



**Office of the Washington State Auditor  
Pat McCarthy**

November 21, 2019

Board of Commissioners  
Arbor Health  
Morton, Washington

**Contracted CPA Firm's Audit Report on Financial Statements**

We have reviewed the audit report issued by a certified public accounting (CPA) firm on the financial statements of Arbor Health for the fiscal years ended December 31, 2018 and 2017. The District contracted with the CPA firm for this audit and requested that we accept it in lieu of performing our own audit.

Based on this review, we have accepted this report in lieu of the audit required by RCW 43.09.260. The Office of the Washington State Auditor did not audit the accompanying financial statements and, accordingly, we do not express an opinion on those financial statements.

This report is being published on the Office of the Washington State Auditor website as a matter of public record.

Sincerely,

Pat McCarthy  
State Auditor  
Olympia, WA

**Access Letter Requires Authorization before disclosure**

**Lewis County Public Hospital District No. 1  
doing business as  
Arbor Health**

Basic Financial Statements and  
Independent Auditors' Reports

December 31, 2018 and 2017



**DINGUS | ZARECOR & ASSOCIATES<sup>PLLC</sup>**  
Certified Public Accountants

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Table of Contents**

	<b>Page</b>
<i>INDEPENDENT AUDITORS' REPORT</i>	1-2
<i>MANAGEMENT'S DISCUSSION AND ANALYSIS</i>	3-7
<i>BASIC FINANCIAL STATEMENTS:</i>	
Statements of net position	8-9
Statements of revenues, expenses, and changes in net position	10
Statements of cash flows	11-12
Notes to basic financial statements	13-29
<i>INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS</i>	30-31
<i>SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS</i>	32



**DINGUS | ZARECOR & ASSOCIATES PLLC**  
Certified Public Accountants

## INDEPENDENT AUDITORS' REPORT

Board of Commissioners  
Lewis County Public Hospital District No. 1  
doing business as Arbor Health  
Morton, Washington

### Report on the Financial Statements

We have audited the accompanying financial statements of Lewis County Public Hospital District No. 1 doing business as Arbor Health (the District) as of and for the years ended December 31, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

### 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.

### Auditors' 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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 auditors' 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.

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 the District as of December 31, 2018 and 2017, and the changes in its financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **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 3 through 7 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.

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

In accordance with *Government Auditing Standards*, we have also issued our report dated May 13, 2019, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters for the year ended December 31, 2018. We issued a similar report for the year ended December 31, 2017, dated April 10, 2018, which has not been included with the 2018 financial and compliance report. The purpose of those reports is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing for each year, and not to provide an opinion on internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
May 13, 2019

**Lewis County Public Hospital District No. 1  
doing business as Arbor Health  
Management's Discussion and Analysis  
Years Ended December 31, 2018 and 2017**

Our discussion and analysis of Lewis County Public Hospital District No. 1 doing business as Arbor Health's (the District) financial performance provides an overview of the District's financial activities for the years ended December 31, 2018 and 2017. Please read it in conjunction with the District's financial statements, which begin on page 8.

**Financial Highlights**

- The District's net position increased by \$557,400, or 7 percent, in 2018 and by \$1,701,791, or 26 percent, in 2017.
- The District reported operating loss of \$783,870 in 2018 and operating income of \$419,316 in 2017. Operating losses increased by \$1,203,186 in 2018 and decreased by \$1,743,087 in 2017.
- Nonoperating revenues and expenses increased by \$58,795, or 5 percent, in 2018 compared to 2017. Nonoperating revenues and expenses increased by \$193,251, or 18 percent, in 2017 compared to 2016.

**Using This Annual Report**

The District'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 District, including resources held by the District but restricted for specific purposes by contributors, grantors, or enabling legislation.

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

Our analysis of the District finances begins on page 4. One of the most important questions asked about the District's finances is, "Is the District 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 District'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 the cash is received or paid.

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

**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?"

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Management's Discussion and Analysis (Continued)**  
**Years Ended December 31, 2018 and 2017**

**The District's Net Position**

The District's net position is the difference between its assets and liabilities reported in the Statement of Net Position, on page 8. The District's net position increased by \$557,400, or 7 percent, in 2018 and by \$1,701,791, or 26 percent, in 2017, as shown in Table 1.

A significant component of the change in the District's assets is the decline in capital assets. This is mostly attributed to the lack of capital spending across the organization. The organization plans for major renovation in support areas in 2019 and onward. While current assets have remained stable in the year, cash has declined as accounts receivable and amounts due from the Medicare program increased. Accounts receivable were delayed at year end due to a name change where the organization held billings pending Medicare recognition. Changes in the Medicare program receivable, while sizeable, are standard experiences in the Critical Access Hospital program.

**Table 1: Assets, Liabilities, and Net Position**

	2018	2017	2016
<i>Assets</i>			
Current assets	\$ 8,896,608	\$ 8,474,895	\$ 8,559,998
Capital assets, net	10,823,038	12,049,482	13,277,064
Other noncurrent assets	1,282,355	1,221,466	1,198,701
<b>Total assets</b>	<b>\$ 21,002,001</b>	<b>\$ 21,745,843</b>	<b>\$ 23,035,763</b>
<i>Liabilities</i>			
Current liabilities	\$ 3,870,342	\$ 3,431,865	\$ 4,756,209
Noncurrent liabilities	8,314,389	10,054,108	11,721,475
<b>Total liabilities</b>	<b>12,184,731</b>	<b>13,485,973</b>	<b>16,477,684</b>
<i>Net position</i>			
Net investment in capital assets	785,694	344,614	(121,902)
Restricted for debt service	717,044	668,364	598,072
Restricted for capital acquisitions	-	-	61,018
Unrestricted	7,314,532	7,246,892	6,020,891
<b>Total net position</b>	<b>8,817,270</b>	<b>8,259,870</b>	<b>6,558,079</b>
<b>Total liabilities, deferred inflow of resources, and net position</b>	<b>\$ 21,002,001</b>	<b>\$ 21,745,843</b>	<b>\$ 23,035,763</b>

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Management's Discussion and Analysis (Continued)**  
**Years Ended December 31, 2018 and 2017**

**Operating Results and Changes in The District's Net Position**

In 2018, the District's net position increased by \$557,400, or 7 percent, as shown in Table 2. This increase is made up of very different components, compared with the increase in net position for 2017 of \$1,701,791 and is discussed below.

