# Memorial Medical Center A Component Unit of Calhoun County, Texas

Auditor's Report and Financial Statements

December 31, 2013 and 2012



# Memorial Medical Center A Component Unit of Calhoun County, Texas December 31, 2013 and 2012

## Contents

Independent Auditor's Report	 1

Management's Discussion and Analysis	3
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## **Financial Statements**

Balance Sheets	8
Statements of Revenues, Expenses and Changes in Net Position	9
Statements of Cash Flows	10
Notes to Financial Statements	12

## **Required Supplementary Information**

Schedule of Funding Progress for TCDRS Retirement Plan
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## **Independent Auditor's Report**

Board of Managers Memorial Medical Center Port Lavaca, Texas

We have audited the accompanying financial statements of Memorial Medical Center, a component unit of Calhoun County, Texas, which comprise the balance sheets as of December 31, 2013 and 2012, and the related statements of revenues, expenses and changes in net position and cash flows for the years then ended, and the related notes to the financial statements.

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

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

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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 entity'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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.



Board of Managers Memorial Medical Center Page 2

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 Memorial Medical Center as of December 31, 2013 and 2012, and 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.

#### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and pension information listed in the table of contents be presented to supplement the basic financial statements. Such information, although not 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 audits 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.

BKD,LIP

Houston, Texas July 14, 2014

# Memorial Medical Center A Component Unit of Calhoun County, Texas Management's Discussion and Analysis December 31, 2013 and 2012

#### **Introduction**

This management's discussion and analysis of the financial performance of Memorial Medical Center (the Medical Center) provides an overview of the Medical Center's financial activities for the years ended December 31, 2013 and 2012. It should be read in conjunction with the accompanying financial statements of the Medical Center. Unless otherwise indicated, amounts are rounded to the nearest thousand.

#### **Financial Highlights**

- Cash and investments increased in 2013 by \$1,440,000, or 47 percent, and increased in 2012 by \$1,096,000, or 56 percent.
- The Medical Center's net position increased in 2013 by \$810,000, or 10 percent, and increased in 2012 by \$1,877,000, or 31 percent.
- The Medical Center reported operating income in 2013 of \$4,000 and in 2012 of \$149,000. The operating income in 2013 decreased by \$145,000, or 97 percent, from the operating income reported in 2012. The operating income in 2012 increased by \$1,455,000, or 111 percent, from the operating loss reported in 2011.
- Net nonoperating revenues decreased by \$899,000 in 2013 compared to 2012, and increased by \$1,134,000 in 2012 compared to 2011.

#### **Using This Annual Report**

The Medical Center's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These statements provide information about the activities of the Medical Center, including resources held by the Medical Center but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Medical Center is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

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

One of the most important questions asked about any Medical Center's finances is "Is the Medical Center as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses and changes in net position report information about the Medical Center'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. Using the accrual basis of accounting means that 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 Medical Center's net position and changes in it. The Medical Center's total net position—the difference between assets and liabilities—is one measure of the Medical Center's financial health or financial position. Over time, increases or decreases in the Medical Center's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Medical Center's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients, and local economic factors should also be considered to assess the overall financial health of the Medical Center.

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

The statement of cash flows reports cash receipts, cash payments and net changes in cash resulting from four defined types of 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 during the reporting period.

#### **The Medical Center's Net Position**

The Medical Center's net position is the difference between its assets and liabilities reported in the balance sheet. The Medical Center's net position increased by \$810,000, or 10 percent, in 2013 and increased by \$1,877,000, or 31 percent, in 2012, as shown in Table 1.

