

Report of Independent Auditors  
And Financial Statements

SENECA HEALTHCARE DISTRICT

June 30, 2020 & 2019

JWT & Associates, LLP  
Advisory Assurance Tax

# SENECA HEALTHCARE DISTRICT

## Audited Financial Statements

June 30, 2020 and 2019

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# **JWT & Associates, LLP**

## **Advisory Assurance Tax**

1111 East Herndon, Suite 211, Fresno, California 93720  
Voice: (559) 431-7708 Fax:(559) 431-7685

### *Report of Independent Auditors*

The Board of Directors  
Seneca Healthcare District  
Chester, California

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

We have audited the accompanying financial statements of Seneca Healthcare District (the “District”), which comprise the statement of net position as of June 30, 2020 and 2019, 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 the 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 consolidated 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States and in accordance with the State Controller’s Minimum Audit Requirements for Special Districts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of 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.

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 at June 30, 2020 and 2019, and the changes in its net position and its cash flows for the year 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 on pages 3 through 8 be presented to supplement the 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 financial statements in an appropriate operational, economic, or historical context We have applied certain limited procedures in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management regarding the methods of preparing 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.

***JWT & Associates, LLP***

Fresno, California  
December 3, 2020

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

The management of Seneca Healthcare District (the "District") has prepared the following analysis and discussion of the financial performance of the District for the fiscal year ended June 30, 2020 to accompany the financial statements prepared in accordance with the Governmental Accounting Standards Board (GASB) Statement Number 34. This discussion and the associated schedules are intended to provide an analysis, explanation, and historical basis of comparison for the reporting of financial results of the District for the fiscal year ended June 30, 2020. The audited financial statements included herewith have been prepared and submitted with an unmodified opinion from the District's independent auditor.

### **Introduction**

The District is a public entity organized under Local Hospital District Law as set forth in the Health and Safety Code of the State of California. The District is licensed for 10 hospital beds, 16 distinct-part skilled nursing beds, and a Rural Health Clinic. The hospital operates a 24-hour emergency care service.

The District was established in 1954 with a 10-bed facility in Chester, California. The Rural Health Clinic opened in September 1996. The District is designated as a Critical Access Hospital (CAH). CAH status was granted to the District in September 2007, providing for a favorable impact on the District's finances inasmuch as CAH Medicare reimbursement is cost-based and, therefore, typically higher than what the District would otherwise receive under prospective payment system (PPS) reimbursement methodology. The District receives property tax revenue on assessed property within the District's boundaries to support operations. During the years ended June 30, 2020 and 2019, the District received property tax revenue of \$548,197 and \$523,148, respectively.

The District is governed by a five-member elected board of directors. Day-to-day operations are managed by the Chief Executive Officer. The District employs approximately 101 full-time equivalent employees.

### **Overview of the Financial Statements**

This discussion and analysis is intended to serve as an introduction to the District's audited financial statements. The financial statements are comprised of the statements of net position; statements of revenues, expenses, and changes in net position; and statements of cash flows. The financial statements also include notes to the financial statements that explain in more detail some of the information in the financial statements. The financial statements are designed to provide readers with a broad overview of the District's finances.

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

### Required Financial Statements

The District's financial statements report information of the District using accounting methods similar to those used by private-sector health care organizations. These statements offer short-term and long-term information about its activities. The statements of net position include all of the District's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to District creditors (liabilities). The statements of net position also provide the basis for evaluating the capital structure of the District and assessing the liquidity and financial flexibility of the District.

All of the revenues and expenses for the years ended June 30, 2020 and 2019 are accounted for in the statements of revenues, expenses, and changes in net position, which can be used to determine whether the District has successfully recovered all of its costs through its patient service revenue and other revenue sources. Revenue and expenses are reported on an accrual basis of accounting, which means the related cash could be received or paid in a subsequent period.

The final required statement is the statements of cash flows, which report cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. The statements of cash flows provide answers to such questions as where did cash come from, what was cash used for, and what was the change in the cash balance during the reporting period.

### Financial Highlights Executive Overview

The District's financial performance was below administration's expectations as fiscal year 2020 ended with an excess of revenues over expenses of \$2,530,572 versus a budgeted amount of \$4,405,399. The negative variance to budget was driven largely by a decrease in hospital utilization (provider turnover and COVID-19) and the corresponding patient revenue and third-party Intergovernmental Transfer Program (IGT) settlements from the District's two Managed Medi-Cal Providers and other California Medi-Cal programs such as the Public Hospital Redesign, HQAF, and PRIME Grant. The District received \$4.69 million in payments, versus a budget of \$5.70 million, and expended \$1.68 million to participate in these programs and therefore realized a net gain of \$3.01 million from IGTs.