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

	2018	2017	2016
<i>Operating revenues</i>			
Net patient revenue, net of provision for bad debts	\$ 25,070,163	\$ 24,352,784	\$ 21,311,110
Electronic health records incentive payment (payback)	-	(194,689)	170,732
Grants and other	425,228	301,557	293,729
Total operating revenues	25,495,391	24,459,652	21,775,571
<i>Operating expenses</i>			
Salaries and benefits	16,157,631	14,671,212	14,414,292
Supplies	2,132,690	1,547,886	1,452,602
Depreciation and amortization	1,826,344	1,932,977	1,886,107
Other	6,162,596	5,888,261	5,346,341
Total operating expenses	26,279,261	24,040,336	23,099,342
Operating income (loss)	(783,870)	419,316	(1,323,771)
<i>Nonoperating revenues (expenses)</i>			
Taxation	1,620,457	1,611,703	1,579,113
Interest income	101,990	46,448	20,094
Interest expense	(501,004)	(570,027)	(613,222)
Other	119,827	194,351	103,239
Total nonoperating revenues, net	1,341,270	1,282,475	1,089,224
Change in net position	557,400	1,701,791	(234,547)
Net position, beginning of year	8,259,870	6,558,079	6,792,626
Net position, end of year	\$ 8,817,270	\$ 8,259,870	\$ 6,558,079



**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Management's Discussion and Analysis (Continued)**  
**Years Ended December 31, 2018 and 2017**

**Analysis of Financial Position, Results of Operations, Nonoperating Activities, and Cash Flows**

The first component of the overall change in the District's net assets is its operating loss — the difference between net patient service revenues and the expenses incurred to perform those services. In 2018, the District reported an operating loss. In the preceding year, the District reported operating income. Operating losses increased by \$1,203,186, or 287 percent, from 2017 to 2018, and decreased by \$1,743,087, or 132 percent, from 2016 to 2017.

The District experienced a decline in most service lines as illustrated in the table below.

Additionally, the District experienced a decline in reimbursement and a change in payor mix as patients transition to more consumer friendly plans in the marketplace. Due to the CAH reimbursement model, this revenue shortfall was not corrected until late in the year with Medicare and will flow through to Medicare Advantage payors in 2019. As a result, the District's cash position has declined; however, the District has built a substantial receivable in the Medicare program keeping current assets comparable year over year. The organization is facing pricing pressure in the market as consumers look to commoditize the healthcare industry. The organization has experienced turnover in staffing and has been forced to staff with out-of-market staffing contracts, thereby increasing its labor cost in 2018. Employee benefit cost continues to grow with an aging workforce. Supply costs have increased by 584,804, or 38 percent, over 2017 attributed to pharmacy and a new wound care service line.

	<b>2018</b>	<b>2017</b>	<b>Variance</b>	<b>Variance %</b>
<i>Admissions</i>				
Medical/surgical	<b>178</b>	171	7	4%
Skilled nursing	<b>53</b>	61	(8)	-13%
<i>Patient Days</i>				
Medical/surgical	<b>575</b>	639	(64)	-10%
Skilled nursing	<b>688</b>	1,073	(385)	-36%
Custodial	<b>4,080</b>	4,806	(726)	-15%
<i>Outpatient Utilization</i>				
Outpatient registrations	<b>12,867</b>	12,264	603	5%
Observation registrations	<b>199</b>	220	(21)	-10%
Emergency registrations	<b>4,456</b>	4,610	(154)	-3%
Physician clinics	<b>14,101</b>	14,333	(232)	-2%

The primary components of these changes in operating losses are:

- A decline in skilled nursing patient days of 36 percent in 2018 from 2017 amounts.
- In 2017, the District recognized \$483,999 for estimated settlements related to Medicaid Managed Care contracts from the state of Washington for the years of 2011-2016, which did not reoccur in 2018.
- Increase in salaries and benefits expense of \$1,486,419, or 10 percent, from 2017 to 2018, and an increase of \$256,920, or 2 percent, from 2016 to 2017. In 2018, the organization, in order to maintain appropriate staffing levels, resorted to the use of out-of-market staffing resources as the local labor market did not support the staffing requirements. Staff recruitment is a high priority for the organization and significant effort is being made recruiting staff to the area.

**Lewis County Public Hospital District No. 1  
doing business as Arbor Health  
Management's Discussion and Analysis (Continued)  
Years Ended December 31, 2018 and 2017**

- Increase in supplies expense of \$584,804, or 38 percent, from 2017 to 2018, and an increase of \$95,284, or 7 percent, from 2016 to 2017. In 2018, the organization expanded its wound care service utilizing a new product representing majority of the increase in 2018. The product is covered under the Medicare program reimbursement plan.

**Capital Assets**

At the end of 2018, the District had \$10,823,038 invested in capital assets, net of accumulated depreciation, as detailed in Note 4 to the financial statements.

**Debt**

At year end, the District had \$8,314,389 in revenue notes, mortgage loans, and capital lease obligations outstanding. The District issued no new debt in 2018. The District's formal debt issuances—revenue notes—cannot be issued without approval of the Lewis County Board of Commissioners.

**Currently Known Facts, Decisions, and Conditions**

There are no known changes in the community, industry, or state programs that can be quantified at this time.