Table 1:	Assets,	Liabilities and	Net Position
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		2013		2012		2011
Assets						
Patient accounts receivable, net Other current assets Capital assets, net	\$	2,431,028 7,340,299 4,054,496	\$	2,603,731 6,015,714 3,816,551	\$	2,335,134 3,072,851 4,478,982
Total assets	\$	13,825,823	\$	12,435,996	\$	9,886,967
Liabilities and Net Position						
Liabilities Current liabilities	\$	4,902,791	\$	4,028,468	\$	3,206,909
Long-term Debt	φ	210,905	φ	505,724	φ	655,329
Total liabilities		5,113,696		4,534,192		3,862,238
Net Position						
Net investment in capital assets Restricted-expendable Unrestricted		3,548,772 1,818 5,161,537		3,025,253 24,500 4,852,051		3,595,395 36,813 2,392,521
Total net position		8,712,127		7,901,804		6,024,729
Total liabilities and net position	\$	13,825,823	\$	12,435,996	\$	9,886,967

The most significant changes in the Medical Center's financial position during 2013 were a net increase in cash of \$1,440,000 and an increase in accrued expenses by \$780,000 for intergovernmental transfer payments (IGTs) to support the private Upper Payment Limit (UPL) program.

The most significant changes in the Medical Center's financial position during 2012 were a net increase in cash of \$1,096,000 and an increase in other current assets of \$1,609,000 for amounts receivable under the Medicare Section 1115(a) demonstration program for Uncompensated Care and Delivery System Reform Incentive Payments. Accrued expenses increased by \$696,000 for IGTs to support the Medicaid Section 1115(a) demonstration program and \$600,000 for IGTs to support the private UPL program.

#### **Operating Results and Changes in the Medical Center's Net Position**

In 2013, the Medical Center's net position increased by \$810,000, or 10 percent, as shown in Table 2. Total operating revenues increased primarily due to an increase in patient revenues. Total operating expenses increased primarily due to an increase in professional fees.

The Medical Center's change in net position increased by \$810,000 in 2013 and \$1,877,000 in 2012, a decrease of 57 percent in 2013.

	2013	2012	2011
Operating Revenues			
Net patient service revenue	\$ 21,005,902	\$ 20,202,316	\$ 18,288,339
Other operating revenues	 735,074	 555,508	 462,481
Total operating revenues	 21,740,976	 20,757,824	 18,750,820
Operating Expenses			
Salaries, wages and employee benefits	10,731,808	10,321,039	10,067,405
Purchased services and professional fees	5,371,435	4,788,952	4,471,955
Depreciation	952,347	1,015,970	919,782
Other operating expenses	 4,681,425	 4,482,498	 4,597,893
Total operating expenses	 21,737,015	 20,608,459	20,057,035
<b>Operating Income (Loss)</b>	 3,961	 149,365	 (1,306,215)
Nonoperating Revenues (Expenses)			
Noncapital grants	82,586	14,301	-
Interest income	6,218	3,514	6,784
Interest expense	(21,542)	(28,057)	(30,683)
Other	 737,282	 1,713,452	 592,699
Total nonoperating revenues	 804,544	 1,703,210	 568,800
Capital Contributions	 1,818	 24,500	 36,813
Increase (Decrease) in Net Position	\$ 810,323	\$ 1,877,075	\$ (700,602)

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

#### **Operating Income or Losses**

The first component of the overall change in the Medical Center's net position is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. The Medical Center reported operating income in both 2013 and 2012. The Medical Center was formed and is operated primarily to serve residents of Calhoun County and the surrounding area.

The operating income for 2013 decreased by \$145,000, or 97 percent, as compared to 2012. The primary components of the decrease in the operating income are increases in expenses, most notably purchased services and professional fees. Net operating revenues for 2013 increased by \$983,000, or 5 percent, which was primarily due to an increase in patient revenues during 2013.

The operating income for 2012 increased by \$1,455,000, or 111 percent, as compared to 2011. The primary components of the increase in operating income are increases in revenues. Net operating revenues for 2012 increased by \$2,007,000, or 11 percent, which was primarily due to an increase of \$1,517,000 in net amounts recognized under the Medicaid Section 1115(a) demonstration program in 2012 as compared to the public UPL program in 2011.

#### Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of grants and contributions to the Medical Center, interest income, interest expense and private UPL expense, and on-behalf of payments. The Medical Center recognized private UPL expense of \$2,280,000 and on-behalf of payments of \$3,017,000 during 2013. The Medical Center recognized private UPL expense of \$790,000 and on-behalf of payments of \$2,503,000 during 2012. Between 2013 and 2012, private UPL expense increased by \$1,490,000 and on-behalf of payments increased by \$514,000.