- The District's income from operations was \$1,784,668 in fiscal year 2020 and \$4,324,585 in fiscal year 2019. This was a third consecutive year of positive results as fiscal year 2018 had net income from operations of \$4,876,087.
- During fiscal years 2020, 2019, and 2018, the increase in net position totaled \$856,243, \$2,936,598, and \$2,446,403, respectively.

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

### Financial Analysis of the District

The statements of net position and the statements of revenues, expenses, and changes in net position report the net position of the District and the changes in them. The District's net position is the difference between total assets and total liabilities and is a way to measure financial health. Over time, sustained increases or decreases in net position are one indicator of whether the District's financial health is improving or deteriorating. However, other non-financial factors such as changes in economic condition, population changes, and new or revised governmental regulations and legislation should also be considered.

#### Condensed Statements of Net Position June 30, 2020, 2019, and 2018 (In Thousands)

	2020	2019	2018	Change	
				2020-2019	2019-2018
Current assets	\$15,938	\$9,742	\$6,884	\$6,196	\$2,858
Other assets, limited use	1,126	1,126	1,017	-	109
Capital assets, net	2,532	2,163	2,005	369	158
<b>Total assets</b>	<b>\$19,596</b>	<b>\$13,031</b>	<b>\$9,906</b>	<b>\$6,565</b>	<b>\$3,125</b>
Current liabilities	\$6,162	\$1,434	\$1,209	\$4,728	\$225
Noncurrent liabilities	1,092	111	148	981	(37)
<b>Total liabilities</b>	<b>\$7,254</b>	<b>1,545</b>	<b>1,357</b>	<b>5,709</b>	<b>188</b>
Net position:					
Net investment - capital assets	2,421	2,015	1,717	406	298
Unrestricted	9,921	9,471	6,832	450	2,639
<b>Total net position</b>	<b>12,342</b>	<b>11,486</b>	<b>8,549</b>	<b>856</b>	<b>2,937</b>
<b>Total liabilities and net position</b>	<b>\$19,596</b>	<b>\$13,031</b>	<b>\$9,906</b>	<b>\$6,565</b>	<b>\$3,125</b>

- Current assets increased by **\$6,196,000** and \$2,858,000 in fiscal years 2020 and 2019, respectively. The increase in current assets was comprised of the change in cash and cash equivalents due to the receipt of COVID-19 related funds from the CARES Act (\$4.2M) and PPP loan program (\$1.5M) and an increase in the amount due from the Medicare program.
- Other assets consist of assets whose use is limited by board-designation, though these assets are cash accounts and could be considered current assets as well.

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

### Financial Analysis of the District (Continued)

#### Condensed Statements of Revenues, Expenses, and Changes in Net Position June 30, 2020, 2019, and 2018 (In Thousands)

	2020	2019	2018	Change	
				2020-2019	2019-2018
Operating revenue:					
Net patient service revenue	\$18,143	\$20,289	\$18,611	\$(2,146)	\$1,678
Other operating revenue	1,282	1,786	2,627	(504)	(841)
<b>Total revenue</b>	<b>19,425</b>	<b>22,075</b>	<b>21,238</b>	<b>(2,650)</b>	<b>837</b>
Operating expenses:					
Salaries and wages	7,216	6,953	6,254	263	699
Employee benefits	1,685	1,581	1,454	104	127
Professional fees & purchased service	6,142	6,436	6,138	(294)	298
Supplies	994	977	1,001	17	(24)
Insurance	146	111	139	35	(28)
Other operating expenses	1,028	1,310	1,062	(282)	248
Depreciation	430	382	314	48	68
<b>Total expenses</b>	<b>17,641</b>	<b>17,750</b>	<b>16,362</b>	<b>(109)</b>	<b>1,388</b>
Gain from operations	<b>1,784</b>	<b>4,325</b>	<b>4,876</b>	<b>(2,541)</b>	<b>(551)</b>
Non-operating revenue, net	746	1,063	691	(317)	372
Excess of revenue over expense	<b>2,530</b>	<b>5,388</b>	<b>5,567</b>	<b>(2,858)</b>	<b>(179)</b>
Inter-governmental transfers	(1,674)	(2,451)	(3,121)	777	670
Net position – Beginning of year	11,486	8,549	6,103	2,937	2,446
<b>Net position – End of year</b>	<b>\$12,342</b>	<b>\$11,486</b>	<b>\$8,549</b>	<b>\$856</b>	<b>\$2,937</b>

