decrease) in Cash	(4,023,964)	3,172,095
Cash, Beginning of Year	4,751,864	1,579,769
Cash, End of Year	\$ 727,900	\$ 4,751,864
Reconciliation of Cash		
Cash in current assets	\$ 586,122	\$ 773,348
Noncurrent cash and investments	141,778	3,978,516
	\$ 727,900	\$ 4,751,864

## A Component Unit of Rawlins County, Kansas

## Statements of Cash Flows (Continued) Years Ended June 30, 2012 and 2011

	2012		2011		
Reconciliation of Operating Loss to Net Cash					
Used in Operating Activities					
Operating loss	\$	(807,430)	\$	(863,706)	
Depreciation and amortization		562,761		292,258	
Provision for uncollectible accounts		340,785		194,351	
Changes in operating assets and liabilities					
Patient accounts receivable, net		(419,891)		(190,395)	
Estimated amounts due from and to third-party payers		(535,000)		145,000	
Inventories		(8,362)		(2,382)	
Other current assets		(104,312)		15,494	
Accounts payable and accrued expenses		166,053		221,229	
Net cash used in operating activities	\$	(805,396)	\$	(188,151)	
Supplemental Cash Flows Information					
Increase (decrease) in fair value of the irrevocable trust and the time restricted trust	\$	(1,988)	\$	60,349	
Capital lease obligations incurred for capital assets	\$	453,962	\$	364,896	

## A Component Unit of Rawlins County, Kansas

Notes to Financial Statements
June 30, 2012 and 2011

### Note 1: Nature of Operations and Summary of Significant Accounting Policies

### Nature of Operations and Reporting Entity

Rawlins County Health Center (Health Center) is an acute care hospital located in Atwood, Kansas. The Health Center is a component unit of Rawlins County (County) and is governed by an elected Board of Directors. The Health Center primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Rawlins County area.

### Basis of Accounting and Presentation

The financial statements of the Health Center have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions. Government-mandated nonexchange transactions that are not program specific, such as property taxes, interest income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Health Center first applies restricted net assets when an expense or outlay is incurred for purposes for which both restricted and unrestricted net assets are available.

The Health Center prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). Pursuant to GASB Statement No. 20, the Health Center has elected 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.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### **Budgetary Principles**

The Health Center is required by state statutes to adopt an annual budget for the unrestricted funds on or before August 25 for the ensuing year. The Health Center's Board of Directors may amend the budget by transferring budgeted amounts from one object or purpose to another within the same fund. Expenditures may not legally exceed the total amount of the adopted budget of expenditures of the fund which is prepared on a calendar year basis.

## Notes to Financial Statements June 30, 2012 and 2011

Applicable Kansas statutes require the use of an encumbrance system as a management control technique to assist in controlling expenditures. For budgetary purposes, encumbrances of the budgeted unrestricted funds, representing purchase orders, contracts and other commitments, are reported as a charge to the current budget year. All unencumbered appropriations lapse at the end of the year.

### **Property Taxes**

The Health Center received approximately 6% and 8% of its financial support from property taxes in 2012 and 2011, respectively. One hundred percent of these funds were used to support operations in both years.

Property taxes are levied in November of one year and are received beginning in January of the following year. Property tax revenue is recognized in full in the year following the year the taxes are levied, which is the year in which use is first permitted.

### Risk Management

The Health Center is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

#### Patient Accounts Receivable

The Health Center reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Health Center provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the Health Center bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

#### Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

#### Noncurrent Cash and Investments

Noncurrent cash and investments include designated assets set aside by the Board of Directors for capital acquisitions, over which the Board retains control and may at its discretion subsequently use for other purposes. Also included in noncurrent cash and investments are assets restricted for

## Notes to Financial Statements June 30, 2012 and 2011

operating purposes, restricted for capital purposes, restricted for debt service, funds held by the Rawlins County Health Foundation (Foundation), time restricted trust assets and an irrevocable trust.

#### Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Health Center:

Land improvements	20 years
Buildings	10-50 years
Fixed equipment	10-20 years
Moveable equipment	5-20 years

The Health Center capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing. Total interest capitalized and incurred was:

		2012	2011		
Total interest expense incurred on borrowings for project Interest income from investment of proceeds of	\$	120,628	\$	89,440	
borrowings for project		(218)		(282)	
Net interest cost capitalized	\$	120,410	\$	89,158	
Interest capitalized Interest charged to expense	\$	120,410 90,923	\$	89,158 30,277	
Total interest incurred	\$	211,333	\$	119,435	

#### Deferred Financing Costs, Net

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the effective interest method.

