

**The Union Hospital of Cecil County, Inc.**

Financial Statements

June 30, 2015 and 2014



**BAKER TILLY**

Candor. Insight. Results.

# **The Union Hospital of Cecil County, Inc.**

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## **Independent Auditors' Report**

Board of Directors  
The Union Hospital of Cecil County, Inc.

We have audited the accompanying financial statements of The Union Hospital of Cecil County, Inc. (a Maryland not-for-profit corporation) (the "Hospital"), which comprise the balance sheet as of June 30, 2015 and 2014, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

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

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

### **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. 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 Union Hospital of Cecil County as of June 30, 2015 and 2014, and the results of its operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Baker Tilly Viechow Krause, LLP*

Philadelphia, Pennsylvania  
October 28, 2015

**The Union Hospital of Cecil County, Inc.**

Balance Sheet

June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>		<u>2015</u>	<u>2014</u>
<b>Assets</b>			<b>Liabilities and Net Assets</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and cash equivalents	\$ 9,847,735	\$ 7,668,470	Accounts payable and accrued expenses	\$ 5,875,668	\$ 8,730,018
Assets held in trust	-	866,572	Accrued salaries and benefits	6,805,876	6,507,747
Investments	56,528,098	54,535,534	Third-party advances	2,891,605	2,687,062
Accounts receivable, patients (net of estimated allowances for doubtful accounts of \$15,813,000 in 2015 and \$13,929,000 in 2014)	12,999,138	17,836,357	Current portion of long-term debt and capital lease obligations	<u>3,330,403</u>	<u>2,995,000</u>
Other receivables	295,109	128,426	Total current liabilities	18,903,552	20,919,827
Inventories of supplies	1,974,105	1,936,385	<b>Due to Affiliates, Net</b>	122,061	-
Prepaid expenses	<u>2,893,481</u>	<u>2,604,779</u>	<b>Long-Term Debt and Capital Lease Obligations, Net</b>	65,954,778	72,133,613
Total current assets	84,537,666	85,576,523	<b>Estimated Medical Malpractice Claims Liability</b>	<u>7,764,109</u>	<u>8,066,354</u>
<b>Assets Held in Trust</b>	-	3,965,421	Total liabilities	<u>92,744,500</u>	<u>101,119,794</u>
<b>Property and Equipment, Net</b>	94,568,035	94,969,497	<b>Net Assets</b>		
<b>Due From Affiliates, Net</b>	-	303,868	Unrestricted	98,057,789	96,434,672
<b>Other Assets, Net</b>	8,232,947	8,566,804	Temporarily restricted	<u>2,339,725</u>	<u>1,244,165</u>
<b>Interest in Net Assets of Affiliate</b>	<u>5,803,366</u>	<u>5,416,518</u>	Total net assets	<u>100,397,514</u>	<u>97,678,837</u>
Total assets	<u>\$ 193,142,014</u>	<u>\$ 198,798,631</u>	Total liabilities and net assets	<u>\$ 193,142,014</u>	<u>\$ 198,798,631</u>

See notes to financial statements

# The Union Hospital of Cecil County, Inc.

## Statement of Operations

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Unrestricted Revenues, Gains, and Other Support</b>		
Net patient service revenues	\$ 156,617,198	\$ 154,741,270
Provision for bad debts	<u>(6,631,024)</u>	<u>(9,171,774)</u>
Net patient service revenue less provision for bad debts	149,986,174	145,569,496
Other operating revenues	3,222,689	3,892,271
Net assets released from restrictions for use in operations	<u>381,373</u>	<u>408,816</u>
Total unrestricted revenues, gains, and other support	<u>153,590,236</u>	<u>149,870,583</u>
<b>Expenses</b>		
Salaries and employee benefits	80,437,593	78,761,274
Supplies and other expenses	30,191,820	28,511,259
Purchased services	27,119,614	26,704,167
Depreciation and amortization	10,866,890	9,898,644
Interest	<u>2,346,084</u>	<u>2,760,413</u>
Total expenses	<u>150,962,001</u>	<u>146,635,757</u>
Operating income	<u>2,628,235</u>	<u>3,234,826</u>
<b>Nonoperating Income</b>		
Investment income	22,285	7,440,972
Other, net	<u>(487,273)</u>	<u>134,659</u>
Total nonoperating (loss) income	<u>(464,988)</u>	<u>7,575,631</u>
Revenues in excess of expenses	2,163,247	10,810,457
<b>Change in Interest in Net Assets of Affiliate</b>	(671,365)	351,243
<b>Transfers to Affiliates</b>	(1,885,754)	(2,350,032)
<b>Contributions for Capital Purchases</b>	2,000,000	-
<b>Net Assets Released From Restriction for Purchase of Property and Equipment</b>	<u>16,989</u>	<u>-</u>
Increase in unrestricted net assets	<u>\$ 1,623,117</u>	<u>\$ 8,811,668</u>