#### The Medical Center's Cash Flows

During 2013, cash provided by operating activities increased by \$3,409,000 over 2012, primarily due to an increase in the amount of cash collected from and on-behalf of patients. Cash used in noncapital financing activities increased by \$2,022,000 over 2012, due to increased private UPL program payments. Cash used in capital and related financing activities increased by \$1,046,000 due to increased purchase of capital assets. Cash provided by investing activities remained consistent with 2012.

During 2012, cash provided by operating activities decreased by \$534,000 over 2011, primarily due to a reduction of \$575,000 in amounts due to third-party payers. Cash used in noncapital financing activities decreased by \$374,000 over 2011, due to decreased private UPL program payments. Cash used in capital and related financing activities decreased by \$834,000 due to decreased purchase of capital assets.

#### **Capital Asset and Debt Administration**

#### Capital Assets

At the end of 2013 and 2012, the Medical Center had \$4,054,000 and \$3,817,000, respectively, invested in capital assets, net of accumulated depreciation, as detailed in Note 5 to the financial statements.

#### Debt

At December 31, 2013, the Medical Center had \$506,000 in capital lease obligations outstanding. During 2013, the Medical Center made regular capital lease payments.

At December 31, 2012, the Medical Center had \$791,000 in capital lease obligations outstanding. During 2012, the Medical Center made regular capital lease payments and entered into a new capital lease in the amount of \$157,700

#### **Contacting the Medical Center's Financial Management**

This financial report is designed to provide our patients, suppliers and creditors with a general overview of the Medical Center's finances and to show the Medical Center's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Medical Center's management at Memorial Medical Center, 815 N. Virginia, Port Lavaca, Texas 77979.

# Memorial Medical Center A Component Unit of Calhoun County, Texas Balance Sheets December 31, 2013 and 2012

	2013		2012		
Current Assets					
Cash	\$	3,981,580	\$	2,541,589	
Short-term investments		500,000		500,000	
Patient accounts receivable, net of allowance;					
2013 - \$3,423,000, 2012 - \$4,208,000		2,431,028		2,603,731	
Estimated amounts due from third-party payers		226,103		377,236	
Supplies		630,832		628,145	
Prepaid expenses and other		2,001,784		1,968,744	
Total current assets		9,771,327		8,619,445	

Capital Assets, Net	 4,054,496	 3,816,551
Total assets	\$ 13,825,823	\$ 12,435,996

	2013	2012		
Current Liabilities				
Current maturities of long-term debt	\$ 294,819	\$ 285,574		
Notes payable	500,000	500,000		
Accounts payable	820,065	812,633		
Accrued expenses	3,287,907	2,430,261		
Total current liabilities	4,902,791	4,028,468		
Long-term Debt	210,905	505,724		
Total liabilities	5,113,696	4,534,192		
Net Position				
Net investment in capital assets	3,548,772	3,025,253		
Restricted-expendable for equipment	1,818	24,500		
Unrestricted	5,161,537	4,852,051		
Total net position	8,712,127	7,901,804		
Total liabilities and net position	\$ 13,825,823	\$ 12,435,996		

## Liabilities and Net Position

# Memorial Medical Center A Component Unit of Calhoun County, Texas Statements of Revenues, Expenses and Changes in Net Position Years Ended December 31, 2013 and 2012

