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**STATE OF INDIANA** 

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January 26, 2016

Board of Directors Memorial Hospital of Logansport 1101 Michigan Avenue Logansport, IN 46947

We have reviewed the audit report prepared by Blue & Co., LLC, Independent Public Accountants, for the period January 1, 2014 to December 31, 2014. In our opinion, the audit report was prepared in accordance with the guidelines established by the State Board of Accounts. Per the Independent Public Accountants' opinion, the financial statements included in the report present fairly the financial condition of the Memorial Hospital of Logansport, as of December 31, 2014 and the results of its operations for the period then ended, on the basis of accounting described in the report.

The Independent Public Accountants' report is filed with this letter in our office as a matter of public record.

Paul D. Joyce

Paul D. Joyce, CPA State Examiner



### **COMBINED FINANCIAL STATEMENTS**

AND

### **REQUIRED SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2014 AND 2013

CPAS/ADVISORS



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#### REPORT OF INDEPENDENT AUDITORS

Board of Trustees Memorial Hospital of Logansport Logansport, Indiana

#### Report on the Combined Financial Statements

We have audited the accompanying combined financial statements of Memorial Hospital of Logansport (the Hospital), a component unit of Cass County, which comprise the combined balance sheets as of December 31, 2014 and 2013, and the related combined statements of operations and changes in net position, and cash flows for the years then ended, and the related notes to the combined financial statements.

#### Management's Responsibility for the Combined Financial Statements

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

#### Auditor's Responsibility

Our responsibility is to express an opinion on these combined 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 <u>Guidelines for Audits</u> of <u>County and City Hospitals by Independent Certified Public Accountants</u>, issued by the Indiana State Board of Accounts. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2014 and 2013, and the results of its operations, changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Report on Required Supplementary Information

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

Blue & Co., LLC

Indianapolis, Indiana April 20, 2015

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

Management's discussion and analysis of Memorial Hospital of Logansport's (the Hospital) financial performance provides an overview of the Hospital's financial activities for the year ended December 31, 2014 with comparable information for 2013 and 2012. Please read it in conjunction with the Hospital's combined financial statements and accompanying notes to the combined financial statements included in this report.

### Using This Annual Report

This annual report consists of two parts—*management's discussion and analysis*, and the *basic combined financial statements*.

- In the *"management's discussion and analysis"* section of this report, management discusses various components of the annual report and provides an analysis of the current financial statement information.
- The "basic combined financial statements" section of this report includes a series of combined financial statements, which provide information about the activities of the Hospital as a whole. The combined balance sheets reveal the assets, liabilities and net position of the Hospital on December 31, 2014 and 2013 while the Combined Statements of Operations and Changes in Net Position summarize the revenues and expenses, including nonoperating items for the years then ended. The Combined Statements of Cash Flows summarize the change in cash and cash equivalents as a result of operating, investing and financing activities during the year. The Notes to the Combined Financial Statements disclose additional information addressed within the body of the Combined Financial Statements.

Memorial Hospital of Logansport is a not-for-profit acute care hospital, established in 1925. It is a county-owned facility and operates under the Indiana County Hospital Law. Operations include a state-licensed, 83 bed acute care medical center offering a full range of inpatient and outpatient medical services including 24 hour emergency care, surgical, specialty, medical imaging, cancer, family birth centers and physician clinics. The Cass County Commissioners appoints the Board of Trustees of the Hospital. Although the Hospital is a governmental entity, the Hospital does not receive taxpayer support for operations.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

The Mission of Memorial Hospital of Logansport is "Your Health...Our Passion". The Hospital's vision is that it "will exceed the needs and desires of our community – as an employer, as a provider, and as a health advocate. Logansport Memorial Hospital lives this mission and vision by continually striving to improve the delivery of care and the overall health of the community, by creating and fostering strong partnerships both within the Hospital campus and the surrounding communities, as well as focusing on improving internal processes to better the patient, physician, employee and visitor experience while providing excellent care. The Hospital carries out its mission by focusing on its values as follows:

- Human Dignity
- Integrity
- Justice
- Service Excellence
- Stewardship

Each year, the Board of Trustees of the Hospital meets with the current Medical Executive Staff of physicians and Hospital Executive Leaders to evaluate environment and operations, and set strategic initiatives for the year. Action plans are developed and measurable objectives are used to achieve success. Quarterly progress reports are presented to the Board of Trustees, and intermittent reports to other stakeholders. This MD&A will include some of the highlights related to the Operational and Financial Performance for 2014.

### FINANCIAL HIGHLIGHTS

Overall, net position increased by approximately \$5.3 million during 2014 while operating income was approximately \$6.4 million compared to 2013 where the net position increased approximately \$4.9 million while operating income was approximately \$5.5 million. A significant contributing factor of the difference between years relates to the increase of inpatient days.

Net capital assets decreased by approximately \$540,000 compared to the prior year as depreciation outpaced acquisitions. Debt decreased by approximately \$2.1 million as a result of principal payments.

Some of the factors that contributed to the increase in net position are detailed below:

- Leadership commitment to controlling labor costs and finding cost savings opportunities.
- Impact of Meaningful Use dollars from both Medicare and Medicaid for the Hospital and Provider attestations of approximately \$1 million.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

The Hospital's operating margin for 2014 was equal to 8.4% compared to 7.6% for 2013. The factors impacting this are noted above and will be discussed in greater detail here in.

### USING THIS ANNUAL REPORT

The following pages will highlight certain combined financial statements of the Hospital and include a brief analysis. The combined financial statements of the Hospital explain the results of operations. The combined statement of operations and changes in net position summarizes the effect of the year's activities, while the combined balance sheet summarizes the Hospital's net resources at the beginning and end of the year. The combined balance sheet includes all assets and liabilities of the Hospital, and provides information about the nature and amounts of investments in resources and obligations to its creditors. It also provides the basis for computing rate of return, evaluating the capital structure of the Hospital and assessing the liquidity and financial flexibility of the Hospital. The combined statement of operations and changes in net position includes all the current year's revenue and expenses.

The final financial statement is the statement of cash flows. The primary purpose of this statement is to provide information about the Hospital's cash flows from operating activities, capital and financing activities, and investing activities, as well as providing information of the sources and uses of cash during the year.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

### THE HOSPITAL'S COMBINED BALANCE SHEET

Table 1: A summary of the Hospital and component units combined balance sheet as of December 31, 2014, 2013 and 2012 is presented below (in thousands):

	2014		2013	hange 4 - 2013	 2012	hange 3 - 2012
Assets and deferred outflows Current assets Assets limited to use (funded depreciation, escrow funds,	\$ 36,819	\$	32,891	\$ 3,928	\$ 26,622	\$ 6,269
contributions)	16,082		16,918	(836)	11,277	5,640
Capital assets	38,825		39,365	(540)	38,751	614
Other assets	400		717	(317)	476	241
Total assets	\$ 92,126	\$	89,891	\$ 2,235	\$ 77,126	\$ 12,765
Liabilities and deferred inflows Current liabilities Capital leases Long-term debt Total liabilities	\$ 9,768 28 20,456 30,252	\$	11,052 42 22,210 33,304	\$ (1,284) (14) (1,754) (3,052)	\$ 9,284 378 15,786 25,448	\$ 1,768 (336) <u>6,424</u> 7,856
Net position						
Net investment in capital assets	16,573		15,008	1,565	20,744	(5,736)
Restricted	5,033		6,225	(1,192)	763	5,462
Unrestricted	 40,268	_	35,354	4,914	 30,171	5,183
Total net position	 61,874		56,587	 5,287	 51,678	 4,909
Total liabilities and net position	\$ 92,126	\$	89,891	\$ 2,235	\$77,126	\$ 12,765

The significant changes in the Hospital's assets included an increase in current assets of approximately \$3.9 million primarily due to an increase in cash from current year net income. Current liabilities decreased approximately \$1.3 million due primarily to a decrease in the amount of estimated third party settlements.