See notes to financial statements

## The Union Hospital of Cecil County, Inc.

### Statement of Changes in Net Assets Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Unrestricted Net Assets</b>		
Revenues in excess of expenses	\$ 2,163,247	\$ 10,810,457
Changes in interest in net assets of affiliate	(671,365)	351,243
Transfer to affiliates	(1,885,754)	(2,350,032)
Contributions for capital purchases	2,000,000	-
Net assets released from restriction for purchase of property and equipment	16,989	-
	<u>1,623,117</u>	<u>8,811,668</u>
Increase in unrestricted net assets	<u>1,623,117</u>	<u>8,811,668</u>
<b>Temporarily Restricted Net Assets</b>		
Contributions, net of event expenses of \$155,045 and \$472,000 in 2015 and 2014, respectively	1,513,922	591,508
Net assets released from restriction	(418,362)	(408,816)
	<u>1,095,560</u>	<u>182,692</u>
Increase in temporarily restricted net assets	<u>1,095,560</u>	<u>182,692</u>
Increase in net assets	2,718,677	8,994,360
<b>Net Assets, Beginning</b>	<u>97,678,837</u>	<u>88,684,477</u>
<b>Net Assets, Ending</b>	<u>\$ 100,397,514</u>	<u>\$ 97,678,837</u>

See notes to financial statements

**The Union Hospital of Cecil County, Inc.**

## Statement of Cash Flows

Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Cash Flows from Operating Activities</b>		
Increase in net assets	\$ 2,718,677	\$ 8,994,360
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Contributions for capital purchases	(2,000,000)	-
Depreciation and amortization	10,866,890	9,898,644
Loss on refinancing of long-term debt	763,968	-
Provision for bad debts	6,631,024	9,171,774
Amortization of bond premium and deferred financing costs	66,433	66,284
Transfers to affiliates	1,885,754	2,350,032
Net realized and unrealized gains and losses on investments	2,517,187	(5,593,598)
Changes in assets and liabilities:		
Accounts receivable, patient	(1,793,805)	(11,642,518)
Other receivables, inventories, and prepaid expenses	(493,105)	(447,660)
Due to/from affiliates	425,929	(1,544,227)
Other assets, net	(231,943)	(1,644,121)
Accounts payable and accrued expenses	(3,152,038)	(667,686)
Accrued salaries and benefits	298,129	796,944
Third-party advances	204,543	613,705
Estimated medical malpractice claims liability	(302,245)	1,777,041
Net cash provided by operating activities	<u>18,405,398</u>	<u>12,128,974</u>
<b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(9,570,384)	(15,304,285)
Purchases and sales of investments	(4,480,491)	9,924,088
(Increase) decrease in assets held in trust	4,831,993	(63,178)
Change in beneficial interest in net assets of The Union Hospital of Cecil County Foundation, Inc. and Subsidiary	(386,848)	(533,935)
Decrease in note receivable, affiliate	-	561,214
Net cash flows used in investing activities	<u>(9,605,730)</u>	<u>(5,416,096)</u>
<b>Cash Flows from Financing Activities</b>		
Contributions for capital purchases	2,000,000	-
Transfers to affiliates	(1,885,754)	(2,350,032)
Proceeds from debt issuance	30,778,000	-
Payment of debt issuance costs	(264,601)	-
Payment of long-term debt and capital lease obligations	(37,248,048)	(2,883,459)
Net cash used in by financing activities	<u>(6,620,403)</u>	<u>(5,233,491)</u>
Net increase in cash and cash equivalents	2,179,265	1,479,387
<b>Cash and Cash Equivalents, Beginning</b>	<u>7,668,470</u>	<u>6,189,083</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 9,847,735</u>	<u>\$ 7,668,470</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash paid for interest	<u>\$ 3,013,169</u>	<u>\$ 2,628,246</u>
<b>Supplemental Disclosure of Noncash Investing and Financing Activities</b>		
Construction payable for property and equipment	<u>\$ 297,688</u>	<u>\$ -</u>
Capital lease obligation incurred for equipment	<u>\$ 626,616</u>	<u>\$ 3,178,780</u>

See notes to financial statements

# **The Union Hospital of Cecil County, Inc.**

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Notes to Financial Statements

June 30, 2015 and 2014

## **1. Organizational Structure and Nature of Operations**

The Union Hospital of Cecil County, Inc. (the "Hospital") is a Maryland not-for-profit corporation and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Hospital operates a general community hospital in Elkton, Maryland, which serves residents from Cecil County and the surrounding area.