	2013	2012
Operating Revenues		
Net patient service revenue, net of provision for uncollectible		
accounts; 2013 - \$8,616,000, 2012 - \$8,774,000	\$ 21,005,902	\$ 20,202,316
Other	735,074	555,508
Total operating revenues	21,740,976	20,757,824
Operating Expenses		
Salaries and wages	8,187,342	7,946,947
Employee benefits	2,544,466	2,374,092
Purchased services and professional fees	5,371,435	4,788,952
Insurance	50,174	57,889
Supplies and other	4,631,251	4,424,609
Depreciation and amortization	952,347	1,015,970
Total operating expenses	21,737,015	20,608,459
Operating Income	3,961	149,365
Nonoperating Revenues (Expenses)		
Noncapital grants and contributions	82,586	14,301
Investment income	6,218	3,514
Interest expense	(21,542)	(28,057)
Private UPL expense	(2,280,000)	(790,000)
On-behalf of payments	3,017,282	2,503,452
Total nonoperating revenues	804,544	1,703,210
Excess of Revenues Over Expenses		
Before Capital Grants and Gifts	808,505	1,852,575
Capital Grants and Gifts	1,818	24,500
Increase in Net Position	810,323	1,877,075
Net Position, Beginning of Year	7,901,804	6,024,729
Net Position, End of Year	\$ 8,712,127	\$ 7,901,804

# Memorial Medical Center A Component Unit of Calhoun County, Texas Statements of Cash Flows Years Ended December 31, 2013 and 2012

	2013	2012
Operating Activities		
Receipts from and on-behalf of patients	\$ 22,534,938	\$ 18,194,660
Payments to suppliers and contractors	(7,797,506)	(6,878,536)
Payments to employees	(10,345,729)	(10,153,750)
Other receipts, net	735,074	555,508
Net cash provided by operating activities	5,126,777	1,717,882
Noncapital Financing Activities		
Noncapital grants and contributions	82,586	14,301
Private UPL program payments	(2,280,000)	(190,000)
Net cash used in noncapital financing activities	(2,197,414)	(175,699)
Capital and Related Financing Activities		
Capital grants and gifts	1,818	24,500
Principal paid on long-term debt	(285,574)	(249,989)
Interest paid on long-term debt	(21,542)	(28,057)
Purchase of capital assets	(1,190,292)	(195,839)
Net cash used in capital and related		
financing activities	(1,495,590)	(449,385)
Investing Activities		
Interest on investments	6,218	3,514
Purchase of investments	-	(500,000)
Proceeds from disposition of investments		500,000
Net cash provided by investing activities	6,218	3,514
Increase in Cash	1,439,991	1,096,312
Cash, Beginning of Year	2,541,589	1,445,277
Cash, End of Year	\$ 3,981,580	\$ 2,541,589

# Memorial Medical Center A Component Unit of Calhoun County, Texas Statements of Cash Flows (Continued) Years Ended December 31, 2013 and 2012

	2013	2012
Reconciliation of Net Operating Revenues (Expenses) to		
Net Cash Provided by Operating Activities		
Operating income	\$ 3,961	\$ 149,365
Depreciation and amortization	952,347	1,015,970
Provision for uncollectible accounts	8,616,000	8,774,000
On-behalf of payments	3,017,282	2,503,452
Changes in operating assets and liabilities:		
Patients accounts receivable, net	(8,443,297)	(9,042,597)
Estimated amounts due from and to third-party payers	151,133	(884,916)
Accounts payable and accrued expenses	865,078	738,974
Other current assets	 (35,727)	 (1,536,366)
Net cash provided by operating activities	\$ 5,126,777	\$ 1,717,882
Supplemental Cash Flows Information Capital lease obligation incurred for capital assets	\$ -	\$ 157,700

## Note 1: Nature of Operations and Summary of Significant Accounting Policies

#### Nature of Operations and Reporting Entity

Memorial Medical Center (the Medical Center) is an acute care critical access hospital (CAH) located in Port Lavaca, Texas. The Medical Center is a component unit of Calhoun County (the County) and the Board of County Commissioners appoints members to the Board of Trustees (the Board) of the Medical Center. The Medical Center primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the County's area.

#### Basis of Accounting and Presentation

The financial statements of the Medical Center have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific, investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Medical Center first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### **Risk Management**

The Medical Center 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 disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

The Medical Center is self-insured for a portion of its exposure to risk of loss from employee health claims. Annual estimated provisions are accrued for the self-insured portion of employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

#### Investments and Investment Income

Investments in certificates of deposit are carried at amortized cost. Investment income consists of interest income.