- Net patient service revenue decreased 10.6% in fiscal year 2020. The decrease was primarily due to a decrease in hospital utilization/gross patient revenue (provider turnover and COVID-19) and a decrease in the supplemental payments from the two Medi-Cal managed care program payers (\$1.02M), HQAF (\$235k), and other quality-based programs (\$508k), all of which was somewhat offset by an increase in the Medicare reimbursement percentage.

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

### **Financial Analysis of the District (Continued)**

- Salaries and benefits cost continue to increase, due to increases in employees' salaries, staffing/increase in employee FTEs, and impact of increase in California minimum wage. As the District continues to place permanent employees in these positions, and other open positions, salaries and benefits expense will increase.
- Total operating expenses decreased by .8% compared to the previous year's increase of 8.4%. This decrease represented a positive budget variance of .5% as the District had budgeted for a .3% decrease based off of historical averages and organizational needs.

### **Items Affecting Operations**

The challenges facing the District this fiscal period are largely similar, although varying in degree of intensity, to those issues facing the health care industry in general and for small rural hospitals in particular. Where the immediate environment and circumstances uniquely influence the District, these areas are also highlighted in the discussion below:

- COVID-19: Although the financial impact of the COVID crisis was mostly mitigated through Federal funding (CARES Act and PPP loan) and an increase in the Medicare reimbursement percentage, there is no guarantee that these funding sources will continue or that the human and financial impact of COVID-19 will not exceed the available resources and support.
- Reimbursement: Medicare, Medi-Cal, and third-party payer programs continue to look for ways to decrease reimbursement.
- Physician recruitment: Recruiting and retaining physicians poses a significant challenge for all rural hospitals. The ability to do this effectively is a crucial piece of a rural hospital's success and viability.
- Labor: Nursing and technical positions continue to be difficult to recruit and retain with a focus to remain on competitive salaries and the scheduled annual minimum wage increases in California.
- Seismic building compliance: The state of California has imposed hospital seismic safety standards that we must meet by January 1, 2030.

In summary, the external environment continues to challenge hospitals, small rural hospitals in particular, with continuing threats to reimbursement, uncertainties regarding the Affordable Care Act, ongoing labor and health insurance issues, and the unknown future impact of COVID-19. At the same time, the District's employees are working together to continue to find ways to make progress on improving how the District organizes and processes work in such a way that it continues to improve clinical care and service to its patients and community while striving to improve its financial position and overall financial performance.

# SENECA HEALTHCARE DISTRICT

## Management's Discussion and Analysis

June 30, 2020

### **Contacting the District's Financial Management**

This financial report provides the District's patients, citizens, taxpayers, investors, and creditors with a general overview of the District's finances and shows the District's accountability for the money it receives. For questions regarding this report or for additional financial information, please contact:

Seneca Healthcare District  
130 Brentwood Drive  
P.O. Box 737  
Chester, CA 96020

# Seneca Healthcare District

## Statements of Net Position

June 30, 2020 and 2019

	2020	2019
<b>Assets</b>		
Current Assets		
Cash and cash equivalents	\$ 13,221,840	\$ 7,336,538
Patient accounts receivable, net of allowances	1,105,764	1,485,797
Other receivables	275,132	275,205
Third-party payor settlements	881,706	236,038
Supplies	264,374	250,386
Prepaid expenses and deposits	189,522	158,218
Total current assets	15,938,338	9,742,182
Assets whose use is limited, less current portion	1,125,825	1,125,825
Capital assets, net of accumulated depreciation	2,532,313	2,162,778
Total assets	19,596,476	13,030,785
<b>Liabilities and Net Position</b>		
Current liabilities		
Current maturities of long-term debt	\$ 527,007	\$ 37,207
Accounts payable and accrued expenses	839,030	834,346
Accrued payroll and related liabilities	620,243	562,461
Deferred revenue	4,176,021	-
Total current liabilities	6,162,301	1,434,014
Long-term debt, net of current maturities	1,091,997	110,836
Total liabilities	7,254,298	1,544,850
Net position		
Invested in capital assets, net of related debt	2,421,477	2,014,735
Unrestricted	9,920,701	9,471,200
Total net position	12,342,178	11,485,935
Total liabilities and net position	\$ 19,596,476	\$ 13,030,785