Affinity Health Alliance, Inc. (the "Health System") is a nonstock, not-for-profit corporation and the sole corporate member of the Hospital. The Health System is also the sole corporate member or sole stockholder of other related healthcare organizations, one of which is a for-profit corporation.

### **Subsequent Events**

The Hospital evaluated subsequent events for recognition or disclosure through October 28, 2015, the date the financial statements were issued.

## **2. 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 as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less at date of purchase, excluding investments and assets held in trust.

### **Patient Accounts Receivable**

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage (which includes patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, the Hospital 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 to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

# **The Union Hospital of Cecil County, Inc.**

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## Notes to Financial Statements

June 30, 2015 and 2014

The Hospital's self-pay account writeoffs (net of recoveries) decreased from approximately \$8,439,000 in 2014 to approximately \$4,848,000 in 2015. The decrease was the result of Medicaid expansion and availability of insurance through Maryland's healthcare exchange effective January 1, 2014. The Hospital had not changed their financial assistance policy in 2015.

### **Other Receivables**

Other receivables are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. No allowance for doubtful accounts was recorded because management believes realization losses on other receivables will be immaterial.

### **Inventories of Supplies**

Inventories, which consist primarily of medical supplies and drugs, are recorded at the lower of cost (using the weighted average method) or market.

### **Investments and Investment Risk**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. Mutual funds are valued at quoted market prices, which represent the net asset value of shares held. Cash and cash equivalents are carried at cost which approximates fair value. Managed hedge funds represent ownership in limited partnerships that invest in hedge funds and private equity capital funds. Investments in these funds representing less than 3% ownership are recorded at cost. Investments representing greater than 3% ownership are accounted for under the equity method. Investment income or loss (including realized gains and losses on investments, interest and dividends and unrealized gains and losses on investments) is included in the determination of revenues in excess of expenses unless the income or loss is restricted by donor or law.

The Hospital's investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair values reported in the balance sheet are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainties related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying financial statements could change materially in the near term.

### **Assets Held in Trust**

Assets held in trust are comprised of assets held by a bond trustee under trust indentures in conjunction with the issuance of the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") Series 2005 Revenue Bonds (the "2005 Revenue Bonds"), which are to be held by a trustee. They include the debt service reserve fund and the interest fund. There are no assets held in trust as of June 30, 2015 due to a 2014 debt refinancing (See Note 8).

# **The Union Hospital of Cecil County, Inc.**

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Notes to Financial Statements

June 30, 2015 and 2014

## **Property and Equipment**

Property and equipment acquisitions are recorded at cost. Donated property and equipment are recorded at fair market value at the date of receipt. Depreciation is computed using the straight-line method based on estimated useful lives.

Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the improvements and equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

## **Interest in Net Assets of Affiliate**

Generally accepted accounting principles establish standards for transactions in which a donor makes a contribution by transferring assets to a not-for-profit recipient organization that agrees to use those assets on behalf of or transfer them to a beneficiary entity. Under certain circumstances, a beneficiary organization is required to recognize its rights to assets held by a recipient organization as an asset on the balance sheet, and changes in value of that asset as a change in net assets in the period of change. The Hospital is the beneficiary of the net assets of an unconsolidated affiliate, The Union Hospital of Cecil County Foundation, Inc. (the "Foundation"), that requires reporting under accounting principles generally accepted in the United States of America in the 2015 and 2014 financial statements. The interest in the net assets of the Foundation recorded as of June 30, 2015 and 2014 was \$5,803,366 and \$5,416,518, respectively.

## **Temporarily Restricted Net Assets**

Temporarily restricted net assets for various capital and other Hospital related expenditures are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Restricted net assets of \$418,362 and \$408,816 were released from restriction during 2015 and 2014, respectively, in accordance with donor restrictions.