Net position increased by approximately \$5.4 million consisting of a gain on operations and efforts to control associated expenses.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

# OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET POSITION

Table 2: A summary of the Hospital and component units combined statement of operations and changes in net position for 2014, 2013, and 2012 is presented below (in thousands):

				Change		C	Change
	2014	2013	20	14-2013	2012	201	3 - 2012
Operating revenues							
Net patient service revenue	\$ 71,125	\$ 68,286	\$	2,839	\$ 66,691	\$	1,595
Other revenue	 4,196	4,179		17	 4,786		(607)
Total operating revenues	75,321	72,465		2,856	71,477		988
Operating expenses							
Salaries and benefits	33,854	33,849		5	33,491		358
Supplies and other	31,349	29,213		2,136	25,772		3,441
Depreciation and amortization	3,768	3,891		(123)	3,535		356
Total expenses	 68,971	66,953		2,018	 62,798		4,155
Operating income	6,350	5,512		838	8,679		(3,167)
Total non-operating revenue (expense)	 (1,063)	(273)		(790)	 (412)		139
Change in net position before debt issuance costs	5,287	5,239		48	8,267		(3,028)
Debt issuance costs	 -0-	(330)		330	 -0-	\$	(330)
Change in net position	5,287	4,909		378	8,267		(3,358)
Net assets beginning of year	 56,587	51,678		4,909	 43,411		8,267
Net assets end of year	\$ 61,874	\$ 56,587	\$	5,287	\$ 51,678	\$	4,909

### OPERATING AND FINANCIAL PERFORMANCE

#### <u>Revenue</u>

Net patient revenue in the current year increased by approximately \$2.8 million as compared to 2013 and the 2013 net patient revenue increased by approximately \$1.6 million compared to 2012.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

#### <u>Volumes</u>

The Hospital experienced an increase in inpatient days of 11%, a 21% increase in deliveries, a 4% increase in ER visits, and a 4% increase in scopes in 2014 from 2013.

#### Expenses

The increase in operating expenses of approximately \$1.6 million in 2014 was primarily attributable to the increase in medical and other professional fees.

#### Overall Results

The Hospital, Foundation (one of the Hospital's blended component units), and Health Professional Resources (HPR) (also a blended component unit of the Hospital) all experienced a positive result during 2014.

For the year ended 2014, the change in net position was approximately \$5.3 million compared to approximately \$4.9 million in 2013. The Hospital's team had many accomplishments that will enhance our success in the future. Key accomplishments included: 1. Achieved growth. The management team recruited seven providers, including a pulmonologist, allowing us to keep and treat more critical inpatients, and build our pulmonary rehab program; we partnered with Franciscan Cardiology, allowing us to better serve our cardiac patients near home; implemented a Vein Program; and partnered with Kokomo Urology. LMH achieved market share growth of about 5% for inpatient and 7% for outpatient services for the first three guarters of the year. 2. Realized improvements for operational efficiency and infrastructure. The management team approved and moved on a plan to expand our geographic area of service, when we opened the Peru Medical Center in February 2014. Additionally, we renovated our Ambulatory Surgery Suite, Logansport Family Health, the Urology Suite, and our Lab Draw station off the lobby. We revitalized our registration process, which resulted in less patient waiting time on average when registering or getting lab work. 3. Maintained financial stability. We increased Days Cash on Hand in preparation for the future, and we've maintained a strong balance sheet, along with solid operational performance.

### SOURCES OF REVENUE

During 2014, the Hospital derived substantially all of its revenue from patient service and other related activities. A significant portion of the patient service revenue is from patients that are insured by government health programs, principally Medicare and Medicaid, which are highly regulated and subject to frequent and substantial changes. Revenues from the Medicare and Medicaid programs represented 57% of the Hospital's gross revenue in 2014 but only 46% of the Hospital's net patient service revenues. This compares to 2013 where revenues from Medicare and Medicaid represented 57% of the Hospital's gross revenue and only 36% of its net patient service revenue.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

Following is a table of major sources of gross patient revenues for 2014, 2013 and 2012.

Payor Mix	2014	2013	2012
Medicare	39%	40%	41%
Medicaid	18%	17%	17%
Commercial insurance	18%	19%	17%
Blue Cross/Anthem	20%	19%	19%
Self pay	5%	5%	6%
Total	100%	100%	100%

### THE HOSPITAL'S STATEMENT OF CASH FLOWS

Table 3: A summary of the Hospital and component units combined statement of cash flows for 2014, 2013 and 2012 is presented below (in thousands):

	2014	2013	Change 14 - 2013	2012	hange 3 - 2012
Cash flow from activities					
Operating activities	\$ 11,297	\$ 10,935	\$ 362	\$ 10,733	\$ 202
Noncapital financing activities	(474)	437	(911)	154	283
Capital and related financing activities	(5,937)	849	(6,786)	(3,764)	4,613
Investing activities	296	243	53	742	(499)
Net change in cash and cash equivalents	\$ 5,182	\$ 12,464	\$ (7,282)	\$ 7,865	\$ 4,599

The Hospital has experienced positive cash flow from operating activities for all three years presented. The change between 2014 and 2013 was approximately \$362,000. Other changes in the Hospital's cash flows are primarily related to capital and related financing activities.

### CAPITAL ASSETS

Including construction in progress, the Hospital invested approximately \$3.3 million in capital assets in 2014 and \$4.6 million in 2013. The majority of the acquisitions were attributable to clinical equipment and construction related to the Hospital facility. The change in capital assets is outlined in the following table (in thousands):

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

	2014	2013	hange 4 - 2013	2012	hange 3 - 2012
Land and improvements	\$ 1,460	\$ 1,460	\$ -0-	\$ 1,460	\$ -0-
Buildings	58,483	57,861	622	57,456	405
Equipment	35,844	31,745	 4,099	 30,448	 1,297
Total capital assets	95,787	91,066	 4,721	89,364	1,702
Less accumulated depreciation	(57,531)	(54,527)	(3,004)	(51,102)	(3,425)
Construction in progress	569	2,826	 (2,257)	 489	2,337
Net capital assets	\$ 38,825	\$ 39,365	\$ (540)	\$ 38,751	\$ 614

### LONG-TERM DEBT

The Hospital had approximately \$22.2 million in short and long term debt at year-end 2014, versus approximately \$24.3 million in 2013.

More detailed information about both capital assets and long-term debt is presented in the Notes to the Combined Financial Statements.

