



Financial Statements  
December 31, 2022 and 2021  
**Yuma District Hospital**

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## Independent Auditor's Report

The Board of Directors  
Yuma District Hospital  
Yuma, Colorado

### Report on the Audit of the Financial Statements

#### ***Opinion***

We have audited the financial statements of Yuma District Hospital (Hospital), which comprise the statements of financial position as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of Yuma District Hospital as of December 31, 2022 and 2021, and the respective changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 8 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 GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the 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.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated May 5, 2023, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

The image shows a handwritten signature in cursive script that reads "Eide Sully LLP". The signature is written in black ink and is positioned above the typed name and date.

Fargo, North Dakota  
May 5, 2023

## Introduction

Management's discussion and analysis for Yuma District Hospital's (Hospital) financial performance provides an overview of the Hospital's financial activities for the fiscal years ended December 31, 2022, 2021, and 2020. Please read it in conjunction with the Hospital's financial statements, which begin on page 10.

## Financial Highlights

- The Hospital's net position decreased in the fiscal year ended December 31, 2022 from \$8,377,407 to \$7,024,773. This is a decrease of \$1,352,634 or 16%. In the prior fiscal year ending December 31, 2021, net position increased from \$5,413,902 to \$8,377,407, an increase of \$2,963,505 or 55%.
- Operating revenue increased by \$1,536,122 during the year ended December 31, 2022 as patient service revenue increased \$1,742,448 and other operating revenue decreased \$206,326. During 2022, operating expenses increased by \$1,759,851 with the most significant changes in operating expenses being an increase in purchased services of \$1,198,292 and increase in supplies of \$382,444. Operating revenue increased by \$305,283 and operating expenses increased by \$65,536 during the fiscal year ending December 31, 2021. During 2021, patient service revenue increased \$226,355 and other operating revenue increased \$78,928. The most significant changes in operating expenses during 2021 were an increase in purchased services of \$213,488, decrease in supplies of \$288,278, and an increase in other expenses of \$271,763.
- There were operating losses for the fiscal years ending December 31, 2022, 2021, and 2020 of \$1,621,385, \$1,397,656, and \$1,637,403.
- Total cash and cash equivalents, restricted cash, short-term investments, and internally designated investments decreased from \$17,370,263 in 2021 to \$12,852,930 in 2022. This is a decrease of \$4,517,333 or 26%. Total cash and cash equivalents and internally designated investments increased in 2021 from \$18,050,914 to \$17,370,263. This is a decrease of \$680,651 or 4%.
- Due to the ongoing COVID-19 pandemic, the Hospital received money from various sources during the years ending December 31, 2021 and 2020, including the following: \$686,495 and \$4,062,235 in Provider Relief Funds from the CARES Act (Note 3), \$95,370 in other COVID-19 relief contributions (Note 3), \$4,196,915 related to the CMS advanced payments; and \$1,803,590 from a Paycheck Protection Program (PPP) loan.

## Using this Annual Report

The Hospital's financial statements consist of three statements – a Statement of Net Position; 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 Hospital including resources held by the Hospital but restricted for specific purposes by lenders, contributors, grantors, or enabling legislation.

### **The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position**

One of the most important questions asked about the Hospital's finances is, "Is the Hospital, as a whole, better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the Hospital'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 Hospital's net position and changes in them. You can think of the Hospital's net position – the difference between assets, deferred outflows of resources, liabilities, and deferred inflows of resources – as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position is an indicator of whether its financial health is improving or deteriorating. You will need to consider other non-financial factors, however, such as changes in the Hospital'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 Hospital.

### **The Statement of Cash Flows**

The final required statement is the Statement of Cash Flows. This 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?"

Cash and cash equivalents decreased from \$8,543,147 to \$4,121,482. This decrease of \$4,421,665 is primarily due to the repayment of the CMS advanced payments and an increase in the payments to suppliers for goods and services. Cash and cash equivalents decreased in 2021 from \$9,165,207 to \$8,543,147. This decrease of \$622,060 is primarily due to the repayment of the CMS advanced payments. Cash and cash equivalents increased in 2020 from \$5,544,752 to \$9,165,207. This increase of \$3,620,455 is primarily due to receipt of various coronavirus pandemic relief money including provider relief fund contributions, CMS advanced payments, and proceeds from the paycheck protection program.

### **The Hospital's Net Position**

The Hospital's net position is the difference between its assets, liabilities, and deferred inflows of resources reported in the Statements of Net Position on pages 9 and 10. The Hospital's net position decreased in the current fiscal year ending December 31, 2022 from \$8,377,407 to \$7,024,773. This is a decrease of \$1,352,634 or 16%. In the prior fiscal year ending December 31, 2021, net position increased from \$5,413,902 to \$8,377,407. This is an increase of \$2,963,505 or 55%. For the year ending December 31, 2020, net position increased from \$4,394,919 to \$5,413,902, an increase of \$1,018,983 or 23%.

Table 1: Assets, Liabilities, Deferred Inflows of Resources, and Net Position

	<u>2022</u>	<u>2021</u>	<u>2020</u>
<b>Assets</b>			
Current assets	\$ 9,050,707	\$ 12,854,235	\$ 15,030,811
Capital assets, net	9,719,757	10,349,213	10,147,821
Other noncurrent assets	<u>10,450,182</u>	<u>10,770,618</u>	<u>10,823,700</u>
Total assets	<u>\$ 29,220,646</u>	<u>\$ 33,974,066</u>	<u>\$ 36,002,332</u>
<b>Liabilities</b>			
Current liabilities	\$ 3,413,376	\$ 6,195,181	\$ 6,337,811
Long-term liabilities	17,932,109	18,585,654	23,490,089
Deferred inflows	<u>850,388</u>	<u>815,824</u>	<u>760,530</u>
Total liabilities and deferred inflows	<u>22,195,873</u>	<u>25,596,659</u>	<u>30,588,430</u>
<b>Net Position</b>			
Net investment in capital assets	(7,520,812)	(7,607,733)	(8,487,225)
Restricted - expendable for debt service and capital asset replacement	661,862	639,643	619,691
Unrestricted	<u>13,883,723</u>	<u>15,345,497</u>	<u>13,281,436</u>
Total net position	<u>7,024,773</u>	<u>8,377,407</u>	<u>5,413,902</u>
Total liabilities, deferred inflows, and net position	<u>\$ 29,220,646</u>	<u>\$ 33,974,066</u>	<u>\$ 36,002,332</u>

### Operating Loss

The first component of the overall change in the Hospital's net position is its operating loss – generally, the difference between patient service revenue and the expenses incurred to perform those services. There were operating losses for the Hospital in fiscal years ending December 31, 2022, 2021, and 2020 of \$1,621,385, \$1,397,656, and \$1,637,403.