## **Long-Term Debt and Amortization**

Long-term debt is shown net of original bond issue premium. This premium is being amortized on a straight-line basis (which approximates the effective interest method) over the term of the 2005 Revenue Bonds. Deferred financing costs associated with the 2005 and 2014 Revenue Bonds issuance and a term loan are included in other assets, net and are being amortized on a straight-line basis over the terms of the respective debt. The 2005 deferred financing costs were written off at June 30, 2015 as a result of refinancing (See Note 8). Deferred financing costs were \$651,294 and \$863,965 at June 30, 2015 and 2014, respectively.

# **The Union Hospital of Cecil County, Inc.**

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Notes to Financial Statements

June 30, 2015 and 2014

## **Donor-Restricted Gifts**

Unconditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support as they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations. Donor-restricted contributions whose restrictions are met within the same year as received are reported as additions to unrestricted net assets in the accompanying financial statements.

## **Estimated Malpractice Claims Liability**

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Hospital's balance sheet at net realizable value.

## **Revenues in Excess of Expenses**

The statement of operations includes the determination of revenues in excess of expenses. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses, consistent with industry practice, include permanent transfers of assets to and from subsidiaries for other than goods and services, changes in unrestricted net assets of affiliate and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets).

## **Net Patient Service Revenues and Allowances**

Patient service revenues are recorded at established rates on the accrual basis in the period during which the service is provided. Allowances to give recognition to third-party arrangements and charity care are also accounted for on the accrual basis. Revenues received under certain reimbursement agreements are subject to audit and retroactive adjustments by third-party payors. Provision for estimated retroactive adjustments under these agreements are recorded as required. There were no such adjustments in 2015 and 2014.

A substantial portion of the Hospital's revenue is from patient services reimbursed by the Medicare and Medicaid programs and by Blue Cross plans. For Medicare and Medicaid patients, payments for services are based upon the Hospital's standard billing rates less a six percent discount. In addition, Blue Cross and other payors are eligible for discounts of two percent based on advances made to the Hospital or one percent of the payment of services within 30 days from the date billed. The differences between the payments (the reimbursable amount) and the standard billing rates have been recorded as contractual allowances in arriving at net patient service revenues in the accompanying statement of operations.

## The Union Hospital of Cecil County, Inc.

### Notes to Financial Statements

June 30, 2015 and 2014

Patient accounts receivables are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients. Patient account receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed above. Deducted from patient accounts receivable are estimates of doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenues on the basis of its standard rates, discounted in accordance with the Hospital's policy. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to the uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for bad debts), recognized in 2015 and 2014 from these major payor sources, are as follows:

	<b>June 30, 2015</b>			
	<b>Third-Party Government Payors</b>	<b>Third-Party Commercial Payors</b>	<b>Self-Pay</b>	<b>Total All Payors</b>
Patient service revenues (net of contractual allowances and discounts)	<u>\$ 63,963,000</u>	<u>\$ 87,047,000</u>	<u>\$ 5,607,000</u>	<u>\$ 156,617,000</u>
	<b>June 30, 2014</b>			
Patient service revenues (net of contractual allowances and discounts)	<u>\$ 66,468,000</u>	<u>\$ 82,287,000</u>	<u>\$ 5,986,000</u>	<u>\$ 154,741,000</u>

# **The Union Hospital of Cecil County, Inc.**

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Notes to Financial Statements  
June 30, 2015 and 2014

## **Uncompensated Care**

The Hospital provides care to patients who meet certain criteria under its uncompensated care programs; the services are offered and/or provided at a reduced cost based on demonstrated inability to pay or at amounts less than its established rates. Records are maintained to estimate the level of patient service revenue forgone. Uncompensated care includes charity care, amounts in excess of allowable day limits for Medicaid assessments due to expansion and state budget cuts to the program, lack of medical necessity for Medicare and other patients, and bad debt write-offs.

The amount of uncompensated care, based on estimated direct and indirect costs incurred, provided during fiscal years 2015 and 2014 was approximately \$9,231,000 and \$12,779,000, respectively.

## **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on their exempt income under Section 501(a) of the Internal Revenue Code.

The Hospital accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. There were no tax uncertainties that met the recognition threshold in 2015 and 2014.

The Hospital's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

The Hospital's federal Exempt Organization Business Income Tax Returns for years after 2012 remain subject to examination by the Internal Revenue Service.

## **Reclassification**

Certain 2014 amounts have been reclassified to conform to 2015 presentation.