### ECONOMIC OUTLOOK

The healthcare industry is undergoing major transformation as it shifts to a new model incentivizing pay for value rather than pay for service, resulting in a focus on population health. Health care consumerism is increasing, with patients becoming more engaged in their health care decisions and aware of price and place as high deductibles and narrower networks become the norm. The market is increasingly competitive as the industry experiences the emergence of retail clinics, and we continue to compete with freestanding testing facilities. In addition, the health care industry is instituting a new coding structure, ICD-10. Management believes these forces continue to present a challenge to maintaining the Hospital's operating margins, so we will provide care coordination through our patient centered medical home, membership in Accountable Care Organizations, and by strengthening community ties. We will continue our focus on quality, and improve patient satisfaction by creating a culture of service excellence. We will continue to grow our service area and the services we provide to our communities.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2014 AND 2013

### CONCLUSION AND CONTACT INFORMATION

Memorial Hospital of Logansport intends to operate in a fashion that meets its community, operational, and financial obligations. This report is designed to provide a general overview of the Hospital and its finances to our stakeholders. Please address questions or requests regarding this financial report to the Chief Financial Officer, at Memorial Hospital of Logansport, 1101 Michigan Avenue, Logansport IN, 46947.

#### COMBINED BALANCE SHEETS DECEMBER 31, 2014 AND 2013

#### ASSETS AND DEFERRED OUTFLOWS

		2014	2013
Current assets			
Cash and cash equivalents	\$	26,125,649	\$ 20,218,517
Patient accounts receivable		7,619,223	7,776,383
Supplies and other current assets		3,074,097	 4,896,350
Total current assets		36,818,969	 32,891,250
Assets limited as to use			
Internally designated		11,049,320	10,688,971
Held by trustee		4,320,496	5,473,288
Restricted by contributors and grantors	_	712,226	 755,413
Total assets limited as to use		16,082,042	16,917,672
Capital assets			
Land and construction in progress		1,445,848	3,703,427
Depreciable capital assets, net		37,378,962	 35,660,820
Total capital assets		38,824,810	39,364,247
Other assets		400,284	 717,425
Total assets	\$	92,126,105	\$ 89,890,594

#### COMBINED BALANCE SHEETS DECEMBER 31, 2014 AND 2013

### LIABILITIES, DEFERRED INFLOWS, AND NET POSITION

	 2014	_	2013
Current liabilities			
Current portion of long-term debt and capital leases	\$ 1,767,732	\$	2,104,809
Accounts payable and accrued expenses	5,211,348		3,895,091
Accrued payroll and related liabilities	2,307,531		2,635,460
Estimated third-party payor settlements	481,463		2,416,260
Total current liabilities	9,768,074		11,051,620
Non current liabilities			
Capital leases, net of current portion	27,754		41,828
Long-term debt, net of current portion	 20,456,000		22,209,658
Total liabilities	 30,251,828		33,303,106
Net position			
Net investment in capital assets	16,573,324		15,007,952
Restricted			
Held by trustee	4,320,496		5,473,288
Expendable for specific operating activities	375,550		415,801
Nonexpendable permanent endowments	336,676		336,676
Unrestricted	 40,268,231		35,353,771
Total net position	 61,874,277		56,587,488
Total liabilities and net position	\$ 92,126,105	\$	89,890,594

#### COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Operating revenues	Ф <b>74 405 000</b>	¢ 00.000.040
Net patient revenue (net of provisions for bad debt) Other	\$ 71,125,023 4,195,522	\$ 68,286,316 4,179,392
Total operating revenues	75,320,545	72,465,708
	10,020,040	12,400,100
Operating expenses		22.040.024
Salaries and benefits	33,853,816	33,849,021
Medical and other professional fees	5,577,030	3,427,934
Medical supplies and drugs	5,608,354	5,810,330
Other supplies	1,559,041	1,779,397
Depreciation and amortization	3,767,723	3,890,648
Rent and leases	1,324,827	1,397,724
Utilities and postage	1,497,505	1,514,014
Maintenance and repairs	590,791	509,499
	803,541	983,743
Hospital assessment fee	1,549,341	1,759,865
Purchased services and other	12,838,967	12,030,994
Total operating expenses	68,970,936	66,953,169
Operating income	6,349,609	5,512,539
Nonoperating revenues (expenses)		
Investment income	175,483	172,818
Interest expense	(603,511)	(646,252)
Noncapital grants and contributions	144,275	207,829
Gain on sale of equipment	10,160	29,614
Other revenues (expenses)	(789,227)	(36,818)
Total nonoperating, net	(1,062,820)	(272,809)
Change in net position before debt issuance costs	5,286,789	5,239,730
Debt issuance costs	-0-	(330,600)
Change in net position	5,286,789	4,909,130
Net position beginning of the year	56,587,488	51,678,358
Net position end of year	\$ 61,874,277	\$ 56,587,488

#### COMBINED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Operating activities	¢ 74 505 000	¢ 00.004.070
Cash received from patients and third party payors	\$ 71,585,090 (24,484,745)	\$ 68,931,078 (22,744,070)
Cash paid to employees for salaries and benefits	(34,181,745)	(33,744,970)
Cash paid to vendors for goods and services	(30,651,538)	(28,711,837)
Other receipts and payments, net	4,545,118	4,461,175
Net cash flows from operating activities	11,296,925	10,935,446
Noncapital financing activities		
Noncapital grants and contributions and other	(474,460)	437,147
Capital and related financing activities		
Acquisition of capital assets	(3,330,426)	(4,605,302)
Principal paid on long-term debt	(2,104,809)	(18,178,028)
Bond issuance costs	-0-	(350,686)
Proceeds from issuance of long-term debt	-0-	24,528,000
Interest paid on long-term debt	(603,511)	(646,252)
Gain on sale of equipment	(10,160)	(29,614)
Proceeds from sale of capital assets	112,300	130,545
Net cash flows from capital and related financing activities	(5,936,606)	848,663
Investing activities		
Investment income	175,483	172,818
Purchases of investments in assets whose use is limited	(1,808,184)	(2,941,657)
Proceeds from sale of investments in assets whose use is limited	1,929,000	3,012,000
Net cash flows from investing activities	296,299	243,161
Net change in cash and cash equivalents	5,182,158	12,464,417
Cash and cash equivalents at beginning of year	28,777,670	16,313,253
Cash and cash equivalents at end of year	\$ 33,959,828	\$ 28,777,670
Reconciliation of cash and cash equivalents to the statement of net position		
Cash and cash equivalents in current assets	\$ 26,125,649	\$ 20,218,517
Cash and cash equivalents in assets limited as to use	7,834,179	8,559,153
·	· ·	
Total cash and cash equivalents	\$ 33,959,828	\$ 28,777,670

#### COMBINED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2014 AND 2013

	 2014	 2013
Reconciliation of operating income to net cash		
flows from operating activities		
Operating income	\$ 6,742,483	\$ 5,512,539
Adjustments to reconcile operating income		
to net cash flows from operating activities		
Depreciation and amortization	3,767,723	3,890,648
Provision for bad debts	7,297,496	7,109,466
Changes in		
Patient accounts receivable	(7,140,336)	(6,162,203)
Supplies, other current assets and other assets	1,968,902	(920,201)
Accounts payable and accrued expenses	923,383	341,504
Accrued payroll and related liabilities	(327,929)	104,051
Estimated third-party payor settlements	 (1,934,797)	 1,059,642
Net cash flows from operating activities	\$ 11,296,925	\$ 10,935,446

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Reporting Entity

Memorial Hospital of Logansport (the Hospital) is a county-owned facility and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital provides acute care including inpatient, outpatient and emergency care as well as long-term care to Cass County and other surrounding counties.