*See accompanying notes to the financial statements*

## Seneca Healthcare District

### Statements of Revenues, Expenses and Changes in Net position

For The Years Ended June 30, 2020 and 2019

	2020	2019
<b>Operating revenues</b>		
Net patient service revenue	\$ 18,143,398	\$ 20,288,586
Other operating revenue	1,281,790	1,786,220
Total operating revenues	19,425,188	22,074,806
<b>Operating expenses</b>		
Salaries & wages	7,216,281	6,953,041
Employee benefits	1,684,957	1,581,398
Professional Fees	4,481,430	4,796,962
Purchased services	1,660,182	1,638,852
Supplies	993,649	977,468
Repairs & maintenance	208,370	226,845
Utilities	360,620	440,915
Rentals and leases	153,082	155,771
Insurance	146,267	110,668
Depreciation & amortization	430,233	381,824
Other operating expenses	305,449	486,477
Total operating expenses	17,640,520	17,750,221
Operating income	1,784,668	4,324,585
<b>Nonoperating revenues (expenses)</b>		
District tax revenues	548,197	523,148
Non-capital grants and donations	47,058	477,167
Investment income	148,391	70,415
Interest expense	(7,254)	(8,115)
Other non-operating income (expense)	9,512	500
Total nonoperating revenues (expenses)	745,904	1,063,115
Excess of revenues (expenses)	2,530,572	5,387,700
Inter-governmental transfers	(1,674,329)	(2,451,102)
Increase (decrease) in net position	856,243	2,936,598
Net position, beginning of the year	11,485,935	8,549,337
Net position, end of year	\$ 12,342,178	\$ 11,485,935

*See accompanying notes to the financial statements*

# Seneca Healthcare District

## Statements of Cash Flows

For The Years Ended June 30, 2020 and 2019

	2020	2019
<b>Cash flows from operating activities</b>		
Cash received from patients and third-party payers	\$ 17,877,763	\$ 20,097,671
Other receipts	5,457,884	1,675,528
Cash payments to suppliers and contractors	(8,349,657)	(8,704,400)
Cash payments to employees and benefit programs	(8,843,456)	(8,442,943)
Net cash provided by operating activities	6,142,534	4,625,856
<b>Cash flows from non-capital and related financing activities</b>		
District tax revenue	548,197	523,148
Other non-operating revenue	9,512	500
Inter-governmental transfers	(1,674,329)	(2,451,102)
Net cash used in non-capital and related financing	(1,116,620)	(1,927,454)
<b>Cash flows from capital and related financing activities</b>		
Purchase of property, plant & equipment	(799,768)	(539,880)
Capital grants and donations	47,058	477,167
Proceeds from debt borrowings	1,508,168	-
Payments of long-term debt	(37,207)	(139,109)
Interest paid on capital debt	(7,254)	(8,115)
Net cash provided by (used in) capital and related financing activities	710,997	(209,937)
<b>Cash flows from investing activities</b>		
Net change in assets limited as to use	-	(108,607)
Investment income	148,391	70,415
Net cash provided by (used in) investing activities	148,391	(38,192)
Increase in cash and cash equivalents	5,885,302	2,450,273
Cash and cash equivalents at beginning of year	7,336,538	4,886,265
Cash and cash equivalents at end of year	\$ 13,221,840	\$ 7,336,538
<b>Supplemental information</b>		
Cash paid for interest payments	\$ 7,254	\$ 8,115

*See accompanying notes to the financial statements*

Seneca Healthcare District  
 Statements of Cash Flows (continued)  
 For The Years Ended June 30, 2020 and 2019

	2020	2019
<b>Reconciliation of income from operations to net cash provided by operating activities</b>		
Operating income	\$ 1,784,668	\$ 4,324,585
Adjustments to reconcile operating income to net cash provided by operating activities		
Depreciation	430,233	381,824
Changes in operating assets and liabilities		
Patient accounts receivable	380,033	(146,048)
Other receivables	73	(110,692)
Supplies	(13,988)	20,978
Prepaid expenses	(31,304)	(127,167)
Accounts payable and accrued expenses	4,684	235,747
Accrued payroll and related expenses	57,782	91,496
Deferred revenue	4,176,021	-
Third-party payor settlements	(645,668)	(44,867)
Net cash provided by operating activities	\$ 6,142,534	\$ 4,625,856