# The Union Hospital of Cecil County, Inc.

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Notes to Financial Statements

June 30, 2015 and 2014

### 3. Regulatory Environment

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, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, governmental activity has increased with respect to investigations and allegations concerning possible violations and 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 Hospital is in compliance with fraud and abuse 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. Also, future changes in federal and state reimbursement funding mechanisms and related government budgeting constraints could have an adverse effect on the Hospital.

In 1983, Congress approved a Medicare prospective payment plan for most inpatient services as part of the Social Security Amendment Act of 1983. Hospitals in Maryland are currently exempt from these federal reimbursement regulations under a special waiver. The waiver currently in effect is subject to renewal based upon criteria defined in the federal law. Under these payment arrangements with Medicare, a retroactive adjustment could occur if certain performance standards are not attained by all hospitals on a statewide basis. The impact, if any, of any retroactive adjustment of the Medicare prospective payment system, should hospitals in Maryland become subject to such system, on future operations of the Hospital has not been determined.

The Hospital's rate structure is subject to review and approval by the Maryland Health Services Cost Review Commission ("HSCRC"). During 2011, the Hospital adopted the Total Patient Revenue Reimbursement System ("TPR"). The Hospital's patient revenue is 100% fixed regardless of increases and decreases in volumes and changes in case mix. The original TPR system was in effect for a three-year period ending June 30, 2013. The Hospital received a total incentive of \$7 million, which has been reflected in rates for the entire three-year period.

The agreement was renewed for another three-year period commencing on July 1, 2013. The renewal does not include any additional incentives, but does include a provision for an annual rate increase for inflation and population adjustment.

# The Union Hospital of Cecil County, Inc.

Notes to Financial Statements  
June 30, 2015 and 2014

## 4. New Accounting Pronouncement

In May 2014, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). ASU No. 2014-09 supercedes the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Hospital will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2018; early application is not permitted. The Hospital has not yet determined the impact of adoption of ASU No. 2014-09 on its financial statements.

## 5. Investments and Assets Held In Trust

Investments and assets held in trust consist of the following as of June 30:

	<u>2015</u>	<u>2014</u>
Investments:		
Cash and cash equivalents	\$ 222,853	\$ 305,429
Corporate bonds	1,678,254	1,335,656
Municipal bonds	2,038,979	39,996
Mutual funds:		
Fixed income	13,423,622	14,243,491
International equities	8,759,418	9,436,330
Large value	3,274,558	3,659,321
Large growth	3,707,912	3,410,760
Mid cap	1,089,363	1,047,120
Small growth	564,816	529,468
Small cap	518,179	513,781
Other	5,497,332	5,365,940
Exchange-traded products	5,940,819	5,755,393
Managed hedge funds	9,811,993	8,892,849
	<u>\$ 56,528,098</u>	<u>\$ 54,535,534</u>
Assets held in trust:		
Cash and cash equivalents	\$ -	\$ 906,586
U.S. government obligations	-	3,925,407
	<u>-</u>	<u>4,831,993</u>
Less current portion	<u>-</u>	<u>866,572</u>
Noncurrent assets held in trust	<u>\$ -</u>	<u>\$ 3,965,421</u>

## The Union Hospital of Cecil County, Inc.

### Notes to Financial Statements

June 30, 2015 and 2014

Investment income and realized and unrealized gains and losses for investments, assets held in trust, and cash and cash equivalents are comprised of the following for the years ended June 30:

	<u>2015</u>	<u>2014</u>
Investment income:		
Interest and dividend income, net	\$ 2,539,471	\$ 1,847,374
Changes in unrealized gains and losses on investments	<u>(2,517,186)</u>	<u>5,593,598</u>
Total	<u>\$ 22,285</u>	<u>\$ 7,440,972</u>

## 6. Fair Value Measurements

The Hospital measured its investments and assets held in trust on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Hospital for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

# The Union Hospital of Cecil County, Inc.

## Notes to Financial Statements

June 30, 2015 and 2014

The following tables present financial instruments measured at fair value at June 30, 2015 and 2014, by caption on the consolidated balance sheet:

	June 30, 2015			
	Total	Level 1	Level 2	Level 3
<b>Reported at fair value:</b>				
Cash and cash equivalents	\$ 1,678,254	\$ 222,853	\$ -	\$ -
Corporate bonds	2,038,979	-	1,678,254	-
Municipal bonds	36,835,200	-	2,038,979	-
Mutual funds	5,940,819	36,835,200	-	-
Exchange-traded products	-	5,940,819	-	-
<b>Disclosed at fair value</b>				
Cash and cash equivalents	-	9,847,735	-	-
Managed hedge funds (carrying value of \$9,811,993)	-	-	-	10,817,305
Long-term debt, excluding capital leases (carrying value of \$66,398,857)	66,398,857	-	66,398,857	-
<b>June 30, 2014</b>				
<b>Reported at fair value:</b>				
Cash and cash equivalents	\$ 1,212,015	\$ 1,212,015	\$ -	\$ -
U.S. government obligations	3,925,407	-	3,925,407	-
Corporate bonds	1,335,656	-	1,335,656	-
Municipal bonds	39,996	-	39,996	-
Mutual funds	38,206,212	38,206,212	-	-
Exchange-traded products	5,755,393	5,755,393	-	-
<b>Disclosed at fair value</b>				
Cash and cash equivalents	7,668,470	7,668,470	-	-
Managed hedge funds (carrying value of \$8,892,848)	9,468,036	-	-	9,468,036
Long-term debt, excluding capital leases (carrying value of \$72,012,044)	74,470,568	-	74,470,568	-

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2015.

Cash and cash equivalents: Include certain investments in highly liquid debt instruments with original maturities of three months or less at date of purchase. The carrying amount approximates fair value due to the short-term nature of these investments.

Mutual funds and exchange-traded products: Valued at the net asset value ("NAV") of shares held by the Hospital at year end.

Managed hedge funds: Valued based on the NAV of shares held at year end calculated in consideration with the fair value of the underlying securities.

Municipal bonds and corporate bonds: Based on quoted market prices, if available, or estimated using quoted market prices of similar securities.

Long-term debt, excluding capital lease obligations: Fair value is calculated based on quoted market prices, if available, or estimated using quoted market prices of similar securities.

## The Union Hospital of Cecil County, Inc.

Notes to Financial Statements  
June 30, 2015 and 2014

### 7. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment consisted of the following as of June 30:

	<u>2015</u>	<u>2014</u>
Land and improvements	\$ 2,659,334	\$ 2,547,974
Buildings and improvements	80,126,043	71,201,057
Fixed equipment	45,190,162	43,826,863
Major movable equipment	76,534,050	72,270,739
Construction in progress	1,699,884	6,765,984
	<u>206,209,473</u>	<u>196,612,617</u>
Total	206,209,473	196,612,617
Less accumulated depreciation and amortization	<u>(111,641,438)</u>	<u>(101,643,120)</u>
Property and equipment, net	<u>\$ 94,568,035</u>	<u>\$ 94,969,497</u>

Included above is leased equipment at a cost of \$6,762,204 and \$6,273,697 with accumulated amortization of \$3,861,658 and \$3,079,694 as of June 30, 2015 and 2014, respectively.

### 8. Long-Term Debt

Long-term debt consists of the following as of June 30:

	<u>2015</u>	<u>2014</u>
MHHEFA Series 2014 Revenue Bonds	\$ 30,718,000	\$ -
MHHEFA Series 2012 Revenue Bonds	10,502,131	11,842,348
Town of Elkton, Maryland Series 2012 Revenue Bonds (held by SunTrust Bank)	25,178,726	26,025,478
Capital lease obligations (Note 9)	2,886,324	3,116,569
MHHEFA Series 2005 Revenue Bonds (refinanced during 2015)	-	33,675,000
	<u>69,285,181</u>	<u>74,659,395</u>
Total	69,285,181	74,659,395
Unamortized original bond issue premium	-	469,218
Less current portion	<u>(3,330,403)</u>	<u>(2,995,000)</u>
Long-term debt and capital lease obligations, net	<u>\$ 65,954,778</u>	<u>\$ 72,133,613</u>

## The Union Hospital of Cecil County, Inc.

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### Notes to Financial Statements

June 30, 2015 and 2014

On December 1, 2014, the Hospital participated in MHHEFA revenue bond issuances that totaled \$30,778,000. The MHHEFA Series 2014 Revenue Bonds (the "2014 Revenue Bonds") were issued to refund the remaining portion of the MHHEFA Series 2005 Revenue Bonds and finance certain capital projects. The 2014 Revenue Bonds bear interest at 3.01% and are payable in monthly annual installments through July 2039.

