_

FINANCIAL STATEMENTS

_

for the years ended July 31, 2013 and 2012

CONTENTS

	Pages
Independent Auditor's Report	1-2
Management's Discussion and Analysis	3-6
Financial Statements:	
Balance Sheets	7
Statements of Revenues, Expenses and Changes in Net Position	8
Statements of Cash Flows	9-10
Notes to Financial Statements	11-29



Member: THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Directors Hospital Authority of Albany-Dougherty County, Georgia Albany, Georgia

We have audited the accompanying financial statements of Hospital Authority of Albany-Dougherty County, Georgia (Authority), which comprise the balance sheets as of July 31, 2013 and 2012, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 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 financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Continued

1

P.O. Box 71309 2617 Gillionville Road Albany, GA 31708-1309 Tel. (229) 883-7878 Fax (229) 435-3152 Five Concourse Parkway Suite 1250 Atlanta, GA 30328 Tel. (404) 220-8494 Fax (229) 435-3152 An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the 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 Authority'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 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 financial statements referred to above present fairly, in all material respects, the financial position of Hospital Authority of Albany-Dougherty County, Georgia as of July 31, 2013 and 2012, and the results of its operations and changes in net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such 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. 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 for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic 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.

Whating Tucker, LLP

Albany, Georgia November 7, 2013

Management's Discussion and Analysis For the Year Ending July 31, 2013

Our discussion and analysis of the Hospital Authority of Albany-Dougherty County, Georgia's (Authority) financial performance provides an overview of the Authority's financial activities during the fiscal years ended July 31, 2013, 2012 and 2011. Please read it in conjunction with the Authority's financial statements and accompanying notes.

Using the Annual Report

The Authority's financial statements consist of three statements – a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These financial statements and related notes provide information about the activities of the Authority.

The Balance Sheet and Statement of Revenues, Expenses, and Changes in Net Position

One of the most important questions asked about the Authority's finances is, "Is the Authority as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses, and changes in net position report information about the Authority's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Authority's net position and changes in it. You can think of the Authority's net position – the difference between assets and liabilities – as one way to measure the Authority's financial health, or financial position. Over time, increases or decreases in the Authority's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors; however, such as changes in the Authority's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Authority.

Continued

3

417 Third Avenue / P.O. Box 1828 / Albany, Georgia 31702-1828 / 229-312-1000 / www.phoebeputney.com



Winner of the 2003 Foster G. McGaw Prize for Excellence in Community Health

Winner of three prestigious VHA Awards



Management's Discussion and Analysis For the Year Ending July 31, 2013

The Statement of Cash Flows

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?" and "What was the change in cash balance during the reporting period?"

The Authority's Net Position

The Authority's net position is the difference between its assets and liabilities reported on the balance sheet. The following table summarizes the balance sheets as of July 31, 2013, 2012 and 2011:

Balance Sheet Data

	2013	2012	<u>2011</u>
Assets:			
Current assets	\$ 713,343	\$ 29,919,557	\$ 206,309
Capital assets, net	-	35,583,970	-
Other noncurrent assets		157,345,334	
Total assets	\$ <u>713,343</u>	\$ <u>222,848,861</u>	\$
Current liabilities	\$ 754,620	\$ 225,354,339	\$ 3,612,415
Net position:			
Unrestricted	(41,277)	(2,505,478)	(<u>3,406,106</u>)
Total liabilities and net position	\$ <u>713,343</u>	\$ <u>222,848,861</u>	\$

Management's Discussion and Analysis For the Year Ending July 31, 2013

The following table summarizes the revenues and expenses for the periods ended July 31, 2013, 2012 and 2011:

Statement of Revenue and Expense Data

	2013	2012	2011
Operating revenues	\$ 100,000	\$ 35,898,719	\$ -
Operating expenses	2,239,744	39,604,242	4,380,735
Operating loss	(2,139,744)	(3,705,523)	(4,380,735)
Nonoperating revenues	4,603,945	4,606,151	941,357
Excess revenues (expenses)	2,464,201	900,628	(3,439,378)
Net position at beginning of year	(2,505,478)	(<u>3,406,106</u>)	33,272
Net position at end of year	\$(41,277)	\$(<u>2,505,478</u>)	\$(<u>3,406,106</u>)

The Authority purchased Palmyra Park Hospital, LLC on December 15, 2011 from HCA Healthcare, Inc. The facility is a fully-operational acute care hospital licensed for 248 beds. The facility has continued to offer services to the community during the transition period to new ownership. Long range plans are currently in process for the facility to provide a dedicated Women and Children's Center for the community and surrounding areas.

