

PHOEBE WORTH MEDICAL CENTER, INC.



FINANCIAL STATEMENTS

for the years ended July 31, 2018 and 2017

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Phoebe Worth Medical Center, Inc.  
Sylvester, Georgia

We have audited the accompanying financial statements of Phoebe Worth Medical Center, Inc. (Hospital), which comprise the balance sheets as of July 31, 2018 and 2017, and the related statements of operations and changes in net assets, 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

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 Hospital'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 Hospital'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 Phoebe Worth Medical Center, Inc. as of July 31, 2018 and 2017, and the results of its operations and changes in net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### *Emphasis of Matter*

As discussed in Note 13 to the financial statements, Phoebe Worth Medical Center, Inc. is fiscally dependent on Phoebe Putney Health System, Inc. Our opinion is not modified with respect to that matter.

*Draffin & Tucker, LLP*

Albany, Georgia  
January 14, 2019

PHOEBE WORTH MEDICAL CENTER, INC.

BALANCE SHEETS, July 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Current assets:		
Cash	\$ 2,325,000	\$ 2,463,000
Patient accounts receivable, net of allowance for doubtful accounts of \$1,591,000 in 2018 and \$909,000 in 2017	1,559,000	1,715,000
Supplies, at lower of cost and net realizable value	148,000	132,000
Other current assets	76,000	90,000
Estimated third-party payor settlement	<u>447,000</u>	<u>-</u>
Total current assets	4,555,000	4,400,000
Property and equipment, net	4,922,000	4,751,000
Other assets	<u>-</u>	<u>7,000</u>
Total assets	\$ <u>9,477,000</u>	\$ <u>9,158,000</u>
LIABILITIES AND UNRESTRICTED NET ASSETS		
Current liabilities:		
Accounts payable	\$ 235,000	\$ 182,000
Accrued expenses	793,000	820,000
Estimated third-party payor settlement	<u>-</u>	<u>491,000</u>
Total current liabilities	1,028,000	1,493,000
Due to related parties	<u>14,522,000</u>	<u>14,053,000</u>
Total liabilities	15,550,000	15,546,000
Unrestricted net assets (deficit)	( <u>6,073,000</u> )	( <u>6,388,000</u> )
Total liabilities and unrestricted net assets	\$ <u>9,477,000</u>	\$ <u>9,158,000</u>

See accompanying notes to financial statements.

PHOEBE WORTH MEDICAL CENTER, INC.

STATEMENTS OF OPERATIONS AND  
CHANGES IN NET ASSETS  
for the years ended July 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowances and discounts)	\$ 22,609,000	\$ 17,982,000
Provision for bad debts	<u>( 7,058,000)</u>	<u>( 3,018,000)</u>
Net patient service revenue	15,551,000	14,964,000
Other revenue	<u>207,000</u>	<u>215,000</u>
Total revenues, gains, and other support	<u>15,758,000</u>	<u>15,179,000</u>
Expenses:		
Salaries and wages	5,204,000	4,907,000
Employee health and welfare	1,569,000	1,245,000
Medical supplies and other	3,338,000	3,338,000
Purchased services	5,124,000	4,964,000
Depreciation and amortization	<u>479,000</u>	<u>908,000</u>
Total expenses	<u>15,714,000</u>	<u>15,362,000</u>
Operating income (loss)	44,000	( 183,000)
Nonoperating income:		
Contributions and other nonoperating gains and losses	<u>246,000</u>	<u>28,000</u>
Excess revenues (expenses)	290,000	( 155,000)
Capital contributions	<u>25,000</u>	<u>-</u>
Increase (decrease) in unrestricted net assets (deficit)	315,000	( 155,000)
Unrestricted net assets (deficit), beginning of year	<u>( 6,388,000)</u>	<u>( 6,233,000)</u>
Unrestricted net assets (deficit), end of year	\$( <u>6,073,000</u> )	\$( <u>6,388,000</u> )

See accompanying notes to financial statements.

PHOEBE WORTH MEDICAL CENTER, INC.