**Contacting the District's Financial Management**

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. If you have questions about this report or need additional information, contact the administration department at Morton General Hospital, PO Box 1138, Morton, Washington 98356.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Statements of Net Position**  
**December 31, 2018 and 2017**

<b>ASSETS</b>	<b>2018</b>	<b>2017</b>
<i>Current assets</i>		
Cash and cash equivalents	\$ 3,669,659	\$ 5,072,456
Receivables:		
Patient accounts	3,347,146	2,242,505
Estimated third-party payor settlements	1,148,345	649,208
Taxes	30,047	33,597
Taxes restricted for debt service	28,873	30,805
Other	92,544	8,517
Inventories	301,090	191,211
Prepaid expenses and other	278,904	246,596
Total current assets	8,896,608	8,474,895
<i>Noncurrent assets</i>		
Cash and cash equivalents, limited as to use for capital acquisitions	594,184	583,907
Cash and cash equivalents, restricted for debt service	688,171	637,559
Capital assets, net	10,823,038	12,049,482
Total noncurrent assets	12,105,393	13,270,948
<b>Total assets</b>	<b>\$ 21,002,001</b>	<b>\$ 21,745,843</b>

*See accompanying notes to basic financial statements.*

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Statements of Net Position (Continued)**  
**December 31, 2018 and 2017**

<b>LIABILITIES AND NET POSITION</b>	<b>2018</b>	<b>2017</b>
<i>Current liabilities</i>		
Accounts payable	\$ 504,174	\$ 366,409
Accrued compensation and related liabilities	1,448,524	1,220,007
Electronic health records incentive payback	194,689	194,689
Current maturities of long-term debt	1,636,780	1,566,724
Current portion of capital lease obligations	86,175	84,036
Total current liabilities	3,870,342	3,431,865
<i>Noncurrent liabilities</i>		
Long-term debt, less current maturities	8,237,808	9,890,251
Capital lease obligations, less current portion	76,581	163,857
Total noncurrent liabilities	8,314,389	10,054,108
Total liabilities	12,184,731	13,485,973
<i>Net position</i>		
Net investment in capital assets	785,694	344,614
Restricted for debt service	717,044	668,364
Unrestricted	7,314,532	7,246,892
Total net position	8,817,270	8,259,870
<b>Total liabilities and net position</b>	<b>\$ 21,002,001</b>	<b>\$ 21,745,843</b>

*See accompanying notes to basic financial statements.*

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended December 31, 2018 and 2017**

	2018	2017
<i>Operating revenues</i>		
Net patient revenue	\$ 25,070,163	\$ 24,352,784
Electronic health records incentive payback	-	(194,689)
Grants	76,301	46,453
Other	348,927	255,104
Total operating revenues	25,495,391	24,459,652
<i>Operating expenses</i>		
Salaries and wages	12,995,173	11,708,048
Employee benefits	3,162,458	2,963,164
Professional fees	2,577,389	2,325,376
Supplies	2,132,690	1,547,886
Utilities	376,161	389,205
Purchased services	1,652,472	1,581,482
Leases and rentals	143,686	175,622
Repairs and maintenance	378,757	280,529
Depreciation and amortization	1,826,344	1,932,977
Insurance	180,577	207,279
Other	853,554	928,768
Total operating expenses	26,279,261	24,040,336
<i>Operating income (loss)</i>	(783,870)	419,316
<i>Nonoperating revenues (expenses)</i>		
Taxation for maintenance and operations	809,119	823,687
Taxation for bond principal and interest	811,338	788,016
Contributions	19,698	102,514
Build America Bond subsidy	91,929	91,337
Gain on sale of assets	8,200	500
Interest income	101,990	46,448
Interest expense	(501,004)	(570,027)
Total nonoperating revenues, net	1,341,270	1,282,475
Change in net position	557,400	1,701,791
Net position, beginning of year	8,259,870	6,558,079
<b>Net position, end of year</b>	<b>\$ 8,817,270</b>	<b>\$ 8,259,870</b>

See accompanying notes to basic financial statements.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Statements of Cash Flows**  
**Years Ended December 31, 2018 and 2017**

	2018	2017
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Cash received from patient services	\$ 23,466,385	\$ 23,692,486
Cash received from grants	76,301	46,453
Cash received from other revenue	348,927	255,104
Cash paid to and on behalf of employees	(15,998,255)	(14,570,868)
Cash paid to suppliers and contractors	(8,314,594)	(7,058,140)
Net cash provided by (used in) operating activities	(421,236)	2,365,035
<i>Cash flows from noncapital financing activities</i>		
Cash received from taxation for maintenance and operations	812,669	829,769
Contributions received	19,698	102,514
Net cash provided by noncapital financing activities	832,367	932,283
<i>Cash flows from capital and related financing activities</i>		
Cash received from taxation for bond principal and interest	813,270	796,439
Interest paid	(516,670)	(585,692)
Principal payments on long-term debt	(1,566,721)	(1,531,646)
Principal payments on capital leases	(85,137)	(146,788)
Payments for purchase of capital assets	(602,700)	(755,457)
Proceeds from the sale of capital assets	11,000	500
Cash received from Build America Bonds subsidy	91,929	91,337
Net cash used in capital and related financing activities	(1,855,029)	(2,131,307)
<i>Cash flows from investing activities</i>		
Interest received	101,990	46,448
Net increase (decrease) in cash and cash equivalents	(1,341,908)	1,212,459
Cash and cash equivalents, beginning of year	6,293,922	5,081,463
<b>Cash and cash equivalents, end of year</b>	<b>\$ 4,952,014</b>	<b>\$ 6,293,922</b>