The Board of County Commissioners of Cass County appoints the Governing Board of the Hospital (Board) and a financial benefit/burden relationship exists between the County and the Hospital. For these reasons, the Hospital is considered a discrete component unit of Cass County.

The Board of County Commissioners of Cass County, upon written request of the Hospital Board of Trustees created the Memorial Hospital of Logansport Association. The Association, which is included in the Hospital, was created pursuant to the provisions of Indiana Code 16-22-6 for the exclusive purpose of financing and constructing hospital facilities for the Hospital. The Association is a component unit which has no assets, no liabilities and conducts no operating activities.

Pursuant to the provision of long-term care beginning in 2012, the Hospital owns the operations of two long term care facilities by way of an arrangement with the manager of the facilities. These facilities provide inpatient and therapy services. Generally, gross revenues from the operation of the facilities are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. While the management and related lease agreements are in effect, the performance of all activities of the managers shall be on behalf of the Hospital and the Hospital retains the authority and legal responsibility for the operation of the facilities.

Related thereto, the Hospital entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities managed by the Manager. Concurrently, the Hospital entered into agreements with the Manager to manage the above leased facilities. As part of the agreements, the Hospital will pay the Manager a management fee to continue managing the facilities on behalf of the Hospital in accordance with the terms of the agreements. These management fees consist of base management fees, subordinated management fees, and quarterly incentive payments. The agreements expire on July 1, 2016. The terms of these agreements may be renewed at the end of each term for an additional period of two years. All parties involved can terminate the agreement without cause with 120 days written notice.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Other current assets and liabilities related to long-term care include certain reimbursement receivables, accrued fees and expenses, and working capital balances related to the long-term care facilities.

The accompanying combined financial statements present the activities of the Hospital (primary government) and its significant component units. The component units discussed below are included in the Hospital's reporting entity because of the significance of their operational or financial relationships with the Hospital. Blended component units, although legally separate entities are in substance part of the government's operations and exist solely to provide services for the government; data from these units is combined with data of the primary government.

The combined financial statements of the Hospital are intended to present the financial position and the changes in financial position and cash flows of only that portion of the business-type activities of Cass County attributable to the transactions of the Hospital and its blended component units. They do not purport to, and do not, present fairly the financial position of Cass County as of December 31, 2014 and 2013, the changes in its financial position or its cash flows for the years then ended.

#### Blended Component Units

Memorial Hospital Foundation of Cass County, Inc. d/b/a Memorial Hospital Foundation (the Foundation), is a significant blended component unit of the Hospital. The purpose of the Foundation is to assist in raising contributions from the community in order to enhance the ability of the Hospital to service the health needs of the patients it serves. The primary government appoints a voting majority of the Foundation's Board and a financial benefit/burden relationship exists between the Hospital and the Foundation. Although it is legally separate from the Hospital, the Foundation is reported as if it were a part of the Hospital because it is substantively the same.

Health Professional Resources, Inc., (HPR) is a significant blended component unit wholly owned by the Hospital. HPR operates a community pharmacy and provides food service for a local county mental health organization. The primary government appoints a voting majority of HPR's Board and is able to impose its will. Although it is legally separate from the Hospital, HPR is reported as if it were a part of the Hospital because the two boards are substantively the same.

All significant intercompany transactions have been eliminated in the combined financial statements.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

#### Use of Estimates

The preparation of combined 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 disclosures of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Enterprise Fund Accounting

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

#### Cash and Cash Equivalents

Cash and cash equivalents include demand deposits and investments in highly liquid debt instruments with an original maturity of three months or less. The Hospital maintains its cash in accounts, which at times may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes that it is not exposed to any significant credit risk on cash and cash equivalents.

#### Assets Limited as to Use

Assets whose use is limited are stated at fair value in the combined financial statements. These assets include investments designated by the Hospital's Board for internal purposes and investments held by trustees for debt service and capital improvements. These investments consist primarily of cash and cash equivalents, certificates of deposit, money market deposit accounts, mutual funds, and government securities. Amounts restricted by contributors or grantors consist of amounts designated to be restricted for a particular purpose in accordance with donor or grantor agency stipulations. Investment income, to the extent not capitalized, is reported as nonoperating income in the combined statements of operations and changes in net position.

#### Investments: Debt and Equity Securities and Other Investments

Debt and equity securities are reported at fair value. Debt securities are defined as securities backed by the full faith and credit of the United States Treasury, fully insured, or guaranteed by the United States or any United States government agency.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Nonparticipating certificates of deposit, demand deposits, and similar nonparticipating negotiable instruments that are not reported as cash and cash equivalents are reported as investments at cost.

Investments in affiliated companies are reported using the equity method of accounting, or at cost, as applicable.

Investment income, including changes in the fair value of investments, is reported as non-operating revenues in the combined statements of operations and changes in net position.

#### Capital Assets and Depreciation

Capital assets such as property and equipment are stated at cost and include expenditures for new additions and other costs added which exceed \$1,000 and meet certain useful life thresholds. Maintenance, repairs and minor renewals are expensed as incurred. The Hospital provides for depreciation of property and equipment using annual rates, which are sufficient to depreciate the cost of depreciable assets over their estimated useful lives using the straight-line method.

The range of useful lives in computing depreciation is as follows:

	Capitalization Threshold	Depreciation Method	Estimated Useful Life
Land improvements	\$1,000	Straight-line	20 years
Buildings	\$1,000	Straight-line	30 years
Equipment	\$1,000	Straight-line	3-15 years

For depreciated assets, the cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized.

#### Costs of Borrowing

Except for capital assets acquired through gifts, contributions or capital grants, interest cost on borrowed funds, as well as interest earned on those funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. There was no capitalized interest in 2014 and 2013.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

#### Patient Accounts Receivable and Revenues

Patient revenues and the related accounts receivable are recorded at the time services to patients are performed and are reported based on gross charges net of certain deductions from those charges. Management estimates an allowance for doubtful accounts receivable based on an evaluation of historical losses, current economic conditions, and other factors unique to the Hospital's customer base.

The Hospital is a provider of services to patients entitled to coverage under Titles XVIII and XIX of the Health Insurance Act (Medicare and Medicaid). The Hospital is reimbursed for Medicare and Medicaid inpatient services based on a fixed price per discharge for each diagnosis related grouping (DRG). The Hospital is reimbursed for Medicare and Medicaid outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. At the Hospital's year-end, a cost report is filed with the Medicare program computing reimbursement amounts related to Medicare patients. The difference between computed reimbursement and interim reimbursement is reflected as a receivable from or payable to the third-party program.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying combined financial statements.