Notes to Financial Statements June 30, 2012 and 2011

#### Compensated Absences

Health Center policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

#### Net Assets

Net assets of the Health Center are classified in six components. Net assets invested in capital assets net of related debt, consist of capital assets net of accumulated depreciation and reduced by the 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 grantors external to the Health Center, including amounts deposited with trustees as required by revenue bond indentures. Restricted nonexpendable net assets equal the principal portions of an irrevocable trust and time restricted trust assets. The time restricted trust assets have a time restriction that expires in year 2026. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets net of related debt or restricted.

#### Net Patient Service Revenue

The Health Center has agreements with third-party payers that provide for payments to the Health Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

#### **Charity Care**

The Health Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Health Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. Charges excluded from revenue under the Health Center's charity care policy were \$11,225 and \$19,754 for June 30, 2012 and 2011, respectively.

## Notes to Financial Statements June 30, 2012 and 2011

#### Income Taxes

As an essential government function of the County, the Health Center is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law.

#### Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the financial statements were available to be issued.

#### Note 2: Net Patient Service Revenue

The Health Center has agreements with third-party payers that provide for payments to the Health Center at amounts different from its established rates. These payment arrangements include:

Medicare. The Health Center is recognized as a Critical Access Hospital, and is paid at one hundred one percent (101%) of allowable costs for certain inpatient and outpatient services. The Health Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Health Center and audits thereof by the Medicare administrative contractor.

Medicaid. The Medicaid state plan provides for a cost reimbursement methodology for inpatient and outpatient services rendered to beneficiaries who are not part of a Medicaid managed care network. The Health Center is reimbursed at tentative rates with final settlements determined after submission of an annual cost report by the Health Center and reviews thereof by the Department of Health and Environment. The Health Center is reimbursed on a prospective payment methodology for inpatient and outpatient services rendered to beneficiaries who are part of a Medicaid managed care network.

Approximately 72% and 78% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2012 and 2011, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

# Notes to Financial Statements June 30, 2012 and 2011

### Note 3: Deposits and Investments

### **Deposits**

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The Health Center's deposit policy for custodial credit risk requires compliance with the provisions of state law.

State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities or the state of Kansas; bonds of any city, county, school district or special road district of the state of Kansas; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits.

At June 30, 2012 and 2011, respectively, \$417,398 and \$519,242 of the Health Center's bank balances of \$1,151,442 and \$1,148,844 were exposed to custodial credit risk as follows:

	2012		2011		
Uninsured and collateral held by pledging financial institution	\$ 307,929	\$	129,922		
Uninsured and collateral held by pledging financial institution's trust department or agent in other than	400 440				
the Health Center's name	109,469		389,320		
	\$ 417,398	\$	519,242		

#### Investments

The Health Center may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest to a limited extent in corporate bonds and equity securities.

At June 30, 2012 and 2011, the Health Center had the following investments, all of which mature within one year:

	_	2012	2 2011		
Federated Government obligations money					
market fund		\$		\$	3,772,685

## Notes to Financial Statements June 30, 2012 and 2011

### Summary of Carrying Values

The carrying values of deposits and investments shown above are included in the balance sheets as follows:

	2012		2011	
Carrying value Deposits Short-term certificate of deposit Investments	\$	727,900 50,000 -	\$	979,179 50,000 3,772,685
	\$	777,900	\$	4,801,864
Included in the following balance sheet captions Cash Noncurrent cash and investments	\$	586,122	\$	773,348
Designated by Board of Directors for capital acquisitions		79,664		67,633
Held by trustee for debt service and capital acquisitions		112,114		3,960,883
	\$	777,900	\$	4,801,864

### Note 4: Patient Accounts Receivable

Patient accounts receivable are recorded net of the allowance for contractual adjustments and the allowance for uncollectible accounts at June 30 as follows:

	2012		2011		2011
Medicare	\$	339,373	9	<b>\$</b>	422,817
Medicaid		22,553			11,952
Blue Cross		221,230			147,736
Other third-party payers		84,486			78,084
Self-pay		206,284	_		134,254
	\$	873,926		\$	794,843

Notes to Financial Statements June 30, 2012 and 2011

### Note 5: Noncurrent Cash and Investments – Held by Foundation

The Foundation was established to improve medical, hospital or other health care services in the County. The Health Center does not have control over the Foundation and the Foundation has not been included into the Health Center's financial statements. The Health Center was awarded tax credits during 2010 and 2009, and the contributions from donors related to these tax credit awards were deposited in the bank account of an affiliate, Area Community Enrichment Foundation (ACE). Tax credits held by the Foundation totaled \$307,421 at June 30, 2010. Additional balances held by the Foundation are restricted by donor for Health Center capital acquisitions and total \$163,001 and \$41,060 at June 30, 2012 and 2011, respectively.