*See accompanying notes to basic financial statements.*

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2018 and 2017**

	2018	2017
<b><i>Reconciliation of Cash and Cash Equivalents to the Statements of Net Position</i></b>		
Cash and cash equivalents	\$ 3,669,659	\$ 5,072,456
Cash and cash equivalents, limited as to use for capital acquisitions	594,184	583,907
Cash and cash equivalents, restricted for debt service	688,171	637,559
<b>Total cash and cash equivalents</b>	<b>\$ 4,952,014</b>	<b>\$ 6,293,922</b>
<b><i>Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities</i></b>		
Operating income (loss)	\$ (783,870)	\$ 419,316
<i>Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities</i>		
Depreciation and amortization	1,826,344	1,932,977
Provision for bad debts	1,152,549	2,219,819
Decrease (increase) in current assets:		
Receivables:		
Patient accounts, net	(2,257,190)	(673,423)
Estimated third-party payor settlements	(499,137)	(649,208)
Other	(84,027)	160,064
Inventories	(109,879)	(30,758)
Prepaid expenses and other	(32,308)	233,798
Increase (decrease) in current liabilities:		
Accounts payable	137,765	14,903
Accrued compensation and related liabilities	228,517	100,344
Estimated third-party payor settlements	-	(1,557,486)
Electronic health records incentive payback	-	194,689
<b>Net cash provided by (used in) operating activities</b>	<b>\$ (421,236)</b>	<b>\$ 2,365,035</b>

*See accompanying notes to basic financial statements.*

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements**  
**Years Ended December 31, 2018 and 2017**

**1. Reporting Entity and Summary of Significant Accounting Policies:**

**a. Reporting Entity:**

Lewis County Public Hospital District No. 1 owns and operates Arbor Health (the District), a licensed 25-bed critical access hospital in Morton, Washington, and rural health clinics in Randle and Mossyrock, Washington. The District provides healthcare services to patients in eastern Lewis County, Washington. The services provided include acute care, emergency room, long-term swing-bed care services, physicians' clinic, and the related ancillary services (surgery, laboratory, imaging, therapy, etc.) associated with those services.

The District operates under the laws of the state of Washington relating to Washington municipal corporations. As organized, the District is exempt from the payment of federal income taxes. The Board of Commissioners consists of five community members elected to six-year terms. The District has no material component units.

**b. Summary of Significant Accounting Policies:**

***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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

***Enterprise fund accounting*** – The District's accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

***Cash and cash equivalents*** – All cash receipts are deposited directly to the District's depository accounts at banks. Periodically, these funds are transferred to the operating accounts held by the Lewis County Treasurer (County Treasurer). The County Treasurer acts as the District's treasurer. Warrants are issued against the cash placed with the County Treasurer, and the warrants are redeemed from a commercial bank by the County Treasurer. The County Treasurer invests cash in interest-bearing investments at the direction of the District. For purposes of the statements of cash flows, the District considers all cash and cash investments with original maturity dates of less than 90 days as cash and cash equivalents.

***Inventories*** – Inventories are stated at cost on the first-in, first-out method. Inventories consist of pharmaceutical, medical-surgical, and other supplies used in the District's operation.

***Assets restricted or limited as to use*** – Assets restricted or limited as to use include assets set aside by the Board of Commissioners for future capital improvements over which the Board retains control and could subsequently use for other purposes, and assets set aside for repayment of principal and interest on bond indebtedness and capital acquisitions.

***Bond premiums and discounts*** – The straight-line method is used to amortize the bond premiums and discounts over the period the related obligation is outstanding, which approximates the effective interest method.



**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued):**

***Capital assets*** – The District capitalizes assets whose costs exceed \$5,000 and with estimated useful lives of at least one year; lesser amounts are expensed. The capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. When such assets are disposed of, the related costs and accumulated depreciation or amortization is removed from the accounts and the resulting gain or loss is classified in nonoperating revenues or expenses.

***Compensated absences*** – Compensated absences consist of absences for which employees will be paid, such as vacation and sick leave. The District records unpaid leave for compensated absences as an expense and liability when incurred. Accrued vacation, which may be accumulated up to 360 hours, is payable upon resignation, retirement, or death. There is no limit to the amount of sick leave employees may accumulate; however, it is not payable to the employees upon conclusion of their employment under any circumstance. In 2018, the District began providing paid sick leave, in accordance with Washington State law, to all non-benefited employees.

***Net position*** – Net position of the District is classified into three components. *Net investment in capital assets* consists of capital assets, net of accumulated depreciation, reduced by current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is the net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*.

***Operating revenues and expenses*** – The District's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services — the District's principal activity. Nonexchange revenues, including taxes and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs. All other revenue and expenses not meeting these definitions are reported as nonoperating revenues and expenses, such as interest.

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

***Grants and contributions*** – From time to time, the District receives grants from the state of Washington and others 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 are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. Grants that are for specific projects, or purposes related to the District's operating activities, are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**1. Reporting Entity and Summary of Significant Accounting Policies (continued):**

**b. Summary of Significant Accounting Policies (continued):**

*Reclassifications* – Certain reclassifications of the 2017 amounts have been made in the financial statements in order to conform to the 2018 presentation. These reclassifications had no effect on the previously reported change in net position.

*Subsequent events* – Subsequent events have been reviewed through May 13, 2019, the date on which the financial statements were available to be issued.

*Upcoming accounting standard pronouncements* – In July 2017, the Governmental Accounting Standards Board (GASB) issued Statement No. 87, *Leases*, which increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee's right to use the leased asset, thereby enhancing the relevance and consistency of information about governments' leasing activities. The new guidance is effective for the District's year ending December 31, 2020, although earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact, if any, of this statement in the year of adoption.

In March 2018, the GASB issued Statement No. 88, *Certain Disclosures Related to Debt, Including Direct Borrowing and Direct Placements*, to improve the information that is disclosed in governmental entity financial statements related to debt, including direct borrowing and direct placements. It also clarifies which liabilities government entities should include when disclosing information related to debt. The statement defines debt and requires additional essential information related to debt to be disclosed in the notes to financial statements, including unused lines of credit, assets pledged as collateral for the debt, and terms specified in debt agreements related to significant events of default with finance-related consequences, significant termination events with finance-related consequences, and significant subjective acceleration clauses. This statement also requires that existing and additional information be provided for direct borrowings and direct placement of debt separately from other debt. The new guidance is effective for the District's year ending December 31, 2019, although earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact, if any, of this statement in the year of adoption.