These programs have audited the year-end cost report filed with the Medicare program through December 31, 2011, with differences reflected as deductions from revenue. Amounts for unresolved cost reports for 2012 through 2014 as well as other allowances are reflected in estimated third-party settlements on the combined balance sheets. Differences from the prior year estimates related to the cost report settlements have been deemed immaterial by management for financial statement disclosure.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. Patient charges under these programs, on which no interim payments have been received, are included in patient accounts receivable at the estimated net realizable value of such charges.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

#### Hospital Assessment Fee Program

The purpose of the HAF Program is to fund the State share of enhanced Medicaid payments and Medicaid Disproportionate Share (DSH) payments for Indiana hospitals as reflected in the Hospital assessment fee expense reported in the statement of revenues, expenses and changes in net position.

Previously, the State share was funded by governmental entities through intergovernmental transfers. The Medicaid enhanced payments relate to both fee for service and managed care claims. The Medicaid enhanced payments are designed to follow the patients and result in increased Medicaid rates. During 2014 and 2013, the Hospital recognized Hospital assessment fee expense of approximately \$1,549,000 and \$1,760,000, respectively, which resulted in increased Medicaid reimbursement.

#### Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts deemed to be charity care are reported as deductions from revenues.

Of the Hospital's total expenses reported, an estimated \$1,375,000 and \$1,368,000 arose from providing services to charity patients during the years ended December 31, 2014 and 2013, respectively.

The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue.

#### Net Position

Net position of the Hospital is classified in various components. Net position - net investment in capital assets consists 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 position includes assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue note indentures. Unrestricted net position is remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

#### Grants and Contributions

From time to time, the Hospital receives grants from Cass County and the State of Indiana as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

#### **Restricted Net Position**

Expendable net position restricted for specific operating activities are available for the following purposes:

	 2014	2013		
Charity care	\$ 264,320	\$	266,770	
Community education	23,121		26,894	
Hospice	20,312		20,312	
Capital projects fund	33,080		32,399	
IMHC	-0-		20,232	
Other	34,717		52,130	
Total	\$ 375,550	\$	418,737	

When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

Restricted nonexpendable net position as of December 31, 2014 and 2013 represent the principal amounts of permanent endowments, restricted to investment in perpetuity. Investment earnings from the permanent endowments are expendable to support the activities of the Hospital.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

#### Operating Revenues and Expenses

The Hospital's combined statement of operations and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services — the Hospital's principal activity. Non-exchange revenues including grants, and contributions received for purposes other than capital asset acquisition are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs. <u>Electronic Health Records (EHR) Incentive Payments</u>

The Hospital receives EHR incentive payments under the Medicare and Medicaid programs. To qualify for the EHR incentive payments, the Hospital must meet "meaningful use" criteria that become more stringent over time. The Hospital periodically submits and attests to its use of certified EHR technology, satisfaction of meaningful use objectives, and various patient data. These submissions generally include performance measures for each annual EHR reporting period (Federal fiscal year ending September 30<sup>th</sup>). The related EHR incentive payments are paid out over a four year transition schedule and are based upon data that is captured in the Hospital's cost reports.

The payment calculation is based upon an initial amount as adjusted for discharges, Medicare and Medicaid utilization using inpatient days multiplied by a factor of total charges excluding charity care to total charges, and a transitional factor that ranges from 100% in first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Hospital recognizes EHR incentive payments as other operating income when there is reasonable assurance that the Hospital will comply with the conditions of the meaningful use objectives and any other specific requirements. In addition, the financial statement effects of the grants must be both recognizable and measurable. During 2014 and 2013, the Hospital recognized approximately \$1,000,000 and \$1,510,000 respectively, in EHR incentive payments using the ratable recognition method. Under the ratable recognition method, the Hospital recognizes income ratably over the entire EHR reporting period when it is reasonably assured at the outset of the EHR reporting period that it will comply with the minimum requirements of the program.

EHR incentive income is included in other operating revenue in the combined statement of operations and changes in net position. EHR incentive income recognized is based on management's estimate and amounts are subject to change, with such changes impacting operations in the period the changes occur.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Receipt of EHR is subject to the fulfillment of certain obligations by the Hospital as prescribed by the programs, subject to future audits and may be subject to repayment upon a determination of noncompliance.

#### Compensated Absences

#### Short-term disability

The Hospital utilizes a short-term disability benefit program. The Hospital self-funds their short-term disability program on a pay as you go basis.

#### Personal Leave

Hospital employees who work at least 32 hours per pay period earn personal leave at the rate of 72 to 144 hours per year based upon the number of years of service. Unused personal leave may be accumulated to a maximum of 240 hours. Accumulated personal leave is paid to employees through a lump sum cash payment upon separation of employment.

Personal leave is accrued when incurred and reported as a liability.

#### Federal or State Income Taxes

The Hospital is a governmental instrumentality organized under Title 16, Article 12, of the Indiana statutes. The Hospital is exempt from federal income tax under Section 115 of the Internal Revenue Code of 1986 as a not-for-profit organization under Section 501(c)(3). Memorial Hospital Foundation is also a 501(c)(3) not-for-profit organization. Health Professional Resources, Inc. is an Indiana corporation. Income taxes for HPR for those that are currently due and for deferred taxes have been deemed immaterial by management for separate disclosure within these combined financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital (and it's component units) and recognize a tax liability if the Hospital or it's component units have taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities.

Management has analyzed the tax positions taken and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying combined financial statements. The Hospital and its component units are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Where applicable these entities have filed their federal and state income tax returns for periods through December 31, 2013. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

#### Advertising

The Hospital uses advertising to promote its programs among the audiences it serves. The production costs of advertising are expensed as incurred. The total amount of advertising expense was approximately \$610,000 and \$702,000 during 2014 and 2013, respectively.

#### Risk Management

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omission; job related illnesses or injuries to employees; medical benefits to employees and dependents. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims from these risks have not exceeded commercial insurance coverage for the past several years.

#### Other Revenue

Other revenue consists of pharmacy sales from one of the component units of approximately \$1,527,000 and \$1,700,000 for 2014 and 2013 after intercompany eliminations. The remainder of other revenue is generated by the Hospital and consists of cafeteria sales, revenue associated with renting and cleaning the medical office buildings, electronic health record incentive payments, and other.

#### Subsequent Events

The Hospital evaluated events or transactions occurring subsequent to the combined balance sheet date for recognition and disclosure in the accompanying combined financial statements through the date the combined financial statements are issued which is April 20, 2015.

NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### 2. FAIR VALUE OF FINANCIAL INSTRUMENTS

The Hospital's investments are reported at fair value in the accompanying combined balance sheets. Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction, which requires an entity to maximize the use of observable inputs when measuring fair value.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013. The Hospital does not have any level 3 assets or liabilities.

• *U.S. government securities*: Valued using pricing models maximizing the use of observable inputs for similar securities.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Hospital are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Hospital are deemed to be actively traded.
- Interest rate swap agreements: Valued using pricing models that are derived principally from observable market data based on discounted cash flows and interest rate yield curves at quoted intervals for the full term of the swap.