### Operating Revenues

There were significant changes in three individual revenue categories during 2022 when compared to 2021:

- Hospital inpatient gross revenue decreased by \$733,999, hospital outpatient gross revenue increased by \$635,003, and clinic gross revenue decreased \$48,408 for an overall decrease of gross patient service revenue of \$147,404. Charity care decreased \$9,598 from 2021 to 2022.
- Overall, the contractual adjustments decreased from \$12,591,306 in 2021 to \$11,441,129 in 2022. The Medicare hospital contractual adjustments decreased \$209,241, Medicaid hospital contractals decreased \$374,040, other hospital contractals decreased \$540,469, and clinic contractals decreased \$26,427. During 2022, contractual adjustments decreased by \$210,000 due to change in estimates for reserves on Medicare, Medicaid, and DSH settlements.
- Provision for bad debts decreased by \$730,077 from 2021 to 2022.

The significant changes in revenue categories during 2021 when compared to 2020 were:

- Hospital inpatient gross revenue increased by \$106,163, hospital outpatient gross revenue increased by \$3,309,345, and clinic gross revenue decreased \$423,088 for an overall increase of gross patient service revenue of \$2,992,420. Charity care decreased \$4,355 from 2020 to 2021.
- Contractual adjustments increased from \$10,549,614 in 2020 to \$12,591,306 in 2021. The Medicare hospital contractual adjustments increased \$1,582,620, Medicaid hospital contractals increased \$378,123, other hospital contractals increased \$1,029,817, and clinic contractals decreased \$948,868. During 2021, contractual adjustments increased by \$31,000 due to change in estimates for reserves on Medicare, Medicaid, and DSH settlements.
- Provision for bad debts increased by \$728,728.

### **Operating Expenses**

There were significant changes in two individual expense categories during 2022 when compared to 2021:

- Purchased services increased \$1,198,181 due to an increased need relating to Home Health, laboratory, acute care, and surgery services.
- Supplies increased \$382,444 due to more supplies utilized for chemotherapy drugs.

The significant changes in three individual expense categories during 2021 when compared to 2020 were:

- Purchased services increased \$213,488 due to an increased need relating to Home Health services.
- Supplies decreased \$288,278 due to more supplies utilized in the prior year relating to the COVID-19 pandemic.
- Other expenses increased \$271,763 primarily relating to the administration department.

The following table is a summary of the Hospital's revenues, expenses, and changes in net position:

Table 2: Operating Results and Changes in Net Position

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Operating Revenue			
Net patient service revenue	\$ 21,827,818	\$ 20,085,370	\$ 19,859,015
Other operating revenue	501,673	707,999	629,071
Total operating revenue	22,329,491	20,793,369	20,488,086
Operating Expenses	23,950,876	22,191,025	22,125,489
Operating Loss	(1,621,385)	(1,397,656)	(1,637,403)
Nonoperating Revenues (Expenses)	268,751	3,555,899	2,656,386
Revenues in Excess of (Less Than) Expenses Before Capital Grants	(1,352,634)	2,158,243	1,018,983
Capital Grants	-	805,262	-
Change in Net Position	(1,352,634)	2,963,505	1,018,983
Net Position, Beginning of Year	8,377,407	5,413,902	4,394,919
Net Position, End of Year	<u>\$ 7,024,773</u>	<u>\$ 8,377,407</u>	<u>\$ 5,413,902</u>

### Summary

The Hospital experienced a decrease in patient days in 2022 when compared to the 2021 fiscal year. In 2021, the Hospital had 587 patient days compared to 467 patient days in 2022, a decrease of 120 or 20%. Swing bed days increased from 207 in 2021 to 282 in 2022, an increase of 75 days or 36%. The following factors had a major impact on hospital revenues: 1) general price increase of approximately 3% and 2) increase in swing bed days as noted above.

In the fiscal year ending December 31, 2021, the Hospital experienced an increase in patient days when compared to the fiscal year ended December 31, 2020. The Hospital had 586 patient days in 2020 compared to the 587 patient days in 2021, an increase of 1 patient day. Swing bed days increased by 20 days or 11% from fiscal year 2020 to 2021. The following factors had a major impact on hospital revenues: 1) general price increase of approximately 3% and 2) increase in swing bed days as noted above.

The Hospital experienced a decrease in nonoperating revenues in 2022 when compared to the 2021 fiscal year. In 2021, the Hospital recognized \$1,358,000 in Provider Relief Funds and \$1,830,795 in Paycheck Protection Program loan forgiveness income compared to \$0 Provider Relief Funds and Paycheck Protection Program loan forgiveness income in 2022.

In the fiscal year ending December 31, 2021, the Hospital experienced an increase in nonoperating revenues when compared to the fiscal year ended December 31, 2020. The Hospital recognized \$2,680,838 in Provider Relief Funds in 2020 compared to \$1,358,000 in Provider Relief Funds in 2021.

**Contacting the Hospital's Financial Management**

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Yuma District Hospital, 1000 West 8th Avenue, Yuma, Colorado, 80759, phone number 970-848-5405.

Yuma District Hospital  
Statements of Net Position – Assets  
December 31, 2022 and 2021

	2022	2021
Assets		
Current Assets		
Cash and cash equivalents	\$ 2,065,213	\$ 6,261,218
Current portion of cash held by trustee for debt service	103,657	83,944
Short-term investments	2,240,825	2,239,211
Receivables		
Patient, net of estimated uncollectibles of \$430,000 in 2022 and \$717,000 in 2021	3,061,282	2,944,036
Estimated third-party payor settlements	166,976	-
Ad valorem taxes	850,388	815,690
Other	18,024	-
Supplies	449,032	367,573
Prepaid expenses	95,310	142,563
Total current assets	9,050,707	12,854,235
Noncurrent Cash and Investments		
Internally designated by Board	8,546,892	8,869,834
Restricted by trustee for debt reserve and capital asset replacement	1,903,290	1,900,784
Total noncurrent cash and investments	10,450,182	10,770,618
Capital Assets		
Capital assets not being depreciated	1,222,600	1,222,600
Capital assets being depreciated, net	8,388,407	9,126,613
Right to use leased assets, net of accumulated amortization	108,750	-
Total capital assets	9,719,757	10,349,213
Total assets	\$ 29,220,646	\$ 33,974,066

Yuma District Hospital  
 Statements of Net Position – Liabilities, Deferred Inflows of Resources and Net Position  
 December 31, 2022 and 2021

	2022	2021
Liabilities, Deferred Inflows of Resources, and Net Position		
Current Liabilities		
Current maturities of long-term debt	\$ 741,166	\$ 716,377
Current maturities of leases	20,848	-
CMS advanced payments, current maturities	-	2,692,530
Accounts payable		
Trade	879,053	681,922
Estimated third-party payor settlements	-	387,853
Accrued expenses		
Salaries and wages	261,157	287,905
Earned time days	946,890	956,889
Health insurance	230,459	113,000
Interest	171,248	173,413
Payroll taxes and other	162,555	185,292
Total current liabilities	3,413,376	6,195,181
Long-Term Liabilities		
Long-term debt, less current maturities	17,844,488	18,585,654
Leases, less current maturities	87,621	-
Total long-term liabilities	17,932,109	18,585,654
Total liabilities	21,345,485	24,780,835
Deferred Inflow of Resources - Ad Valorem Taxes	850,388	815,824
Net Position		
Net investment in capital assets	(7,520,812)	(7,607,733)
Restricted - expendable held by trustee for debt service and capital asset replacement	661,862	639,643
Unrestricted	13,883,723	15,345,497
Total net position	7,024,773	8,377,407
Total liabilities, deferred inflows of resources, and net position	\$ 29,220,646	\$ 33,974,066