Effective August 1, 2012, the lease and transfer agreement between Phoebe Putney Memorial Hospital (PPMH) and the Authority was amended and restated. The amendment was made for the transfer and inclusion of the hospital formerly known as Palmyra Park Hospital, LLC (Palmyra) which was acquired by the Authority. The amendment included the extension of the lease for a term of forty years from the date of the current amendment.

Capital Assets

As of July 31, 2013, the Authority had \$-0- invested in capital assets, net of accumulated depreciation, as detailed in Note 6 to the financial statements. No purchase of capital assets occurred during 2013. All capital assets were transferred to PPMH pursuant to the lease amendment on August 1, 2012.

Short-Term Obligations

At year-end, the Authority had \$-0- in short-term obligations outstanding as detailed in Note 7 to the financial statements. In 2012, the Authority entered into short-term obligations of approximately \$217,893,000. In 2013, these obligations were satisfied pursuant to the leasing of Palmyra to PPMH.

Contacting the Authority's Financial Management

This financial report is designed to provide a general overview of the Authority's finances. If you have any questions about this report or need additional financial information, contact the Authority at Hospital Authority of Albany-Dougherty County, P. O. Box 70752, Albany, GA 31708.

BALANCE SHEETS, July 31, 2013 and 2012

	2013	<u>2012</u>
ASSETS		
Current assets: Cash	\$ 213,343	\$ 17,648,418
Patient accounts receivable, net of estimated uncollectibles of \$-0- in 2013 and \$21,395,538 in 2012Supplies, at lower of cost (first-in, first-out) or marketOther current assets	500,000	9,092,766 2,912,781 265,592
Total current assets	713,343	29,919,557
Capital assets: Non-depreciable Depreciable, net of accumulated depreciation	-	6,514,274 29,069,696
Total capital assets, net of accumulated depreciation		35,583,970
Other assets: Goodwill		157,345,334
Total assets	\$ <u>713,343</u>	\$ <u>222,848,861</u>
LIABILITIES AND NET POSITI	ON	
Current liabilities: Accounts payable Accrued expenses Estimated third-party payor settlements Deferred revenue Short-term obligations	\$ 754,620 - - - -	\$ 3,737,256 2,732,950 891,070 100,000 <u>217,893,063</u>
Total current liabilities	754,620	225,354,339
Net position: Unrestricted	(<u>41,277</u>)	(2,505,478)
Total liabilities and net position	\$ <u>713,343</u>	\$ <u>222,848,861</u>

See accompanying notes to financial statements.

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION for the years ended July 31, 2013 and 2012

	<u>2013</u>	2012
Operating revenues:		
Net patient service revenue (net of provision for bad		
debts of \$-0- in 2013 and \$9,088,000 in 2012)	\$ -	\$ 35,292,985
Other revenue	100,000	605,734
Total operating revenues	100,000	35,898,719
Operating expenses:		
Salaries and wages	-	11,975,422
Employee health and welfare	-	4,146,124
Medical supplies and other	2,237,199	12,584,774
Professional services	-	2,781,463
Purchased services	2,545	5,489,805
Depreciation and amortization		2,626,654
Total operating expenses	2,239,744	39,604,242
Operating loss	(2,139,744)	(_3,705,523)
Nonoperating revenues (expenses):		
Contributions from Phoebe Putney Memorial		
Hospital, Inc.	1,693,400	4,956,151
Gain on long-term lease	2,910,545	-
Interest expense		(350,000)
Total nonoperating revenues	4,603,945	4,606,151
Excess revenues	2,464,201	900,628
Net position, beginning of year	(2,505,478)	(_3,406,106)
Net position, end of year	\$(<u>41,277</u>)	\$(<u>2,505,478</u>)

See accompanying notes to financial statements.