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2014 and 2013 are as follows:

	2014								
		Total Level 1			Level 2	Le	evel 3		
Assets Assets whose use is limited US Government Securities	\$	107,143	\$	-0-	\$	107,143	\$	-0-	
Mutual funds High yield bond Intermediate-term bond World bond Large blend Large value Total mutual funds		79,424 211,497 73,797 142,674 <u>684,451</u> 1,191,843 1,298,986	\$	79,424 211,497 73,797 142,674 <u>684,451</u> 1,191,843 1,191,843	\$	-0- -0- -0- -0- -0- 107,143	\$	-0- -0- -0- -0- -0- -0- -0-	
Money market deposit accounts Accrued interest Certificates of deposit *	\$ 1	7,834,179 25,255 6,923,622 6,082,042							
Liabilities Interest rate swap agreements	\$	225,143	\$	-0-	\$	225,143	\$	-0-	

\* Certificates of deposit are reported at contract value

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

	2013							
		Total		Level 1		Level 2		vel 3
Assets Assets whose use is limited US Government Securities	\$	477,894	\$	-0-	\$	477,894	\$	-0-
Mutual funds High yield bond Intermediate-term bond World bond Large blend Large value Total mutual funds		83,681 204,728 73,724 87,349 565,368 1,014,850		83,681 204,728 73,724 87,349 565,368 1,014,850		-0- -0- -0- -0- -0- -0-		-0- -0- -0- -0- -0-
Money market deposit accounts Accrued interest Certificates of deposit *	\$ 1	1,492,744 8,559,153 22,238 6,843,537 6,917,672	\$	1,014,850	\$	477,894	\$	-0-
Interest rate swap agreements	\$	301,977	\$	-0-	\$	301,977	\$	-0-

\* Certificates of deposit are reported at contract value

The Hospital's policy is to recognize transfers between levels as of the end of the reporting period. The Hospital did not have any transfers between levels as of December 31, 2014 and 2013.

Realized gains and losses and interest income are reported in the combined statements of operations and changes in net position as a component of investment income. Net realized gains and losses and interest income approximated \$145,000 and \$138,000 during 2014 and 2013 respectively.

The unrealized gains are included in earnings for the period attributable to the change in unrealized gains relating to assets held as of December 31, 2014 and 2013. During 2014 and 2013, the Hospital recognized an unrealized gain of approximately \$30,000 and \$35,000, respectively, which is included in the combined statement of operations and changes in net position as a component of investment income.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

The Hospital holds investments which are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying combined financial statements.

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

<u>Long-term debt</u>: Fair value of the Hospital's variable rate revenue bonds is based on current traded value. The carrying value of the remaining debt obligations approximates fair value based on incremental borrowing rates of similarly rated entities.

### 3. ASSETS LIMITED AS TO USE

The composition of assets limited as to use includes the following as of December 31:

	2014	2013
Internally designated Funded depreciation		
Money market deposit accounts	\$ 3,513,683	\$ 3,085,865
Investments	7,510,382	7,580,868
Accrued interest receivable	25,255	22,238
Total funded depreciation	11,049,320	10,688,971
Held by trustee Money market deposit accounts	4,320,496	5,473,288
Restricted by contributors and grantors		
Investments	712,226	755,413
Total assets limited as to use	\$ 16,082,042	\$ 16,917,672

### 4. DEPOSITS AND INVESTMENTS

#### **Deposits and Investments**

Deposits with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying financial institution.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Investments are carried generally at fair market value. Net realized gains and losses on security transactions are determined on the specific identification cost basis. Funded depreciation investments consist of cash equivalents, certificates of deposits, and U.S. Government securities.

As of December 31, 2014 and 2013, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by custodial banks that are agents of the Hospital:

December 31 2014

		Dece		, 201 <del>4</del>						
			Investment Matures (in years)							
		Carrying		Less						More
	Amount		than 1		1-5		6-10		than 10	
US government securities	\$	107,143	\$	-0-	\$	-0-	\$	-0-	\$	107,143
Certificates of deposit		6,923,622		1,728,823		5,194,799		-0-		-0-
Mutual funds		1,191,843		1,191,843		-0-		-0-		-0-
	\$	8,222,608	\$	2,920,666	\$	5,194,799	\$	-0-	\$	107,143

December 31, 2013

		Investment Matures (in years)							
	 Carrying Amount		Less than 1 1-5		6-10		More than 10		
US government securities Certificates of deposit Mutual funds	\$ 477,894 6,843,537 1,014,850	\$	-0- 2,396,337 1,014,850	\$	-0- 4,447,200 -0-	\$	239,114 -0- -0-	\$	238,780 -0- -0-
	\$ 8,336,281	\$	3,411,187	\$	4,447,200	\$	239,114	\$	238,780

Interest rate risk – The Hospital does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates.

Credit risk – Statutes authorize the Hospital to invest in interest bearing deposit accounts, passbook savings accounts, certificates of deposit, money market funds, mutual funds, pooled fund investments, securities backed by the full faith and credit of the United States Treasury and repurchase agreements. The statutes require that repurchase agreements be fully collateralized by U.S. Government or U.S. Government Agency obligations.

Concentration of credit risk – The Hospital places no limit on the amount it may invest in any one issuer. The Hospital believes that it is not exposed to any significant credit risk on investments.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Deposits and investments consist of the following as of December 31:

	2014	2013
Carrying amount		
Deposits	\$ 29,639,332	\$ 23,261,589
Accrued interest	25,255	65,031
Investments	 12,543,104	 13,809,569
	\$ 42,207,691	\$ 37,136,189
Included in the balance sheet captions		
Cash and cash equivalents	\$ 26,125,649	\$ 20,218,517
Internally designated	11,049,320	10,688,971
Held by trustee for debt service	4,320,496	5,473,288
Restricted by contributors and grantors	 712,226	 755,413
	\$ 42,207,691	\$ 37,136,189

### 5. ACCOUNTS RECEIVABLE AND PAYABLE

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at year-end consisted of these amounts as of December 31, 2014 and 2013:

	 2014	 2013
Patient accounts receivable		
Receivable from patients and their insurance carriers	\$ 12,799,927	\$ 12,977,865
Receivable from Medicare	4,536,804	4,050,359
Receivable from Medicaid	 2,118,599	 1,887,716
Total patient accounts receivable	19,455,330	18,915,940
Less allowance for contractual agreements	(7,479,780)	(6,841,438)
Less allowance for doubtful accounts	 (4,356,327)	 (4,298,119)
Patient accounts receivable, net	\$ 7,619,223	\$ 7,776,383
Accounts payable and accrued expenses		
Payable to suppliers	\$ 5,211,348	\$ 3,895,091
Payable to employees (including payroll taxes and		
benefits)	2,307,531	2,635,460
Total accounts payable and accrued expenses	\$ 7,518,879	\$ 6,530,551

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### 6. CAPITAL ASSETS

#### A summary of capital assets at December 31, 2014 and 2013 follows:

	Balance December 31, 2013	Additions	Retirements	Transfers	Balance December 31, 2014
Land	\$ 878,247	\$ 90	\$-0-	\$-0-	\$ 878,337
Land improvements	582,157	-0-	-0-	-0-	582,157
Building and improvements	57,860,737	49,260	(32,247)	605,659	58,483,409
Equipment	31,744,789	1,752,932	(833,835)	3,180,154	35,844,040
Construction in progress	2,825,180	1,528,144	-0-	(3,785,813)	567,511
Total capital assets	93,891,110	3,330,426	(866,082)	-0-	96,355,454
Less accumulated depreciation					
Land improvements	(319,675)	(34,714)	-0-	-0-	(354,389)
Building and improvements	(28,807,057)	(1,852,145)	20,232	-0-	(30,638,970)
Equipment	(25,400,131)	(1,880,864)	743,710	-0-	(26,537,285)
Total accumulated depreciation	(54,526,863)	(3,767,723)	763,942	-0-	(57,530,644)
Capital assets, net	\$ 39,364,247	\$ (437,297)	\$ (102,140)	\$-0-	\$ 38,824,810