### Note 6: Capital Assets

Capital assets activity for the years ended June 30 was:

			2012		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 3,225	\$ -	\$ -	\$ -	\$ 3,225
Land improvements	340,847	=	-	625,637	966,484
Buildings	3,814,417	19,700	-	5,002,417	8,836,534
Fixed equipment	691,440	20,000	-	1,039,927	1,751,367
Moveable equipment	1,367,156	156,427	(80,554)	-	1,443,029
Construction in progress	2,926,082	4,133,859		(6,667,981)	391,960
	9,143,167	4,329,986	(80,554)	-	13,392,599
Less accumulated depreciation					
Land improvements	225,601	39,142	-	-	264,743
Buildings	1,341,337	270,086	-	-	1,611,423
Fixed equipment	476,198	74,823	-	-	551,021
Moveable equipment	828,380	164,114	(80,554)		911,940
	2,871,516	548,165	(80,554)		3,339,127
Capital Assets, Net	\$ 6,271,651	\$3,781,821	\$ -	\$ -	\$10,053,472

Notes to Financial Statements June 30, 2012 and 2011

			2011		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 3,225	\$ -	\$ -	\$ -	\$ 3,225
Land improvements	268,252	17,440	-	55,155	340,847
Buildings	2,047,846	-	-	1,766,571	3,814,417
Fixed equipment	600,058	22,602	(29,030)	97,810	691,440
Moveable equipment	1,183,328	370,779	(186,951)	-	1,367,156
Construction in progress	797,988	4,047,630		(1,919,536)	2,926,082
	4,900,697	4,458,451	(215,981)		9,143,167
Less accumulated depreciation					
Land improvements	212,052	13,549	-	-	225,601
Buildings	1,246,449	94,888	-	-	1,341,337
Fixed equipment	469,700	35,528	(29,030)	-	476,198
Moveable equipment	871,091	144,240	(186,951)		828,380
	2,799,292	288,205	(215,981)		2,871,516
Capital Assets, Net	\$ 2,101,405	\$4,170,246	\$ -	\$ -	\$ 6,271,651

## Note 7: Medical Malpractice Coverage and Claims

The Health Center purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Health Center's claim experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

### Note 8: Long-term Debt

In November 2010, the County issued 1.75% Kansas Hospital Revenue Bond Anticipation Refunding and Improvement Bonds, Series 2010B, totaling \$7,000,000 maturing on November 1, 2012. The Series 2010B Revenue Bonds were used to provide funds for renovation projects to the Health Center and for redemption of \$1,100,000 of the Series 2010 Revenue Bonds. The County issued Kansas Hospital Refunding Bonds, Series 2012, dated October 26, 2012 to provide permanent funding for the project. The Series 2012 Bonds total \$7,000,000 and have maturity dates through October 26, 2052. The United States Department of Agriculture – Rural Development purchased the Series 2012 Bonds in their entirety on October 31, 2012.

## Notes to Financial Statements June 30, 2012 and 2011

In March 2010, the County issued 2% to 4.25% Kansas Hospital Refunding and Improvement Revenue Bonds, Series 2010, totaling \$1,530,000 with varying maturities through March 1, 2016, secured solely by a pledge of gross revenue on behalf of the Health Center. The Series 2010 Revenue Bonds were used to provide funds for renovation projects to the Health Center and for redemption of the Series 1996 Revenue Bonds.

The Health Center is obligated under leases for equipment at various interest rates with maturities ranging from 2011 to 2023.

The following is a summary of long-term debt transactions for the Health Center for the years ended June 30:

			20	12		
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion	Long-term Portion
Series 2010B Revenue Bonds payable Series 2010 Revenue	\$7,000,000	\$ -	\$ -	7,000,000	\$ -	\$7,000,000
Bonds payable	430,000	-	85,000	345,000	90,000	255,000
Capital lease obligations	582,387	453,962	126,174	910,175	178,429	731,746
	\$8,012,387	\$ 453,962	\$ 211,174	\$8,255,175	\$ 268,429	\$7,986,746

	2011					
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion	Long-term Portion
Series 2010B Revenue Bonds payable	\$ -	\$7,000,000	\$ -	\$7,000,000	\$ -	\$7,000,000
Series 2010 Revenue Bonds payable Capital losse	1,530,000	-	1,100,000	430,000	85,000	345,000
Capital lease obligations	294,289	364,896	76,798	582,387	91,303	491,084
	\$1,824,289	\$7,364,896	\$1,176,798	\$8,012,387	\$ 176,303	\$7,836,084

