# PECOS COUNTY MEMORIAL HOSPITAL (An Enterprise Fund of Pecos County, Texas) FORT STOCKTON, TEXAS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017



#### INDEPENDENT AUDITOR'S REPORT

Board of Managers Pecos County Memorial Hospital (An Enterprise Fund of Pecos County, Texas) Fort Stockton, Texas

#### **Report on the Financial Statements**

We have audited the accompanying statements of net position of Pecos County Memorial Hospital, an enterprise fund of Pecos County, Texas (the "Hospital"), as of December 31, 2018 and 2017, and the statements of revenues, expenses, and changes in net position and statements of cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise the Hospital's basic 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.

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.

Durbin & Company, L.L.P. Certified Public Accountants

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 Pecos County Memorial Hospital, an enterprise fund of Pecos County, Texas, as of December 31, 2018 and 2017, and the 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.

# **Effect of Adopting New Accounting Standard**

As discussed in Note 15 to the financial Statements, for fiscal years commencing after June 15, 2017, the Hospital adopted new accounting guidance, GASB statement No. 75, Accounting and Financial Reporting for Postemployment Benefits other Than Pensions, became effective and replaced the requirements of GASB No. 45, Accounting and Financial Reporting by Employer for Postemployment Benefits Other Than Pensions. Our opinion is not modified with respect to this matter.

#### **Other Matters**

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages A-1 through A-5 and the defined benefit plan information on pages 35 through 38 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context.

We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information 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.

Durbin & Company, L.L.P.

Durbin & Company, L.L.P.

Lubbock, Texas July 15, 2019

(Except for Note 11, as to which the date is July 22, 2019)

# PECOS COUNTY MEMORIAL HOSPITAL (An Enterprise Fund of Pecos County, Texas) FORT STOCKTON, TEXAS

# **MANAGEMENT'S DISCUSSION & ANALYSIS**

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

Our discussion and analysis of Pecos County Memorial Hospital's, an enterprise fund of Pecos County, Texas (the "Hospital"), financial performance provides an overview of the Hospital's financial activities for the fiscal years ended December 31, 2018 and 2017. Please read it in conjunction with the Hospital's financial statements, which begin on page 1.

#### FINANCIAL HIGHLIGHTS

- The Hospital's net position reflects a (\$3,219,897), or (27.9%), decrease in 2018 and a (\$6,711,353), or (138.6%), decrease in 2017. During 2018, the Hospital adopted the provisions of a new accounting standard, resulting in a restatement of the FY 2017 net position. FY 2017 net position decreased an additional (\$2,791,644) from the originally reported amount of \$4,842,022.
- Net patient service revenue increased \$2,069,504, or 10.5%, in 2018 and decreased (\$1,190,340), or (5.7%), in 2017.
- Total operating expenses increased (\$409,255), or (1.3%), in 2018 and decreased \$1,506,181, or 4.7%, in 2017.

#### 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 contributors, grantors, and enabling legislation.

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

Our analysis of the Hospital's finances begins on page A-2. 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 it. 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 are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors; however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to access the overall health of the Hospital.

#### The Statement of Cash Flows

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

#### THE HOSPITAL'S NET POSITION

The Hospital's net position is the difference between its assets and deferred outflows of resources and liabilities and deferred inflows of resources reported in the Statement of Net Position on page 2. The Hospital's net position decreased (\$3,219,897), or (27.9%), in 2018 and (\$6,711,353), or (138.6%), in 2017, as you can see below.

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

		2017	
	2018	(Restated)	2016
Assets and Deferred Outflows of Resources:			
Current Assets	\$ 5,158,771	\$ 7,154,251	\$ 5,586,221
Capital Assets (Net)	14,258,349	13,938,744	15,079,505
Total Assets	19,417,120	21,092,995	20,665,726
Deferred Outflows of Resources	1,607,053	3,436,067	3,959,999
Total Assets and Deferred Outflows			
of Resources	\$ 21,024,173	\$ 24,529,062	\$ 24,625,725
Liabilities and Deferred Inflows of Resources:			
Long-Term Debt Outstanding	\$ 1,147,643	\$ 196,754	\$ 954,573
Other Current and Non-Current	33,743,382	35,311,108	28,029,492
Deferred Inflows of Resources	906,420	574,575	483,682
Total Liabilities and Deferred Inflows			
of Resources	35,797,445	36,082,437	29,467,747
Net Position:			
Net Investment in Capital Assets	13,110,706	13,741,990	14,124,932
Unrestricted	(27,883,978)	(25,295,365)	(18,966,954)
Total Net Position	(14,773,272)	(11,553,375)	(4,842,022)
Total Liabilities, Deferred Inflows of			
Resources, and Net Position	\$ 21,024,173	\$ 24,529,062	\$ 24,625,725

Significant components of the change in the Hospital's net position are due to an increase the valuation of the TCDRS retirement and other post-employment benefit plans related liabilities.

# THE HOSPITAL'S NET POSITION (CONTINUED)

The most recent valuations of the retirement and other postemployment benefit plans resulted in a decrease in net position of (\$2,142,750).

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

In 2018 and 2017, the Hospital's net position decreased (\$3,219,897) and (\$6,711,353), respectively. This decrease is made up of different components, as you can see from **Table 2**.

**Table 2: Operating Results and Changes in Net Position** 

		2017	
	2018	(Restated)	2016
Operating Revenues:			
Net Patient Service Revenue	\$ 21,738,438	\$ 19,668,934	\$ 20,859,274
Delivery System Reform Incentive Program	425,516	1,603,067	1,434,193
Other Operating Revenue	571,063	334,020	290,099
Total Operating Revenue	22,735,017	21,606,021	22,583,566
Operating Expenses:			
Salaries, Wages, and Benefits	20,577,159	21,744,092	21,459,601
Other Operating Expenses	9,410,306	7,662,752	9,147,353
Depreciation/Amortization	1,250,483	1,421,849	1,727,920
Total Operating Expenses	31,237,948	30,828,693	32,334,874
Operating Loss	(8,502,931)	(9,222,672)	(9,751,308)
Nonoperating Revenues and Expenses:			
County Subsidy	4,931,990	4,836,026	3,455,312
Noncapital Grants/Contributions	100,000	17,318	11,638
Community Benefit Support	146,889	836,442	852,512
Intergovernmental Transfer Expense	-	(425,000)	(625,000)
Loss on Disposal of Assets	-	295	(1,081,479)
Other	(974)	8,952	(52,325)
Deficit of Revenues over Expenses Before			
Capital Grants and Contributions	(3,325,026)	(3,948,639)	(7,190,650)
Capital Grants and Contributions	105,129	28,930	26,925
Decrease in Net Position	(3,219,897)	(3,919,709)	(7,163,725)
Net Position, Beginning of Year as Previously Reported	(11,553,375)	(4,842,022)	2,321,703
Prior Period Adjustment - Adoption of Accounting Standard		(2,791,644)	
Net Position, Beginning of Year, as Restated	(11,553,375)	(7,633,666)	2,321,703
Net Position, End of Year	\$(14,773,272)	\$(11,553,375)	\$ (4,842,022)

## **Operating Losses**

The first component of the overall change in the Hospital's net position is its operating loss - generally, the difference between net patient service revenues and the expenses incurred to perform those services. The Hospital has reported an operating loss of (\$8,502,661) in 2018 and (\$9,222,672) in 2017. Changes in reimbursement rates, payment schedules, fluctuation in payments for inpatient and outpatient services, utilization by the medical staff, changes in the Hospital's net pension and OPEB liabilities, and other factors have impacted the operating losses from year to year.

The primary components of a favorable decrease in operating loss in 2018 are:

- Net patient service revenue increased \$2,069,504, or 10.5%
- Salaries, wages, and benefits expense decreased \$1,166,933, or 5.4%
- Other operating revenue increased \$237,043, or 71.0%

The primary components of a favorable decrease in operating loss in 2017 are:

- Delivery system reform incentive program increased \$168,874, or 11.8%
- Salaries, wages, and benefits expense decreased \$284,491, or 1.3%

# **Nonoperating Revenues and Expenses**

Nonoperating revenues consist primarily of County subsidies provided by Pecos County, Texas (the "County") and community benefit support revenue. The County subsidies are provided to subsidize the Hospital's operations, including providing care to the indigent population of Pecos County, Texas. These subsidies are both noncapital and capital in nature. The County subsidies fluctuate based on property values and the continuous tax rate. Indigent care support revenue exceeded intergovernmental transfer expense by \$146,889 and \$411,442 in 2018 and 2017, respectively.

#### Grants, Contributions, and Endowments

The Hospital received \$100,000 and \$17,318 in noncapital grants and contributions in 2018 and 2017, respectively, and received \$105,129 and \$28,930 in capital grants and contributions in 2018 and 2017, respectively.

#### THE HOSPITAL'S CASH FLOWS

Changes in the Hospital's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses previously discussed.

#### CAPITAL ASSETS AND DEBT ADMINISTRATION

# **Capital Assets**

At the end of 2018, the Hospital had \$14,258,349 invested in capital assets, net of accumulated depreciation, as detailed in Note 5 of the financial statements, compared to \$13,938,744 in 2017. In 2018 and 2017, the Hospital acquired \$1,570,089 and \$281,088, respectively, in capital assets.

#### **Debt**

At the end of 2018, the Hospital had long-term debt outstanding of \$1,147,643, as detailed in Note 6 of the financial statements, compared to \$196,754 in 2017. During 2018 and 2017, the Hospital assumed \$1,058,980 and \$9,000 respectively, in capital lease obligations. In 2018 and 2017, long-term debt payments made by Pecos County, Texas on behalf of the Hospital totaled \$-0- and \$635,000, respectively.

#### **Other Economic Factors**

The Hospital maintains good relations with agricultural based companies, petroleum industry, City of Fort Stockton, and school districts as well as other businesses in Pecos County, Texas. Some of these relations are being fostered through the clinics, wellness center, and outpatient services. The Hospital continues to expand its presence in the area by opening clinics in smaller surrounding communities and expanding its clinical operations in Fort Stockton, Texas.

#### 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 any questions about this report or need additional financial information, contact the Hospital's Chief Financial Officer at Pecos County Memorial Hospital, West IH-10, Fort Stockton, Texas 79735.