Yuma District Hospital  
Statements of Revenues, Expenses, and Changes in Net Position  
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating Revenues		
Net patient service revenue, net of provision for bad debts of \$774,034 in 2022 and \$1,504,111 in 2021	\$ 21,827,818	\$ 20,085,370
Other revenue	501,673	707,999
Total operating revenues	<u>22,329,491</u>	<u>20,793,369</u>
Operating Expenses		
Salaries and wages	9,838,819	9,779,228
Employee benefits	2,551,709	2,466,243
Purchased services	5,033,603	3,835,422
Supplies	2,285,895	1,903,451
Depreciation	896,826	989,147
Other	3,344,024	3,217,534
Total operating expenses	<u>23,950,876</u>	<u>22,191,025</u>
Operating Loss	<u>(1,621,385)</u>	<u>(1,397,656)</u>
Nonoperating Revenues (Expenses)		
Ad valorem taxes	879,413	819,327
Interest expense	(1,049,758)	(1,102,593)
Unrestricted gifts and bequests	737,361	691,647
Paycheck Protection Program loan forgiveness	-	1,830,795
Investment income (loss)	(298,265)	(41,277)
Provider Relief Funds	-	1,358,000
Total nonoperating revenue, net	<u>268,751</u>	<u>3,555,899</u>
Revenues in Excess of (Less Than) Expenses Before Capital Grants	(1,352,634)	2,158,243
Provider Relief Funds used for Capital	<u>-</u>	<u>805,262</u>
Change in Net Position	(1,352,634)	2,963,505
Net Position, Beginning of Year	<u>8,377,407</u>	<u>5,413,902</u>
Net Position, End of Year	<u><u>\$ 7,024,773</u></u>	<u><u>\$ 8,377,407</u></u>

Yuma District Hospital  
Statements of Cash Flows – page 1  
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating Activities		
Receipts from and on behalf of patients	\$ 21,137,719	\$ 21,960,505
Payments for employees' services and benefits	(12,332,553)	(12,187,649)
Payments to suppliers for goods and services	(10,500,597)	(8,834,788)
Other receipts and payments, net	501,673	707,999
Net Cash From (Used For) Operating Activities	<u>(1,193,758)</u>	<u>1,646,067</u>
Noncapital Financing Activities		
Ad valorem taxes received	879,279	819,461
Unrestricted gifts and bequests	737,361	691,647
Provider Relief Funds	-	686,495
CMS advanced payments received (recouped)	(2,692,530)	(1,504,385)
Net Cash From (Used For) Noncapital Financing Activities	<u>(1,075,890)</u>	<u>693,218</u>
Capital and Capital Related Financing Activities		
Purchase of capital assets	(157,720)	(1,190,539)
Repayment of long-term debt	(716,377)	(650,895)
Interest paid on long-term debt obligations	(1,051,790)	(1,117,273)
Principal payments on leases	(1,181)	-
Interest paid on leases	(133)	-
Net Cash Used For Capital and Capital Related Financing Activities	<u>(1,927,201)</u>	<u>(2,958,707)</u>
Investing Activities		
Purchases of investments internally designated	75,063	43,772
Purchase of short term investments	(1,614)	(5,133)
Investment income (loss)	(298,265)	(41,277)
Net Cash Used For Investing Activities	<u>(224,816)</u>	<u>(2,638)</u>
Change in Cash and Cash Equivalents	(4,421,665)	(622,060)
Cash and Cash Equivalents, Beginning of Year	8,543,147	9,165,207
Cash and Cash Equivalents, End of Year	<u>\$ 4,121,482</u>	<u>\$ 8,543,147</u>
Reconciliation of Cash and Cash Equivalents to the Statement of Net Position		
Cash and cash equivalents	\$ 2,065,213	\$ 6,261,218
Current portion of cash held by trustee for debt service	103,657	83,944
Cash and cash equivalents internally designated for specific operating purposes and capital improvements and restricted by trustee for debt reserve and capital asset replacement in noncurrent cash and investments	<u>1,952,612</u>	<u>2,197,985</u>
Total cash and cash equivalents	<u>\$ 4,121,482</u>	<u>\$ 8,543,147</u>
Supplemental Disclosure of Noncash Capital and Capital Related Financing Activities		
Paycheck Protection Program loan forgiveness	<u>\$ -</u>	<u>\$ 1,830,795</u>
Lease liability for the acquisition of a right-of-use leased asset	<u>\$ 109,650</u>	<u>\$ -</u>

Yuma District Hospital  
 Statements of Cash Flows – page 2  
 Years Ended December 31, 2022 and 2021

	2022	2021
Reconciliation of Operating Loss to Net Cash		
From (Used For) Operating Activities		
Operating loss	\$ (1,621,385)	\$ (1,397,656)
Adjustments to reconcile operating loss		
to net cash from (used for) operating activities		
Provision for bad debts	774,034	1,504,111
Depreciation	896,826	989,147
Changes in assets and liabilities		
Receivables	(909,304)	(678,106)
Supplies	(81,459)	(67,072)
Prepaid expenses	47,253	203,909
Accounts payable	197,131	(15,218)
Estimated third-party payor settlements	(554,829)	1,049,130
Accrued expenses	57,975	57,822
	\$ (1,193,758)	\$ 1,646,067
Net Cash From (Used For) Operating Activities		

## **Note 1 - Reporting Entity and Significant Accounting Policies**

The financial statements of Yuma District Hospital (Hospital) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the Hospital are described below.

### **Reporting Entity**

The Hospital is a licensed 15-bed critical access hospital and clinic located in Yuma, Colorado and a clinic in Akron, Colorado and has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code 501(a). In 1967, Yuma District Hospital was created as a political subdivision of the state of Colorado. The Hospital's five-member board of directors is publicly elected by the citizens of the Yuma Hospital District, a subset of Yuma County, to oversee the operations and management of the Hospital.

For financial reporting purposes, the Hospital has included all funds, organizations, agencies, boards, commissions and authorities. The Hospital has also considered the potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Hospital are such that the exclusion would cause the Hospital's financial situation to be misleading or incomplete. The Hospital has no significant operational or other financial relationships with any other governmental unit that requires inclusion or disclosure in the Hospital's financial statements.

### **Measurement Focus and Basis of Accounting**

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

### **Basis of Presentation**

The statement of net position displays the Hospital's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following components:

*Net Investment in Capital Assets* consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

### *Restricted Net Position*

Expendable – Expendable net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation.

Nonexpendable – Nonexpendable net position is subject to externally imposed stipulations which require them to be maintained permanently by the Hospital.