	Balance December 31, 2012	Additions	Retirements	Transfers	Balance December 31, 2013
Land	\$ 878,247	\$-0-	\$-0-	\$-0-	\$ 878,247
Land improvements	582,157	-0-	-0-	-0-	582,157
Building and improvements	57,456,160	-0-	(160,669)	565,246	57,860,737
Equipment	30,446,730	1,671,607	(406,002)	32,454	31,744,789
Construction in progress	489,185	2,933,695	-0-	(597,700)	2,825,180
Total capital assets	89,852,479	4,605,302	(566,671)	-0-	93,891,110
Less accumulated depreciation					
Land improvements	(281,746)	(38,773)	-0-	844	(319,675)
Building and improvements	(27,076,881)	(1,846,572)	117,240	(844)	(28,807,057)
Equipment	(23,743,329)	(2,005,303)	348,501	-0-	(25,400,131)
Total accumulated depreciation	(51,101,956)	(3,890,648)	465,741	-0-	(54,526,863)
Capital assets, net	\$ 38,750,523	\$ 714,654	\$ (100,930)	\$-0-	\$ 39,364,247

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

The following is an analysis of the leased assets included in capital assets as of December 31, 2014 and 2013:

	 2014	 2013
Equipment	\$ 439,441	\$ 729,441
Less: accumulated depreciation	 303,580	258,871
	\$ 135,861	\$ 470,570

### 7. LONG-TERM DEBT

The terms and due dates of the Hospital's long-term debt, including capital lease obligations, at December 31, 2014 and 2013 are as follows:

- a. 2004 revenue bonds collateralized by a letter of credit in the amount of \$17,285,514 expiring May 15, 2013, with a variable interest rate of .15% at December 31, 2014, principal maturing at varying annual amounts ranging from approximately \$1,005,000 to \$1,565,000, due May 1, 2024, collateralized by a pledge of the Hospital's assets and gross receipts. These bonds were paid in full during 2013.
- b. 2010 equipment loan payable, fixed interest rate of 3.4%, with monthly principal and interest payments totaling \$43,919, due June 1, 2015, collateralized by certain Hospital assets with an approximate net book value of \$432,000.
- c. 2012 loan payable, fixed interest rate of 3.2%, with monthly principal and interest payments totaling \$23,900, due April 13, 2017. This loan payable was paid in full during 2013.
- d. 2013A tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2038, collateralized by net revenues of the Hospital. Interest rate is variable at 1.40% as of December 31, 2014. An associated interest rate swap has fixed rate of 2.77% with a liability fair value of approximately \$140,000 as of December 31, 2014, which is included in the combined balance sheets.
- e. 2013B tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2024, collateralized by net revenues of the Hospital. Interest rate is variable at 1.27% as of December 31, 2014. An associated interest rate swap has fixed rate of 2.39% with a liability fair value of approximately \$85,000 as of December 31, 2014, which is included in the combined balance sheets.
- f. Capital lease obligation with a monthly payment of \$1,325, with a fixed interest rate of 5.15%, collateralized by leased equipment.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

The Hospital and the Indiana Financing Authority (the Authority) entered into an agreement with Huntington Public Capital Corporation (Huntington) whereby Huntington purchased from the Authority all of the Series 2013A and 2013B tax-exempt revenue bonds (2013 Bonds) in a private placement. The agreement provided that Huntington would hold the Series 2013 Bonds during the Initial Mode Period which runs through May 2023. During the Initial Mode Period, the Series 2013 Bonds would bear interest at the Initial Rate Mode (Libor plus 32 basis points plus the applicable spread of 150 basis points) for 120 months with principal and interest payments determined using a 25-year amortization schedule for the 2013A Series revenue bonds and a 20-year amortization schedule for the 2013B Series revenue bonds. At the end of the Initial Mode Period, the Series 2013 bonds may be converted to another interest rate mode and remarketed to another bondholder or holders or renewed for another term period with Huntington. The Series 2013 Bonds could be converted to another interest rate mode to accommodate market conditions at that time. If the Series 2013 Bonds could not be remarketed at the end of the Initial Mode Period, the Hospital would be subject to payment of the remaining principal of approximately \$7.800,000 at the end of the Initial Mode Period.

Under the terms of the revenue bond indenture, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with restricted cash and investments in the combined balance sheet. The revenue bond indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performances as long as the notes are outstanding. The Hospital is also required to meet certain financial covenants. The Hospital believes it is in compliance with all covenants as of December 31, 2014 and 2013.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

A summary of long-term debt as of December 31, 2014 and 2013 includes the following:

	Balance at December 31, 2013	Additional borrowings	Payments	Balance at December 31, 2014	Current portion	Long-term portion
2010 Equipment loan	\$ 706,368	\$-0-	\$ 510,710	\$ 195,658	\$ 195,658	\$-0-
2013A Bond 2013B Bond	8,893,000 14,688,000	-0- -0-	271,000 1,296,000	8,622,000 13,392,000	265,000 1,293,000	8,357,000 12,099,000
Capital leases	68,927	-0-	27,099	41,828	14,074	27,754
	\$ 24,356,295	\$-0-	\$ 2,104,809	\$ 22,251,486	\$ 1,767,732	\$ 20,483,754
	Balance at			Balance at		
	December 31,	Additional		December 31,	Current	Long-term
	2012	borrowings	Payments	2013	portion	portion
2004 Revenue bonds	\$ 15,180,000	\$-0-	\$ 15,180,000	\$-0-	\$-0-	\$-0-
2010 Equipment loan	1,199,798	-0-	493,430	706,368	510,710	195,658
2012 Loan payable	1,157,946	-0-	1,157,946	-0-	-0-	-0-
2013A Bond	-0-	9,055,000	162,000	8,893,000	271,000	8,622,000
2013B Bond	-0-	15,473,000	785,000	14,688,000	1,296,000	13,392,000
Capital leases	468,579	-0-	399,652	68,927	27,099	41,828
	\$ 18,006,323	\$ 24,528,000	\$ 18,178,028	\$ 24,356,295	\$ 2,104,809	\$ 22,251,486

Scheduled principal and interest payments on long-term debt at December 31, 2014 are as follows:

	Long-term debt				Capital	lease	S	
Years Ending December 31,	Principal		Interest		Principal		Interest	
2015	\$	1,753,658	\$	542,987	\$	14,074	\$	1,825
2016		1,591,000		502,823		14,816		1,083
2017		1,632,000		463,288		12,938		307
2018		1,680,000		422,689		-0-		-0-
2019		1,715,000		381,047		-0-		-0-
2020-2024		8,217,000		1,250,408		-0-		-0-
Thereafter		5,621,000		1,110,918		-0-		-0-
	\$	22,209,658	\$ -	4,674,160	\$	41,828	\$	3,215

The future maturities related to the 2013 bonds are based upon two interest rate swap agreements, the effects of which are immaterial to the financial statements.

NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### 8. NET PATIENT REVENUE

Net patient revenue consists of the following at December 31:

	 2014	2013
Inpatient revenue	\$ 35,407,722	\$ 31,284,932
Outpatient revenue	113,992,001	116,226,251
Long term care	 10,758,542	10,853,082
Gross patient revenue	160,158,265	158,364,265
Contractual allowances	(78,739,879)	(79,955,447)
Charity care	(2,995,867)	(3,013,036)
Bad debt expense	 (7,297,496)	(7,109,466)
Deductions from revenue	(89,033,242)	(90,077,949)
Net patient revenue	\$ 71,125,023	\$ 68,286,316

### 9. EMPLOYEE HEALTH PLAN

The Hospital is self-insured for employee health claims. A third party administrator processes the claims for the Hospital. The plan has annual reinsurance coverage starting at a specific level of \$100,000 per individual with a specific lifetime maximum reimbursement per covered person of \$1,000,000. The Hospital maintains an estimated liability for the amount of claims incurred but not reported. The Hospital maintains reinsurance including a stop loss for specific incident claims over a stipulated amount per year. Substantially all employees are covered for major medical benefits.

Claim expenditures and liabilities of the fund are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. These losses include an estimate of claims that have been incurred but not reported.

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Changes in the balance of claim liabilities during the past two years are as follows:

	2014	2013
Unpaid claims, beginning of year	\$ 615,528	\$ 603,014
Incurred claims, costs, and changes in estimates	3,633,775	3,956,161
Claim payments	(3,636,289)	(3,943,647)
Unpaid claims, end of year	\$ 613,014	\$ 615,528
Shpala dalma, cha di year	φ 010,014	φ 010,020

### 10. PENSION PLAN

#### Plan Description

The Hospital has a defined contribution pension plan. The contribution requirements of plan members are established by the written agreement between the Hospital Board of Trustees and the Plan Administrator. In 2013, the Hospital contributed 3% of an employee's gross wages into the 401(a) portion of the plan. As of January 1, 2014, the plan was suspended. If an employee chooses to participate in the 403(b) portion of the plan, the Hospital will match employee contributions up to 2% of gross wages. Hospital contributions to the plans were approximately \$184,000 and \$765,000 for 2014 and 2013, respectively.

### 11. CONCENTRATIONS OF CREDIT RISK

The Hospital is located in Logansport, Indiana. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. Accounts receivable and revenues from self-pay and third party payors were as follows at December 31 and for the year then ended:

	Receiva	Receivables		Revenues		
	2014	2013	2014	2013		
Medicare	26%	25%	30%	40%		
Medicaid	12%	8%	16%	17%		
Blue Cross/Anthem	14%	12%	21%	19%		
Commercial	15%	17%	25%	19%		
Self-pay	33%	38%	8%	5%		
	100%	100%	100%	100%		

NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### 12. COMMITMENTS AND CONTINGENCIES

#### Litigation

The Hospital is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position, results of operations or cash flows.

#### Malpractice Insurance

The Indiana Medical Malpractice Act, IC 34-18 (Act) provides a maximum recovery of \$1,250,000 for an occurrence of malpractice. The Act requires the Hospital to maintain medical malpractice liability insurance in the amount of at least \$250,000 per occurrence and \$7,500,000 in the annual aggregate. The Act also requires the Hospital to pay a surcharge to the State Patient's Compensation Fund (Fund). The Fund is used to pay medical malpractice claims in excess of per occurrence and the annual aggregate amounts as noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not reasonably estimable. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

The Hospital purchases premium insurance to cover its exposure of \$250,000 per event and \$7,500,000 aggregate liability for Hospital operations and Health Professional Resources.

#### **Operating Leases**

The Hospital leases various equipment and facilities under operating leases expiring at various dates through December 2016. Operating lease expense was approximately \$369,000 and \$278,000 during 2014 and 2013, respectively.

The following is a schedule by year of future minimum lease payments under non-cancelable operating leases as of December 31, 2014, that have initial or remaining lease terms in excess of one year.

Year Ending		
December 31,	_	
2015	\$	354,011
2016		297,241
	\$	651,252

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

### **BLENDED COMPONENT UNITS**

The Hospital's combined financial statements include the accounts of its blended component units. Below is condensed financial information related to HPR:

		2014		2013
Cash and cash equivalents	\$	410,189	\$	686,864
Patient accounts receivable, net		72,225		81,281
Supplies and other current assets		272,327		247,129
Total current assets		754,741		1,015,274
Capital assets		23,282		25,766
Total assets	\$	778,023	\$	1,041,040
Accounts payable and accrued expenses	\$	15,595	\$	158,202
Related party payables		47,798		350,627
Total current liabilities		63,393		508,829
Net position		714,630		532,211
Total liabilities and net position	\$	778,023	\$	1,041,040
Total operating revenue	\$	1,526,977	\$	1,709,774
Total non-operating loss	Ψ	(132,533)	Ψ	(178,349)
Total revenue		1,394,444		1,531,425
Salaries and benefits		253,345		266,312
Other professional fees		7,400		9,980
Medical supplies and drugs		823,056		869,628
Depreciation		6,864		5,697
Rent and leases		30,942		24,282
Purchased services and other		90,418		124,482
Total expenses		1,212,025		1,300,381
Distributions to shareholders		-0-		300,000
Change in net position	\$	182,419	\$	(68,956)
Cash flows from activities	¢	(400 700)	¢	507 004
Operating Nonconital financing	\$	(139,762)	\$	527,321 (170,540)
Noncapital financing		(133,396) (4,380)		(179,549)
Capital and related financing Investing		(4,360 <i>)</i> 863		(26,638) 1,095
Net change in cash and cash equivalents	\$	(276,675)	\$	322,229
	Ψ	(2:0,0:0)	Ψ	022,220

#### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2014 AND 2013

Below is condensed financial information related to the Foundation:

	2014		2013		
Cash and cash equivalents	\$	192,886	\$	237,712	
Supplies and other current assets		31,311		37,368	
Total current assets		224,197		275,080	
Internally designated		687,087		520,248	
Restricted by contributors and grantors		712,226		755,413	
Total assets limited as to use		1,399,313		1,275,661	
Capital assets		714,166		720,183	
Other assets		-0-		250	
Total assets	\$	2,337,676	\$	2,271,174	
	Ψ	2,007,070	Ψ	2,271,174	
Current liabilities	\$	4	\$	4,166	
Net position		2,337,672		2,267,008	
Total liabilities and net position	\$	2,337,676	\$	2,271,174	
<b>-</b>	•	~~ ~~~	<b>~</b>		
Total non-operating income	\$	89,592	\$	203,125	
Other professional fees		12,821		7,080	
Depreciation		6,107		15,965	
Total expenses		18,928		23,045	
Change in net position	\$	70,664	\$	180,080	
Cash flows from activities	•	<i></i>		(	
Operating	\$	(10,676)	\$	(53,688)	
Noncapital financing		15,564		83,675	
Capital and related financing		(90)		100,576	
Investing	<u> </u>	(49,624)	<u>_</u>	2	
Net change in cash and cash equivalents	\$	(44,826)	\$	130,565	