# PECOS COUNTY MEMORIAL HOSPITAL (An Enterprise Fund of Pecos County, Texas) FORT STOCKTON, TEXAS

FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

## STATEMENTS OF NET POSITION

# **DECEMBER 31, 2018 AND 2017**

		2017
ASSETS AND DEFERRED OUTFLOWS	2018	(Restated)
OF RESOURCES:		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 1,784,326	\$ 651,905
Patient Accounts Receivable, Net of Allowances	2,801,787	2,522,915
Estimated Third-Party Payor Settlements	2,001,707	527,962
Other Receivables	89,612	3,016,300
Inventory of Supplies	396,266	434,333
Prepaid and Other Current Assets	86,780	836
1		
Total Current Assets	5,158,771	7,154,251
CAPITAL ASSETS,		
Net of Accumulated Depreciation	14,258,349	13,938,744
Total Assets	19,417,120	21,092,995
DEFERRED OUTFLOWS OF RESOURCES		
Difference Between Projected and Actual Earnings	-	2,090,611
Differences Between Expected and Actual Experience	48,278	6,497
Changes in Assumptions or Inputs	326,380	260,697
Contributions Subsequent to the Measurement Date	1,232,395	1,078,262
Total Deferred Outflows of Resources	1,607,053	3,436,067

Total Assets and Deferred
Outflows of Resources

\$ 21,024,173 \$ 24,529,062

# STATEMENTS OF NET POSITION

# **DECEMBER 31, 2018 AND 2017**

		2017
LIABILITIES, DEFERRED INFLOWS OF	2018	(Restated)
RESOURCES, AND NET POSITION:		
CURRENT LIABILITIES		
Current Portion of Long-Term Debt	\$ 187,736	\$ 97,815
Accounts Payable	788,964	2,223,961
Accrued Payroll, Benefits, and Related Liabilities	1,781,284	1,679,930
Estimated Third-Party Payor Settlements	12,387	-
Other Accrued Liabilities	446,091	806,475
Due to Pecos County	174,386	-
Other Post-Employment Benefit Obligation,		
Current Portion	611,000	554,016
Total Current Liabilities	4,001,848	5,362,197
NONCURRENT LIABILITIES		
Long-Term Debt, Net of Current Portion	959,907	98,939
Net Pension Liability	2,794,791	4,595,869
Other Post-Employment Benefit Obligation,	2,774,771	4,575,007
Net of Current Portion	27,134,479	25,450,857
Total Noncurrent Liabilities	30,889,177	30,145,665
Total Professional Englishers	30,889,177	
Total Liabilities	34,891,025	35,507,862
DEFERRED INFLOWS OF RESOURCES		
Difference Between Projected and Actual Earnings	576,819	-
Difference Between Expected and Actual Experience	329,601	574,575
Total Deferred Inflows of Resources	906,420	574,575
Total Liabilities and Deferred Inflows of Resources	35,797,445	36,082,437
NET POSITION		
Net Investment in Capital Assets	13,110,706	13,741,990
Unrestricted	(27,883,978)	(25,295,365)
Onestroted	(27,003,770)	(23,273,303)
Total Net Position	(14,773,272)	(11,553,375)
Total Liabilities, Deferred Inflows of		
Resources, and Net Position	\$ 21,024,173	\$ 24,529,062

The accompanying notes are an integral part of these financial statements.

# STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

# FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

		2017
	2018	(Restated)
OPERATING REVENUES:		
Net Patient Service Revenue	\$ 21,738,438	\$ 19,668,934
Delivery System Reform Incentive Program	425,516	1,603,067
Other Operating Revenue	571,063	334,020
Total Operating Revenues	22,735,017	21,606,021
OPERATING EXPENSES:		
Salaries and Wages	13,642,299	13,150,948
Employee Benefits	6,934,860	8,593,144
Professional Fees and Purchased Services	5,020,614	3,576,549
Supplies and Other	2,512,890	2,034,057
Other Operating	1,876,802	2,052,146
Depreciation and Amortization	1,250,483	1,421,849
Total Operating Expenses	31,237,948	30,828,693
Operating Loss	(8,502,931)	(9,222,672)
NONOPERATING REVENUES (EXPENSES):		
County Subsidy	4,931,990	4,836,026
Noncapital Grants and Contributions	100,000	17,318
Community Benefit Support	146,889	836,442
Intergovernmental Transfer Expense	-	(425,000)
Investment Income	29,966	16,467
Interest Expense	(30,940)	(7,515)
Gain on Disposal of Assets		295
Total Nonoperating Revenues (Expenses)	5,177,905	5,274,033
Deficit of Revenues Over Expenses Before		
Capital Grants and Contributions	(3,325,026)	(3,948,639)
Capital Grants and Contributions	105,129	28,930
Decrease in Net Position	(3,219,897)	(3,919,709)
Net Position, Beginning of Year as Previously Reported	(8,761,731)	(4,842,022)
Prior Period Restatement - Adoption of Accounting Standard		(2,791,644)
Net Position, Beginning of Year as Restated	(11,553,375)	(7,633,666)
Net Position, End of Year	\$(14,773,272)	\$(11,553,375)

The accompanying notes are an integral part of these financial statements.

# STATEMENTS OF CASH FLOWS

# FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

		2017
	2018	(Restated)
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts From and on Behalf of Patients	\$ 21,775,972	\$ 18,899,231
Other Receipts and Payments, Net	3,786,826	928,791
Payments to Suppliers and Contractors	(10,746,291)	(6,417,032)
Payments to Employees	(18,201,032)	(17,330,870)
Net Cash Used by Operating Activities	(3,384,525)	(3,919,880)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Investment Earnings	29,966	16,467
CASH FLOWS FROM CAPITAL AND RELATED		
FINANCING ACTIVITIES:		
Capital Grants and Contributions	105,129	28,930
County Subsidy for Capital Activities	429,496	819,758
Principal Payments on Long-Term Debt	(108,091)	(766,819)
Interest Payments on Long-Term Debt	(30,940)	(7,515)
Proceeds From Sale of Capital Assets	-	295
Purchase of Capital Assets	(511,108)	(272,088)
Net Cash Used by Capital and Related Financing		
Activities	(115,514)	(197,439)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIV	ITIES:	
County Subsidy for Operations	4,502,494	4,016,268
Noncapital Grants and Contributions	100,000	17,318
Payments for Intergovernmental Transfers		(200,000)
Net Cash Provided by Noncapital Financing Activities	4,602,494	3,833,586
Net Increase (Decrease) in Cash and Cash Equivalents	1,132,421	(267,266)
Cash and Cash Equivalents, Beginning of Year	651,905	919,171
Cash and Cash Equivalents, End of Year	\$ 1,784,326	\$ 651,905

# STATEMENTS OF CASH FLOWS (CONTINUED)

# FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

		2017
	2018	(Restated)
RECONCILIATION OF OPERATING LOSS TO NET CASH USED BY OPERATING ACTIVITIES:		
Operating Loss	\$ (8,502,931)	\$ (9,222,672)
Adjustments to Reconcile Operating Loss to Net Cash	Ψ (0,302,731)	Ψ (),222,072)
Used by Operating Activities:		
Depreciation and Amortization	1,250,483	1,421,849
Provision for Bad Debt	6,656,281	2,143,297
Community Benefit Support	146,889	836,442
Pension Expense (Income)	356,921	634,910
Other Post-Employment Benefit Expense	1,743,466	3,654,881
(Increase) Decrease in:	,,	- , ,
Accounts Receivable	(6,935,153)	(2,519,377)
Estimated Third-Party Payor Settlements	527,962	(527,962)
Other Receivables	2,926,688	(1,113,394)
Prepaid Expenses and Other Current Assets	(47,877)	(42,860)
Increase (Decrease) in:		
Accounts Payable	(1,434,997)	452,138
Accrued Salaries and Benefits Payable	101,354	123,431
Estimated Third-Party Payor Settlements	12,387	(43,564)
Other Accrued Liabilities	(360,384)	283,001
Due To Pecos County	174,386	
Net Cash Used by Operating Activities	\$ (3,384,525)	\$ (3,919,880)
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING	G AND FINANCI	NG ACTIVITIES:
Acquisition of Capital Assets Under Capital Lease Obligations	\$ 1,058,980	\$ 9,000
Reduction of Long-Term Debt on Behalf of Hospital	\$ -	\$ 635,000
Interest Expense Related to Reduction of Long-Term Debt	\$ -	\$ 9,874

## **NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Organization** – Pecos County Memorial Hospital (the "Hospital") is an enterprise fund of Pecos County, Texas (the "County"). The Hospital is an acute care hospital located in Fort Stockton, Texas. The Hospital is operated under a six member Board of Managers, who are appointed by the elected County Commissioners. The Hospital primarily earns revenues by providing inpatient, outpatient, and emergency care services to residents of Pecos County, Texas and patients from the surrounding area. The County General Fund subsidizes the Hospital as needed with a budgeted portion of the ad valorem tax revenue assessed by the County each year.

The Hospital operates an acute care facility, the Family Care Center, a home health service, hospice services, a wellness center, and community health clinics in Fort Stockton, Sanderson, and Marathon, Texas.

**Enterprise Fund Accounting** – The Hospital uses enterprise fund accounting. The accompanying financial statements are prepared on the accrual basis of accounting, whereby revenues are recognized in the accounting period when services are rendered and expenses are recognized when incurred.

**Method of Accounting -** The Hospital is considered a governmental organization and is subject to the pronouncements of the Governmental Accounting Standards Board (GASB). The Hospital has elected to apply the provisions based on GASB Statement No. 62, Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncement. The Hospital has also elected to apply the provisions of GASB Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position.

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 and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents - The Hospital considers highly liquid investments with a maturity of three months or less to be cash equivalents, excluding amounts whose use is limited by board designation or other arrangements under trust agreements or with third-party payors. At December 31, 2018 and 2017, cash and cash equivalents consisted primarily of deposits.

Patient Accounts Receivable - The allowance for estimated uncollectible patient accounts receivable is maintained at a level which, in management's judgment, is adequate to absorb patient account balance write-offs inherent in the billing process. The amount of the allowance is based on management's evaluation of the collectability of patient accounts receivable, including the nature of the accounts, credit concentrations, trends in historical write-off experience, specific impaired accounts, and economic conditions. Allowances for uncollectibles and contractual adjustments are generally determined by applying historical percentages to financial classes within accounts receivable. The allowances are increased by a provision for bad debt expenses and contractual adjustments, and reduced by write-offs, net of recoveries.

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Inventory of Supplies - Inventory is stated at historical cost on the First-In, First-Out (FIFO) method.