#### Patient Accounts Receivable

The Medical Center reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Medical Center provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

#### **Supplies**

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

#### **Capital Assets**

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Medical Center:

Land improvements	25-40 years
Buildings and leasehold improvements	25-40 years
Equipment	5-20 years

#### **Compensated Absences**

The Medical Center policies permit most employees to accumulate vacation that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the

benefit as time off or in cash. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date, plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

#### **Net Position**

Net position of the Medical Center is classified in three components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Restricted-expendable net position is made up of noncapital assets that must be used for a particular purpose, as specified by creditors, grantors or donors external to the Medical Center. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

#### Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

#### **Charity Care**

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

#### Electronic Health Records (EHR) Incentive Program

The EHR Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified EHR technology. CAHs are eligible to receive incentive payments in the cost reporting period beginning in the federal fiscal year in which meaningful use criteria have been met. The Medicare incentive payment is for qualifying costs of the purchase of certified EHR technology multiplied by the Medical Center's Medicare share fraction, which includes a 20 percent incentive. This payment is an acceleration

of amounts that would have been received in future periods based on reimbursable costs incurred, including depreciation. If meaningful use criteria are not met in future periods, the Medical Center is subject to penalties that would reduce future payments for services. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. The final amount for any payment year under both programs is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Medical Center has recognized the incentive payment revenue received for qualified EHR technology expenditures during 2013, which was the period during which management was reasonably assured meaningful use was achieved and the earnings process was complete for year two. Management believes the incentive payments reflect a change in how "allowable costs" are determined in paying CAHs for providing to Medicare beneficiaries. The Medical Center recorded revenues of approximately \$104,000, which is included in other revenues in the statement of revenues, expenses and changes in net position as of the year ended December 31, 2013.

#### Income Taxes

As an essential government function of the County, the Medical Center is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law. However, the Medical Center is subject to federal income tax on any unrelated business taxable income.

#### Note 2: Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include:

- *Medicare*. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare administrative contractor.
- *Medicaid.* Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Medical Center is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid administrative contractor.

Approximately 57 percent of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for each of the years ended December 31, 2013 and 2012. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

On December 12, 2011, the United States Department of Health & Human Services approved a Medicaid Section 1115(a) demonstration entitled "Texas Health Transformation and Quality Improvement Program." This demonstration will expand existing Medicaid managed care programs and establish two funding pools that will assist providers with uncompensated care costs and promote health system transformation. The demonstration is effective from December 12, 2011 to September 30, 2016, and will have a material impact on the Medical Center's future Medicaid funding. The funding received through this demonstration will impact the funding the Medical Center has historically received under the Texas Medicaid Disproportionate Share (DSH) program and will replace the funding historically received through the Upper Payment Limit (UPL) program, both designed to assist those facilities serving the majority of the indigent patients by providing funds supporting increased access to health care within the community. Total funding received through the Texas Medicaid supplemental funding programs was approximately \$1,788,000 and \$1,858,000 for the years ended December 31, 2013 and 2012, respectively.

The Medical Center has elected to fund certain elements of the State of Texas' private UPL program. During the years ended December 31, 2013 and 2012, the Medical Center recognized funding of approximately \$2,280,000 and \$790,000, respectively.

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

## Note 3: Deposits

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The Medical Center is included in the County's deposit policy for custodial credit risk which requires compliance with the provisions of state law.

State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities or the State of Texas; bonds of any city, county, school district or special road district of the State of Texas; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits.

At December 31, 2013 and 2012, the Medical Center's bank balances were insured or collateralized by assets held in other than the Medical Center's name.