STATEMENTS OF CASH FLOWS for the years ended July 31, 2013 and 2012

	<u>2013</u>	2012
Cash flows from operating activities:		
Funds paid to Georgia Department of Community Health:		
Indigent Care Trust Fund	\$(3,676,472)	\$(2,802,812)
Upper payment limit	(1,502,937)	(744,169)
Funds received from Georgia Department of		
Community Health:		
Indigent Care Trust Fund	10,152,546	8,282,542
Upper payment limit	4,390,135	2,199,081
Lease revenue	-	1
Transfer of funds received from Georgia Department of		
Community Health to Phoebe Putney Memorial		
Hospital, Inc.	(9,363,272)	(6,934,642)
Cash received from patients and payors	-	27,697,023
Cash payments to employees	-	(14,529,101)
Payments to vendors and other suppliers	(_1,293,230)	(<u>19,767,311</u>)
Net cash used by operating activities	(<u>1,293,230</u>)	(6,599,388)
Cash flows from capital and related financing activities:		
Proceeds from short-term obligations	-	217,993,063
Payments on short-term obligations	(17,316,845)	-
Interest paid on short-term obligations	-	(350,000)
Purchase of capital assets		(<u>241,874</u>)
Net cash provided (used) by capital and related		
financing activities	(17,316,845)	217,401,189
	()	
Cash flows from investing activities:		(100 215 042)
Acquisition of Palmyra Park Hospital, LLC	-	(<u>198,315,843</u>)

STATEMENTS OF CASH FLOWS, Continued for the years ended July 31, 2013 and 2012

_

	2013	<u>2012</u>
Cash flows from noncapital financing activities: Transfer from Phoebe Putney Memorial Hospital, Inc. Transfer to Phoebe Putney Memorial Hospital, Inc. Noncapital contributions	\$ 5,179,409 (5,179,409) <u>1,175,000</u>	\$ 3,546,981 (3,546,981) <u>4,956,151</u>
Net cash provided by noncapital financing activities	1,175,000	4,956,151
Net increase (decrease) in cash	(17,435,075)	17,442,109
Cash, beginning of year	17,648,418	206,309
Cash, end of year	\$ <u>213,343</u>	\$ <u>17,648,418</u>
Reconciliation of cash and cash equivalents to the balance sheet: Cash in current assets	\$	\$ <u>17,648,418</u>
Reconciliation of operating loss to net cash flows used by operating activities: Operating loss Adjustments to reconcile operating loss to net cash	\$(2,139,744)	\$(3,705,523)
used by operating activities: Depreciation and amortization Changes in:	-	2,626,654
Patient accounts receivable Supplies Other assets	- - -	(9,092,766) 303,253 378,850
Accounts payable Amounts due to third-party payors Accrued expenses Deferred revenue	946,514 - - (100,000)	124,841 891,070 1,874,233
Net cash used by operating activities	\$(<u>1,293,230</u>)	\$(<u>6,599,388</u>)

Supplemental disclosures of cash flow information:

- See Note 9 for additional information related to the purchase of Palmyra.
- See Note 10 for additional information related to the lease of Palmyra to Phoebe Putney Memorial Hospital, Inc.

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Organization

The Hospital Authority of Albany-Dougherty County, Georgia (Authority) is a public corporation organized to operate, control, and manage matters concerning the County's health care functions.

On September 1, 1991, the Hospital Authority implemented a reorganization plan whereby all of the assets and day-to-day management of Phoebe Putney Memorial Hospital were transferred to Phoebe Putney Memorial Hospital, Inc., a not-for-profit corporation (Corporation), qualified as an organization described in Section 501(c)(3) of the Internal Revenue Code. The transfer was made pursuant to a lease and transfer agreement dated as of December 11, 1990 between the Hospital Authority and the Corporation. A nominal annual lease payment is paid to the Hospital Authority. During 2009, the lease term was renewed to the original term of forty years.