STATEMENTS OF CASH FLOWS  
for the years ended July 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Changes in net assets (deficit)	\$ 315,000	\$( 155,000)
Adjustments to reconcile change in net assets (deficit) to net cash provided by operating activities:		
Depreciation and amortization	479,000	908,000
Changes in:		
Patient accounts receivable	156,000	7,000
Estimated third-party payor settlements	( 938,000)	576,000
Supplies	( 16,000)	30,000
Other assets	21,000	135,000
Accounts payable	53,000	( 96,000)
Accrued expenses	( 27,000)	( 309,000)
Net cash provided by operating activities	<u>43,000</u>	<u>1,096,000</u>
Cash flows from investing activities:		
Purchase of property and equipment	( 650,000)	( 1,098,000)
Cash flows from financing activities:		
Advances from related parties	6,641,000	6,816,000
Payments to related parties	( 6,172,000)	( 7,443,000)
Net cash provided (used) by financing activities	<u>469,000</u>	( 627,000)
Net decrease in cash	( 138,000)	( 629,000)
Cash at beginning of year	<u>2,463,000</u>	<u>3,092,000</u>
Cash at end of year	\$ <u>2,325,000</u>	\$ <u>2,463,000</u>

See accompanying notes to financial statements.

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS

July 31, 2018 and 2017

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1. Summary of Significant Accounting Policies

Organization

Phoebe Worth Medical Center, Inc. (Hospital) was organized on January 23, 2002 as a nonprofit corporation and is a wholly-owned subsidiary of Phoebe Putney Health System, Inc. (System). The Hospital is a not-for-profit critical access hospital located in Sylvester, Georgia. The Hospital provides inpatient, outpatient and emergency care services to local residents.

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.

Allowance For Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Continued



PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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1. Summary of Significant Accounting Policies, Continued

Allowance For Doubtful Accounts, Continued

The Hospital's allowance for doubtful accounts for self-pay patients increased from 86% of self-pay accounts receivable at July 31, 2017 to 93% of self-pay accounts receivable at July 31, 2018. The increase was due to increases in uninsured patient volumes, resulting in increased self-pay accounts receivable for July 31, 2018. These accounts are less likely to be collectible than accounts receivable associated with patient balances after insurance or another third party has paid. The Hospital updated its Financial Assistance Policy during 2018 which included an update to the Federal Poverty Guidelines used in determining financial assistance as well as updates to the eligibility parameters. See Note 2 for additional information.

Supplies

Supplies, which consist primarily of drugs and medical supplies, are valued at the lower of cost and net realizable value, as determined on a first-in, first-out basis.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

In accordance with its policy, the Hospital reviews the estimated useful lives of its property and equipment on an ongoing basis. This review indicated that the actual lives of certain property and equipment were longer than the estimated useful lives used for depreciation purposes in the Hospital's financial statements. As a result, effective August 1, 2017, the Hospital changed its estimates of the useful lives of its property and equipment to better reflect the estimated periods during which these assets will remain in service. The effect of this change in estimate was to reduce 2018 depreciation by approximately \$113,000 as compared to the depreciation expense under the previous useful life estimates.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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1. Summary of Significant Accounting Policies, Continued

Property and Equipment, Continued

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from excess revenues (expenses), unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained; expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-Lived Assets

The Hospital evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Hospital has not recorded any impairment charges in the accompanying statements of operations and changes in net assets for the years ended July 31, 2018 and 2017.

Excess Revenues (Expenses)

The statement of operations and changes in net assets includes excess revenues (expenses). Changes in unrestricted net assets which are excluded from excess revenues (expenses), consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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1. Summary of Significant Accounting Policies, Continued

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others 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 Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Estimated Malpractice and Other Self-Insurance Costs

The provisions for estimated medical malpractice claims and other claims under self-insurance plans include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The Hospital is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Hospital applies accounting policies that prescribe when to recognize and how to measure the financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Hospital only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying balance sheet for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2018 and 2017 or for the years then ended. The Hospital's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Subsequent Event

In preparing these financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through January 14, 2019, the date the financial statements were available to be issued.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

1. Summary of Significant Accounting Policies, Continued

Recently Adopted Accounting Pronouncement

In 2018, the Hospital prospectively adopted the provisions of Financial Accounting Standards Board ASU 2015-11, *Simplifying the Measurement of Inventory*. This ASU changes the measurement principle for certain inventory methods from the lower of cost or market to the lower of cost and net realizable value. The Hospital's adoption of this guidance did not have a material effect on the financial statements.