## Notes to Financial Statements June 30, 2012 and 2011

Under the terms of the bond indentures, the Health Center is required to maintain certain revenue bond funds. These funds are included in noncurrent cash and investments – held by trustee for debt service and capital acquisitions in the accompanying balance sheets and consist of the following at June 30:

	2012	2011
Debt service Bond reserve funds Project funds	\$ 62,114 50,000	\$ 138,198 50,000 3,772,685
	\$ 112,114	\$ 3,960,883

Scheduled principal and interest payments on long-term debt are as follows:

	R	Revenue Bonds Payable		Capital Leases			ses	
	Р	rincipal		Interest	P	rincipal	Į.	nterest
Year Ending June 30,								
2013	\$	90,000	\$	291,725	\$	178,429	\$	29,944
2014		90,000		288,463		180,756		24,003
2015		95,000		284,875		153,331		18,768
2016		151,480		278,228		158,025		14,074
2017		84,739		273,351		118,771		9,553
2018-2022		477,334		1,310,973		100,663		20,415
2023-2027		580,750		1,203,420		20,200		972
2028-2032		706,571		1,072,567		-		-
2033-2037		859,651		913,363		-		-
2038-2042		1,045,897		719,667		-		-
2043-2047		1,272,494		484,006		-		-
2048-2052		1,548,183		197,289		-		-
2053-2054		342,901		-		-		-
	\$	7,345,000	\$	7,317,927	\$	910,175	\$	117,729

## Notes to Financial Statements June 30, 2012 and 2011

The following is an analysis of the financial presentation of the capitalized leases at June 30:

	2012	2011
Equipment Less accumulated depreciation	\$ 1,143,515 332,751	\$ 692,180 190,410
	\$ 810,764	\$ 501,770

### Note 9: Pension Plan

The Health Center maintains a contributory pension plan which requires mandatory contributions from all participating employees. Benefits are funded by a money purchase annuity with an insurance company. Employee and employer contributions are computed at 8% of annual eligible compensation respectively. The plan is funded for past service on an installment basis over the estimated remaining duration of employment from the effective date of the plan (March 1, 1976) to the employee's normal retirement date. Employer contributions up to the social security taxable wage base are 100% vested. Additional employer contributions will vest after three years of service with 100% vesting after five years of service. Contributions actually made by plan members and the Health Center each aggregated \$259,553 and \$223,653 during 2012 and 2011, respectively.

### **Note 10: Management Agreement**

The Board of Directors of the Health Center has contracted with Great Plains Health Alliance, Inc. (GPHA) for various services, including management, data processing and accounting services. The terms of the agreements vary from one to seven years and can be canceled with 60 days' notice. The agreement can be renewed after the initial term has expired on a year-to-year basis. Fees incurred for the various services provided by GPHA to the Health Center for the years ended June 30, 2012 and 2011, were \$211,737 and \$225,454, respectively.

Amounts due to GPHA at June 30, 2012 and 2011, totaled \$36,614 and \$18,243, respectively.

### **Note 11: Current Economic Conditions**

The current protracted economic decline continues to present hospitals with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing. The financial statements have been prepared using values and information currently available to the Health Center.

Notes to Financial Statements
June 30, 2012 and 2011

Current economic conditions, including the rising unemployment rate, have made it difficult for certain patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Health Center's future operating results. Further, the effect of economic conditions on the government may have an adverse effect on cash flows related to the Medicare and Medicaid programs.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the financial statements could change rapidly, resulting in material future adjustments in allowances for accounts receivable that could negatively impact the Health Center's ability to maintain sufficient liquidity.



## A Component Unit of Rawlins County, Kansas

# Comparison of Revenues and Expenses (Cash Basis) – Actual to Tax Budget Calendar Year Ended December 31, 2011

	Actual	T:	ax Budget	tual Over (Under) Budget
	 Actual	- 10	ix budget	Duaget
Net patient service revenue	\$ 5,426,431	\$	4,890,705	\$ 535,726
Other revenue	 138,627		473,360	 (334,733)
Total operating revenue	5,565,058		5,364,065	200,993
Operating expenses	5,587,101		5,792,965	(205,864)
Interest paid	47,429			47,429
Operating expenses	5,634,530		5,792,965	(158,435)
Operating loss	 (69,472)		(428,900)	359,428
Property tax revenue	410,349		421,321	(10,972)
Other nonoperating revenues	258,276			258,276
Total nonoperating revenues	668,625		421,321	247,304
Excess (deficiency) of revenue over expenses	\$ 599,153	\$	(7,579)	\$ 606,732