In June 2018, the GASB issued Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period*. The objectives of this statement are (1) to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and (2) to simplify accounting for interest cost incurred before the end of a construction period. The statement is effective for the District's year ending December 31, 2020. Management is currently evaluating the effect this statement will have on the financial statements and related disclosures.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**2. Bank Deposits and Investments:**

*The Revised Code of Washington*, Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. Amounts invested in the Washington State Local Government Investment Pool at December 31, 2018 and 2017, were approximately \$4,139,000 and \$5,499,000, respectively. The Washington State Local Government Investment Pool consists of investments in federal, state, and local government certificates and savings accounts in qualified public depositories.

***Custodial credit risk*** – The risk that, in the event of a failure of the counterparty, the District will not be able to recover that value of the deposits or investments that are in the possession of an outside party. All District deposits are entirely covered by the Federal Deposit Insurance Corporation (FDIC) or by collateral held in a multiple-financial institution collateral pool administered by the Washington Public Deposit Protection Commission, and all investments are insured, registered, or held by the District's agent in the District's name at qualified public depositories. The District's investment policy does not contain policy requirements that would limit the exposure to custodial risk for investments.

***Credit risk*** – The risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is typically measured by the assignment of a rating by a nationally recognized statistical rating organization. The District does not have a policy specifically requiring or limiting investments of this type.

***Concentration of credit risk*** – The inability to recover the value of deposits, investments, or collateral securities in the possession of an outside party caused by a lack of diversification (investments acquired from a single issuer). The District does not have a policy limiting the amount it may invest in any one issuer or multiple issuers.

***Interest rate risk*** – The possibility that an interest rate change could adversely affect an investment's fair value. The District does not have a policy specifically managing its exposure to fair value losses arising from changing interest rates.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**3. Patient Accounts Receivable:**

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

The District's allowance for uncollectible accounts for self-pay patients has not changed significantly from the prior year. The District does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant writeoffs from third-party payors.

Patient accounts receivable reported as current assets by the District consisted of the following amounts:

	<b>2018</b>	<b>2017</b>
Receivables from patients and their insurance carriers	\$ 1,782,739	\$ 1,343,104
Receivables from Medicare	1,871,774	927,008
Receivables from Medicaid	385,751	433,528
Total patient accounts receivable	4,040,264	2,703,640
Less allowance for uncollectible accounts	693,118	461,135
<b>Patient accounts receivable, net</b>	<b>\$ 3,347,146</b>	<b>\$ 2,242,505</b>

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**4. Capital Assets:**

All capital assets other than land are depreciated or amortized (in the case of capital leases) by the straight-line method of depreciation using these asset lives:

Land improvements	8 to 25 years
Buildings and improvements	5 to 40 years
Equipment	3 to 25 years

Capital asset additions, retirements, transfers, and balances were as follows:

	Balance December 31, 2017	Additions	Retirements	Transfers	Balance December 31, 2018
<i>Capital assets not being depreciated</i>					
Land	\$ 971,399	\$ -	\$ (2,800)	\$ -	\$ 968,599
Construction in progress	221,000	459,919	-	(521,828)	159,091
Total capital assets not being depreciated	1,192,399	459,919	(2,800)	(521,828)	1,127,690
<i>Capital assets being depreciated</i>					
Land improvements	1,426,739	-	-	-	1,426,739
Buildings and improvements	17,024,205	-	(57,925)	20,963	16,987,243
Equipment	10,055,760	142,781	(629,174)	500,865	10,070,232
Total capital assets being depreciated	28,506,704	142,781	(687,099)	521,828	28,484,214
<i>Less accumulated depreciation for</i>					
Land improvements	(895,795)	(89,151)	-	-	(984,946)
Buildings and improvements	(10,459,179)	(697,315)	57,925	-	(11,098,569)
Equipment	(6,294,647)	(1,039,878)	629,174	-	(6,705,351)
Total accumulated depreciation	(17,649,621)	(1,826,344)	687,099	-	(18,788,866)
Total capital assets being depreciated, net	10,857,083	(1,683,563)	-	521,828	9,695,348
<b>Capital assets, net</b>	<b>\$ 12,049,482</b>	<b>\$ (1,223,644)</b>	<b>\$ (2,800)</b>	<b>\$ -</b>	<b>\$ 10,823,038</b>

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**4. Capital Assets (continued):**

	Balance December 31, 2016	Additions	Retirements	Transfers	Balance December 31, 2017
<i>Capital assets not being depreciated</i>					
Land	\$ 971,399	\$ -	\$ -	\$ -	\$ 971,399
Construction in progress	212,194	341,263	-	(332,457)	221,000
Total capital assets not being depreciated	1,183,593	341,263	-	(332,457)	1,192,399
<i>Capital assets being depreciated</i>					
Land improvements	1,426,739	-	-	-	1,426,739
Buildings and improvements	16,976,234	-	-	47,971	17,024,205
Equipment	9,407,142	364,132	-	284,486	10,055,760
Total capital assets being depreciated	27,810,115	364,132	-	332,457	28,506,704
<i>Less accumulated depreciation for</i>					
Land improvements	(806,644)	(89,151)	-	-	(895,795)
Buildings and improvements	(9,749,123)	(710,056)	-	-	(10,459,179)
Equipment	(5,160,877)	(1,133,770)	-	-	(6,294,647)
Total accumulated depreciation	(15,716,644)	(1,932,977)	-	-	(17,649,621)
Total capital assets being depreciated, net	12,093,471	(1,568,845)	-	332,457	10,857,083
<b>Capital assets, net</b>	<b>\$ 13,277,064</b>	<b>\$ (1,227,582)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,049,482</b>

At December 31, 2018, construction in progress primarily consists of costs to upgrade the emergency power system. The upgrade is scheduled to be complete in the first quarter of 2020, with estimated cost of completion of approximately \$2,250,000.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**5. Defined Contribution Retirement Plan:**