Accounting Pronouncements Not Yet Adopted

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which is a new comprehensive revenue recognition standard. The new guidance, including subsequent amendments, is effective for the Hospital as of August 1, 2019. However, the Hospital plans to early implement the new guidance effective August 1, 2018. The Hospital is continuing to evaluate the impact the guidance will have on the financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. This comprehensive standard provides guidance on net asset classification and required disclosures on liquidity and availability of resources, requires expanded disclosure about expense and investment returns, and eliminates the requirement to present or disclose the indirect method reconciliation if using the direct method when presenting cash flows. The standard is effective for annual periods beginning after December 15, 2017. The Hospital expects to adopt the new guidance for the year ending July 31, 2019 and is continuing to evaluate the impact the guidance will have on the financial statements.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2017 financial statements to conform to the fiscal year 2018 presentation. These reclassifications had no impact on the change in net assets in the accompanying financial statements.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

2. Net Patient Service Revenue

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

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

July 31, 2018				
Patient Service Revenue				
(Net of Contractual Allowances and Discounts)				
<u>Medicare</u>	<u>Medicaid</u>	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
\$ <u>8,359,000</u>	\$ <u>3,404,000</u>	\$ <u>5,237,000</u>	\$ <u>5,609,000</u>	\$ <u>22,609,000</u>

July 31, 2017				
Patient Service Revenue				
(Net of Contractual Allowances and Discounts)				
<u>Medicare</u>	<u>Medicaid</u>	<u>Third-Party Payors</u>	<u>Self-Pay</u>	<u>Total All Payors</u>
\$ <u>7,734,000</u>	\$ <u>3,166,000</u>	\$ <u>5,386,000</u>	\$ <u>1,696,000</u>	\$ <u>17,982,000</u>

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PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

2. Net Patient Service Revenue, Continued

Revenue from the Medicare and Medicaid programs accounted for approximately 54% and 22%, respectively, of the Hospital's net patient revenue for the year ended July 31, 2018 and 52% and 21%, respectively, of the Hospital's net patient revenue for the year ended July 31, 2017. 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. Cost report estimated reimbursement amounts are adjusted in subsequent periods as final settlements are determined.

The Hospital 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 Medicare and Medicaid programs.

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

- Medicare

Effective September 1, 2002, the Hospital was granted Critical Access Hospital (CAH) designation by the Medicare program. The CAH designation places certain restrictions on daily acute care inpatient census and an annual, average length of stay of acute care inpatients. Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology.

The Hospital is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Administrative Contractor (MAC). The Hospital'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 Hospital. The Hospital's Medicare cost reports have been audited by the MAC through July 31, 2015.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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2. 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 Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through July 31, 2015.

The Hospital has also entered into 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 diems.

The Hospital participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Hospital receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Hospital's estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately \$1,403,000 and \$1,266,000 for the years ended July 31, 2018 and 2017, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately \$63,000 and \$-0- for the years ended July 31, 2018 and 2017, respectively.

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PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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2. Net Patient Service Revenue, Continued

- Other Agreements

The Hospital has also entered into payment arrangements 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.

- Uninsured Patients

The Hospital maintains its Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed (AGB) for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis. AGB is determined by dividing the sum of claims paid the previous fiscal year by Medicare fee for-service and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

3. Uncompensated Services

The Hospital was compensated for services at amounts less than its established rates.

Charges for uncompensated services for 2018 and 2017 were approximately \$25,982,000 and \$23,458,000, respectively.

Uncompensated care includes charity and indigent care services of approximately \$2,667,000 and \$6,487,000 in 2018 and 2017, respectively. The cost of charity and indigent care services provided during 2018 and 2017 was approximately \$1,009,000 and \$2,594,000, respectively, computed by applying a total cost factor to the charges foregone.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

3. Uncompensated Services, Continued

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2018 and 2017.