Under the terms of the Agreement, any debt issued by the Hospital Authority will be the responsibility of the Corporation. As of July 31, 2013, approximately \$302,735,000 of Revenue Anticipation Certificates are outstanding in the Authority's name. These certificates are recorded and disclosed in the financial statements of the Corporation for the year ended July 31, 2013.

On December 15, 2011, the Authority purchased substantially all assets of Palmyra Park Hospital, LLC (Palmyra), a general acute care hospital located in Albany, Georgia. The Authority operated Palmyra under the name Phoebe North. See Note 9 for a summary of the purchase transaction.

Effective August 1, 2012, the lease and transfer agreement between the Corporation and the Authority was amended and restated. The amendment was made for the transfer and inclusion of the hospital formerly known as Palmyra. The amendment included the extension of the lease for a term of forty years from the date of the current amendment.

NOTES TO FINANCIAL STATEMENTS, Continued

1. Summary of Significant Accounting Policies, Continued

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.

Enterprise Fund Accounting

The Authority uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

New Accounting Pronouncements

The GASB issued GASB Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements,* in December 2010. GASB Statement No. 62 superseded previous guidance contained in GASB Statement No. 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Activities That Use Proprietary Funds Accounting.* GASB Statement No. 62 incorporates FASB Statements and Interpretations, Accounting Principles Board Opinions, and Accounting Research Bulletins of the AICPA, issued on or before November 30, 1989, which do not conflict or contradict with GASB pronouncements into the GASB authoritative literature. The Authority adopted this GASB Statement in fiscal year 2013.

The GASB issued GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position,* in June 2011. GASB Statement No. 63 provides financial reporting guidance for deferred outflows and inflows of resources and identifies net position as the residual of all other elements presented in a statement of financial position. The Authority adopted this GASB Statement in fiscal year 2013.

Allowance for Doubtful Accounts

The Authority provides an allowance for doubtful accounts based on the evaluation of the overall collectibility of the accounts receivable. As accounts are known to be uncollectible, the account is charged against the allowance.

NOTES TO FINANCIAL STATEMENTS, Continued

1. Summary of Significant Accounting Policies, Continued

Supplies

Supplies are valued at the lower of cost or market value.

Capital Assets

Capital asset acquisitions are recorded at cost. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Depreciation is provided over the estimated useful life of each depreciable asset (per the American Hospital Association (AHA) Guidelines for Depreciable Assets) and is computed using the straight-line method. The AHA Guidelines generally provide the following range in asset life by category:

Land improvements	10 to 20 years
Buildings and improvements	10 to 40 years
Equipment	3 to 15 years

Goodwill

Goodwill and intangible assets with indefinite lives are not amortized, but are tested for impairment annually and more frequently in the event of an impairment indicator. Intangible assets with definite lives are amortized over their respective estimated useful lives, and reviewed whenever events or circumstances indicate impairment may exist. Intangible assets are categorized as capital assets in the balance sheet.

As of July 31, 2012, the Authority had goodwill of approximately \$157,345,000, which is subject to the impairment tests prescribed under the authoritative guidance. See Note 8 for additional information related to goodwill. See Note 9 for additional information related to the purchase of Palmyra.

NOTES TO FINANCIAL STATEMENTS, Continued

1. Summary of Significant Accounting Policies, Continued

Net Position

Net position of the Authority is classified into two components – *net investment in capital assets* and *unrestricted*. These classifications are defined as follows:

- *Net investment in capital assets* This component of net position consists of capital assets, including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.
- Unrestricted net position This component of net position consists of net position that does not meet the definition of net investment in capital assets.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

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

Operating Revenues and Expenses

The Authority's statement of revenues, expenses 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 Authority's principal activity. Nonexchange revenues, including contributions received for purposes other than capital asset acquisition and rental income, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

NOTES TO FINANCIAL STATEMENTS, Continued

1. Summary of Significant Accounting Policies, Continued

Grants and Contributions

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 revenue. Amounts restricted to capital acquisitions are reported after nonoperating revenue.

Income Taxes

The Authority is a governmental entity and is exempt from income taxes. Therefore, no provision for income taxes is made in the financial statements.