The District has a tax-sheltered annuity (TSA) plan that is available to substantially all employees. The deferred compensation plan has been established by the District under Section 403(b) of the Internal Revenue Code and is administered by The Hartford. The name of the plan is Lewis County Hospital District No. 1 doing business as Morton General Hospital 403(b) Plan (the Plan). The Plan is a defined contribution plan funded from both employee and employer contributions that are deposited in employee-controlled accounts. Benefit terms, including contribution requirements, for the Plan are established and may be amended by the District. Employees may contribute to the TSA immediately upon employment. After employees have completed 12 months of service (1,000 hours in the preceding 12-month period), have attained age 18, and are in the eligible class, the District will make contributions to the employee's account. The District's contribution is on a matching basis at a rate to be determined annually by the District, and the District maintains sole discretion of how much, if any, it will make as an employer contribution. Employee and employer contributions are 100 percent vested at the time they are paid. Any forfeitures occurring during the plan year will be used to pay plan expenses and reduce the current-period contribution requirement. Pension expenses for the years ended December 31, 2018 and 2017, were approximately \$472,000 and \$404,000, respectively. Employee contributions to the Plan for the years ended December 31, 2018 and 2017, were approximately \$755,000 and \$648,000, respectively.

The District owed approximately \$67,000 and \$55,000 to the Plan at December 31, 2018 and 2017, respectively.

**6. Line of Credit:**

The District had a line of credit that expired in June 2018, with Umpqua Bank for \$1,000,000. There were no draws or payments associated with this line of credit during the year and no balance outstanding at year end.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**7. Long-term Debt and Capital Lease Obligations:**

A schedule of changes in the District's long-term debt and capital lease obligations follows:

	Balance December 31, 2017	Additions	Reductions	Balance December 31, 2018	Amounts Due Within One Year
<i>Long-term debt</i>					
Note payable to De Lage (Cerner)	\$ 1,312,139	\$ -	\$ (645,359)	\$ 666,780	\$ 666,780
Note payable to Security State Bank	6,362	-	(6,362)	-	-
2005 LTGO bonds	1,540,000	-	(165,000)	1,375,000	170,000
2010 LTGO A bonds	655,000	-	(70,000)	585,000	80,000
2010 LTGO B bonds	4,130,000	-	-	4,130,000	-
2012 UTGO bonds	3,740,000	-	(680,000)	3,060,000	720,000
Bond premiums and discounts	73,474	-	(15,666)	57,808	-
Total long-term debt	11,456,975	-	(1,582,387)	9,874,588	1,636,780
<i>Capital lease obligations</i>					
Regents	109,681	-	(35,544)	74,137	36,682
De Lage (Cerner)	32,559	-	(13,680)	18,879	13,208
Everbank	105,653	-	(35,913)	69,740	36,285
Total capital lease obligations	247,893	-	(85,137)	162,756	86,175
<b>Total long-term debt and capital lease obligations</b>	<b>\$ 11,704,868</b>	<b>\$ -</b>	<b>\$ (1,667,524)</b>	<b>\$ 10,037,344</b>	<b>\$ 1,722,955</b>
	Balance December 31, 2016	Additions	Reductions	Balance December 31, 2017	Amounts Due Within One Year
<i>Long-term debt</i>					
Note payable to De Lage (Cerner)	\$ 1,959,930	\$ -	\$ (647,791)	\$ 1,312,139	\$ 645,362
Note payable to Security State Bank	15,217	-	(8,855)	6,362	6,362
2005 LTGO bonds	1,695,000	-	(155,000)	1,540,000	165,000
2010 LTGO A bonds	730,000	-	(75,000)	655,000	70,000
2010 LTGO B bonds	4,130,000	-	-	4,130,000	-
2012 UTGO bonds	4,385,000	-	(645,000)	3,740,000	680,000
Bond premiums and discounts	89,139	-	(15,665)	73,474	-
Total long-term debt	13,004,286	-	(1,547,311)	11,456,975	1,566,724
<i>Capital lease obligations</i>					
First Financial	62,461	-	(62,461)	-	-
Regents	147,357	-	(37,676)	109,681	35,450
De Lage (Cerner)	43,656	-	(11,097)	32,559	12,656
Everbank	141,207	-	(35,554)	105,653	35,930
Total capital lease obligations	394,681	-	(146,788)	247,893	84,036
<b>Total long-term debt and capital lease obligations</b>	<b>\$ 13,398,967</b>	<b>\$ -</b>	<b>\$ (1,694,099)</b>	<b>\$ 11,704,868</b>	<b>\$ 1,650,760</b>



**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**7. Long-term Debt and Capital Lease Obligations (continued):**

*Long-term debt* – The terms and due dates of the District’s long-term debt are as follows:

- Note payable to De Lage Landen Public Finance LLC, dated January 28, 2015, in the original amount of \$2,470,685, for the purchase of software. The note is due in monthly installments of \$56,554, including interest at 3.27 percent, through December 2019.
- Note payable to Security State Bank, dated July 31, 2008, in the original amount of \$67,378, for the purchase of property near the hospital. The note was paid off during the year ended December 31, 2018.
- Limited tax general obligation (LTGO) bonds dated February 18, 2005, in the original amount of \$3,000,000; payable annually on December 1, with variable principal payments ranging from \$170,000 to \$225,000. Interest of 4.69 percent is payable semiannually through December 2025.
- LTGO series A bonds, dated October 28, 2010, in the original amount of \$1,090,000, payable annually on December 1, with variable principal payments ranging from \$80,000 to \$95,000. Interest of 4 percent is payable semiannually through December 2025. The District issued the bonds for an addition and remodel to the hospital.
- LTGO series B bonds (federally taxable Revenue Build America Bonds), dated October 28, 2010, in the original amount of \$4,130,000, payable annually on December 1, with variable principal payments starting in 2025, ranging from \$25,000 to \$495,000. Variable rate interest of 6.675 percent to 6.875 percent is payable semiannually through December 2035. The District issued the bonds for an addition and remodel to the hospital.
- Unlimited tax general obligation (UTGO) bonds (refunding), dated December 1, 2012, in the original amount of \$7,265,000, payable annually on December 1, with variable principal payments ranging from \$720,000 to \$815,000. Variable rate interest of 2 percent to 4 percent is payable semiannually through December 2022. The District issued the bonds to refund the 2002 UTGO bonds.