	<u>2018</u>	<u>2017</u>
Gross patient charges	\$ <u>41,533,000</u>	\$ <u>38,422,000</u>
Uncompensated services:		
Charity and indigent care	2,667,000	6,487,000
Medicare	8,611,000	6,844,000
Medicaid	4,637,000	4,463,000
Other allowances	3,009,000	2,646,000
Bad debts	<u>7,058,000</u>	<u>3,018,000</u>
Total uncompensated care	<u>25,982,000</u>	<u>23,458,000</u>
Net patient service revenue	\$ <u>15,551,000</u>	\$ <u>14,964,000</u>

4. Property and Equipment

A summary of property and equipment at July 31, 2018 and 2017 follows:

	<u>2018</u>	<u>2017</u>
Land and land improvements	\$ 202,000	\$ 207,000
Leasehold improvements	115,000	115,000
Buildings and improvements	4,701,000	4,327,000
Equipment	<u>6,882,000</u>	<u>6,601,000</u>
	11,900,000	11,250,000
Less accumulated depreciation and amortization	<u>6,978,000</u>	<u>6,499,000</u>
Property and equipment, net	\$ <u>4,922,000</u>	\$ <u>4,751,000</u>

Depreciation expense was approximately \$479,000 and \$908,000 for the years ended July 31, 2018 and 2017, respectively.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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5. Defined Contribution Plan

The Hospital participates in the System's defined contribution pension plan covering substantially all eligible employees. Employees may deposit a portion of their earnings for each pay period on a pre-tax basis and the System matches 50% of each participant's voluntary contributions up to a maximum of 4% of the employee's annual salary. Effective January 1, 2017, the System increased its match to 50% of each participant's voluntary contributions up to a maximum of 6% of the employee's annual salary. At its discretion, the System may make additional contributions to the plan. Matching and discretionary contribution expense was approximately \$34,000 and \$(17,000) for the years ended July 31, 2018 and 2017, respectively. Expense for the year ended July 31, 2017 includes adjustments to recorded estimates due to a change in the System's policy.

6. Employee Health Insurance

The Hospital participates in the System's self-insurance program under which a third-party administrator processes and pays claims. The Hospital reimburses the third-party administrator for claims incurred and paid. In addition, the Hospital participates in a shared group financing layer agreement with other Georgia hospitals through a program offered by Georgia ADS, LLC. The program is designed to provide for the financing and payment of covered claims. For fiscal year 2016 through December 31, 2015, the claims included in the financing program were covered claims between \$150,000 and \$500,000. Effective January 1, 2016, the parameters of the program changed to include covered claims between \$225,000 and \$650,000. Each participant in the program is responsible for a portion of the shared claims based on their percentage of the total claims for the group. Additional insurance has been obtained to provide coverage for claims exceeding \$650,000. Total expenses related to this plan were approximately \$1,016,000 and \$625,000 for 2018 and 2017, respectively.

7. Malpractice Insurance

The Hospital is covered by the System's claims-made general and professional liability insurance policy with a specified deductible per incident and excess coverage on a claims-made basis through the System's wholly-owned subsidiary, Phoebe Putney Indemnity, LLC (PPI), located in South Carolina. The System's policy with PPI includes limit of liability of \$5,000,000 per occurrence, with an annual aggregate of \$27,000,000 at July 31, 2018 and 2017.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

7. Malpractice Insurance, Continued

Effective August 1, 2015, PPI purchased excess of loss reinsurance coverage in order to limit its financial exposure to large claims relating to employed physicians and surgeons. Under the per risk coverage, the reinsurer shall pay up to \$750,000 per loss, per insured, in excess of \$250,000 per loss, per insured. Under the clash coverage, the reinsurer shall pay up to \$750,000 per loss occurrence, in excess of \$250,000 per loss occurrence. The maximum amount recoverable for both of these coverages combined shall not exceed 40% of the subject premium or \$6,000,000, whichever is greater. Under the excess of limits coverage, the reinsurer shall pay up to \$4,000,000 per loss, per insured, in excess of \$1,000,000, per loss, per insured. The maximum amount recoverable for this coverage shall not exceed \$8,000,000. The reinsurance treaty provides for adjustable premiums based on ceded losses up to a stated maximum.