**Assets Whose Use is Limited -** Assets whose use is limited include assets set aside by the board of managers to be used for capital expenditures over which the board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Hospital are reclassified in the statements of net position as current assets.

Capital Assets – Capital assets are carried at cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Except for capital assets acquired through gifts, contributions, or capital grants, interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets. The Hospital has elected to capitalize expenditures over \$1,000 and provide for depreciation of capital assets by the straight-line method at rates promulgated by the American Hospital Association, which are designed to amortize the cost of such equipment over its useful life as follows:

Land Improvements	8 to 15 years
Building (Components)	5 to 40 years
Equipment	3 to 20 years
Leased Assets	5 years

**Deferred Outflows of Resources/Deferred Inflows of Resources** — Transactions not meeting the definition of an asset or liability that result in the consumption or acquisition of net position in one period that are applicable to future periods are reported as deferred outflows of resources and deferred inflows of resources, respectively.

Compensated Absences – Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. The expense and the related liability are recognized as vacation benefits and are earned whether the employee is expected to realize the benefit as time off or in cash. The expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date.

## NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Defined Benefit Pension Plan** – For purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources, and pension income/expense related to the defined benefit pension plan, information about the fiduciary net position of the Texas County and District Retirement System ("TCDRS") defined benefit pension plan and additions to/deductions from TCDRS's fiduciary net position have been determined on the same basis as they are reported by TCDRS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Other Post-Employment Benefit ("OPEB") Obligation – The OPEB net liability is measured as the portion of the present value of expected future benefits, based on certain actuarial assumptions, to be provided to current active and inactive employees that is attributed to those employees' past periods of service (total OPEB liability), less the amount of the OPEB plan's fiduciary net position. Changes in the net OPEB liability are recognized as OPEB expense or reported as deferred outflows of resources or deferred inflows of resources depending on the nature of the change. The total OPEB liability is determined through an actuarial valuation, which is required to be performed at least every two years.

Net Position – Net position of the Hospital is classified into two components: net investment in capital assets and unrestricted. The net investment in capital assets component of net position consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings that are attributable to the acquisition, construction, or improvement of those assets. The unrestricted component of net position is the net amount of the assets, deferred outflows of resources, liabilities, and deferred inflows of resources that are not included in the determination of net investment in capital assets.

Operating Revenues and Expenses – For purposes of display, the Hospital's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Hospital's principal activity. Non-exchange revenues, including County subsidies and grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

**Federal Income Taxes** - The Hospital is a governmental entity and is qualified as a tax-exempt organization under Section 115 of the Internal Revenue Code and a similar provision of state law; therefore, no expense has been provided for income taxes in the accompanying financial statements.

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. Management's policy for the provision of charity care is to determine eligibility by considering gross income, family size, employment status, amount and frequency of medical bills, and other cash resources.

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Charity Care (Continued)** - The Hospital considers Federal Poverty Income Limits issued by the U.S. Department of Health and Human Services to determine eligibility. Eligibility approval shall be good for one calendar year. Because the Hospital does not pursue the collection of amounts determined to qualify as charity care, charity care is excluded from net patient service revenue.

**County Subsidies** – The Hospital receives payments from Pecos County, Texas to subsidize the costs incurred in providing healthcare services to the County's indigent population, other operating costs, and capital related acquisitions, including servicing certain debt. These payments are based on an amount approved by the County Commissioners and are subject to change based on the County's annual budget.

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

**Risk Management** - The Hospital is exposed to various risks of loss from torts: theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disaster; and employee health, dental, and accidental benefits. Commercial insurance coverage is purchased for claims arising from such matters.

#### **Newly Adopted Accounting Pronouncements:**

**GASB Statement No. 75** – GASB Statement No. 75, Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions, changes the focus of accounting of postemployment benefits other than pensions from whether they are responsibly funding the benefits over time to a point-in-time liability that is reflected on the employer's financial statements for any actuarially unfunded portion of benefits earned to date. This Statement is effective for fiscal years beginning after June 15, 2017.

#### **Pending Adoption of Recent Accounting Pronouncements:**

**GASB Statement No. 87** – In June 2017, GASB issued GASB Statement No. 87 – *Leases*. The objective of this Statement is to improve accounting and financial reporting for leases by governments by requiring recognition of certain lease 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 Statement is effective for reporting periods beginning after December 15, 2019. Management is currently evaluating the effect this pronouncement will have on the financial statements and related disclosures.

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

# **Pending Adoption of Recent Accounting Pronouncements:**

**GASB Statement No. 88** – In April 2018, GASB issued GASB Statement No. 88 – *Certain Disclosures Related to Debt, Including Direct Borrowings and Direct Placements*. The objective of this Statement is to improve the information that is disclosed in notes to government financial statements related to debt, including direct borrowings and direct placements. It also clarifies which liabilities governments should include when disclosing information related to debt. The Statement is effective for reporting periods beginning after June 15, 2018. Management is currently evaluating the effect this Statement will have on the financial statements and related disclosures.

**GASB Statement No. 89** – In June 2018, GASB issued GASB Statement No. 89 – *Accounting for Interest Cost Incurred before the End of a Construction Period*. The objective of this Statement is to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and to simplify accounting for interest cost incurred before the end of a construction period. The Statement is effective for reporting periods beginning after December 15, 2019. Management is currently evaluating the effect this pronouncement will have on the financial statements and related disclosures.

GASB Statement No. 90 – In August 2018, GASB issued GASB Statement No. 90 – Major Equity Interests. The objective of this Statement is to improve the consistency and comparability of reporting a government's majority equity interest in a legally separate organization and to improve the relevance of financial statement information for certain component units. It defines a majority equity interest and specifies that a majority equity interest in a legally separate organization should be reported as an investment if a government's holding of the equity interest meets the definition of an investment. A majority equity interest that meets the definition of an investment should be measured using the equity method, unless it is held by a special-purpose government engaged only in fiduciary activities, a fiduciary fund, or an endowment (including permanent and term endowments) or permanent fund. Those governments and funds should measure the majority equity interest at fair value. The Statement is effective for reporting periods beginning after December 15, 2018. Management is currently evaluating the effect this pronouncement will have on the financial statements and related disclosures.

Accounting Standards Update (ASU) No. 2014-09 — In May 2014, the Financial Accounting Standards Board ("FASB") issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). ASU 2014-09 was implemented by FASB to determine whether an entity should recognize revenue. An entity should recognize revenue to depict the transfers of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. ASU 2014-09 is effective for fiscal years beginning after December 15, 2018, with early implementation permitted. Management is currently evaluating the effect this pronouncement will have on the financial statements and related disclosures.

#### **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** - Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

**Medicaid** – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology for certain services and at prospectively determined rates for all other services. The Hospital is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary.

**Other** - The Hospital has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Net patient service revenue is comprised as follows:

	2018	2017
Routine Patient Services Ancillary Patient Services:	\$ 2,337,477	\$ 2,606,772
Inpatient	6,378,829	6,281,167
Outpatient	41,829,004	38,568,214
Gross Patient Service Revenue	50,545,310	47,456,153
Charity	(2,300,067)	(2,967,555)
Third-Party Contractual Adjustments	(22,777,840)	(24,491,553)
Provision for Bad Debts	(6,656,281)	(2,143,297)
Medicaid Supplemental Payments and Other Credits	2,927,316	1,815,186
Net Patient Service Revenue	\$ 21,738,438	\$ 19,668,934

Charity Care – The value of charity care provided by the Hospital based upon its established rates was \$2,300,067 in 2018 and \$2,967,555 in 2017. ASU 2010-23 requires charity care to be disclosed on a cost basis. The Hospital utilizes the cost to charge ratios, as calculated based on its most recent cost reports, to determine the total cost. The Hospital's cost of providing charity care was \$1,453,548 and \$1,693,662 for the years ended December 31, 2018 and 2017, respectively.

## NOTE 2 - NET PATIENT SERVICE REVENUE (CONTINUED)

**Estimated Third-Party Payor Settlements** - 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. Anticipated final settlement amounts from current and prior years' cost reports are recorded in the financial statements as they are determined by the Hospital. Estimated third-party payor settlements recorded in current assets (liabilities) at December 31, 2018 and 2017 are (\$12,387) and \$527,962, respectively.

# **NOTE 3 - DEPOSITS WITH FINANCIAL INSTITUTIONS**

At December 31, 2018 and 2017, the carrying amounts of the Hospital's deposits with financial institutions were \$1,784,326 and \$651,905, respectively, and the bank balances were \$2,170,947 and \$1,009,640 respectively. The bank balances are secured through the bank by FDIC insurance up to the limits required by law. Any amounts in excess of this coverage are combined with the cash balances of Pecos County for purposes of collateralization by pledged securities.

#### **NOTE 4 - ACCOUNTS RECEIVABLE**

Accounts receivable consist of the following at December 31:

	2018	2017
Gross Accounts Receivable	\$ 19,967,607	\$ 15,536,341
Less: Allowance for Bad Debts	(13,049,290)	(9,625,403)
Allowance for Contractuals	(4,116,530)	(3,388,023)
Accounts Receivable, Net of Allowance	\$ 2,801,787	\$ 2,522,915

**Concentration of Credit Risk** - The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at December 31 is as follows:

	2018	2017
Medicare	16%	21%
Medicaid	11%	10%
Other Third-Party Payors	26%	18%
Patients	47%	51%
Total	100%	100%

# NOTE 5 – CAPITAL ASSETS

The following is a summary of capital assets at cost less accumulated depreciation:

	Balance 12/31/2017	Additions	Reclass/ Retirements	Balance 12/31/2018
Capital Assets Not Being Depreciated:				
Land	\$ 85,649	\$ -	\$ -	\$ 85,649
Capital Assets Being Depreciated:				
Land Improvements	735,721	-	_	735,721
Building and Improvements	24,760,649	65,573	_	24,826,222
Equipment	13,675,806	445,536	237,820	14,359,162
Capital Leases	484,186	1,058,980	(237,820)	1,305,346
Capitalized Interest	1,746,954			1,746,954
Total Capital Assets Being				
Depreciated	41,403,316	1,570,089	-	42,973,405
Less Accumulated Depreciation for:				
Land Improvements	(626,704)	(12,441)	_	(639,145)
Building and Improvements	(13,331,146)	(757,604)	_	(14,088,750)
Equipment	(12,633,973)	(387,492)	(159,852)	(13,181,317)
Capital Leases	(275,929)	(49,273)	159,852	(165,350)
Capitalized Interest	(682,469)	(43,674)		(726,143)
Total Accumulated				
Depreciation	(27,550,221)	(1,250,484)		(28,800,705)
Total Capital Assets Being				
Depreciated, Net	13,853,095	319,605		14,172,700
Total Capital Assets, Net	\$13,938,744	\$ 319,605	\$ -	\$14,258,349