*See accompanying notes to the financial statements*

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 1 - ORGANIZATION AND ACCOUNTING POLICIES

**Reporting Entity:** Seneca Health Care District (the “District”) is a public entity organized under Local Hospital District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the district to specified terms of office. The District is located in Chester, California and operates Seneca Hospital (the “Hospital”), a 10 bed acute care hospital and a 16 bed skilled nursing facility. The District's mission is to provide health care services primarily to individuals who reside in the community of Chester, California and the surrounding area. The accompanying financial statements include all of the operating entities of the District.

**Basis of Preparation:** The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses proprietary fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Pursuant to Government Accounting Standard Board ("GASB") Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 Financial Accounting Standards Board ("FASB") and AICPA Pronouncements*, the District's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989. The District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

**Financial Statement Presentation:** The District applies the provisions of GASB 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments* (Statement 34), as amended by GASB 37, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments: Omnibus*, and Statement 38, *Certain Financial Statement Note Disclosures*. Statement 34 established financial reporting standards for all state and local governments and related entities. Statement 34 primarily relates to presentation and disclosure requirements. The impact of this change was related to the format of the financial statements; the inclusion of management's discussion and analysis; and the preparation of the statement of cash flows on the direct method. The application of these accounting standards had no impact on the total net assets.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 1 - ORGANIZATION AND ACCOUNTING POLICIES (continued)**

**Management's Discussion and Analysis:** Statement 34 requires that financial statements be accompanied by a narrative introduction and analytical overview of the District's financial activities in the form of "management's discussion and analysis" (MD&A). This analysis is similar to the analysis provided in the annual reports of organizations in the private sector.

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

**Cash and Cash Equivalents and Investments:** The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in non-operating revenues when earned.

**Patient Accounts Receivable:** Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, inquiring with respective payors as to collectability and providing for allowances on their accounting records for estimated contractual adjustments and uncollectible accounts. Significant concentrations of patient accounts receivable are discussed further in the footnotes.

**Supplies:** Inventories are consistently reported from year to year at cost determined by average costs and replacement values which are not in excess of market. The District does not maintain levels of inventory values such as those under a first-in, first out or last-in, first out method.

**Assets Limited as to Use:** Assets limited as to use include amounts designated by the Board of Directors for replacement or purchases of capital assets and other specific purposes. Assets limited as to use consist primarily of deposits on hand with banking and investment institutions.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 1 - ORGANIZATION AND ACCOUNTING POLICIES (continued)**

**Capital Assets:** Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 30 years for buildings and improvements, and 3 to 10 years for equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2020 and 2019, the District has determined that no capital assets are impaired.

**Net Position:** Net position (formally net assets) is presented in three categories. The first category is net position “invested in capital assets, net of related debt”. This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets.

The second category is “restricted” net position. This category consists of externally designated constraints placed on assets by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation.

The third category is “unrestricted” net position. This category consists of net assets that do not meet the definition or criteria of the previous two categories.

**Compensated Absences:** The District’s employees earn vacation benefits at varying rates. These rates are determined based on the employee’s years of service. Employees also earn sick leave benefits based on varying rates depending on years of service. Both benefits can accumulate up to specified maximum levels. Employees are not paid for accumulated sick leave benefits if they leave either upon termination or before retirement. However, accumulated vacation benefits are paid to an employee upon either termination or retirement. Accrued vacation liabilities as of June 30, 2020 and 2019 are \$411,335 and \$362,183, respectively.

**Net Patient Service Revenues:** Net patient service revenues are reported in the period at the estimated net realized amounts from patients, third-party payors and others including estimated retroactive adjustments under reimbursement agreements with third-party programs. Normal estimation differences between final reimbursement and amounts accrued in previous years are reported as adjustments of current year's net patient service revenues.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 1 - ORGANIZATION AND ACCOUNTING POLICIES (continued)**

**Charity Care:** The District accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the District. Essentially, these policies define charity services as those services for which no payment is anticipated. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenues. Services provided are recorded as gross patient service revenues and then written off entirely as an adjustment to net patient service revenues.