*Unrestricted net position* consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the Hospital's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the Hospital considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

### **Restricted Cash**

Cash that has restrictions which change the nature or normal understanding of availability of the asset is reported separately on the statements of net position. Restricted cash available for obligations classified as current liabilities are reported as current assets.

### **Short-Term Investments**

Short-term investments include certificates of deposit, recorded at cost plus accrued interest, with an original maturity of three to twelve months, excluding internally designated or restricted cash and investments.

### Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

The Hospital's accounts receivable balance was \$3,770,041 at January 1, 2021. The Hospital's estimated third-party receivable was \$661,277 at January 1, 2021.

### Ad Valorem Tax Receivable and Revenue

Ad valorem tax receivable is recognized on the lien date, which is January 1 of the tax year in Colorado. The ad valorem tax receivable represents taxes certified by the Board of Directors to be collected in the next fiscal year. However, by statute, the tax asking becomes effective on the first day of the following year. Although the ad valorem receivable has been recorded, the related revenue is considered a deferred inflow of resources – unavailable revenue and will not be recognized as revenue until the year in which it is levied.

Lien date	–	January 1
Levy date	–	January 1, succeeding year
Due dates	–	February 28 and June 15, succeeding year

### Supplies

Supplies are stated at lower of cost (first-in, first-out) or market and are expensed when used.

### Noncurrent Cash and Investments

Noncurrent cash and investments are set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes and restricted by trustee for debt reserve and capital asset replacement. Deposits are recorded at historical cost. Other investments are measured at fair value. Noncurrent cash and investments that are available for obligations classified as current liabilities are reported in current assets.

### Investment Income

Interest, dividends, gains and losses, both realized and unrealized, on investments and deposits are included in nonoperating revenues when earned.

### Capital Assets

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed on the straight-line method. Equipment under 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. Amortization is included in depreciation in the financial statements. The estimated useful lives of capital assets are as follows:

Land improvements	10-20 years
Buildings and improvements	5-40 years
Major movable equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from revenues in excess of (less than) expenses. 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 net position.

The Hospital considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended December 31, 2022 and 2021.

Right-of-use leased assets are recognized at the lease commencement date and represent the Hospital's right to use an underlying asset for the lease term. Right-of-use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to place the lease asset into service. Right-of-use leased assets are amortized over the shorter of the lease term or useful life of the underlying asset using the straight-line method. The amortization period is three years.

### Lease Liability

Lease liabilities represent the Hospital's obligation to make lease payments arising from leases. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments expected to be made during the lease term. The present value of lease payments are discounted based on a borrowing rate determined by the Hospital.

### Compensated Absences

The Hospital's employees accrue Earned Time Days (ETD) that can be drawn upon for vacation, holidays, and certain other absences. ETDs accrue at varying rates depending on years of service and hours worked. ETDs accumulate up to a specified maximum. Employees are paid for accumulated ETD upon termination.

### **Self-Funded Health Insurance**

The Hospital self-funds health benefits for eligible employees and their dependents. Health insurance expense is recorded on an accrual basis. The Hospital provides for self-insurance reserves for estimated incurred but not yet reported claims for its employees. These reserves, which are included in the liabilities on the statement of net position, are estimated based upon historical submission and payment data, utilization history, and other relevant factors. Adjustments to reserves are reflected in the operating results in the period in which the change in estimate is identified.

### **Deferred Inflows of Resources**

Deferred inflows of resources represent an increase in net position that applies to future periods and will not be recognized as an inflow of resources (revenue) until then. The deferred inflows of resources reported in the financial statements are deferred ad valorem taxes. Ad valorem taxes will be recognized as revenue in the year they are levied.

### **Operating Revenues and Expenses**

The Hospital's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues and expenses result from exchange transactions associated with providing health care services - the Hospital's principal activity, and the cost of providing those services, including depreciation and excluding interest costs. All other revenues and expenses are reported as nonoperating.

### **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, 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 health care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the Hospital does not pursue collection of these amounts, they are not reported as patient service revenue. The amount of charges foregone for services provided under the Hospital's charity care policy were approximately \$90,139 and \$99,737 for the years ended December 31, 2022 and 2021. The estimated cost of providing these services was approximately \$66,000 and \$68,000 for the years ended December 31, 2022 and 2021, calculated by multiplying the ratio of cost to gross charges for the Hospital by the gross uncompensated charges associated with providing charity care to its patients.

### **Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Program**

The Hospital participates in the State of Colorado CHASE program, approved by the Centers for Medicare and Medicaid Services (CMS), under which all hospitals in the state were assessed a fee based on bed size and payor mix. The State of Colorado uses the fees to supplement state budget funds for the Medicaid program, which brings matching federal monies into the program, enabling the State of Colorado to fund Medicaid payments to hospitals at a higher rate than would otherwise be possible. The Hospital's expense was approximately \$700,200 and \$596,000 in provider fees for the years ended December 31, 2022 and 2021, which are recorded in other operating expenses. The Hospital's revenue was approximately \$3,084,200 and \$2,354,400 of supplemental payments for the years ended December 31, 2022 and 2021, which are recorded as part of net patient service revenue.

### **Grants and Contributions**

The Hospital may receive grants as well as contributions from individuals, private organizations, and from the State of Colorado. 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 non-operating revenues. Amounts restricted to capital acquisitions are reported after revenues in excess of (less than) expenses.

### **Budgets**

The Hospital adopts an annual budget in accordance with Colorado Statutes. The budgeted revenue and expenditures are used by management as a control device during the year. Budgets are adopted on a basis that is consistent with generally accepted accounting principles.

### **Implementation of GASB Statement No. 87**

As of January 1, 2022, the Hospital adopted GASB Statement No. 87, *Leases*. The implementation of this standard establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The standard requires recognition of certain right to use leased assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. The Hospital recognized a right of use asset and lease liability of \$108,750 as of December 31, 2022. As a result of these adjustments there was no effect on beginning net position. The additional disclosures required by this standard are included in Notes 6 and 7.

**Note 2 - 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. A summary of the payment arrangements with major third-party payors follows:

*Medicare* – The Hospital is licensed as a Critical Access Hospital (CAH). The Hospital is reimbursed for most acute care services under cost reimbursement methodology, with final settlement determined after submission of annual cost reports by the Hospital, which are subject to audits thereof by the Medicare Administrative Contractor (MAC). The Hospital’s Medicare cost reports have been audited by the MAC through the year ended December 31, 2019. The December 31, 2017 cost report was reopened and has not been settled. Certain services are paid on a fixed fee schedule.

*Medicaid* – Inpatient services and outpatient services after November 1, 2016 rendered to Medicaid 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. Outpatient services prior to November 1, 2016 related to Medicaid beneficiaries are paid at interim rates based on Medicaid cost-to-charge ratio. Retrospective settlements based on audited cost-to-charge ratios are made periodically. The Hospital’s Medicaid cost reports have been settled by the Medicaid program through December 31, 2016.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and other 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.