# NOTE 5 – CAPITAL ASSETS (CONTINUED)

	Balance		Reclass/	Balance	
	12/31/2016	Additions	Retirements	12/31/2017	
Capital Assets Not Being Depreciated:					
Land	\$ 85,649	\$ -	\$ -	\$ 85,649	
Capital Assets Being Depreciated:					
Land Improvements	735,721	-	-	735,721	
Building and Improvements	24,723,520	37,129	-	24,760,649	
Equipment	12,957,847	234,959	483,000	13,675,806	
Capital Leases	958,186	9,000	(483,000)	484,186	
Capitalized Interest	1,746,954			1,746,954	
Total Capital Assets Being					
Depreciated	41,122,228	281,088	-	41,403,316	
Less Accumulated Depreciation for:					
Land Improvements	(614,263)	(12,441)	-	(626,704)	
Building and Improvements	(12,573,988)	(757,158)	-	(13,331,146)	
Equipment	(11,672,353)	(506,795)	(454,825)	(12,633,973)	
Capital Leases	(628,973)	(101,781)	454,825	(275,929)	
Capitalized Interest	(638,795)	(43,674)		(682,469)	
Total Accumulated					
Depreciation	(26,128,372)	(1,421,849)		(27,550,221)	
Total Capital Assets Being					
Depreciated, Net	14,993,856	(1,140,761)		13,853,095	
Total Capital Assets, Net	\$15,079,505	\$(1,140,761)	\$ -	\$13,938,744	

# NOTE 6 – LONG-TERM DEBT

Following is a summary of long-term debt at December 31:

		Balance /31/2017	Λ.	lditions	D	Reductions		Balance /31/2018		ne Within ne Year
Capital Leases Payable:	12	/31/2017	AC	iditions		eductions_	12	/31/2016		ile i eai
Capital Lease #3	\$	8,226	\$		\$	(8,226)	\$	_	\$	
Capital Lease #4	Ψ	9,856	Ψ		Ψ	(9,856)	Ψ	_	Ψ	
Capital Lease #5		63,721		_		(21,620)		42,101		25,345
Capital Lease #6		80,486				(27,778)		52,708		31,926
Capital Lease #7		27,433		_		(27,778) $(27,433)$		52,700		51,920
Capital Lease #8		7,032		_		(27,433) $(2,902)$		4,130		3,256
Capital Lease #9		7,032	,	318,679		(2,902) $(3,130)$		315,549		38,683
Capital Lease #10		-		740,301		(7,146)		733,155		88,526
Total Capital Leases				740,301		(7,140)		/33,133		00,320
•	<b>C</b>	106 754	¢ 1 /	050 000	•	(109 001)	<b>©</b> 1	147 642	Φ	197 726
Payable		196,754	\$1,	058,980	\$	(108,091)	\$ 1	,14/,043	\$	187,736
	]	Balance					I	Balance	Dι	ıe Within
	12	/31/2016	Ad	lditions	R	Reductions		/31/2017	О	ne Year
Bonds Payable:										
Series 2008	\$	635,000	\$	-	\$	(635,000)	\$	-	\$	-
Capital Leases Payable:										
Capital Lease #1		9,346		_		(9,346)		_		_
Capital Lease #2		13,981		_		(13,981)		_		_
Capital Lease #3		17,469		_		(9,243)		8,226		8,226
Capital Lease #4		28,519		_		(18,663)		9,856		9,856
Capital Lease #5		82,165		_		(18,444)		63,721		21,620
Capital Lease #6		104,654		_		(24,168)		80,486		27,778
Capital Lease #7		63,439		_		(36,006)		27,433		27,433
Capital Lease #8		_		9,000		(1,968)		7,032		2,902
Total Capital Leases										
Payable		319,573		9,000		(131,819)		196,754		97,815
•										
Total Long-Term Debt										
and Capital Leases	\$	954,573	\$	9,000	\$	(766,819)	\$	196,754	\$	97,815

# NOTE 6 – LONG-TERM DEBT (CONTINUED)

The terms and due dates of the Hospital's long-term debt at December 31, 2018 and 2017 is as follows:

- Revenue Bonds, Series 2008 were issued in the principal amount of \$5,000,000 for the purpose of constructing a physical therapy wellness center, payable in annual installments of various amounts until February 2017, interest is payable semiannually at a rate of 3.11%, secured by a levy of property tax by Pecos County, Texas and additional surplus revenues of the Hospital, the bonds were paid in full.
- Capital lease #1 Lease payable to Siemens Financial Services, payable in monthly installments of \$4,710, carrying an effective interest rate of 6.40%, with a maturity date of February 2017, collateralized by leased equipment, paid in full in February 2017.
- Capital lease #2 Lease payable to Siemens Financial Services, payable in monthly installments of \$4,710, carrying an effective interest rate of 6.40%, with a maturity date of May 2017, collateralized by leased equipment, paid in full March 2017.
- Capital lease #3 Lease payable to Baytree National Bank, payable in monthly installments of \$850, carrying an effective interest rate of 7.20%, with a maturity date of August 2018, collateralized by leased equipment, paid in full October 2018.
- Capital lease #4 Lease payable to Beckman Coulter, payable in monthly installments of \$1,678, carrying an effective interest rate of 7.34%, with a maturity date of June 2018, collateralized by leased equipment, paid in full June 2018.
- Capital lease #5 Lease payable to Philips Medical, payable in monthly installments of \$2,523, carrying an effective interest rate of 16.00%, with a maturity date of July 2020, collateralized by leased equipment.
- Capital lease #6 Lease payable to Philips Medical, payable in monthly installments of \$3,109, carrying an effective interest rate of 14.00%, with a maturity date of July 2020, collateralized by leased equipment.
- Capital lease #7 Lease payable to Dell Financial Services, payable in monthly installments of \$3,071, carrying an effective interest rate of 1.80%, with a maturity date of September 2018, collateralized by leased equipment, paid in full September 2018.
- Capital lease #8 Lease payable to Marlin Business Bank, payable in monthly installments of \$297, carrying an effective interest rate of 11.55%, with a maturity date in March 2020, collateralized by equipment.
- Capital lease #9 Lease payable to Siemens Financial, payable in monthly installments of \$4,564, carrying an effective interest rate of 5.40%, with a maturity date in October 2025, collateralized by equipment.
- Capital lease #10 Lease payable to Siemens Financial, payable in monthly installments of \$10,771, carrying an effective interest rate of 5.88%, with a maturity date in October 2025, collateralized by equipment.

# NOTE 6 – LONG-TERM DEBT (CONTINUED)

The following is a schedule of the long-term debt principal and interest maturities and future minimum lease payments on the capital lease obligations for each of the next four years:

	Capital Lease Obligations			
For the Years Ending	]	Principal	Interest	
December 31,				
2019	\$	187,736	\$	67,432
2020		173,106		51,229
2021		142,621		41,399
2022		151,014		33,006
2023		159,903		24,117
Thereafter	333,263			19,443
Totals	\$	1,147,643	\$	236,626

The amount of interest cost incurred in 2018 and 2017 was \$30,940 and \$7,515, respectively, all of which was charged to operations.

# NOTE 7 – SECTION 1115 DEMONSTRATION WAIVER PROGRAM

Uncompensated Care - The Hospital participated in the Section 1115 Demonstration Waiver Program, a program designed to benefit rural community hospitals. This program is facilitated through the Hospital providing an intergovernmental transfer whereby federal matching funds are provided to supplement the Hospital for the shortfall in Medicaid funding. In connection with this program, the Hospital provided intergovernmental transfers of \$1,878,051 and \$811,220 and received \$4,355,406 and \$1,851,254 for the years ended December 31, 2018 and 2017, respectively. The Hospital recognized revenue of \$2,477,355 and \$1,040,034 for the years ended December 31, 2018 and 2017, respectively. The net revenue is included in net patient service revenue in the accompanying statements of revenues, expenses, and changes in net position.

Uniform Hospital Rate Increase Program – The Hospital participated in the Uniform Hospital Rate Increase Program ("UHRIP"), a program designed to direct a Medicaid managed care organization ("MCO") to provide a uniform percentage rate increase to hospitals in the MCO's network in a participating service delivery area for the provision of inpatient services, outpatient services, or both. The State of Texas determines eligibility for rate increases by service delivery area and class of hospital. The program is planned to be implemented on March 1, 2018. This program is facilitated through the Hospital providing an intergovernmental transfer whereby federal matching funds are provided to supplement the Hospital's shortfall in Medicaid funding. In connection with this program, the Hospital provided intergovernmental transfers of \$88,355 and \$102,412 for the years ended December 31, 2018 and 2017, respectively. Additionally, the \$88,355 and \$102,412 funded for the years ended December 31, 2018 and 2017, respectively, have been recorded as a prepaid expense and are included in prepaid and other current assets in the accompanying statements of net position.

## NOTE 7 – SECTION 1115 DEMONSTRATION WAIVER PROGRAM (CONTINUED)

Delivery System Reform Incentive Program — As part of the Section 1115 Demonstration Waiver Program, the Hospital is eligible to receive incentive payments through the Delivery System Reform Incentive Program ("DSRIP"). This incentive program is designed to improve the experience of care, improve the health of populations, and containing costs. By participating in the DSRIP program, the Hospital provides an intergovernmental transfer to finance the non-federal share of the incentive payments. In connection with this program, the Hospital provided intergovernmental transfers of \$1,586,771 and received \$3,668,991 for the year ended December 31, 2018, and provided intergovernmental transfers of \$1,538,826 and received \$2,553,535 for the year ended December 31, 2017. Additionally, the Hospital recorded a net receivable in the amount of \$-0- and \$1,656,704 for the years ended December 31, 2018 and 2017, respectively. The receivables are included in other receivables in the accompanying statements of net position. The Hospital recognized net revenue of \$425,516 and \$1,603,067 for the years ended December 31, 2018 and 2017, respectively.