#### Summary of Carrying Values

The carrying values of deposits are included in the balance sheets as follows:

	 2013	2012
Carrying value: Deposits	\$ 4,481,580	\$ 3,041,589
Included in the following balance sheets captions:		
	 2013	2012
Cash Short term investments	\$ 3,981,580 500,000	\$ 2,541,589 500,000
	\$ 4,481,580	\$ 3,041,589

## Note 4: Patient Accounts Receivable

The Medical Center grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at December 31 consisted of:

	 2013	2012
Medicare	\$ 979,281	\$ 1,328,519
Medicaid	419,464	403,784
Other third-party payers	1,112,930	1,322,614
Patients	 3,342,353	 3,756,814
	5,854,028	6,811,731
Less allowance for uncollectible accounts	 3,423,000	 4,208,000
	\$ 2,431,028	\$ 2,603,731
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## Note 5: Capital Assets

Capital assets activity for the years ended December 31 was:

						2013		
	E	Beginning Balance		Additions		Disposals	Transfers	Ending Balance
Capital assets:								
Land	\$	32,143	\$	288,450	\$	-	\$ -	\$ 320,593
Buildings and improvements		9,229,238		180,009		-	-	9,409,247
Equipment		11,595,987		711,474		5,847	-	12,301,614
Leased assets		1,652,700		-		-	-	1,652,700
Construction in progress		-		12,700		-	 -	12,700
Total capital assets		22,510,068		1,192,633		5,847	0	 23,696,854
Less accumulated depreciation:								
Buildings and improvements		(7,677,933)		(171,782)		-	-	(7,849,715)
Equipment		(10,099,081)		(499,858)		(3,506)	-	(10,595,433)
Leased assets		(916,503)		(280,707)		-	 	 (1,197,210)
Total accumulated								
depreciation		(18,693,517)	1	(952,347)	1	(3,506)	 0	 (19,642,358)
Capital assets, net	\$	3,816,551	\$	240,286	\$	2,341	\$ 0	\$ 4,054,496

	2012									
	Beginning Balance		Additions	dditions Disposals Transfers						
Capital assets:										
Land	\$	32,143	\$	-	\$	-	\$	-	\$	32,143
Buildings and improvements		9,209,598		-		46,709		66,349		9,229,238
Equipment		13,165,705		174,456		1,744,174		-		11,595,987
Leased assets		1,495,000		157,700		-		-		1,652,700
Construction in progress		44,966		21,383		-		(66,349)		-
Total capital assets		23,947,412		353,539		1,790,883		0		22,510,068
Less accumulated depreciation:										
Buildings and improvements		(7,509,016)		(215,626)		(46,709)		-		(7,677,933)
Equipment		(11,315,733)		(527,522)		(1,744,174)		-		(10,099,081)
Leased assets		(643,681)		(272,822)		-				(916,503)
Total accumulated										
depreciation		(19,468,430)		(1,015,970)	1	(1,790,883)		0		(18,693,517)
Capital assets, net	\$	4,478,982	\$	(662,431)	\$	0	\$	0	\$	3,816,551

#### Note 6: Notes Payable

The following is a summary of notes payable transactions for the Medical Center for the years ended December 31:

	eginning Balance	Add	itions	Dedu	uctions	Ending Balance
Notes payable: Noninterest-bearing note - 2013	\$ 500,000	\$	0	\$	0	\$ 500,000
Noninterest-bearing note - 2012	\$ 500,000	\$	0	\$	0	\$ 500,000

The Medical Center has two lines of credit with the County in the amount of \$2,000,000 each. As of December 31, 2013, only \$500,000 had been drawn on one line of credit, and no amounts had been drawn on the second line of credit.

#### Note 7: Accounts Payable and Accrued Expenses

Accounts payable and accrued expenses included in current liabilities at December 31 consisted of:

		2013		2012
Payable to suppliers and contractors	\$	668,922	\$	609,011
Payable to employees (including payroll				
taxes and benefits)		1,171,164		1,134,673
Other		2,267,886		1,499,210
	\$	4,107,972	\$	3,242,894
	Ψ	7,107,972	Ψ	5,272,074

## Note 8: Medical Malpractice Claims

The Medical Center is a unit of government covered by the *Texas Tort Claims Act*, which, by statute, limits its liability to \$100,000 per individual and \$300,000 in the aggregate. These limits coincide with the malpractice insurance coverage, which is purchased by the Medical Center under a claims-made policy on a fixed premium basis. 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 Medical Center's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

## Note 9: Employee Health Claims

Substantially all of the Medical Center's employees and their dependents are eligible to participate in the Medical Center's employee health insurance plan. The Medical Center is self-insured for health claims of participating employees and dependents up to an annual aggregate amount of \$60,000. Commercial stop-loss insurance coverage is purchased for claims in excess of the aggregate annual amount. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims, and other economic and social factors. It is reasonably possible that the Medical Center's estimate could change by a material amount in the near term.