Concentration of gross revenues by major payor accounted for the following percentages of the Hospital’s patient service revenues for the years ended December 31, 2022 and 2021:

	2022	2021
Medicare	48%	46%
Medicaid	22%	20%
Other insurance	27%	30%
Private pay	3%	4%
	100%	100%

Laws and regulations governing the Medicare, Medicaid, and other 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 net patient service revenue for the years ended December 31, 2022 and 2021 increased approximately \$210,000 and \$31,000 due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

### **CMS Advanced Payments**

The CMS Advanced Payments balance consists of advanced payments received from the Centers for Medicare & Medicaid Services (CMS), in order to increase cash flow for Medicare Part A providers who were impacted by the COVID-19 pandemic. The Hospital received \$4,196,915 in advanced payments during April 2020, which was recouped through the Medicare claims processed beginning 365 days after the date of issuance of each advanced payment. This recoupment process continued until the balance of the advanced payments was recouped or for 29 months from the date that the advanced payments were issued, at which point any remaining unpaid balance was due. The advanced payments balance is non-interest bearing through the 29-month repayment period. During the years ended December 31, 2022 and 2021, the Hospital repaid \$2,692,530 and \$1,504,385.

### **Note 3 - Provider Relief Funds**

During the year ending December 31, 2021, the Hospital received \$686,495 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS has various deadlines to incur eligible expenses. Unspent funds will be expected to be repaid.

These funds are considered subsidies and recorded as a liability when received and are recognized as revenues in the accompanying statements of revenues, expenses, and changes in net position as all terms and conditions are considered met. As these funds are considered subsidies, they are considered nonoperating activities. The terms and conditions are subject to interpretation, changes and future clarification, the most recent of which have been considered through the date that the financial statements were available to be issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

During the year ended December 31, 2021, the Hospital recognized \$1,358,000 as revenue, included as nonoperating revenue on the statement of revenues, expenses, and changes in net position. During the year ended December 31, 2021, the Hospital recognized \$805,262 as capital grants.

**Note 4 - Deposits, Investments, and Investment Income**

The carrying amount of deposits and investments as of December 31, 2022 and 2021 are shown below:

	2022	2021
Carrying Amount		
Deposits	\$ 6,362,307	\$ 10,782,358
Investments	8,497,570	8,572,633
	\$ 14,859,877	\$ 19,354,991

Deposits and investments are reported in the following statement of net position captions:

	2022	2021
Cash and cash equivalents	\$ 2,065,213	\$ 6,261,218
Current portion of cash held by trustee for debt service	103,657	83,944
Short-term investments	2,240,825	2,239,211
Noncurrent cash and investments internally designated by Board	8,546,892	8,869,834
Noncurrent cash held by trustee for debt reserve and capital asset replacement	1,903,290	1,900,784
Carrying value	\$ 14,859,877	\$ 19,354,991

**Deposits – Custodial Credit Risk**

Custodial credit risk is the risk that in the event of a bank or investment company failure, the Hospital's deposits may not be returned to it. The Colorado Public Deposit Protection Act (PDPA) requires that all units of local government deposit cash in eligible public depositories. Eligibility is determined by state regulations. Amounts on deposit in excess of federal insurance levels must be collateralized by eligible collateral as determined by the PDPA. The Hospital's investment policy does not address custodial credit risk.

PDPA allows the financial institution to create a single collateral pool for all public funds held. The pool is to be maintained by another institution or held in trust for all the uninsured public deposits as a group. The market value of the collateral must be at least equal to 102% of the uninsured deposits. At December 31, 2022, the Hospital's deposits were in banks covered under PDPA, properly collateralized, or were in banks with balances under FDIC limits.

**Investments**

The Hospital's investments are reported at fair value. The Hospital is authorized by statute to invest funds in debt securities.

The Hospital had the following investments and maturities at December 31, 2022:

December 31, 2022	Carrying Amount	Rating	Investment Maturities (in Years)			
			Less Than 1	1-5	6-10	More Than 10
Federal Farm Credit Banks	\$ 310,209	Aaa	\$ -	\$ 310,209	\$ -	\$ -
Federal Home Loan Bank	249,088	Aaa	-	249,088	-	-
Federal National						
Mortgage Association	648,913	N/A	-	39,248	79,692	529,973
Fannie Mae Pool	1,572,988	N/A	-	242,262	942,412	388,314
Federal Home Loan						
Mortgage Corporation	1,861,563	Aaa-AAA	-	1,208,095	80,348	573,120
Government National						
Mortgage Association	294,301	N/A	-	-	273,338	20,963
Freddie Mac Group	373,046	N/A	-	-	373,046	-
Private Export Funding						
Corporation	945,206	Aaa	-	945,206	-	-
U.S. Treasury notes	2,242,256	Aaa	-	2,242,256	-	-
<b>Total</b>	<b>\$ 8,497,570</b>		<b>\$ -</b>	<b>\$ 5,236,364</b>	<b>\$ 1,748,836</b>	<b>\$ 1,512,370</b>

The Hospital had the following investments and maturities at December 31, 2021:

December 31, 2021	Carrying Amount	Rating	Investment Maturities (in Years)			
			Less Than 1	1-5	6-10	More Than 10
Federal Farm Credit Banks	\$ 313,142	Aaa	\$ -	\$ 313,142	\$ -	\$ -
Federal Home Loan Bank	846,683	Aaa	-	846,683	-	-
Federal National						
Mortgage Association	692,076	N/A	-	65,448	199,401	427,227
Fannie Mae Pool	1,295,483	N/A	-	188,620	708,634	398,229
Federal Home Loan						
Mortgage Corporation	2,049,031	Aaa-AAA	-	1,088,768	384,542	575,721
Government National						
Mortgage Association	2,943	N/A	-	-	-	2,943
Freddie Mac Group	519,974	N/A	-	-	77,088	442,886
Private Export Funding						
Corporation	754,445	Aaa	-	754,445	-	-
U.S. Treasury notes	2,098,856	Aaa	-	2,098,856	-	-
<b>Total</b>	<b>\$ 8,572,633</b>		<b>\$ -</b>	<b>\$ 5,355,962</b>	<b>\$ 1,369,665</b>	<b>\$ 1,847,006</b>

### Interest Rate Risk

Colorado statutes limit the investment in corporate or bank debt to maturities of three years from the date of settlement at the time of purchase. In addition, the statutes state that it is lawful to hold investments from certain federal entities with maturity dates of five years or less from the date of purchase unless the governing body of the public entity authorizes investments for a period in excess of five years. The Hospital's governing body has authorized the extension of the maturity beyond five years. The Hospital's investment policy does not contain provisions that further limit investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. The Hospital is in compliance with Colorado statutes.

**Credit Risk**

Colorado statutes limit investments in any corporate or bank debt securities to organizations with a net worth in excess of two hundred fifty million dollars and they must carry at least two credit ratings from the nationally recognized credit rating agencies and must not be rated below “AA- or Aa3” by any credit rating agency. The Hospital’s investment policy states that all investments must be rated in one of its top three highest rating categories by one nationally recognized credit rating agencies.