Indigent Care Affiliation Agreement – Under the Section 1115 Demonstration Waiver Program, the Hospital is part of an indigent care affiliation agreement with the Service Organization of Concho Valley, a non-profit corporation, and affiliated hospitals. This agreement is intended to increase funding for the Medicaid population and to access federal funding for the indigent population. Under this program, Pecos County transfers, on behalf of the Hospital, certain government funds to the State of Texas. The Service Organization of Concho Valley then provides care to the Medicaid and non-Medicaid indigent in the region and surrounding communities. These services were valued at \$146,889 and \$836,442 as of December 31, 2018 and 2017, respectively. As part of the affiliation agreement, Pecos County provided, on behalf of the Hospital, \$-0- and \$200,000 in funding to the program for the years ended December 31, 2018 and 2017, respectively.

#### NOTE 9 - MEDICAID DISPROPORTIONATE SHARE FUNDS

The Indigent Health Care and Treatment Act, passed by the 69th Texas Legislature in 1985, first apportioned funds to the Texas Department of Human Services (DHS) to provide assistance to hospitals providing a disproportionate share (DSH) of inpatient indigent health care. The State of Texas created a mechanism whereby intergovernmental transfers were made between selected district and county hospitals to generate additional federal matching funds. Hospitals participating in the Medicaid program that meet the conditions of participation and that serve a disproportionate share of low-income patients as defined by state law are eligible for additional reimbursement from the disproportionate share hospital fund. There are direct and indirect implied expectations regarding the purposes of this funding. The focus of the fund is to benefit the health care needs of the medically indigent, including recipients of Medicaid benefits, those eligible for Medicaid benefits, the uninsured, and others for whom the cost of medical and hospital care has exceeded their ability to pay. However, state and federal law offer considerable flexibility to recipient hospitals regarding specific use of the funds.

# NOTE 9 - MEDICAID DISPROPORTIONATE SHARE FUNDS (CONTINUED)

In connection with this program, the Hospital provided intergovernmental transfers of \$333,094 and \$582,877 and received \$783,055 and \$1,336,779 for the years ended December 31, 2018 and 2017, respectively. The Hospital recognized revenue of \$449,961 and \$753,902 for the years ended December 31, 2018 and 2017, respectively. The respective net revenue is included in net patient service revenue in the accompanying statements of revenues, expenses, and changes in net position.

#### NOTE 10 – DEFERRED COMPENSATION PENSION PLAN

Pecos County, Texas sponsors a defined contribution pension plan ("Plan") covering substantially all employees through the Pecos County Memorial Hospital Deferred Compensation Plan. The Hospital does not contribute to the Plan. The Plan provides for deferral of a portion of the employees' current compensation until death, retirement, severance from employment, or other event. Each employee is eligible to participate in the Plan and defer compensation immediately upon becoming employed by the Hospital. Benefit provisions are contained in the plan document and were established and can be amended by action of the Pecos County, Texas Commissioners. Contributions actually made by plan members aggregated \$100,400 and \$81,032 during December 31, 2018 and 2017, respectively.

#### NOTE 11 – PENSION PLAN

#### Plan Description

The Hospital contributes to the Texas County and District Retirement System (TCDRS), an agent multiple-employer defined benefit pension plan ("Plan") covering all full-time and part-time non-temporary employees, regardless of the number of hours they work in a year. The Plan is administered by a board of trustees appointed by TCDRS. Benefit provisions are contained in the Plan document and were established and can be amended by action of the Pecos County, Texas Commissioners within the options available in the state statutes governing TCDRS. The Plan does not issue a separate report that includes financial statements and required supplementary information for the Plan. TCDRS in the aggregate issues a comprehensive annual financial report (CAFR) on a calendar year basis. The most recent CAFR for TCDRS can be found at the following link, www.tcdrs.org.

#### Benefits Provided

The Plan provides retirement, disability and survivor benefits to Plan members and their beneficiaries. Benefit amounts are determined by the sum of the employee's contributions to the Plan, with interest, and employer-financed monetary credits. The level of these monetary credits is adopted by the governing body of the Hospital within the actuarial constraints imposed by the TCDRS Act so that the resulting benefits can be expected to be adequately financed by the commitment of the Hospital to contribute to the Plan. At retirement, death, or disability, the benefit is calculated by converting the sum of the employee's accumulated contributions and the employer-financed monetary credits to a monthly annuity using annuity purchase rates prescribed by TCDRS.

#### **NOTE 11 – PENSION PLAN**

# Benefits Provided (Continued)

Members can retire at ages 60 and above with 10 or more years of service or with 30 years regardless of age, or when the sum of their age and years of service equals 80 or more. Members are vested after 10 years but must leave their accumulated contributions in the Plan to receive any employer-financed benefit. Members who withdraw their personal contributions in a lump sum are not entitled to any amounts contributed by the employer.

**Employee Covered by Benefit Terms** – At December 31, 2017 and 2016, the following employees were covered by the benefit terms:

	2017	2016
Inactive Employees or Beneficiaries Currently Receiving Benefits	75	71
Inactive Employees Entitled to but not Yet Receiving Benefits	96	87
Active Employees	182	210
Total	353	368

#### **Contributions**

The Hospital's governing body has the authority to establish and amend the contribution requirements of the Hospital and active employees.

The Hospital establishes rates based on the annually determined rate plan provisions of the TCDRS Act. The Plan is funded by monthly contributions from both the employee members and the employer based on the covered payroll of employee members. Plan members are required to contribute 7.0% of their annually covered salary. Under the TCDRS Act, rates are based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The Hospital is required to contribute the difference between the actuarially determined rate and the contribution rate of employees. For the Plan years ended December 31, 2017 and 2016, employees contributed approximately \$789,000 and \$797,000, or 7.0% and 7.0%, of covered payroll, respectively, and the Hospital contributed approximately \$1,063,209 and \$1,054,000, or 9.5% and 9.3% of covered payroll, respectively, to the Plan.

# NOTE 11 – PENSION PLAN (CONTINUED)

#### Net Pension Liability

At December 31, 2018 and 2017, the Hospital's net pension liability was measured as of December 31, 2017 and 2016, respectively, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date.

The total pension liability in the December 31, 2017 and 2016 actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation 2.75%

Salary Increases Varies by age and service. 4.9% average over career including

inflation

Investment Rate of Return 8%, net of administrative and investment expenses, including inflation.

### Mortality rates were based as follows:

Depositing Members	90% of the RP-2014 Active Employee Mortality Table for males and 90% of the RP-2014 Active Employee Mortality Table for females, projected with 110% of the MP-2014 Ultimate scale after 2014.
Service Retirees, Beneficiaries and Non-depositing Members	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP-2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Disabled Retirees	130% of the RP-2014 Disabled Annuitant Mortality Table for males and 115% of the RP-2014 Disabled Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.

The actuarial assumption used in the December 31, 2017 and 2016 valuation were based on the results of the actuarial experience study for the period January 2, 2013 – December 31, 2016, except where required to be different by GASB 68.

The long-term expected rate of return on pension investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

# NOTE 11 – PENSION PLAN (CONTINUED)

# Net Pension Liability (Continued)

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Geometric Real Rate of Return (Expected minus Inflation)
U.S. Equities	11.50%	4.55%
Private Equity	16.00%	7.55%
Global Equities	1.50%	4.85%
International Equities-Developed	11.00%	4.55%
International Equities-Emerging	8.00%	5.55%
Investment-Grade Bonds	3.00%	0.75%
Strategic Credit	8.00%	4.12%
Direct Lending	10.00%	8.06%
Distressed Debt	2.00%	6.30%
REIT Equities	2.00%	4.05%
Master Limited Partnerships (MLPs)	3.00%	6.00%
Private Real Estate Partnerships	6.00%	6.25%
Hedge Funds	18.00%	4.10%
	100.00%	

#### Discount Rate

The discount rate used to measure the total pension liability was 8.10% at December 31, 2017 and 2016. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and Hospital contributions will be made at rates equal to the difference between actuarially determined contribution rates and the employee rate. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

# NOTE 11 – PENSION PLAN (CONTINUED)

# Discount Rate (Continued)

The following table summarizes the changes in the net pension liability as of December 31, 2017, the valuation date:

	2017			
	Increase (Decrease)			
	Total Pension	Fiduciary	Net Pension	
Changes in Net Pension Liability	Liability	Net Position	Liability	
Balances as of December 31, 2016	\$43,905,686	\$ 39,309,817	\$ 4,595,869	
Changes for the Year:				
Service Cost	1,453,552	-	1,453,552	
Interest on Total Pension Liability	3,426,308	-	3,426,308	
Effect of Plan Changes	299,469	-	299,469	
Effect of Economic/Demographic Gains or Losses	60,348	-	60,348	
Effect of Assumptions Changes or Inputs	235,011	_	235,011	
Refund of Contributions	(167,166)	(167,166)	-	
Benefit Payments	(1,809,040)	(1,809,040)	-	
Administrative Expenses	-	(28,333)	28,333	
Member Contributions	-	789,009	(789,009)	
Net Investment Income	-	5,444,560	(5,444,560)	
Employer Contributions	-	1,063,209	(1,063,209)	
Other	-	7,321	(7,321)	
Balances as of December 31, 2017	\$47,404,168	\$ 44,609,377	\$ 2,794,791	

# NOTE 11 – PENSION PLAN (CONTINUED)

#### Discount Rate (Continued)

The following table summarizes the changes in the net pension liability as of December 31, 2016, the valuation date:

	2016			
	Increase (Decrease)			
	Total Pension	Fiduciary	Net Pension	
Changes in Net Pension Liability	Liability	Net Position	<u>Liability</u>	
Balances as of December 31, 2015	\$41,377,022	\$ 36,764,234	\$ 4,612,788	
Changes for the Year:				
Service Cost	1,550,691	-	1,550,691	
Interest on Total Pension Liability	3,170,014	-	3,170,014	
Effect of Economic/Demographic Gains or Losses	(333,811)	-	(333,811)	
Effect of Assumptions Changes or Inputs	-	-	_	
Refund of Contributions	(183,521)	(183,521)	_	
Benefit Payments	(1,674,709)	(1,674,709)	_	
Administrative Expenses	_	(27,978)	27,978	
Member Contributions	-	797,175	(797,175)	
Net Investment Income	-	2,570,193	(2,570,193)	
Employer Contributions	-	1,054,447	(1,054,447)	
Other		9,976	(9,976)	
Balances as of December 31, 2016	\$43,905,686	\$ 39,309,817	\$ 4,595,869	

Sensitivity to the Net Pension Liability (Asset) to Changes in the Discount Rate – The following presents the net pension liability of the Hospital, calculated using the discount rate of 8.10%, as well as what the Hospital's net pension liability (asset) would be if it were calculated using a discount rate that is 1-percentage-point lower (7.10%) or 1-percentage-point higher (9.10%) than the current rate as of the valuation date December 31:

	2017		
	1%	Current	1%
	Decrease	Discount Rate	Increase
	7.10%	8.10%	9.10%
Total Pension Liability Fiduciary Net Position	\$ 53,867,618 44,898,475	\$ 47,404,168 44,609,377	\$ 42,316,523 44,898,475
Net Pension (Asset)/Liability	\$ 8,969,143	\$ 2,794,791	\$ (2,581,952)

# NOTE 11 – PENSION PLAN (CONTINUED)

# Discount Rate (Continued)

	2016			
	1%	Current	1%	
	Decrease	Discount Rate	Increase	
	7.10%	8.10%	9.10%	
Total Pension Liability	\$ 49,684,761	\$ 43,905,686	\$ 39,122,543	
Fiduciary Net Position	39,323,303	39,309,817	39,323,303	
Net Pension (Asset)/Liability	\$ 10,361,458	\$ 4,595,869	\$ (200,760)	

**Pension Plan Fiduciary Net Position** – Detailed information about the pension plan's fiduciary net position is available in the separately issued TCDRS financial report.

# Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the years ended December 31, 2018 and 2017, the Hospital recognized pension expense of \$356,921 and \$634,910, respectively. At December 31, 2018 and 2017, the Hospital reported deferred outflows of resources and deferred inflows of resources related to the TCDRS defined benefit pension plan from the following sources:

	2018			
	Defe	Deferred Inflows		red Outflows
	of	Resources	of	Resources
Difference Between Expected and Actual Experience	\$	328,133	\$	48,278
Changes in Assumptions or Inputs		_		306,327
Net Difference Between Projected and Actual Earnings		576,819		_
Contributions Made Subsequent to Measurement Date		N/A		1,216,836
		20	)17	
	Defe	rred Inflows	Defe	red Outflows
	of	Resources	of	Resources
				( 107
Difference Between Expected and Actual Experience	\$	572,813	\$	6,497
Changes in Assumptions or Inputs	\$	572,813	\$	236,633
1	\$	572,813 - -	\$	

## NOTE 11 – PENSION PLAN (CONTINUED)

# Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (Continued)

Amounts currently reported as deferred outflows of resources and deferred inflows of resources related to the TCDRS defined benefit pension plan, excluding contributions made subsequent to measurement date will be recognized in pension expense as follows:

#### Year Ended December 31:

2018	164,500
2019	117,992
2020	(399,343)
2021	(433,496)
Thereafter	· -

Subsequent to the fiscal year 2018 audit report dated July 15, 2019, management revised its deferred outflows of resources and deferred inflows of resources for the year ended December 31, 2018. The revision resulted in a decrease in deferred outflows of resources and deferred inflows of resources of \$1,378,257. The revision had no effect on the change in net position.

#### NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN

#### Plan Descriptions

The County offers post-employment medical, dental, and life insurance benefits to eligible retirees (and their dependents) who are eligible for immediate pension benefits at the time of retirement through the Hospital's defined benefit pension plan ("Plan"). Medical benefits are self-funded with stop-loss coverage. All benefits renew on a calendar year basis. The Plan is a single-employer plan administered by a third-party administrator and does not issue stand-alone financial statements.

The Hospital participates in the retiree Group Term Life (GTL) program for the Texas County & District Retirement System (TCDRS), which is a statewide program, multiple-employer, public employee retirement system. Benefits terms are established under the TCDRS Act. Participation in the retiree GTL program is optional and the employer may elect to opt out of (or opt into) coverage as of January 1 each year. The Hospital's contribution rate for the retiree GTL program is calculated annually on an actuarial basis, and is equal to the cost of providing a one-year death benefit equal to \$5,000.

#### MEDICAL BENEFIT PLAN -

#### Benefits Provided

The Hospital provides healthcare benefits for retirees and their dependents. The benefit terms provide for payment of health insurance premiums for all eligible retirees and dependents.

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN (CONTINUED)

## MEDICAL BENEFIT PLAN (CONTINUED) -

#### Benefits Provided (Continued)

Benefits are provided through a self-funded medical plan. A Medicare supplement plan with drug coverage is available once the retiree or spouse reaches age 65. Upon retirement, the retiree pays \$25 per month for individual coverage and an additional \$50 per month if spouse coverage is elected.

#### Employees Covered by Benefit Terms

At December 31, 2018, the following employees were covered by the benefit terms:

	2018
Inactive Employees or Beneficiaries Currently Receiving Benefits	116
Inactive Employees Entitled to but not Yet Receiving Benefits	25
Active Employees	85
Total	226

#### **Total OPEB Liability**

The Hospital's total OPEB liability of \$27,194,830 was measured as of December 31, 2018, and was determined by an actuarial valuation as of that date.

#### Actuarial Assumptions and Other Inputs

The total OPEB liability in the December 31, 2018 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Inflation	3.00%
Salary Increases	3.50%
Discount Rate	4.10%, including inflation
Healthcare Cost Trend Rates	5.00%, level
Retirees' Share of Benefit-related	Retiree pays \$25 per month contribution
Costs	rate for individual coverage and \$50 per
	month for elected spouse coverage.

The discount rate was based on the Bond Buyer GO Bond 20 Index.

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLANS (CONTINUED)

#### MEDICAL BENEFIT PLAN (CONTINUED) -

#### **Total OPEB Liability (Continued)**

Mortality rates were based on the RPH-2014 Total Table with Projection MP-2018.

The actuarial assumptions used in the December 31, 2018 valuation were based on the results of an actuarial experience study for the period January 1, 2018 – December 31, 2018.

# Changes in the Total OPEB Liability

	2018
	Total OPEB
	Liability
Balances at 12/31/2017	\$ 25,497,754
Changes for the year:	
Service Cost	1,191,854
Interest	1,082,441
Benefit Payments	(577,219)
Net Changes	1,697,076
Balances at 12/31/2018	\$ 27,194,830

#### Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The following presents the total OPEB liability of the Hospital, as well as what the Hospital's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (3.10%) or 1-percentage-point higher (5.10%) than the current discount rate:

		2018	
	1%	Current	1%
	Decrease	Discount Rate	Increase
	3.10%	4.10%	5.10%
Total OPEB Liability	\$ 23,377,446	\$ 27,194,830	\$ 32,547,943

#### Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The following presents the total OPEB liability of the Hospital, as well as what the Hospital's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage point lower (4.00%) of 1-percentage point higher (6.00%) than the current health cost trend rates:

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN (CONTINUED)

### MEDICAL BENEFIT PLAN (CONTINUED) -

#### **Total OPEB Liability (Continued)**

#### Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The following presents the total OPEB liability of the Hospital, as well as what the Hospital's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage point lower (4.00%) of 1-percentage point higher (6.00%) than the current health cost trend rates:

		2018			
	1%	1% Healthcare 1%			
		Cost Trend			
	Decrease	Rates	Increase		
	4.00%	5.00%	6.00%		
Total OPEB Liability	\$ 22,809,069	\$ 27,194,830	\$ 33,430,450		

#### **GROUP TERM LIFE BENEFIT PROGRAM -**

#### Benefits Provided

The Group Term Life ("GTL") program provides a fixed, lump-sum benefit of \$5,000 post-retirement death benefits to beneficiaries of service retirees and disability retirees of employers that have elected participation in the retiree GTL program. All full- and part-time non-temporary employees participate in the GTL program, regardless of the number of hours they work in a year.

#### Employees Covered by Benefit Terms

At December 31, 2017, the following employees were covered by the benefit terms:

	2017
Inactive Employees or Beneficiaries Currently Receiving Benefits	22
Inactive Employees Entitled to but not Yet Receiving Benefits	0
Active Employees	214
Total	236

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN (CONTINUED)

## GROUP TERM LIFE BENEFIT PROGRAM (CONTINUED) -

#### **Contributions**

Contributions made to the retiree GTL program are held in the GTL fund. The Hospital's benefit payments for the year are treated as being equal to its annual retiree GTL program contributions.

#### **Net OPEB Liability**

The Hospital's net OPEB liability was measured as of December 31, 2017, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of that date.

#### Actuarial Assumptions

The total OPEB liability in the December 31, 2017 actuarial valuation was determined using an investment rate of return (discount rate) of 3.44% and municipal bond rate of 3.44%.

Mortality rates were based as follows:

Depositing Members	90% of the RP-2014 Active Employee Mortality Table for males and 90% of the RP-2014 Active Employee Mortality Table for females, projected with 110% of the MP-2014 Ultimate scale after 2014.
Service Retirees, Beneficiaries and Non-depositing Members	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP-2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Disabled Retirees	130% of the RP-2014 Disabled Annuitant Mortality Table for males and 115% of the RP-2014 Disabled Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.

The actuarial assumptions used on the December 31, 2017 valuation were based on the results of an actuarial experience study for the period January 1, 2013 – December 31, 2016.

The long-term expected rate of return on OPEB plan investments was determined using a 20 Year Bond GO Index published by bondbuyer.com as of December 28, 2017.

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN (CONTINUED)

## GROUP TERM LIFE BENEFIT PROGRAM (CONTINUED) -

#### Discount Rate

The Discount rate used to measure the total OPEB liability at December 31, 2017 was 3.44%. The projection of cash flows used to determine the discount rate assumed the Hospital contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the OPEB plan's fiduciary net position was projected to be available to make all projected OPEB payments for current active and inactive employees. Therefore, the long-term expected rate of return on OPEB plan investments was applied to all periods of projected benefit payments to determine the total OPEB liability.