**District Tax Revenues:** The District receives financial support from property taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Property taxes are levied by the County on the Hospital's behalf during the year and are intended to help finance the Hospital's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Property taxes are considered delinquent on the day following each payment due date. For the years ended December 31, 2020 and 2019, the District received tax revenue totaling \$548,197 and \$523,148, respectively.

**Grants and Contributions:** From time to time, the District receives grants from various governmental agencies and private organizations. The District also receives contributions from related foundation and auxiliary organizations, as well as from individuals and other private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net position.

**Operating Revenues and Expenses:** The District's statement of revenues, expenses and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Non-operating revenues and expenses are those transactions not considered directly linked to providing health care services.

**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 medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

**Subsequent events:** Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 1 - ORGANIZATION AND ACCOUNTING POLICIES (continued)**

*Reclassifications:* Certain financial statement amounts as presented in the prior year financial statements have been reclassified in these, the current year financial statements, in order to conform to the current year financial statement presentation.

### **NOTE 2 – CASH AND CASH EQUIVALENTS**

As of June 30, 2020 and 2019, the District had deposits in various financial institutions in the form of cash and cash equivalents amounting to \$14,350,069 and \$8,465,067. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for \$250,000 per account that is federally insured.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure Hospital deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

### **NOTE 3 - NET PATIENT SERVICE REVENUES AND REIMBURSEMENT PROGRAMS**

The District renders services to patients under contractual arrangements with the Medicare and Medi-Cal programs, health maintenance organizations (HMOs) and preferred provider organizations (PPOs). Patient service revenues from these programs approximate 96% and 97% of gross patient service revenues for the years ended June 30, 2020 and 2019, respectively.

The Medicare Program reimburses the District on a cost basis payment system for inpatient and outpatient hospital services. The cost-based reimbursement is determined based on filed Medicare cost reports. Skilled nursing services are reimbursed on a predetermined amount based on the Medicare rates for the services.

The District contracts to provide services to Medi-Cal, HMO and PPO inpatients on negotiated rates. Certain outpatient reimbursement is subject to a schedule of maximum allowable charges for Medi-Cal and to a percentage discount for HMOs and PPOs. The skilled nursing facility (SNF) is reimbursed by the Medi-Cal program on a prospective per diem basis subject to audit by the state. The results of the state audits are incorporated prospectively and are subject to appeal by the provider.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 3 - NET PATIENT SERVICE REVENUES AND REIMBURSEMENT PROGRAMS (continued)

Both the Medicare and Medi-Cal program's administrative procedures preclude final determination of amounts due to the District for services to program patients until after patients' medical records are reviewed and cost reports are audited or otherwise reviewed by and settled with the respective administrative agencies. The Medicare and Medi-Cal cost reports are subject to audit and possible adjustment. Management is of the opinion that no significant adverse adjustment to the recorded settlement amounts will be required upon final settlement.

Medicare and Medi-Cal revenue accounted for approximately 74%, for the year ended June 30, 2020, and 72%, for the year ended June 30, 2019, of the District's net patient revenues. Laws and regulations governing the Medicare and Medi-Cal 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.

### NOTE 4 - INVESTMENTS

The District's investment balances, and average maturities were as follows at June 30, 2020 and 2019:

2020				
	Fair Value	Investment Maturities in Years		
		Less than 1	1 to 5	Over 5
Government investment funds	\$ 11,872,514	\$ 11,872,514	\$ -	\$ -
Money market accounts	1,516,901	1,516,901	-	-
U. S. government obligations	56,340	-	-	56,340
Total investments	\$ 13,445,755	\$ 13,389,415	\$ -	\$ 56,340
2019				
	Fair Value	Investment Maturities in Years		
		Less than 1	1 to 5	Over 5
Government investment funds	\$ 7,380,844	\$ 7,380,844	\$ -	\$ -
Money market accounts	1,007,863	1,007,863	-	-
U. S. government obligations	54,156	-	-	54,156
Total investments	\$ 8,442,863	\$ 8,388,707	\$ -	\$ 54,156

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 4 – INVESTMENTS (continued)**

The District's investments are reported at fair value as previously discussed. The District's investment policy allows for various forms of investments generally set to mature within a few months to others over 15 years. The policy identifies certain provisions which address interest rate risk, credit risk and concentration of credit risk. Interest income, dividends, and both realized and unrealized gains and losses on investments are recorded as investment income. These amounts were \$148,391 and \$70,415 for the years ended June 30, 2020 and 2019, respectively. Total investment income includes both income from operating cash and cash equivalents and cash and cash equivalents related to assets limited as to use. Debt securities, when present, are recorded at market price or the fair market value as of the date of each balance sheet.