All LTGO bonds are general obligations of the District and are secured by an irrevocable pledge of the District that it will have sufficient funds available to pay the bond principal and interest due by levying, each year, a maintenance and operations tax upon the taxable property within the District.

The UTGO bond is a direct and general obligation and is secured by an irrevocable pledge of the District that it will have sufficient funds available to pay the bond principal and interest due by levying each year a tax upon the taxable property within the District. Tax receipts limited for bond redemption and interest are used to pay the principal and interest each year.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**7. Long-term Debt and Capital Lease Obligations (continued):**

**Capital lease obligations** – The terms and due dates of the District’s capital lease obligations are as follows:

- Capital lease obligations with Regents Capital Corporation, dated January 2016, due in combined quarterly installments of \$9,376, including interest of 2.1 percent through February 2021.
- Capital lease obligation with De Lage Landen Public Finance, collateralized by leased software, dated May 2015, due in monthly installments of \$1,146, including interest of 4.27 percent through May 2020.
- Capital lease obligation with Everbank, collateralized by equipment, dated November 2015, due in monthly installments ranging from \$1,500 to \$3,065, including interest of 0.96 percent through October 2020.

The lease obligations are reflected in the District’s assets and liabilities. The assets acquired under the capital leases had a capitalized cost of \$400,344 and \$400,344 and accumulated amortization of \$234,939 and \$158,770 as of December 31, 2018 and 2017, respectively.

Aggregate annual principal and interest payments over the terms of long-term debt are as follows:

Years Ending December 31,	LTGO Bonds			UTGO Bonds		
	Principal	Interest	Totals	Principal	Interest	Totals
2019	\$ 250,000	\$ 367,847	\$ 617,847	\$ 720,000	\$ 73,075	\$ 793,075
2020	260,000	357,074	617,074	745,000	58,675	803,675
2021	270,000	345,832	615,832	780,000	41,913	821,913
2022	280,000	333,649	613,649	815,000	22,413	837,413
2023	295,000	320,998	615,998	-	-	-
2024-2028	1,680,000	1,368,929	3,048,929	-	-	-
2029-2033	2,085,000	773,828	2,858,828	-	-	-
2034-2035	970,000	100,719	1,070,719	-	-	-
	<b>\$ 6,090,000</b>	<b>\$ 3,968,876</b>	<b>\$ 10,058,876</b>	<b>\$ 3,060,000</b>	<b>\$ 196,076</b>	<b>\$ 3,256,076</b>

Years Ending December 31,	Other			Total Long-Term Debt		
	Principal	Interest	Totals	Principal	Interest	Totals
2019	\$ 666,780	\$ 11,868	\$ 678,648	\$ 1,636,780	\$ 452,790	\$ 2,089,570
2020	-	-	-	1,005,000	415,749	1,420,749
2021	-	-	-	1,050,000	387,745	1,437,745
2022	-	-	-	1,095,000	356,062	1,451,062
2023	-	-	-	295,000	320,998	615,998
2024-2028	-	-	-	1,680,000	1,368,929	3,048,929
2029-2033	-	-	-	2,085,000	773,828	2,858,828
2034-2035	-	-	-	970,000	100,719	1,070,719
	<b>\$ 666,780</b>	<b>\$ 11,868</b>	<b>\$ 678,648</b>	<b>\$ 9,816,780</b>	<b>\$ 4,176,820</b>	<b>\$ 13,993,600</b>

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**7. Long-term Debt and Capital Lease Obligations (continued):**

Aggregate annual principal and interest payments over the terms of capital lease obligations are as follows:

Years Ending December 31,	Capital Lease Obligations		
	Principal	Interest	Totals
2019	\$ 86,175	\$ 2,686	\$ 88,861
2020	73,591	848	74,439
2021	2,990	10	3,000
	<b>\$ 162,756</b>	<b>\$ 3,544</b>	<b>\$ 166,300</b>

**8. Net Patient Service Revenue:**

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided. The District has not changed its charity care or uninsured discount policies during fiscal years 2018 or 2017. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows.

	2018	2017
Patient service revenue (net of contractual adjustments and discounts):		
Medicare	\$ 15,133,365	\$ 16,140,262
Medicaid	5,232,887	5,628,503
Other third-party payors	4,542,265	3,402,557
Patients	1,469,163	1,622,495
	<b>26,377,680</b>	<b>26,793,817</b>
Less:		
Charity care	154,968	221,214
Provision for bad debts	1,152,549	2,219,819
<b>Net patient service revenue</b>	<b>\$ 25,070,163</b>	<b>\$ 24,352,784</b>

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**8. Net Patient Service Revenue (continued):**

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- *Medicare* – The District has been designated a critical access hospital by Medicare and is reimbursed for most inpatient and outpatient services on a cost basis as defined and limited by the Medicare program. The rural health clinics are also paid under a cost reimbursement method. Nonrural health clinic physician services are reimbursed on a fee schedule. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare administrative contractor.
- *Medicaid* – Reimbursement for most inpatient and outpatient services rendered to Medicaid program beneficiaries is reimbursed on a cost basis as defined by the state of Washington. The rural health clinics are paid under a prospective rate per encounter methodology. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and review thereof by the Washington State Health Care Authority.

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

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue decreased by approximately \$73,000 in 2018 and increased by approximately \$532,000 in 2017, due to differences between original estimates and final settlements or revised estimates.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2018 and 2017, were approximately \$96,000 and \$131,000, respectively. The District did not receive any gifts or grants to subsidize charity services during 2018 and 2017.

**9. Property Taxes:**

The Lewis County Treasurer acts as an agent to collect property taxes levied in the County for all taxing authorities. Taxes are levied annually on January 1 on property values assessed as of the prior January 1, and are intended to finance the District's activities of the same calendar year. Assessed values are established by the Lewis County Assessor at 100 percent of fair market values. A revaluation of all property is required every four years.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**9. Property Taxes (continued):**

Taxes are due in two equal amounts by April 30 and October 31. The assessed property is subject to lien on the levy date and taxes are considered delinquent after October 31. Collections are distributed monthly to the District by the County Treasurer.