On July 18, 2012, the Hospital participated in MHHEFA revenue bond issuances that totaled \$13,931,000. The MHHEFA Series 2012 Revenue Bonds (the "2012 Revenue Bonds") were issued to refund the remaining portion of the MHHEFA Series 2002 Revenue Bonds, finance certain capital projects and increase the debt service reserve fund for the 2005 Revenue Bonds. The 2012 Revenue Bonds bear interest at 2.75% and are payable in monthly annual installments through June 2022.

On May 18, 2012, the Town of Elkton, Maryland ("Elkton") issued \$27,662,336 in Economic Development Refunding Revenue Bonds ("EDRRB"), Series 2012 ("Series 2012 Bonds"). Also on May 18, 2012, the Hospital entered into a Loan and Financing Agreement with Elkton (the "Agreement") to borrow the proceeds from the Series 2012 Bonds in a series of notes as follows:

- \$10,000,000 from the EDRRB, Series 2012A Bonds to partially refund the Economic Development Revenue Bond, Series 2009, and pay costs of issuance. The note bears interest at 2.25% and is payable in monthly installments of \$44,477 through December 2036.
- \$5,842,234 from the EDRRB, Series 2012B-1 Bonds to refund the remaining portion of the Economic Development Revenue Bond, Series 2009, and pay costs of issuance. This note bears interest at 2.25% and is payable in monthly installments of \$25,995 through December 2036.
- \$2,820,102 from the EDRRB, Series 2012B-2 Bonds to refund Elkton's 2000 Revenue Bonds and pay costs of issuance. This note bears interest at 1.87% and is payable in monthly installments of \$31,708 through June 2020.
- \$9,000,000 from the EDRRB, Series 2012C Bonds to partially refund the MHHEFA Series 2002 Revenue Bonds and pay costs of issuance. This note bears interest at 2.25% and provides interest-only installments until July 2022, at which time \$92,268 in monthly installments through June 2031. On July 2, 2012, the proceeds from this note were used to partially refund the MHHEFA Series 2002 Revenue Bonds.

The Agreement contains covenants with respect to the maintenance of specific debt service coverage ratios and days cash on hand and other matters for which the Hospital is in compliance.

## The Union Hospital of Cecil County, Inc.

### Notes to Financial Statements

June 30, 2015 and 2014

Amortization expense related to bond premiums, discounts, and deferred financing costs totaled \$60,489 and \$54,394 for the years ended June 30, 2015 and 2014, respectively, and has been included in interest expense in the accompanying statement of operations.

Scheduled repayments of long-term debt, exclusive of capital lease obligations discussed in Note 9, are as follows:

Years ending June 30:	
2016	\$ 2,368,991
2017	2,428,312
2018	2,487,479
2019	2,548,191
2020	2,609,453
Thereafter	<u>53,956,431</u>
Total	<u>\$ 66,398,857</u>

### 9. Capital Lease Obligations

The Hospital has various capital lease agreements for medical equipment, which expire through 2020. Future minimum lease payments under these agreements are as follows:

Years ending June 30:	
2016	\$ 1,058,761
2017	896,604
2018	731,157
2019	323,582
2020	<u>76,198</u>
Total minimum lease payments	3,086,302
Less amount representing interest	<u>199,978</u>
Total	2,886,324
Less current portion, principal	<u>961,412</u>
Long term portion, principal	<u>\$ 1,924,912</u>

# The Union Hospital of Cecil County, Inc.

Notes to Financial Statements  
June 30, 2015 and 2014

## 10. Pension Plan

Effective January 1, 1999, the Hospital set up a 403(b) defined contribution plan (the “403(b) plan”) which includes a matching provision, for employees of the Health System, the Hospital and the Foundation. The Hospital has used the 403(b) plan as its primary retirement plan as of January 1, 2000. The 403(b) plan expenses may include a discretionary employer contribution for employees who work at least 1,000 hours in a calendar year and a 50% employer match contribution up to 1.5% of gross wages for those employees who choose to make voluntary contributions. Pension expense related to the 403(b) plan was \$494,183 and \$1,200,954 for the years ended June 30, 2015 and 2014, respectively, and is included in salaries and employee benefits in the accompanying statement of operations.

A discretionary contribution in the amount of \$613,690 was made in 2015. There were no discretionary contributions made in 2014.

Prior to January 1, 2000, the Hospital offered a defined contribution retirement plan (the “Plan”) that covered substantially all employees. Effective January 1, 2000, the Plan became frozen with no loss of accrued savings. Effective June 18, 2013 the Plan was terminated and all remaining assets were distributed to participants on October 15, 2014.