#### **Changes in the Net OPEB Liability**

	Changes in Total OPEB Liability	
Balance as of December 31, 2016	\$	507,133
Changes for the Year:		
Service Cost		16,400
Interest on Total OPEB Liability		19,515
Effect of Economic/Demographic Experience		(1,762)
Effect of Assumptions Changes or Inputs		24,065
Benefit Payments		(14,702)
Balance as of December 31, 2017	\$	550,649

#### Sensitivity of the Net OPEB Liability to Changes in the Discount Rate

The following presents the net OPEB liability of the Hospital, as well as what the Hospital's net OPEB liability would be if it were calculated using a discount rate that is 1-percentage point lower (2.44%) or 1-percentage point higher (4.44%) than the current discount rate:

		2017				
		1% Current			1%	
	I	Decrease 2.44%		count Rate	Increase	
				3.44%		4.44%
Total OPEB Liability	\$	663,522	\$	550,649	\$	464,107

# NOTE 12 – POST-EMPLOYMENT HEALTH CARE PLAN (CONTINUED)

#### GROUP TERM LIFE BENEFIT PROGRAM (CONTINUED) -

# OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended December 31, 2017, the Hospital recognized OPEB expense of \$43,516. At December 31, 2017, the Hospital reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	2017			
	Deferr	Deferred Inflows of Resources		ed Outflows
	ofR			of Resources
Difference Between Expected and Actual Experience	\$	1,468	\$	-
Changes in Assumptions or Inputs		-		20,053
Contributions Made Subsequent to Measurement Date		N/A		15,559

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

#### Year Ended December 31:

2018	\$ 3,717
2019	3,717
2020	3,717
2021	3,717
2022	3,717
Thereafter	_

#### **NOTE 13 - COMMITMENTS AND CONTINGENCIES**

**Leases** – The Hospital leases various equipment and facilities under operating leases expiring at various dates. Total rental expense, including operating leases, in 2018 and 2017 was \$76,712 and \$128,939, respectively.

#### NOTE 14 – MEDICAL MALPRACTICE CLAIMS

The Hospital is a unit of government covered by the Texas Tort Claims Acts which, by statute, limits its liability to \$100,000 per person/\$300,000 per occurrence. These limits coincide with the malpractice insurance coverage maintained by the Hospital. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claims costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

#### NOTE 15 – EFFECT OF ADOPTING NEW ACCOUNTING STANDARD

During 2018, the Hospital implemented the provisions of Governmental Accounting Standards Board ("GASB") Statement No. 75, Accounting and financial Reporting for Postemployment Benefits other Than Pensions. The Statement improves accounting and financial reporting by state and local governments for postemployment benefits other than pensions. The Statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense. The Statement identifies the methods and assumptions that are required to be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service. The Statement also addresses note disclosures and required supplementary information requirements about defined benefit other postemployment benefit plans. Restatement of the 2017 financial statements is not practical because prior year information calculated under the provision of GASB Statement No. 75 is not available; accordingly, the Hospital has reported the cumulative effect of applying GASB Statement No. 75 as a restatement of net position as of January 1, 2018. This restatement decreased previously reported net position by \$2,791,644.

#### **NOTE 16 – FINANCIAL OPERATIONS**

The Hospital has experienced losses since 2013. During fiscal year 2018, the Hospital reported an operating loss and a decrease in net position from fiscal year 2017. Although operating revenues increased approximately \$2 million, or 11%, from fiscal year 2017, operating expenses exceeded operating revenues by approximately \$8.5 million. A significant component of the reported operating loss is the continued increase in retirement and other postemployment benefit costs. Changes in the valuations of the retirement and other postemployment benefit plans resulted in a decrease in net position of approximately \$1.2 million. As a result, the Hospital reported a decrease in net position of approximately \$3.4 million at December 31, 2018. Total reported net position at December 31, 2018 was approximately \$3.4 million), with total reported assets of approximately \$5.1M and total reported liabilities of approximately \$35.4 million. These conditions along with the continued increases in employee benefit costs and other operating expenses in excess of operating revenues could have a significant effect on the Hospital's ability to continue meeting its current obligations as they come due.

#### **NOTE 17 – SUBSEQUENT EVENTS**

Subsequent to year-end, the Hospital entered into a financing agreement with First America Commercial Bancorp, Inc. on March 20, 2019 totaling \$229,000 to be used for the purchase of equipment for multiple departments within the Hospital. The financing obligation is a 60 month lease term with monthly payments of \$4,361.

The date to which events occurring after December 31, 2018, the date of the most recent statement of net position, have been evaluated for possible adjustment to the financial statements or disclosure is July 22, 2019, which is the date on which the financial statements were available to be issued.



#### **PENSION PLAN:**

# Schedule of Changes in the Hospital's Net Pension Liability and Related Ratios

	2017	2016	2015	2014
Total Pension Liability				
Service Cost	\$ 1,453,552	\$ 1,550,691	\$ 1,516,589	\$ 1,529,545
Interest on Total Pension Liability	3,426,308	3,170,014	2,937,205	2,938,682
Effect of Plan Changes	299,469	-	(260,719)	-
Effect of Assumption Changes or Inputs	235,011	-	473,267	-
Effect of Economic/Demographic (Gains)				
or Losses	60,348	(333,811)	(644,910)	25,986
Benefit Payments/Refunds of Contributions	(1,976,207)	(1,858,230)	(1,773,952)	(1,755,443)
Net Change in Total Pension Liability	3,498,481	2,528,664	2,247,479	2,738,770
Total Pension Liability, Beginning	43,905,686	41,377,022	39,129,543	36,390,773
Total Pension Liability, Ending	\$ 47,404,167	\$43,905,686	\$ 41,377,022	\$39,129,543
Fiduciary Net Position				
Employer Contributions	\$ 1,063,209	\$ 1,054,447	\$ 1,106,442	\$ 1,187,985
Member Contributions	789,009	797,175	823,946	865,836
Investment Income Net of Investment	,	Ź		ŕ
Expenses	5,444,560	2,570,193	(55,886)	2,318,640
Benefit Payments/Refunds of				
Contributions	(1,976,207)	(1,858,230)	(1,773,952)	(1,755,443)
Administrative Expenses	(28,333)	(27,978)	(24,500)	(27,229)
Other	7,321	9,976	53,249	(7,857)
Net Changes in Fiduciary Net Position	5,299,559	2,545,583	129,299	2,581,932
Fiduciary Net Position, Beginning	39,309,817	36,764,234	36,634,935	34,053,003
Fiduciary Net Position, Ending	\$ 44,609,376	\$ 39,309,817	\$ 36,764,234	\$36,634,935
Net Pension Liability, Ending	\$ 2,794,791	\$ 4,595,869	\$ 4,612,788	\$ 2,494,608
Fiduciary Net Position as a % of Total				
Pension Liability	94.10%	89.53%	88.85%	93.62%
Pensionable Covered Payroll	\$ 11,250,841	\$ 11,387,115	\$ 11,770,657	\$12,356,371
Net Pension Liability as a % of Covered				
Payroll	24.84%	40.36%	39.19%	20.19%

This schedule is presented to illustrate the requirement to show information for 10 years. However, recalculations of prior years are not required, and if prior years are not reported in accordance with the standards of GASB 67/68, they should not be shown here. Therefore, we have shown only years for which the new GASB statements have been implemented.

# PENSION PLAN (CONTINUED):

#### **Schedule of Employer Contributions**

Year Ending December 31,	Actuarially Determined Contribution (1)	Actual Employer Contribution (1)	Contribution Deficiency (Excess)	Pensionable Covered Payroll (2)	Actual Contribution as a % of Covered Payroll
2008	\$ 497,164	\$ 497,164	\$ -	\$ 7,163,746	6.9%
2009	565,573	565,573	-	7,822,590	7.2%
2010	695,026	695,026	-	8,264,279	8.4%
2011	738,846	738,846	-	9,189,632	8.0%
2012	909,247	909,247	-	10,227,747	8.9%
2013	1,093,330	1,093,330	-	11,484,560	9.5%
2014	1,186,211	1,187,985	(1,774)	12,395,371	9.6%
2015	1,106,442	1,106,442	-	11,770,657	9.4%
2016	1,054,447	1,054,447	-	11,387,115	9.3%
2017	1,063,209	1,063,209	-	11,250,841	9.5%

<sup>(1)</sup> TCDRS calculates actuarially determined contributions on a calendar year basis. GASB Statement No.68 indicates the employer should report employer contribution amounts on a fiscal year basis. If additional assistance is needed, please contact TCDRS.

<sup>(2)</sup> Payroll is calculated based on contributions as reported to TCDRS.

## PENSION PLAN (CONTINUED):

#### **Notes to Schedule**

#### Valuation Date:

Actuarially determined contribution rates are calculated each December 31, two years prior to the end of the fiscal year in which the contributions are reported.

#### N

Methods and assumptions used	to determine contribution rates:
Actuarial cost method	Entry Age
Amortization method	Level percentage of payroll, closed
Remaining amortization period	12.5 years (based on contribution rate calculated in 12/31/2017 valuation)
Asset valuation method	5-year smoothed market
Inflation	2.75%
Salary increases	Varies by age and service. 4.9% average over career including inflation.
Investment rate of return	8.00%, net of administrative and investment expenses, including inflation.
Retirement age	Members who are eligible for service retirement are assumed to commence receiving benefit payments based on age. The average age at service retirement for recent retirees is 61.
Mortality	130% of the RP-2014 Healthy Annuitant Mortality Table for males and 110% of the RP-2014 Healthy Annuitant Mortality Table for females, both projected with 110% of the MP-2014 Ultimate scale after 2014.
Changes in Assumptions and Methods Reflected in the	2015: New inflation, mortality and other assumptions were reflected.
Schedule of Employer Contributions*	2017: New mortality assumptions were reflected.
Changes in Plan Provisions Reflected in Schedule of	2015 : No changes in plan provisions are reflected in the Schedule.
Employer Contributions*	2016: No changes in plan provisions are reflected in the Schedule.

See independent auditor's report on required supplementary information.

2017: New Annuity Purchase Rates were reflected for benefits earned

after 2017.

#### POSTEMPLOYMENT HEALTHCARE PLAN - MEDICAL BENEFIT:

# Schedule of Changes in the Hospital's Total OPEB Liability

	2018
Total OPEB Liability	
Service Cost	\$ 1,191,854
Interest Cost	1,082,441
Benefit Payments	(577,219)
Net Change in Total OPEB Liability	1,697,076
Total OPEB Liability, Beginning	25,497,754_
Total OPEB Liability, Ending	\$ 27,194,830

Notes to Schedule:

Changes of assumptions: Changes of assumptions and other inputs reflect the effects of changes in the discount rate each period. The following are the discount rates used in each period:

2018 4.10%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, governments should present information for those years for which information is available.