**Interest Rate Risk:** Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair value to changes in market interest rates. The District's exposure to interest rate risk is minimal as 99.6% of their investments have a maturity of less than one year. The remaining investments are over 5 years, but are U.S. government obligations with fixed return rates. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

**Credit Risk:** Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. The District's investments in such obligations are in U.S. government obligations. The District believes that there is minimal credit risk with these obligations at this time.

**Custodial Credit Risk:** Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), the District will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The District's investments are generally held by banks or government agencies. The District believes that there is minimal custodial credit risk with their investments at this time. District management monitors the entities which hold the various investments to ensure they remain in good standing.

**Concentration of Credit Risk:** Concentration of credit risk is the risk of loss attributed to the magnitude of the District's investment in a single issuer. The District's investments are held as follows: governmental agencies 89% and banks 11%. The District believes that there is minimal custodial credit risk with their investments at this time. District management monitors the entities which hold the various investments to ensure they remain in good standing.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 5 - ASSETS LIMITED AS TO USE

Assets limited as to use as of June 30, 2020 and 2019 were comprised of cash and cash equivalents designated by the board for specific purposes

### NOTE 6 - CONCENTRATION OF CREDIT RISK

The District grants credit without collateral to its patients and third-party payors. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there is any credit risk associated with these governmental agencies. Contracted and other patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Concentration of patient accounts receivable at June 30, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Medicare	\$ 1,219,189	\$ 1,558,621
Medi-Cal and Medi-Cal pending	896,542	1,215,132
Other third party payors	1,137,153	1,527,801
Self pay and other	<u>348,653</u>	<u>281,087</u>
Gross patient accounts receivable	3,601,537	4,582,641
Less allowances for contractual adjustments and bad debts	<u>(2,495,773)</u>	<u>(3,096,844)</u>
Net patient accounts receivable	<u>\$ 1,105,764</u>	<u>\$ 1,485,797</u>

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 7 - OTHER RECEIVABLES

Other receivables as of June 30, 2020 and 2019 were comprised of the following:

	2020	2019
District Taxes receivable	\$ 36,240	\$ 30,129
Contract pharmacy	24,258	34,282
Grant receivable	210,168	209,312
Other	4,466	1,482
	\$ 275,132	\$ 275,205

### NOTE 8 - CAPITAL ASSETS

Capital assets as of June 30, 2020 and 2019 were comprised of the following:

	Balance at June 30, 2019	Transfers & Additions	Transfers & Retirements	Balance at June 30, 2020
Land and land improvements	\$ 90,610	\$ -	\$ -	\$ 90,610
Buildings and improvements	5,532,268	209,351	-	5,741,619
Equipment	4,813,812	600,990	-	5,414,802
Construction-in-progress	220,034	467,431	(478,004)	209,461
Totals at historical cost	10,656,724	\$ 1,277,772	\$ (478,004)	11,456,492
Less accumulated depreciation	(8,493,946)	\$ (430,233)	\$ -	(8,924,179)
Capital assets, net	\$ 2,162,778			\$ 2,532,313

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 8 - CAPITAL ASSETS (continued)

	<u>Balance at</u> <u>June 30, 2018</u>	<u>Transfers &amp;</u> <u>Additions</u>	<u>Transfers &amp;</u> <u>Retirements</u>	<u>Balance at</u> <u>June 30, 2019</u>
Land and land improvements	\$ 90,610	\$ -	\$ -	\$ 90,610
Buildings and improvements	5,474,869	57,399	-	5,532,268
Equipment	4,495,158	318,654	-	4,813,812
Construction-in-progress	<u>56,207</u>	<u>163,827</u>	<u>-</u>	<u>220,034</u>
Totals at historical cost	10,116,844	<u>\$ 539,880</u>	<u>\$ -</u>	10,656,724
Less accumulated depreciation	<u>(8,112,122)</u>	<u>\$ (381,824)</u>	<u>\$ -</u>	<u>(8,493,946)</u>
Capital assets, net	<u>\$ 2,004,722</u>			<u>\$ 2,162,778</u>

### NOTE 9 - RETIREMENT PLAN

The District has a non-contributory money purchase plan covering all eligible employees. Participants must have completed one year of service and be at least 19 years old to be eligible. The District's pension expense for the plan was \$53,955 during the year ended June 30, 2020 and \$46,746 during the year ended June 30, 2019.