**Concentration of Credit Risk**

Colorado statutes limit the amount of corporate or bank debt securities to not exceed 30% of the book value of the entity’s total investment portfolio at the time of purchase. The statutes also limit investments in corporate or bank debt securities by any one individual corporation to not exceed 5% of the total investment portfolio at the time of purchase, unless the governing body of the public entity authorizes the investments. The Hospital places no additional limit on the amount it may invest in any one issuer. The Hospital was considered to be in compliance with state statutes and its investment policy at December 31, 2022 and 2021.

More than 5 percent of the Hospital’s investments are invested in the following securities at December 31, 2022 and 2021:

	2022	2021
Federal National Mortgage Association	8%	8%
Federal Home Loan Mortgage Corporation	22%	24%
US Treasury Notes	26%	24%
Fannie Mae Pool	18%	15%
Federal Home Loan Bank	3%	10%
Private Export Funding Corporation	11%	9%

**Investment Income**

Investment income on cash equivalents and investments consists of the following for the years ended December 31, 2022 and 2021:

	2022	2021
Interest income and realized gains and losses	\$ 214,076	\$ 232,295
Change in unrealized gains and losses on investments	(512,341)	(273,572)
Net investment income (loss)	\$ (298,265)	\$ (41,277)

**Note 5 - Fair Value of Assets**

The Hospital has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established, which prioritized the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgment, taking into account factors specific to the asset or liability.

Assets and liabilities measured at fair value on a recurring basis and the related fair values of these assets and liabilities at December 31, 2022 are as follows:

	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
December 31, 2022				
Federal Farm Credit Banks	\$ 310,209	\$ -	\$ 310,209	\$ -
Federal Home Loan Bank	249,088	-	249,088	-
Federal National Mortgage Association	648,913	-	648,913	-
Fannie Mae Pool	1,572,988	-	1,572,988	-
Federal Home Loan Mortgage Corporation	1,861,563	-	1,861,563	-
Government National Mortgage Association	294,301	-	294,301	-
Freddie Mac Group	373,046	-	373,046	-
Private Export Funding Corp	945,206	-	945,206	-
U.S. Treasury Notes	2,242,256	-	2,242,256	-
	<u>\$ 8,497,570</u>	<u>\$ -</u>	<u>\$ 8,497,570</u>	<u>\$ -</u>

Assets and liabilities measured at fair value on a recurring basis and the related fair values of these assets and liabilities at December 31, 2021 are as follows:

	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
December 31, 2021				
Federal Farm Credit Banks	\$ 313,142	\$ -	\$ 313,142	\$ -
Federal Home Loan Bank	846,683	-	846,683	-
Federal National Mortgage Association	692,076	-	692,076	-
Fannie Mae Pool	1,295,483	-	1,295,483	-
Federal Home Loan Mortgage Corporation	2,049,031	-	2,049,031	-
Government National Mortgage Association	2,943	-	2,943	-
Freddie Mac Group	519,974	-	519,974	-
Private Export Funding Corp	754,445	-	754,445	-
U.S. Treasury Notes	2,098,856	-	2,098,856	-
	<u>\$ 8,572,633</u>	<u>\$ -</u>	<u>\$ 8,572,633</u>	<u>\$ -</u>

The fair value of the investments noted are estimated using a variety of techniques including quoted market prices of similar items, broker/dealer quotes, and models using market interest rates or yield curves and are included in Level 2.

#### **Note 6 - Capital Assets**

Capital asset additions, retirements, transfers, and balances for the year ended December 31, 2022 are as follows:

	Balance January 1, 2022	Additions	Transfers and Retirements	Balance December 31, 2022
Capital assets not being depreciated				
Land	\$ 1,222,600	\$ -	\$ -	\$ 1,222,600
Capital assets being depreciated				
Land improvements	1,186,844	\$ -	\$ -	1,186,844
Buildings and improvements	19,667,244	-	(331,158)	19,336,086
Equipment	11,574,912	157,720	(4,074,205)	7,658,427
Total capital assets being depreciated	32,429,000	\$ 157,720	\$ (4,405,363)	28,181,357
Less accumulated depreciation for:				
Land improvements	(871,124)	\$ (48,315)	\$ -	(919,439)
Buildings and improvements	(12,319,635)	(579,230)	331,157	(12,567,708)
Equipment	(10,111,628)	(268,381)	4,074,206	(6,305,803)
Total accumulated depreciation	(23,302,387)	\$ (895,926)	\$ 4,405,363	(19,792,950)
Net capital assets being depreciated	\$ 9,126,613			\$ 8,388,407
Right to Use Leased Assets being Amortized				
Equipment	\$ -	\$ 109,650	\$ -	\$ 109,650
Total accumulated amortization	-	\$ (900)	\$ -	(900)
Total right to use leased assets, net	-			108,750
Capital assets, net	\$ 10,349,213			\$ 9,719,757

Capital asset additions, retirements, transfers, and balances for the year ended December 31, 2021 are as follows:

	Balance January 1, 2021	Additions	Transfers and Retirements	Balance December 31, 2021
Capital assets not being depreciated				
Land	\$ 1,222,600	\$ -	\$ -	\$ 1,222,600
Capital assets being depreciated				
Land improvements	1,186,844	\$ -	\$ -	1,186,844
Buildings and improvements	19,535,402	131,842	-	19,667,244
Equipment	10,516,215	1,058,697	-	11,574,912
Total capital assets being depreciated	31,238,461	\$ 1,190,539	\$ -	32,429,000
Less accumulated depreciation for:				
Land improvements	(811,936)	\$ (59,188)	\$ -	(871,124)
Buildings and improvements	(11,644,445)	(675,190)	-	(12,319,635)
Equipment	(9,856,859)	(254,769)	-	(10,111,628)
Total accumulated depreciation	(22,313,240)	\$ (989,147)	\$ -	(23,302,387)
Net capital assets being depreciated	8,925,221			9,126,613
Capital assets, net	\$ 10,147,821			\$ 10,349,213

### Note 7 - Lease Obligations

The Hospital entered into various agreements to lease office equipment and medical equipment. The leases terminate at various dates through September 2027. Under the terms of the lease agreements, the Hospital pays monthly base rents ranging from \$263 of \$2,001.

At December 31, 2022, the Hospital recognized a right to use asset and lease liability of \$108,750 relating to the lease agreements. The Hospital used a discount rate of 5.53% based on the Hospital's incremental borrowing rate at the inception of the lease.