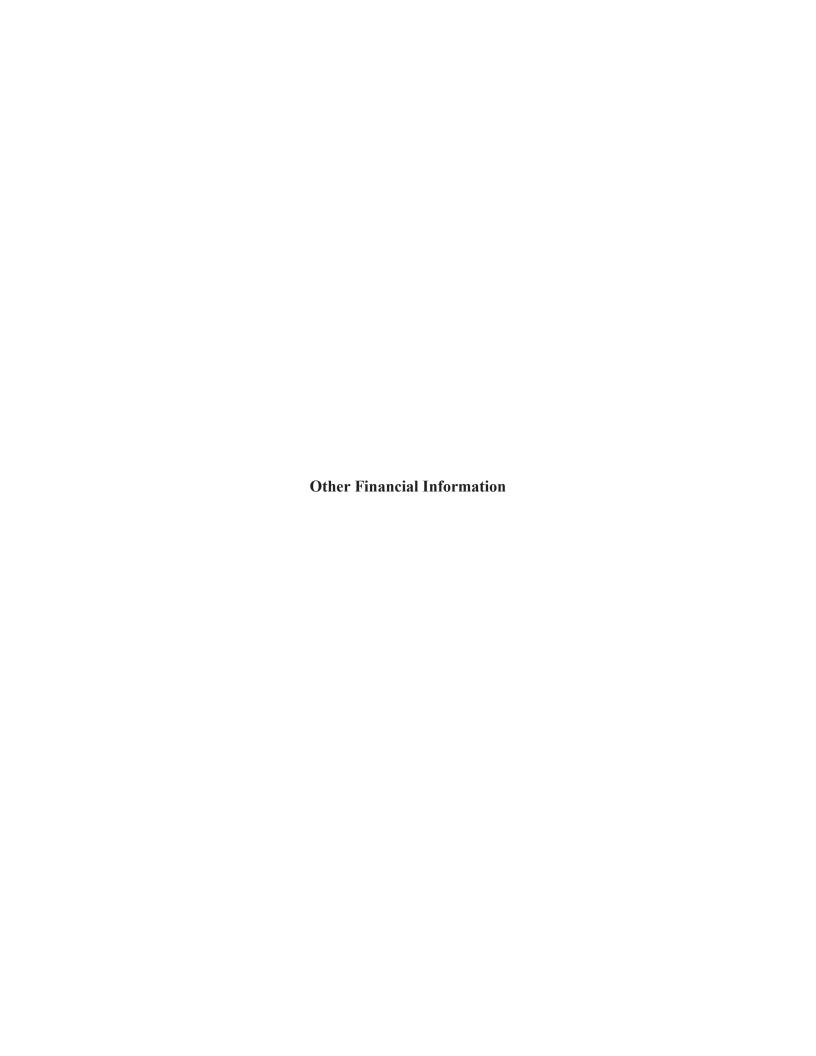
This schedule is presented using the optional format of combining the required schedules in paragraphs 170 and 170b.

#### POSTEMPLOYMENT HEALTHCARE PLAN – GROUP TERM LIFE BENEFIT:

# Schedule of Changes in Total OPEB Liability and Related Ratios (1)

		2017
Total OPEB Liability		
Service Cost	\$	16,400
Interest on Total OPEB Liability		19,515
Effect of Assumption Changes or Inputs		24,065
Effect of Economic/Demographic (Gains)		
or Losses		(1,762)
Benefit Payments		(14,702)
Net Change in Total OPEB Liability		43,516
Total OPEB Liability, Beginning		507,133
Total OPEB Liability, Ending	\$	550,649
Net Pension Liability, Ending	\$	550,649
Pensionable Covered Payroll	\$ 1	11,309,306
Net OPEB Liability as a % of Covered		
Payroll		4.87%

(1) This schedule is presented to illustrate the requirement to show information for 10 years. However, recalculations of prior years are not required, and if prior years are not reported in accordance with the standards of GASB 74/75, they should not be shown here. Therefore, we have shown only years for which the new GASB statements have been implemented.





#### INDEPENDENT AUDITOR'S REPORT ON OTHER FINANCIAL INFORMATION

Board of Managers Pecos County Memorial Hospital (An Enterprise Fund of Pecos County, Texas) Fort Stockton, Texas

We have audited the financial statements of Pecos County Memorial Hospital, an enterprise fund of Pecos County, Texas, as of and for the years ended December 31, 2018 and 2017, and our report thereon dated July 22, 2019, which expressed an unmodified opinion on those financial statements, appears at the beginning of this report. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The other financial information is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The 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.

Durbin & Company, L.L.P.

Durbin & Company, L.L.P.

Lubbock, Texas July 22, 2019

# PECOS COUNTY MEMORIAL HOSPITAL (AN ENTERPRISE FUND OF PECOS COUNTY, TEXAS) REVENUE FROM ROUTINE AND ANCILLARY SERVICES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Routine Services:  Routine Services  Nursery  Total Routine Services	\$ 1,989,061 348,416 2,337,477	\$ 2,324,571 282,201 2,606,772
Ancillary and Other Services:	2,337,477	2,000,772
Inpatient:		
Operating Room	1,021,342	752,542
Delivery and Labor	170,419	109,994
Anesthesiology	834,255	617,431
Radiology and Nuclear Medicine	159,073	250,405
Laboratory	735,183	658,331
Blood	34,032	44,073
Respiratory Therapy	1,727,387	2,280,783
Physical Therapy	121,442	76,070
Medical Supplies Charged to Patients	34,197	16,732
Drugs Charged to Patients	1,161,633	1,079,733
Emergency	379,866	395,073
Total Inpatient Ancillary Services	6,378,829	6,281,167

# PECOS COUNTY MEMORIAL HOSPITAL (AN ENTERPRISE FUND OF PECOS COUNTY, TEXAS) REVENUE FROM ROUTINE AND ANCILLARY SERVICES (CONTINUED) FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Outpatient:		
Operating Room	\$ 2,026,029	\$ 2,117,454
Delivery and Labor	289,996	117,367
Anesthesiology	1,933,804	1,722,611
Radiology and Nuclear Medicine	5,166,098	4,207,125
Laboratory	5,755,998	5,090,471
Blood	88,359	96,712
Respiratory Therapy	2,150,367	2,434,212
Physical Therapy	1,332,608	1,147,549
Medical Supplies Charged to Patients	259,208	(5,818)
Drugs Charged to Patients	1,890,920	1,466,376
Family Care Center	6,578,592	4,341,856
George Rural Health Clinic	-	2,479,059
Sanderson Rural Health Clinic	375,479	307,579
Marathon Rural Health Clinic	14,190	35,011
Emergency Room	6,955,905	5,573,675
Observation	3,087,548	3,568,497
Home Health	1,064,561	1,306,810
Hospice	1,468,716	1,532,485
Health & Wellness Clinic	8,210	-
340B Drug Program	1,382,416_	1,029,183
Total Outpatient Ancillary Services	41,829,004	38,568,214
Gross Patient Revenue	\$50,545,310	\$47,456,153

# PECOS COUNTY MEMORIAL HOSPITAL (AN ENTERPRISE FUND OF PECOS COUNTY, TEXAS) NET PATIENT REVENUE AND OTHER OPERATING REVENUE FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Gross Patient Revenue	\$ 50,545,310	\$ 47,456,153
Deductions from Revenue:		
Charity	(2,300,067)	(2,967,555)
Third-Party Contractual Adjustments	(22,777,840)	(24,491,553)
Provision for Bad Debts	(6,656,281)	(2,143,297)
Medicaid Supplemental Payments and Other Credits	2,927,316	1,815,186
Total Deductions from Revenue	(28,806,872)	(27,787,219)
Net Patient Service Revenue	\$ 21,738,438	\$ 19,668,934
Delivery System Reform Incentive Program	\$ 425,516	\$ 1,603,067
Other Operating Revenue:		
Office Rents	\$ 156,059	\$ 169,038
Sale of Non-Patient Meals	33,905	31,707
Medical Records	6,019	5,548
Wellness Center	136,146	99,955
Miscellaneous	238,934	27,772
Total Other Operating Revenue	\$ 571,063	\$ 334,020

# PECOS COUNTY MEMORIAL HOSPITAL (AN ENTERPRISE FUND OF PECOS COUNTY, TEXAS) OPERATING EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Routine Services	\$ 1,686,968	\$ 1,586,313
Ancillary Services:		
Operating Room	565,192	602,049
Delivery and Labor	372,631	359,207
Anesthesiology	438,506	466,298
Radiology and Nuclear Medicine	1,240,039	1,022,513
Laboratory	1,382,316	1,224,967
Blood	95,648	80,929
Respiratory Therapy	575,837	570,592
Physical Therapy	467,159	385,251
Medical Supplies Charged to Patients	185,789	189,740
Drugs Charged to Patients	708,320	501,385
Family Care Center	4,709,331	2,967,834
George Rural Health Clinic	(1,408)	1,734,593
Sanderson Rural Health Clinic	306,938	297,929
Marathon Rural Health Clinic	20,031	43,321
Emergency	3,301,463	2,030,404
Home Health	898,034	881,046
Hospice	490,240	605,965
Wellness Center	85,169	80,200
Health & Wellness Clinic	20,874	
Total Ancillary Services	15,862,109	14,044,223

# PECOS COUNTY MEMORIAL HOSPITAL (AN ENTERPRISE FUND OF PECOS COUNTY, TEXAS) OPERATING EXPENSES (CONTINUED) FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
General Services:		
Operation and Plant	\$ 1,234,651	\$ 1,072,575
Laundry and Linen	39,745	56,078
Housekeeping	436,938	427,185
Dietary	379,590_	397,856
Total General Services	2,090,924	1,953,694
Administrative Services:		
Salaries and Wages	1,307,623	1,285,534
Other Operating	35,286	167,341
Employee Benefits	7,047,182	8,691,387
Supplies	10,450	12,093
Medical Records	285,984	424,712
Nursing Administration	7,025	3,045
Social Services	56,784	55,659
Rental Expense	7,580	-
Other Office Expenses	41,128	22,605
Travel and Seminars	17,220	12,558
Insurance	7,915	61,993
Legal and Accounting Fees	73,183	106,857
Advertising	96	170
Purchased Services	1,342,105	854,946
Physician Recruitment	17,239	28,879
Repairs and Maintenance	-	12
Dues and Subscriptions	32,271	49,588
Collection Fees	58,393	45,235
Total Administrative Services	10,347,464	11,822,614
Depreciation and Amortization	1,250,483	1,421,849
Total Operating Expenses	\$ 31,237,948	\$ 30,828,693