Risk Management

The Authority is exposed to various risks of loss from torts. The Authority purchases commercial insurance with a self-retention amount to protect itself against such risks. The provision for estimated professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. See Note 13 for a summary of the professional and general liability program. The Authority is self-insured for employee health and accident benefits, and purchases stop-loss coverage for large claims. The expenses for employee health claims include the costs of actual claims incurred and an estimate of the claims incurred but not reported. See Note 12 for a summary of the employee health plan. The Authority has purchased commercial insurance for claims arising from theft of, damage to, and destruction of assets; business interruption; errors and omissions; and natural disasters.

Compensated Absences

The Authority has implemented a paid hours off (PHO) policy in an effort to preserve the PHO accrued by Palmyra Park Hospital, LLC's employees prior to acquisition. The accrued PHO earned by the new employees will be carried forward to future years until exhausted. The new employees will also be able to earn PHO from the Authority and will be able to use the PHO earned from the Authority once their PHO from their prior employer is exhausted.

NOTES TO FINANCIAL STATEMENTS, Continued

1. Summary of Significant Accounting Policies, Continued

Compensated Absences, Continued

Authority employees will earn PHO at varying rates depending on employee level and length of employment. PHO may be used for personal, vacation, holiday and sick time away from work. Generally, employees may carry forward PHO time. In the event of termination, the employee will be compensated for unused PHO. The Authority also provides to its employees an extended illness bank and a short-term disability bank of which both accrue at varying rates based on employee level and length of employment.

Restricted Resources

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

2. Charity Care

The Authority maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The following information measures the level of charity care provided during the years ended July 31, 2013 and 2012.

	<u>2013</u>	2012
Charges forgone, based on established rates	\$	\$ <u>4,485,995</u>
Estimated costs and expenses incurred to provide charity care	\$	\$ <u>1,102,086</u>
Equivalent percentage of charity care patients to all patients served	%	<u> 2.8</u> %

NOTES TO FINANCIAL STATEMENTS, Continued

3. Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. The Authority does not believe that there are any significant credit risks associated with receivables due from third-party payors.

Revenue from the Medicare and Medicaid programs accounted for approximately 36% and 8%, respectively, of the Authority's net patient revenue for the year ended July 31, 2012. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Authority believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. However, there has been an increase in regulatory initiatives at the state and federal levels including the initiation of the Recovery Audit Contractor (RAC) program and the Medicaid Integrity Contractor (MIC) program. These programs were created to review Medicare and Medicaid claims for medical necessity and coding appropriateness. The RAC's have authority to pursue improper payments with a three year look back from the date the claim was paid. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

A summary of the payment arrangements with major third-party payors follows:

• <u>Medicare</u>

Inpatient acute care, outpatient and rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The Authority is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor (MAC). The Authority's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Authority.

NOTES TO FINANCIAL STATEMENTS, Continued

3. Net Patient Service Revenue, Continued

• Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at a prospectively determined rate per admission. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Authority is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicaid fiscal intermediary.

The Authority contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diem rates.

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

During 2010, the state of Georgia enacted legislation known as the Provider Payment Agreement Act (the Act) whereby hospitals in the state of Georgia are assessed a "provider payment" in the amount of 1.45% of their net patient revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment resulted in an increase in hospital payments on Medicaid services of approximately 11.88%. Approximately \$-0- and \$732,000 relating to the Act is included in medical supplies and other in the accompanying statements of revenues, expenses and changes in net position for the years ended July 31, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued

3. Net Patient Service Revenue, Continued

Gross patient charges, contractual adjustments, provision for bad debts, and related allowances included in net patient service revenue are as follows:

	<u>2013</u>	2012
Gross patient charges	\$	\$ <u>161,207,370</u>
Medicare	-	43,868,960
Medicaid	-	10,440,670
Indigent and charity care	-	4,485,995
Other third-party payors	-	58,030,499
Provision for bad debts		9,088,261
Total uncompensated care		125,914,385
Net patient service revenue	\$	\$ <u>35,292,985</u>

4. Deposits

State law requires collateralization of all deposits with federal depository insurance and other acceptable collateral in specific amounts. The Authority's bylaws require that all bank balances be insured or collateralized by U.S. government securities held by the pledging financial institution's trust department in the name of the Authority. The Authority had no uncollateralized cash balances at July 31, 2013 and 2012.