## A Component Unit of Rawlins County, Kansas

## Schedule of Expenditures of Federal Awards Year Ended June 30, 2012

Cluster/Program	Federal Agency/ Pass-Through Entity	CFDA Number	Grant or Identifying Number	Amount Expended
Communities Facilities Direct Loan and Grants - ARRA	U.S. Department of Agriculture	10.766	KS-97-01-01	\$ 3,015,576
Community Development Block Grant ARRA (CDBG-R)	U.S. Department of Housing & Urban Development / State of Kansas	14.253	09-RA-012	9,926
				\$ 3,025,502

#### Notes to Schedule

- 1. This schedule includes the federal awards activity of the Rawlins County Health Center, a component unit of Rawlins County, Kansas, and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.
- 2. No federal awards were provided to subrecipients during this period.



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

Board of Directors Rawlins County Health Center Atwood, Kansas

We have audited the financial statements of Rawlins County Health Center, a component unit of Rawlins County, Kansas, as of and for the year ended June 30, 2012, and have issued our report thereon dated December 19, 2012, which contained an explanatory paragraph regarding omission of required supplementary information. 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**

Management of the Health Center is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the Health Center'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 Health Center's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Health Center'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 and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Health Center'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 would not necessarily 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.





Board of Directors Rawlins County Health Center (Continued)

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Health Center's financial statements are free of material misstatement, we performed the tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a 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 the Board of Directors and the Health Center's management in a separate letter dated December 19, 2012.

This report is intended solely for the information and use of the governing body, management and others within the Health Center and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

December 19, 2012

BKD,LLP



# Independent Accountants' Report on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133

Board of Directors Rawlins County Health Center Atwood, Kansas

#### Compliance

We have audited the compliance of Rawlins County Health Center, a component unit of Rawlins County, Kansas, with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) *Circular A-133 Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2012. The Health Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Health Center's management. Our responsibility is to express an opinion on the compliance of the Rawlins County Health Center based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Health Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Health Center's compliance with those requirements.

In our opinion Rawlins County Health Center complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2012.





Board of Directors Rawlins County Health Center (Continued)

### **Internal Control Over Compliance**

The management of Rawlins County Health Center is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Health Center's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Health Center's internal control over compliance.

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

Our consideration of internal control over compliance 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 compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the governing body, management and others within the Health Center and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

December 19, 2012

BKD,LLP

## A Component Unit of Rawlins County, Kansas

## Schedule of Findings and Questioned Costs Year Ended June 30, 2012

### Summary of Auditor's Results

1.	The opinion expressed in the independent accountants' report w	vas:	
	☐ Unqualified ☐ Qualified ☐ Adverse ☐	Disclaimed	
2.	The independent accountants' report on internal control over fin	nancial reporting o	lisclosed:
	Significant deficiency(ies)?	Yes	⊠ No
	Material weakness(es)?	Yes	No No
3.	Noncompliance considered material to the financial statements was disclosed by the audit?	Yes	⊠ No
4.	The independent accountants' report on internal control over conhave a direct and material effect on major federal awards progra	•	uirements that could
	Significant deficiency(ies)?	Yes	⊠ No
	Material weakness(es)?	Yes	No No
5.	The opinions expressed in the independent accountants' report of could have a direct and material effect on major federal awards.  Unqualified Qualified Adverse		h requirements that
6.	The audit disclosed findings required to be reported by OMB Circular A-133?	☐ Yes	⊠ No

## A Component Unit of Rawlins County, Kansas Schedule of Findings and Questioned Costs (Continued) Year Ended June 30, 2012

7.	The Health Center's major programs were:	
	Cluster/Program	CFDA Number
	Communities Facilities Direct Loan and Grants - ARRA	10.766
8.	The threshold used to distinguish between Type A and Type B prodefined in OMB Circular A-133 was \$300,000.	grams as those terms are
9.	The Health Center qualified as a low-risk auditee as that term is defined in OMB Circular A-133?	☐ Yes ☐ No

## A Component Unit of Rawlins County, Kansas

Schedule of Findings and Questioned Costs (Continued)
Year Ended June 30, 2012

### Findings Required to be Reported by Government Auditing Standards

Finding	Questioned Costs		
<u> </u>			
No matters are reportable.			
	•		

Findings Required to be Reported by OMB Circular A-133

Reference Questioned Number Finding Costs

No matters are reportable.

## A Component Unit of Rawlins County, Kansas

Summary Schedule of Prior Audit Findings Year Ended June 30, 2012

Reference		
Number	Summary of Finding	Status

No matters are reportable.