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general District purposes. Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by the vote of the residents of Lewis County.

Taxes estimated to be collectible are recorded as revenue in the year of the levy. Taxes levied for operations are recorded as nonoperating revenue. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

The District's tax levies are comprised of the following:

<b>2018</b>				
	<b>Levy Rate</b>	<b>Assessed Value</b>		<b>Total Levy Amount</b>
		<b>Real and Personal</b>	<b>Timber</b>	
Bond	0.5805	\$ 1,026,865,608	\$ 343,825,566	\$ 795,649
Maintenance and operation	0.5719	\$ 1,043,569,928	\$ -	\$ 596,788
<b>2017</b>				
	<b>Levy Rate</b>	<b>Assessed Value</b>		<b>Total Levy Amount</b>
		<b>Real and Personal</b>	<b>Timber</b>	
Bond	0.5073	\$ 976,456,872	\$ 576,413,247	\$ 787,772
Maintenance and operation	0.5948	\$ 992,381,633	\$ -	\$ 590,245

**10. Risk Management and Contingencies:**

**Risk management** – The District 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; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Medical malpractice claims** – The District has professional liability insurance coverage with Physicians Insurance. The policy provides protection on a “claims-made” basis whereby claims filed in the current year are covered by the current policy. If there are occurrences in the current year, these will only be covered in the year the claim is filed if claims-made coverage is obtained in that year or if the District purchases insurance to cover prior acts. The current professional liability insurance provides \$1,000,000 per claim of primary coverage with an annual aggregate limit of \$5,000,000. The policy has no deductible per claim.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**10. Risk Management and Contingencies (continued):**

***Medical malpractice claims (continued)*** – The District also has excess professional liability insurance with Physicians Insurance on a “claims-made” basis. The excess malpractice insurance provides \$4,000,000 per claim of primary coverage with an aggregate limit of \$4,000,000. The policy has no deductible per claim.

No liability has been accrued for future coverage for acts, if any, occurring in this or prior years. Also, it is possible that claims exceed coverage available in any given year.

***Self-insurance risk pools*** – The District has a self-insured workers’ compensation plan and a self-insured unemployment plan for its employees. The District participates in the Public Hospital District Unemployment Trust, which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual workers’ compensation claims, unemployed claims, maintenance of reserves, and administrative expenses. Payments by the District charged to workers’ compensation expense were approximately \$319,000 and \$263,000 in 2018 and 2017, respectively. The District recognized a \$40,493 and \$39,395 dividend from the Public Hospital District Unemployment Compensation Trust in 2018 and 2017, respectively, which was offset against unemployment expense. Payments by the District charged to unemployment expense prior to the dividend were approximately \$59,000 and \$72,000 in 2018 and 2017, respectively.

***Industry regulations*** – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**11. Medical Self-Insurance Plan:**

In February 2018, the District began partially self-insuring the cost of employee healthcare benefits. The District self-insures the first \$80,000 in claims per eligible participant. The Hospital also purchases annual stop-loss insurance coverage for all claims in excess of \$80,000 per participant. Accrued compensation and related liabilities on the statements of net position include an accrual for claims that have been incurred but not reported. Claim liabilities are re-evaluated periodically to take into consideration recently settled claims, frequency of claims, and other economic and social factors.

Changes in the District's incurred but not reported liability are as follows:

	<b>2018</b>
Claim liability, beginning of year	\$ -
Current year claims and changes in estimates	<b>1,264,532</b>
Claims payments	<b>(1,195,391)</b>
<b>Claim liability, end of year</b>	<b>\$ 69,141</b>

**12. Concentration of Risks:**

***Patient accounts receivable*** – The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The majority of these patients are geographically concentrated in and around Lewis County.

The mix of receivables from patients was as follows:

	<b>2018</b>		<b>2017</b>
Medicare	<b>44 %</b>		41 %
Medicaid	<b>15</b>		20
Other third-party payors	<b>31</b>		31
Patients	<b>10</b>		8
	<b>100 %</b>		100 %

***Physicians*** – The District is dependent on local physicians practicing in its service area to provide admissions and utilize hospital services on an outpatient basis. A decrease in the number of physicians providing these services or change in their utilization patterns may have an adverse effect on hospital operations.

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Notes to Basic Financial Statements (Continued)**  
**Years Ended December 31, 2018 and 2017**

**12. Concentration of Risks (continued):**

*Collective bargaining units* – Effective July 1, 2018, the District renewed its contract with Carpenters' Industrial Council Local Union No. 2767. Approximately 55 percent of the District's employees are represented by the labor union under this collective bargaining agreement. The contract is effective through June 30, 2020.

Effective October 30, 2017, the District renewed its contracts with Washington State Nurses Association for registered nurses and licensed practical nurses. Approximately 20 percent of the District's employees are represented by the labor union under these collective bargaining agreements. The contracts are effective through March 31, 2019.





DINGUS | ZARECOR & ASSOCIATES PLLC  
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON  
INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED  
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED  
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Commissioners  
Lewis County Public Hospital District No. 1  
doing business as Arbor Health  
Morton, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Lewis County Public Hospital District No. 1 doing business as Arbor Health (the District) as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents, and have issued our report thereon dated May 13, 2019.

**Internal Control Over Financial Reporting**

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

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses, or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

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

## **Purpose of this Report**

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

*Dingus, Zarecor & Associates PLLC*

Spokane Valley, Washington  
May 13, 2019

**Lewis County Public Hospital District No. 1**  
**doing business as Arbor Health**  
**Summary Schedule of Prior Year Audit Findings**  
**Year Ended December 31, 2018**

The audit for the year ended December 31, 2017, reported no audit findings, nor were there any unresolved findings from the periods ended December 31, 2016, or prior. Therefore, there are no matters to report in this schedule for the year ended December 31, 2018.