The carrying amount of deposits included in the Authority's balance sheets is as follows:

	<u>2013</u>	2012
Cash	\$	\$ <u>17,648,418</u>

NOTES TO FINANCIAL STATEMENTS, Continued

5. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Authority at July 31, 2013 and 2012 consisted of these amounts:

	<u>2013</u>	<u>2012</u>
Patient accounts receivable: Receivable from patients and their insurance carriers Receivable from Medicare Receivable from Medicaid	\$ - - 	21,767,882 6,668,325 2,052,097
Total patient accounts receivable, net	-	30,488,304
Less allowance for uncollectible amounts and contractual adjustments Patient accounts receivable, net	 \$	<u>21,395,538</u> \$ <u>9,092,766</u>
Accounts payable and accrued expenses: Payable to employees (including payroll taxes) Payable to suppliers Other	\$ 754,620 	\$ 2,237,636 3,554,609 677,961
Total accounts payable and accrued expenses	\$ <u>754,620</u>	\$ <u>6,470,206</u>

NOTES TO FINANCIAL STATEMENTS, Continued

6. Capital Assets

Capital asset changes for the years ended July 31, 2013 and 2012 was as follows:

	July 31, 2012	Increases	Decreases	July 31, 2013
Land	\$ 5,664,620	\$ -	\$ 5,664,620	\$-
Construction-in-progress	849,654	-	<u>849,654</u>	-
Total capital assets not				
being depreciated	6,514,274	-	6,514,274	
Land improvements	104,465	-	104,465	-
Buildings and improvements	25,058,287	-	25,058,287	-
Equipment	6,533,599		6,533,599	
Total capital assets being depreciated	<u>31,696,351</u>		<u>31,696,351</u>	
Less accumulated depreciation and amortization for:				
Land improvements	8,558	-	8,558	-
Buildings and improvements	1,189,039	-	1,189,039	-
Equipment	1,429,058		1,429,058	_
Total accumulated				
depreciation	2,626,655	-	2,626,655	
Capital assets being				
depreciated, net	29,069,696		29,069,696	
Total capital assets, net	\$ <u>35,583,970</u>	\$	\$ <u>35,583,970</u>	\$

NOTES TO FINANCIAL STATEMENTS, Continued

6. Capital Assets, Continued

	July 31, <u>2011</u>	Increases	Decreases	July 31, <u>2012</u>
Land	\$ -	\$ 5,664,620	\$ -	\$ 5,664,620
Construction-in-progress	·	849,654		849,654
Total capital assets not				
being depreciated	-	6,514,274	-	6,514,274
being depreemed		0,011,271		
Land improvements	-	104,465	-	104,465
Buildings and improvements	-	25,058,287	-	25,058,287
Equipment	-	6,533,599		6,533,599
Total capital assets being depreciated Less accumulated depreciation		<u>31,696,351</u>		<u>31,696,351</u>
and amortization for:				
Land improvements	-	8,558	-	8,558
Buildings and improvements	-	1,189,039	-	1,189,039
Equipment		1,429,058	-	1,429,058
Total accumulated depreciation		2,626,655		2,626,655
Capital assets being				
depreciated, net		29,069,696		29,069,696
Total capital assets, net	\$	\$ <u>35,583,970</u>	\$	\$ <u>35,583,970</u>

Depreciation expense for the years ended July 31, 2013 and 2012 amounted to approximately \$-0- and \$2,626,654, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued

7. Short-Term Obligations

A schedule of changes in the Authority's short-term obligations follows:

	2012 <u>Balance</u>	Additions	Reductions	2013 <u>Balance</u>
Due to Phoebe Putney Memorial Hospital Due to Phoebe Putney	\$ 3,006,703	\$-	\$ 3,006,703	\$-
Health System	214,886,360		214,886,360	
Total short-term obligations	\$ <u>217,893,063</u>	\$	\$ <u>217,893,063</u>	\$
	2011 Balance	Additions	Reductions	2012 Balance
Due to Phoebe Putney Memorial Hospital Due to Phoebe Putney	\$ -	\$ 3,006,703	\$ -	\$ 3,006,703
Health System		214,886,360		214,886,360
Total short-term obligations	\$	\$ <u>217,893,063</u>	\$	\$ <u>217,893,063</u>

The short-term obligations are made up of funds provided to the Authority by the Corporation and Phoebe Putney Health System to finance the purchase of Palmyra and to fund the day-today operations of the Authority. These obligations were satisfied through the lease and transfer of assets between the Authority and the Corporation on August 1, 2012.

8. Goodwill

On December 15, 2011, the Authority purchased the assets of Palmyra Park Hospital, LLC, an acute care hospital located in Dougherty County, Georgia. This transaction resulted in approximately \$157,345,000 of goodwill. The goodwill recognized is the result of a long history of successful operations resulting in strong earnings and consistent growth in revenues. The goodwill will be evaluated for impairment each year. For the years ended July 31, 2013 and 2012, the balance sheet reported goodwill of approximately \$-0- and \$157,345,000, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued

8. Goodwill, Continued

The changes in the carrying amount of goodwill for the years ended July 31, 2013 and 2012, are as follows:

	2013	2012
Balance at beginning of year:		
Goodwill	\$ 157,345,334	\$-
Accumulated impairment losses		
	157,345,334	-
Goodwill acquired during the year	-	157,345,334
Impairment losses	-	-
Lease transfer to the Corporation	(<u>157,345,334</u>)	
Balance at end of year:		
Goodwill	-	157,345,334
Accumulated impairment losses		
Total	\$	\$ <u>157,345,334</u>

9. Acquisition of Palmyra Park Hospital, LLC

On December 15, 2011, the Authority purchased Palmyra. Accordingly, the results of operations for Palmyra have been included in the accompanying financial statements from that date forward. The acquisition was made for the purpose of strengthening the Authority's competitive position in the service area.

Consideration for the acquisition comprised the following (at fair value): Cash

\$ <u>198,315,843</u>

Goodwill in the amount of \$157,345,334 was recognized in the acquisition of Palmyra and is attributable to a long history of successful operations resulting in strong earnings and consistent growth in revenues.

NOTES TO FINANCIAL STATEMENTS, Continued

9. Acquisition of Palmyra Park Hospital, LLC, Continued

The following assets and liabilities were recognized in the acquisition (at fair value):

Prepaid expenses, supplies and	
other assets	\$ 3,888,017
Capital assets	37,968,750
Current liabilities	(<u> 886,258</u>)
Total identifiable assets	40,970,509
Goodwill	157,345,334
Total	\$ <u>198,315,843</u>

The above estimated fair values of assets acquired and liabilities assumed are provisional and are based on the information that was available as of the acquisition date to estimate the fair value of assets acquired.

The amounts of Palmyra's revenue and decrease in net position included in the statements of revenues, expenses and changes in net position (from the date of acquisition) for 2012 are approximately \$35,899,000 and \$2,910,000, respectively. The following pro forma information is based on the assumption that the acquisition occurred on August 1, 2010. On August 1, 2012, Palmyra was leased to the Corporation from the Authority.

	<u>2012</u>
Operating revenue	\$ _60,383,000
Increase (decrease) in net position	\$(<u>2,143,000</u>)

Costs related to the acquisition, which include legal, consulting, valuation, and other fees, in the amount of approximately \$5,677,000 have been charged directly to operations and are included in the medical supplies and other, and purchased services lines in the 2012 statements of revenues, expenses, and changes in net position.