Activity in the Medical Center's accrued employee health claims liability during 2013 and 2012 is summarized as follows:

	2013		2012
Balance, beginning of year Current year claims incurred and changes in	\$	267,869	\$ 145,000
estimates for claims incurred in prior years		1,127,249	977,566
Claims and expenses paid		(1,126,064)	 (854,697)
Balance, end of year	\$	269,054	\$ 267,869

#### Note 10: Long-term Obligations

The following is a summary of long-term obligation transactions for the Medical Center for the years ended December 31:

	eginning Balance	Ac	ditions	De	eductions	Ending Balance	-	Current Portion
Long-term debt: Capital lease obligations - 2013	\$ 791,298	\$	0	\$	(285,574)	\$ 505,724	\$	294,819
Capital lease obligations - 2012	\$ 883,587	\$	157,700	\$	(249,989)	\$ 791,298	\$	285,574

#### **Capital Lease Obligations**

The Medical Center is obligated under leases for equipment that are accounted for as capital leases. Assets under capital leases at December 31, 2013 and 2012, totaled \$455,490 and \$736,197, respectively, net of accumulated depreciation of \$1,197,210 and \$916,503, respectively. The following is a schedule, by year, of future minimum lease payments under capital leases, including interest, at rate of 2.98 percent to 5.00 percent, together with the present value of the future minimum lease payments as of December 31, 2013:

Years Ending December 31,	Total to be Paid	Interest			
2014	\$ 307,753	\$ 294,819	\$ 12,934		
2015	171,622	167,395	4,227		
2016	35,490	34,099	1,391		
2017	9,490	9,411	79		
2018	-	-	-		
	\$ 524,355	\$ 505,724	\$ 18,631		

## Note 11: Charity Care

The costs of charity care provided under the Medical Center's charity care policy were approximately \$540,000 and \$447,000 for 2013 and 2012, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

## Note 12: Pension Plan

#### Plan Description

The Medical Center provides retirement, disability and death benefits for all of its full-time employees through a nontraditional defined benefit pension plan (the plan) in the state-wide Texas County and District Retirement System (TCDRS). The Board of Trustees of TCDRS is responsible for the administration of the state-wide agent multiple-employer public employee retirement system consisting of over 600 nontraditional defined benefit pension plans. TCDRS, in the aggregate, issues a comprehensive annual financial report (CAFR) on a calendar year basis. The CAFR is available upon written request from the TCDRS Board of Trustees at P.O. Box 2034, Austin, Texas 78768-2034.

The plan provisions are adopted by the governing body of the employer, within the options available in the Texas state statutes governing TCDRS (TCDRS Act). Members can retire at ages 60 and above with eight or more years of service, with 30 years of service regardless of age, or when the sum of their age and years of service equals 75 or more. Members are vested after eight years of service 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 their employer.

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 Medical Center within the actuarial constraints imposed by the TCDRS Act so that the resulting benefits can be expected to be adequately financed by the Medical Center's commitment to contribute. 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 the TCDRS Act.

#### Funding Policy

The Medical Center has elected the annually determined contribution rate plan provisions of the TCDRS Act. The plan is funded by monthly contributions from both employee members and the employer based on the covered payroll of employee members. Under the TCDRS Act, the contribution rate of the Medical Center is actuarially determined annually. It was 7.77 percent and 7.46 percent for calendar years 2013 and 2012, respectively. The contribution rate payable by the employee members is 7.00 percent as adopted by the governing body of the Medical Center. The employee contribution rate and the employer contribution rate may be changed by the governing body of the Medical Center within the options available in the TCDRS Act.