The Hospital is also covered by excess liability coverage purchased by the System which covers \$50,000,000 per occurrence and in aggregate in excess of the PPI coverage of \$5,000,000. All of the risk related to this coverage has been ceded to unrelated reinsurers via a contract of reinsurance.

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.

8. Concentrations of Credit Risk

The Hospital grants credit without collateral to patients, most of whom are residents of Southwest Georgia and are insured under third-party payor arrangements. The mix of receivables from patients and third-party payors at July 31, 2018 and 2017 was as follows:

	<u>2018</u>	<u>2017</u>
Medicare	45%	55%
Medicaid	6%	5%
Other third-party payors	41%	29%
Patients	<u>8%</u>	<u>11%</u>
Total	<u>100%</u>	<u>100%</u>

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

8. Concentrations of Credit Risk, Continued

At July 31, 2018, the Hospital had deposits at major financial institutions which exceeded the Federal Deposit Insurance Corporation limits. Management believes the credit risks related to these deposits are minimal.

9. Related Party Transactions

Related party transactions as of July 31, 2018 and 2017 consist of the following:

	<u>2018</u>	<u>2017</u>
Due to Phoebe Putney Health System, Inc.	\$ <u>14,522,000</u>	\$ <u>14,053,000</u>

The related party transactions that affect the above payables arise from normal management related services, physician practice operations, and other shared cost in the ordinary course of business.

10. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2018</u>	<u>2017</u>
Patient care services	\$ 12,828,000	\$ 12,740,000
General and administrative	<u>2,886,000</u>	<u>2,622,000</u>
Total	\$ <u>15,714,000</u>	\$ <u>15,362,000</u>

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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11. Commitments and Contingencies

Health Care Reform

There has been increasing pressure on Congress and state legislatures to control and reduce the cost of healthcare on the national or at the state level. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms, and various individual and business mandates among other provisions. The costs of these provisions are and 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 Hospital.

Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Hospital has implemented a compliance plan focusing on such issues. There can be no assurance that the Hospital will not be subjected to future investigations with accompanying monetary damages.

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 or results from operations. See malpractice insurance disclosures in Note 7.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued  
July 31, 2018 and 2017

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12. Rural Hospital Tax Credit Contributions

The State of Georgia (State) passed legislation which will allow individuals and corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations during calendar years 2017 through 2021. The Hospital submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2017 and 2018. Contributions received under the program approximated \$231,000 and \$34,000, during fiscal years 2018 and 2017, respectively. The funds are included in contributions and other nonoperating gains and losses on the statements of operations and changes in net assets. The Hospital will have to be approved by the State to participate in the program in each subsequent year.

13. Economic Dependency

The Hospital receives a substantial portion of its funds for operations from the System. Without the continued support from the System, there would be substantial doubt about the Hospital's ability to continue as a going concern.

PHOEBE WORTH MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY

July 31, 2018

Phoebe Worth Medical Center (Hospital) is a not-for-profit health care organization that exists to serve the community. The Hospital has no stockholders or owners, and is part of the not-for-profit Phoebe Putney Health System, Inc. After operating expenses are covered, any remaining revenues are reinvested in the operation of the Hospital in order to enhance our ability to carry out our local mission of taking care of our communities' citizens.

The Hospital participates in the Medicare and Medicaid programs which cover many Georgian's health care needs, and by so doing, foregoes some charges and has unreimbursed expenses. The Hospital also offers Financial Assistance to individuals unable to pay for their healthcare services. The Hospital will extend free or discounted care to eligible individuals for all urgent, emergent, or otherwise medically necessary services. Patients whose household income is at or below 125% of the Federal Poverty Guidelines are eligible for free care. Patients whose household income is between 126% and 400% of the Federal Poverty Guidelines qualify for discounted charges based on a sliding fee schedule in the FAP. The Hospital will not charge eligible individuals more for emergency or other medically necessary care than the Amount Generally Billed to individuals who have insurance coverage, and is compliant with the requirements for a not-for-profit charitable corporation in accordance with Internal Revenue Service Regulation §1.501(r). The following table summarizes the amounts of charges forgone (i.e., contractual adjustments) and estimates the losses (computed by applying a total cost factor to charges forgone) incurred by the Hospital due to inadequate payments by these programs and for indigent/charity services. The Hospital also operates a Rural Health Clinic (RHC) which also foregoes some charges and has costs not reimbursed through patients qualifying for these same indigent and charity programs. The amounts listed below are all inclusive of both Hospital and Clinic activities.