NOTES TO FINANCIAL STATEMENTS, Continued

10. Lease Amendment – Phoebe Putney Memorial Hospital, Inc.

On August 1, 2012, the Corporation leased Palmyra from the Authority. The following assets and liabilities were transferred to the Corporation pursuant to the lease:

Cash Patient accounts receivable Prepaid expenses, supplies, and other assets Capital assets Current liabilities	\$ 17,316,845 9,092,766 3,178,373 35,583,970 (<u>7,534,770</u>)
Net position transferred to the Corporation	57,637,184
Removal of associated goodwill	157,345,334
Gain on long-term lease	2,910,545
Satisfaction of the payable to the Corporation	\$ <u>217,893,063</u>

11. Defined Contribution Plan

Authority employees may participate in the Phoebe Putney Health System 403(b) Deferred Savings Plan (Plan). All employees are eligible to participate in the Plan. Each employee may contribute up to 100% of their adjusted salary, up to the federal limit. The System matches 50% of each participant's contributions up to a maximum of 4%. Employees are fully vested in the System's matching contributions after three years of service. At its discretion, the Authority may make additional contributions to the Plan. Plan expense was approximately \$-0- and \$685,000 for the years ended July 31, 2013 and 2012, respectively.

12. Employee Health Insurance

The Authority has a self-insurance program under which a third-party administrator processes and pays claims. The Authority reimburses the third-party administrator for claims incurred and paid and has purchased stop-loss insurance coverage for claims in excess of \$150,000 for each individual employee. Total expenses related to this plan were approximately \$-0- and \$802,000 for the years ended July 31, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS, Continued

13. Malpractice Insurance

The hospital operated by the Authority under the name Phoebe North (Hospital) is covered by a claims-made general and professional liability insurance policy with a specified deductible per incident and excess coverage on a claims-made basis through Phoebe Putney Health System's (PPHS) wholly-owned subsidiary, Phoebe Putney Indemnity, LLC (PPI), located in South Carolina. Effective December 16, 2011, PPI added the Hospital as an additional insured under the policy. Under the policy endorsement, the limit of liability is \$5,000,000 for claims occurring on or after December 16, 2011. Claims occurring prior to December 16, 2011, are under the previous owner's insurance policy.

PPHS purchases excess insurance of \$25,000,000 above PPI. PPHS purchases an additional \$25,000,000 high limit excess above the first captive layer giving a total of \$50,000,000 annual aggregate limit of excess coverage. The Hospital is covered under this policy as a named insured.

Various claims and assertions have been made against the Hospital in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate provision has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

14. Fair Values of Financial Instruments

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

- Cash: The carrying amount reported in the balance sheet for cash approximates its fair value.
- Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.
- Estimated third-party payor settlements: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.
- Short-term obligations: The carrying amount reported in the balance sheet for short-term obligations approximates its fair value.

NOTES TO FINANCIAL STATEMENTS, Continued

14. Fair Values of Financial Instruments, Continued

The carrying amounts and fair values of the Authority's financial instruments at July 31, 2013 and 2012 are as follows:

_	2013		20	012
	Carrying <u>Amount</u>	Fair Value	Carrying <u>Amount</u>	Fair Value
Cash	\$ 213,343	\$ 213,343	\$ 17,648,418	\$ 17,648,418
Accounts payable and accrued expenses	\$ 754,620	\$ 754,620	\$ 6,470,206	\$ 6,470,206
Estimated third-party payor settlements	\$-	\$ -	\$ 891,070	\$ 891,070
Short-term obligations	\$-	\$ -	\$ 217,893,063	\$ 217,893,063

15. Concentrations of Credit Risk

The Authority grants credit without collateral to patients substantially all of whom are local residents of Dougherty County or the immediate surrounding counties of Georgia and are insured under third-party payor agreements. A significant portion of the net receivables are from patients covered by various government programs such as Medicare or Medicaid. The mix of net receivables from patients and third-party payors at July 31, 2013 and 2012 was as follows:

	2013	2012	
Medicare	- %	31%	
Medicaid	- %	5%	
Commercial	- %	61%	
Patients	%	<u>3</u> %	
Total	%	<u>100</u> %	

NOTES TO FINANCIAL STATEMENTS, Continued

16. Health Care Reform

In recent years, there has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare on the national and state levels. In 2010, legislation was enacted which included cost controls on hospitals, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of certain provisions will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Authority.