### NOTE 10 – INCOME TAXES

The District is a political subdivision of the state of California organized under the Local Health Care District Law as set forth in the Health and Safety Code of the State of California. The District has been determined to be exempt from income taxes under Local Health Care District Law. Accordingly, no provision for income taxes is included in the accompanying financial statements. The tax years of 2017 through 2020 remain open and subject to examination by the appropriate government agencies in the United States and California

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 11 - DEBT BORROWINGS

Long-Term debt at June 30, 2020 and 2019 consists of the following:

	2020	2019
Note payable to a bank as part of the PPP Program, original amount of \$1,508,168, bearing interest at 1.0%, principal and interest payments deferred for six months, principal and interest forgivable at that time if certain requirements met, remaining principal and interest payable ratably over eighteen months, maturing in May 2022, unsecured.	\$ 1,508,168	\$ -
Note payable to a finance company, original amount of \$172,672, bearing interest at 5.632%, principal and interest payable monthly in the amount of \$2,492, maturing in August 2024, secured by equipment.	110,836	133,793
Note payable to a finance company, original amount of \$114,000, non-interest bearing, principal payable monthly in the amount of \$4,750, maturing in August 2019, secured by equipment.	-	14,250
Total debt borrowings	1,619,004	148,043
Less current maturities	(527,007)	(37,207)
Debt borrowings, net of current maturities	\$ 1,091,997	\$ 110,836

Future required principal payments under the above long-term debt are as follows: \$527,007 in 2021; \$1,031,132 in 2022; \$27,172 in 2023; \$28,743 in 2024; and \$4,950 in 2025.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### NOTE 12- CHARITY CARE AND COMMUNITY BENEFIT EXPENSE

The District maintains records to identify and monitor the level of charity care and community service it provides. These records include: the amount of charges foregone, (based on established rates), for services and supplies furnished under its charity care and community service policies, the estimated cost of those services and supplies, and statistics quantifying the level of charity care as a percentage of expenses of the Hospital as a whole.

The following is a summary of the District's charity care and community benefit expense for the years ended June 30, 2020 and 2019, in terms of services to the poor and benefits to the broader community:

	<u>2020</u>	<u>2019</u>
Benefits for the poor		
Traditional charity care and related programs	\$ 14,039	\$ 2,773
Total quantifiable benefits for the poor	14,039	2,773
Benefits for the broader community:		
Unpaid Medicare program charges	4,709,828	6,312,762
Unpaid MediCal program charges	2,381,256	3,344,828
Total quantifiable benefits for the broader community	<u>7,091,084</u>	<u>9,657,590</u>
Total quantifiable community benefits	<u>\$ 7,105,123</u>	<u>\$ 9,660,363</u>

### NOTE 13 - COMMITMENTS AND CONTINGENCIES

**Construction-in-Progress:** As of June 30, 2020, and 2019, the District had recorded \$209,461 and \$220,034, respectively, as construction-in-progress representing cost capitalized for various projects. The estimated amount to complete current obligated construction-in-process projects totals \$405,000 as of June 30, 2020.

**Operating Leases:** The District leases various pieces of equipment under operating leases expiring at various dates. Total equipment lease and rent expense for the years ended June 30, 2020 and 2019, were \$153,082 and \$155,771, respectively. Future minimum lease payments for the succeeding years under operating leases with a remaining term in excess of one year as of June 30, 2020 are not considered significant.

# SENECA HEALTHCARE DISTRICT

## Notes to Financial Statements

June 30, 2020 & 2019

### **NOTE 13 - COMMITMENTS AND CONTINGENCIES (continued)**

**Litigation:** The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2020 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

**Workers Compensation Program:** The District is a participant in the Association of California Hospital District's ALPHA Fund which administers a self-insured worker's compensation plan for participating hospital employees of its member hospitals. The District pays premiums to the ALPHA Fund which are adjusted annually. If participation in the ALPHA Fund is terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the ALPHA Fund.

**Health Insurance Portability and Accountability Act:** The Health Insurance Portability and Accountability Act (HIPAA) was enacted August 21, 1996, to ensure health insurance portability, reduce health care fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in the regulations. Management continues to evaluate the impact of this legislation on its operations including future financial commitments that will be required.

**Health Care Reform:** The health care 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, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care 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 as well as other applicable government laws and regulations. While no material 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.