	<u>Charges Foregone</u>	<u>Estimated Unreimbursed Cost</u>
Medicare	\$ 9,000,000	\$ 3,000,000
Medicaid	5,000,000	2,000,000
Indigent/charity	<u>3,000,000</u>	<u>1,000,000</u>
Totals	\$ <u>17,000,000</u>	\$ <u>6,000,000</u>

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INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Board of Directors  
Phoebe Worth Medical Center, Inc.  
Sylvester, Georgia

We have audited the financial statements of Phoebe Worth Medical Center, Inc. as of and for the years ended July 31, 2018 and 2017 and our report thereon dated January 14, 2019, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in this report on pages 23 thru 25, which is the responsibility of management, is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

*Draffin & Tucker, LLP*  
Albany, Georgia  
January 14, 2019

PHOEBE WORTH MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY, Continued  
July 31, 2018

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The following is a summary of the community benefit activities and health improvement services offered by the Hospital and illustrates the activities and donations during fiscal year 2018.

**I. Community Health Improvement Services**

A. Community Health Education

Rural Health Clinic Open House

The Hospital's Rural Health Clinic hosted a community-wide open house where community members had the opportunity to receive free health screenings and flu shots, engage with our primary care providers, and tour our newly renovated clinic. The event was held September 2017. The Hospital incurred expenses of \$5,000 for this event.

Senior Center Health Fair

The Hospital provides time throughout the year to speak to Seniors about services offered at Phoebe Worth and various other health and wellness topics. We also offer medical screenings at these events. The Hospital incurred expenses of \$300 for these services.

Various Other Speaking Engagements and Health Fairs

The Hospital participated in various other community gatherings throughout the year. We participated in community events such as church gatherings, Health Fairs for County employees, New School System employee orientations, etc. At these events, we offer health screenings and/or speaking on various health and wellness topics. Expenses for these types of gatherings are nominal but serve an important role with community ties within Worth County.

Continued

PHOEBE WORTH MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY, Continued

July 31, 2018

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**II. Financial and In-Kind Support**

The Hospital supports the Health Department through contributions towards their programs directed at educating, screening, treating, and assisting with the costs of supplies and medications for low income individuals battling high blood pressure and diabetes. The financial support enables the Health Department to operate its Stroke and Heart Attack Prevention (SHAPP) and Diabetes Program. The Hospital's contribution totaled \$45,619.

The Hospital participates in the Worth County disaster drill each year as the Community Emergency Responders host a Community-Wide Drive-Thru Flu Clinic. The Hospital assists with staffing the event that offers community members flu vaccinations. At the 2017 clinic, over 120 vaccinations were given. The Hospital incurred expenses of \$600 for the nurse staff involved in servicing the event.

The Hospital supports the local Sylvester/Worth County Cancer Coalition and the events they offer the community. During the Christmas season, the Hospital hosted the Coalition and community at a tree-lighting event where we offered snacks and hot chocolate. We coordinated a local speaker who provided his testimonial of his experience with Cancer and his story of survival. The Hospital has also provided staff and all food products and meal preparation for the annual Worth County Cancer Survivor Dinner. This event is inspiring for the community and the Hospital hosted community survivors with a wonderful meal to help celebrate each of their survivor stories. The Hospital incurred expenses of \$600 for the dinner.

The Hospital engages with the community in various other ways as well. We support the community by participating in local events ranging from the local law enforcement "Night Out Against Crime" to the annual community Peanut Festival. The Hospital acts as corporate sponsors to ensure the community can offer these types of events. The Hospital also provides staffing for the informational tents, which inform the community about the service offerings at the Hospital. The Hospital participates in local civic clubs and supports leadership in their roles on the local chamber boards and other community clubs.

See independent auditor's report on supplemental information.