#### Annual Pension Cost (APC)

For the Medical Center's year ended December 31, 2013, the APC for the TCDRS plan for its employees was \$633,060, and the actual contributions were \$633,060. For the Medical Center's year ended December 31, 2012, the APC for the TCDRS plan for its employees was \$590,398, and the actual contributions were \$590,398. There is no existing net pension obligation.

The required contributions for 2013 and 2012 were determined based on the results of actuarial valuations as of December 31, 2012 and 2011, using the entry age normal actuarial cost method. The actuarial assumptions included (a) an 8.0 percent investment rate of return (net of administrative expenses) and (b) projected salary increase of 5.4 percent for both 2013 and 2012. Both (a) and (b) included an inflation component of 3.0 percent and 3.5 percent for 2013 and 2012, respectively, value method. The actuarial valuation of plan assets was determined using a

ten-year smoothed value and a fund value. The unfunded actuarial liability is being amortized as a level percentage of payroll on a closed basis. The remaining amortization period at both December 31, 2013 and 2012, was 20 years.

#### **Three-year Trend Information**

Fiscal Year Ended	APC		Percentage of APC Contributed	Net Pension Obligation	
12/31/11	\$	565,712	100%	\$	-
12/31/12		590,398	100%		-
12/31/13		633,060	100%		-

#### Funding Status and Funding Progress

As of December 31, 2012, the most recent actuarial valuation date, the plan was 91.32 percent funded. The actuarial accrued liability for benefits was \$22,156,007 and the actuarial value of assets was \$20,232,437, resulting in an unfunded actuarial accrued liability (UAAL) of \$1,923,570. The covered payroll (annual payroll of active employees covered by the plan) was \$7,914,094 and the ratio of the UAAL to the covered payroll was 24.31 percent.

The schedule of funding progress, presented as required supplementary information following the notes to financial statements, presents multi-year trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liability for benefits.

## Note 13: Related-party Transactions

The Medical Center collaborates with the Service Organization of Houston (the Service Organization), a nonprofit corporation, to access Medicaid supplemental payments through the State of Texas' private UPL program. The Medical Center has one representative who serves on the Board of Directors of the Service Organization. The Service Organization funded certain health care services on behalf of the Medical Center in the amounts of approximately \$3,017,000 and \$2,503,000 during the years ended December 31, 2013 and 2012, respectively. These on-behalf of payments are reflected as nonoperating revenues in the accompanying statements of revenues, expenses and changes in net position.

#### Note 14: Contingencies

#### Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Medical Center's commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

#### Note 15: Patient Protection and Affordable Care Act

*The Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The State of Texas has indicated it will not expand the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Medical Center's reduced revenue from other Medicare/Medicaid programs.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Medical Center's net patient service revenue. In addition, it is possible the Medical Center will experience payment delays and other operational challenges during PPACA's implementation.

**Required Supplementary Information** 

# Memorial Medical Center A Component Unit of Calhoun County, Texas Schedule of Funding Progress for TCDRS Retirement Plan Year Ended December 31, 2013

# ActuarialUnfundedAccruedActuarialActuarialLiabilityRatio ofActuarialValue of(AAL) -AssetsValuationAssetsEntry Ageto AAL(UAAL)

Analysis of Funding Progress

Actuarial	Actuarial Value of	Liability (AAL) -	Ratio of Assets	Accrued Liability	Annual Covered	Percentage of Covered
Valuation Date	Assets (a)	Entry Age (b)	to AAL (a/b)	(UAAL) (b-a)	Payroll (c)	Payroll ((b-a)/c)
12/31/10	\$ 18,348,643	\$ 19,726,385	93.02%	\$ 1,377,742	\$ 8,340,424	16.52%
12/31/11	18,787,462	20,308,106	92.51%	1,520,644	7,868,071	19.33%
12/31/12	20,232,437	22,156,007	91.32%	1,923,570	7,914,094	24.31%

#### 25

UAAL as