Remaining obligations associated with these leases are as follows:

Years Ending December 31,	Principal	Interest
2023	\$ 20,848	\$ 6,320
2024	22,960	4,208
2025	22,884	2,970
2026	22,264	1,752
2027	19,513	497
	<u>\$ 108,469</u>	<u>\$ 15,747</u>

**Note 8 - Long-Term Debt**

A schedule of changes in the Hospital's long-term debt for the years ended December 31, 2022 and 2021 is as follows:

	Balance December 31, 2021	Additions	Reductions	Balance December 31, 2022	Amounts Due Within One Year
Mortgage note	\$ 13,514,562	\$ -	\$ (530,042)	\$ 12,984,520	\$ 563,519
Hospital Revenue Bond	5,680,572	-	(125,945)	5,554,627	131,140
Note payable	106,897	-	(60,390)	46,507	46,507
<b>Total long-term debt</b>	<b>\$ 19,302,031</b>	<b>\$ -</b>	<b>\$ (716,377)</b>	<b>\$ 18,585,654</b>	<b>\$ 741,166</b>

  

	Balance December 31, 2020	Additions	Reductions	Balance December 31, 2021	Amounts Due Within One Year
Mortgage note	\$ 14,013,117	\$ -	\$ (498,555)	\$ 13,514,562	\$ 530,042
Hospital Revenue Bond	5,801,528	-	(120,956)	5,680,572	125,945
PPP Loan	1,803,590	-	(1,803,590)	-	-
Note payable	165,486	-	(58,589)	106,897	60,390
<b>Total long-term debt</b>	<b>\$ 21,783,721</b>	<b>\$ -</b>	<b>\$ (2,481,690)</b>	<b>\$ 19,302,031</b>	<b>\$ 716,377</b>

Under the terms of the mortgage note payable and Hospital Revenue Bond, the Hospital is limited in the incurrence of additional borrowings, has limitations on purchases of capital assets, and is required to satisfy certain measures of financial performance, defined in the indenture agreements. In addition, the Hospital is required to maintain certain funds for debt reserve.

The terms and due dates of the Hospital's long-term debt are as follows:

- 6.14% mortgage note payable, due in monthly installments of \$112,090, including interest, to August 2037, secured by building, equipment, and net revenues of the Hospital, guaranteed 90% by the U.S. Department of Agriculture.
- 4.125% Hospital Revenue Bond payable to the U.S. Department of Agriculture, due in annual installments of \$360,290, including interest, to July 2047, secured by building, equipment, and net revenues of the Hospital subordinate to the mortgage note payable.
- 3.03% note payable, due in monthly installments of \$5,233, including interest, to September 2023, secured by equipment.
- The Hospital was granted a \$1,803,590 loan under the PPP administered by a Small Business Administration (SBA) approved partner. The Hospital recognized \$1,830,795 of loan forgiveness income for the year ended December 31, 2021.

Scheduled debt service requirements for the Hospital's long-term debt are as follows:

<u>Years Ending December 31,</u>	<u>Long-Term Debt</u>	
	<u>Principal</u>	<u>Interest</u>
2023	\$ 741,166	\$ 1,011,305
2024	735,660	969,715
2025	779,132	926,244
2026	825,225	880,150
2027	874,102	831,273
2028-2032	5,213,591	3,313,285
2033-2037	6,512,657	1,565,857
2038-2042	1,305,807	495,643
2043-2047	1,598,314	203,137
Total	<u>\$ 18,585,654</u>	<u>\$ 10,196,609</u>

**Note 9 - Deferred Compensation Plan**

The Hospital sponsors a deferred compensation plan through annuity contracts with a trustee in accordance with Internal Revenue Code (IRC) Section 457. The plan is available to eligible Hospital employees and permits them to defer a portion of their compensation for retirement purposes. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The deferred compensation is invested for the participants by the Hospital under the plan agreements.

The Hospital also sponsors a 401(a) plan, under which all employees who have completed one year of service are eligible to participate. Participants may defer a portion of their compensation up to specified limits according to the IRC. The Hospital contributes up to 4% of eligible employee compensation annually. Total employer retirement expense for the years ended December 31, 2022, 2021, and 2020 was \$268,369, \$254,061, and \$250,859. The Hospital fully funds all compensation deferred under the plan agreement on a current basis. The assets are invested within various fund pools established and maintained by the plan trustee.

**Note 10 - Concentration of Credit Risk**

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at December 31, 2022 and 2021 was as follows:

	2022	2021
Medicare	38%	37%
Medicaid	16%	14%
Commercial insurance and other third-party payors	36%	35%
Patients	10%	14%
	100%	100%

**Note 11 - Contingencies**

**Risk Management**

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

**Malpractice Insurance**

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

### **Self-Disclosure of Potential Violations of Stark Law**

In December 2016, the Hospital made a disclosure to the Center for Medicare and Medicaid Services (CMS) under the agency's Stark Law Voluntary Self-Referral Disclosure Protocol relating to the compensation paid to an employed physician. Disclosure of this matter also was made to Colorado Medicaid. As stated in the disclosures, after obtaining an independent compensation review, the Hospital was unable to certify that the compensation paid to the physician reflected the fair market value of the physician's services during a six-year period. The Hospital has not received a response to the disclosure from CMS. The Hospital has cooperated with any information requests received. There is little data or experience with resolution of matters disclosed under the CMS protocol and the ultimate outcome of the matter is difficult to estimate. However, the Hospital intends to cooperate with the agencies in their review of this matter and believes that the inadvertence of any discrepancy in compensation as well as the voluntary nature of the disclosure are significant mitigating factors. The Hospital has not accrued an estimated settlement in the financial statements due to the limited data and experience with resolution of these matters.

### **Litigation, Claims, and Disputes**

The Hospital is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the Hospital.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

### **Self-Funded Health Insurance**

The Hospital is self-funded for health benefits for eligible employees and their dependents. The Hospital, in connection with this plan, recognizes health benefit expenses on an accrual basis. An accrued liability is recorded at year-end which estimates the incurred but not reported claims that will be paid by the Hospital. The Hospital has stop loss insurance to cover catastrophic claims in excess of \$60,000 per claim and an annual aggregate limit of \$955,084 for the plan year ended February 28, 2023.

The Hospital expensed amounts representing the employer’s portion of actual claims paid, adjusted for the estimates of liabilities relating to claims resulting from services provided prior to the fiscal year end not to exceed the annual aggregate expense. The estimated liability is included in accrued expenses in the financial statements. These amounts have been estimated based on historical trends and actuarial analysis.

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

<u>Year</u>	<u>Beginning Liability</u>	<u>Current Year Claims and Changes in Estimates</u>	<u>Claim Payments</u>	<u>Ending Liability</u>
2022	\$ 113,000	\$ 1,481,375	\$ (1,363,916)	\$ 230,459
2021	100,000	1,402,951	(1,389,951)	113,000

**COVID-19 Pandemic**

The world-wide coronavirus pandemic continues to impact national and global economies. The Hospital is closely monitoring its operations, liquidity and capital resources and is actively working to minimize the current and future impact of this unprecedented situation. As of the date of issuance of these financial statements, the current and future full impact to the Hospital is not known.



Supplementary Information  
December 31, 2022 and 2021  
**Yuma District Hospital**



## Independent Auditor's Report on Supplementary Information

The Board of Directors  
Yuma District Hospital  
Yuma, Colorado

We have audited the financial statements of Yuma District Hospital as of and for the years ended December 31, 2022 and 2021, and have issued our report thereon dated May 5, 2023, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole.

The supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information, excluding the budget information noted below, is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The budget information, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. The budget information has not been subjected to the auditing procedures applied in the audit of the financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

A handwritten signature in black ink that reads 'Eide Bailly LLP'.

Fargo, North Dakota  
May 5, 2023

Yuma District Hospital  
Schedule of Revenues and Expenses – Budget and Actual  
Year Ended December 31, 2022

	Budget (unaudited)	Actual	Variance Favorable/ (Unfavorable)
<b>Operating Revenues</b>			
Net patient service revenue	\$ 22,382,613	\$ 21,827,818	\$ (554,795)
Other revenue	83,297	501,673	418,376
Total operating revenues	<u>22,465,910</u>	<u>22,329,491</u>	<u>(136,419)</u>
<b>Nonoperating Revenues (Expense)</b>			
Ad valorem taxes	815,690	879,413	63,723
Interest expense	(923,979)	(1,049,758)	(125,779)
Unrestricted gifts and bequests	14,000	737,361	723,361
Investment income	221,828	(298,265)	(520,093)
Total nonoperating revenues (expense)	<u>127,539</u>	<u>268,751</u>	<u>141,212</u>
Total revenues	<u>\$ 22,593,449</u>	<u>\$ 22,598,242</u>	<u>\$ 4,793</u>
<b>Expenses</b>			
Salaries and wages	\$ 10,371,591	\$ 9,838,819	\$ 532,772
Employee benefits	2,505,413	2,551,709	(46,296)
Depreciation	944,693	896,826	47,867
Supplies	2,284,891	2,285,895	(1,004)
Purchased services	3,490,693	5,033,603	(1,542,910)
Other	3,954,613	3,344,024	610,589
Total expenses	<u>23,551,894</u>	<u>23,950,876</u>	<u>(398,982)</u>
Capital Budget	1,314,500	157,720	1,156,780
<b>Debt Retirement</b>			
Principal paid	<u>716,377</u>	<u>716,377</u>	<u>-</u>
Total expenditures	<u>\$ 25,582,771</u>	<u>\$ 24,824,973</u>	<u>\$ 757,798</u>

**Notes to Schedule**

1. Annual budgets are adopted as required by Colorado Statutes. Formal budgetary integration is employed as a management control device during the year. Budgets are adopted on a basis that is consistent with accounting principles generally accepted in the United States of America.
2. Management believes that the Hospital is compliant with the rules of Colorado's Taxpayer's Bill of Rights (TABOR).



**Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

The Board of Directors  
Yuma District Hospital  
Yuma, Colorado

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Audit Standards*, issued by the Comptroller General of the United States, the financial statements Yuma District Hospital (Hospital) as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated May 5, 2023.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings and Responses, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Hospital's financial statements will not be prevented or detected and corrected on a timely basis. We consider deficiencies 2022-001 and 2022-002 described in the accompanying Schedule of Findings and Responses to be material weaknesses.

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider deficiency 2022-003 in the accompanying Schedule of Findings and Responses to be a significant deficiency.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Yuma District Hospital's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Hospital's response to the findings identified in our audit and described in the accompanying Schedule of Findings and Responses. The Hospital's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Fargo, North Dakota  
May 5, 2023

**2022-001      Preparation of Financial Statements**  
**Material Weakness in Internal Control over Financial Reporting**

*Criteria* – A properly designed system of internal control over financial reporting includes preparation of an entity’s financial statements and accompanying notes by internal personnel of the entity. Management is responsible for establishing and maintaining internal control over financial reporting and procedures related to the fair presentation of the financial statements, including the accompanying footnotes, in accordance with generally accepted accounting principles (GAAP).

*Condition* – The Hospital does not have an internal control system designed to provide for the preparation of financial statements and related footnotes being audited. As auditors, we were requested to draft the financial statements and accompanying notes to the financial statements. In addition, audit adjustments were required that were considered material to the financial statements.

*Cause* – This situation is partially due to the limited resources in the financial reporting process due to budgetary constraints.

*Effect* – The effect of this condition is that the year-end financial reporting is prepared by a party outside of the entity. The outside party does not have constant contact with the ongoing financial transactions that internal staff have. Furthermore, it is possible that new standards may not be adopted and applied timely to the interim financial statements. It is the responsibility of the Hospital’s management and those charged with governance to make a decision whether to accept the degree of risk associated with this condition because of cost or other considerations.

*Recommendation* – We recommend that management continue reviewing operating procedures in order to obtain the maximum internal control over financial reporting possible under the circumstances to enable staff to draft the financial statements internally.

*Views of Responsible Officials* – Management agrees with the finding.

**2022-002      Account Reconciliations and Material Audit Adjustments**  
**Material Weakness in Internal Control over Financial Reporting**

*Criteria* – A good system of internal control involves reconciliation of accounts on a monthly basis, with review for accuracy and timeliness.

*Condition* – Currently, there are accounts that are not being reconciled properly and this has resulted in differences in the internal financial statements throughout the year and proposed audit adjustments. Areas affected included patients accounts receivable, allowance for contractual adjustments and provision for bad debts, estimated third-party payors, property and equipment, and self-funded health insurance estimate.

*Cause* – A proper reconciliation between the Hospital’s general ledger and subsidiary accounts was not performed resulting in material adjustments.

*Effect* – The design of internal control over financial reporting could adversely affect the ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. The need for these adjustments indicates that the Hospital’s interim financial information is not materially correct, which may affect management decisions made during the course of the year. As a result, the audit process included preparation of entries. With the proposed entries made during the audit, it is difficult to make changes in the operations on a timely basis in response to financial performance and make appropriate decisions for the future.

*Recommendation* – We recommend that the accounts be reviewed concurrently with monthly close out procedures by printing monthly reports from the modules and reconcile the balances with the general ledger. Any differences should be investigated and corrected on a timely basis. In addition to performing these reconciliations, an individual should be assigned to review the reconciliations on a monthly basis to ensure the accuracy and timeliness of the reconciliations.

*Views of Responsible Officials* – Management agrees with the finding.

**2022-003**

**Segregation of Duties  
Significant Deficiency in Internal Control over Financial Reporting**

*Criteria* – A good system of internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to completion.

*Condition* – The limited number of staff of the Hospital does not facilitate the segregation of duties necessary to achieve a low level of control risk.

*Cause* – The Hospital’s size and budget constraints limit the number of personnel and does not facilitate the segregation of duties necessary to adequately separate procedures.

*Effect* – Inadequate segregation of duties could adversely affect the Hospital’s ability to detect and correct unintentional or intentional misstatements in amounts that would be material to the financial statements in a timely period by employees in the normal course of performing their assigned functions.

*Recommendation* – While we recognize that the Hospital’s staff may not be large enough to permit complete segregation of duties in all respects for an effective system of internal accounting control, all accounting functions should be reviewed to determine if additional segregation is feasible and to improve the efficiency and effectiveness of the financial management of the Hospital.

*Views of Responsible Officials* – Management agrees with the finding.