## 11. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross revenues from patients and third-party payors was as follows for the years ended June 30:

	<u>2015</u>	<u>2014</u>
Medicare	43 %	43 %
Medicaid	26	23
Blue Cross/Blue Shield	16	16
Health maintenance organizations	2	3
Self-pay patients	3	5
Other third-party payors	<u>10</u>	<u>10</u>
Total	<u>100 %</u>	<u>100 %</u>

The Hospital maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution exceed FDIC coverage from time to time.

## The Union Hospital of Cecil County, Inc.

Notes to Financial Statements  
June 30, 2015 and 2014

### 12. Functional Expenses

The Hospital provides health care services to residents within its geographic location. Expenses related to providing these services are approximately as follows for the years ended June 30:

	<u>2015</u>	<u>2014</u>
Healthcare services	\$ 101,218,000	\$ 98,360,000
Support services	49,744,000	48,276,000
Total	<u>\$ 150,962,000</u>	<u>\$ 146,636,000</u>

### 13. Commitments and Contingencies

The Hospital has been named as a defendant in several lawsuits arising from the performance of its normal activities. In the opinion of the Hospital's management, after consultation with legal counsel, the amount, if any, of the Hospital's ultimate liability under these lawsuits will not have a significant impact on the financial position of the Hospital.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents or noncompliance that have not been provided for in the accompanying financial statements; however, the possible future financial effects of this matter on the Hospital, if any, are not presently determinable.

The Hospital has entered into operating lease agreements for Hospital equipment. Total rental expense for the years ended June 30, 2015 and 2014 for all operating leases were \$573,434 and \$407,157, respectively. Future minimum lease payments under all operating leases are as follows:

Years ending June 30:	
2016	\$ 381,476
2017	130,780
2018	<u>10,294</u>
Total	<u>\$ 522,550</u>

# The Union Hospital of Cecil County, Inc.

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Notes to Financial Statements

June 30, 2015 and 2014

## 14. Medical Malpractice Claims Coverage

For the period October 17, 2003 through December 31, 2004, the Hospital maintained its malpractice insurance coverage with the Zurich Insurance Company under a claims-made policy.

As of January 1, 2005, when existing policies expired, the Hospital elected to obtain its professional and general liability insurance from Freestate Healthcare Insurance Company, Ltd., a Cayman Islands company ("Freestate"). Freestate was incorporated as of January 1, 2005 as a chartered captive insurance company for eight nonprofit hospitals in the State of Maryland, including the Hospital. Each of the hospitals has contributed an equal amount of \$15,000 as capital to Freestate in return for a one-eighth share interest in Freestate. Freestate is governed by a Board of Directors selected by the shareholders. The policy has no stated deductible.

Freestate's primary insurance is under the terms of a claims-made insurance policy and has limits of liability of \$1 million per claim and no aggregate limit per policy year. Freestate's excess liability coverage insures against losses in excess of the above primary coverage reported during the period of policy coverage. This excess liability insurance policy has an individual occurrence limit of \$10 million and an annual aggregate limit of \$10 million. Prior acts of coverage for newly employed physicians will not be provided without prior approval of Freestate's Board of Directors. Each hospital's annual premium will be established through a retrospective rating process, with initial premiums based on actuarial estimates. Initial premiums will be charged at the 75% confidence level and retrospective premium assessments will be capped at an amount equal to the expected losses for the policy period at an 85% confidence level, in each case as determined by an independent actuary.

The total amount reported medical malpractice claims liability is \$7,764,109 at June 30, 2015 and \$8,066,354 at June 30, 2014. The Hospital has recorded a receivable, and related claim liability, for anticipated insurance recoveries of \$6,753,323 at June 30, 2015 and \$6,953,668 at June 30, 2014. The estimated insurance recoveries receivable is included in other assets in the balance sheet.

The Hospital believes that it has adequate insurance coverages for all asserted claims and has no knowledge of unasserted claims which would exceed insurance coverages. The Hospital would claim charitable immunity for claims exceeding coverage limits. Legal expenses associated with covered claims are also covered and included under policy limits.

## The Union Hospital of Cecil County, Inc.

Notes to Financial Statements

June 30, 2015 and 2014

### 15. Related Party Transactions

The Hospital periodically receives or advances funds for working capital purposes. Interest is not charged and there are no fixed repayment terms on these transactions. Receivables (payables) from other affiliates within the Hospital as of June 30, 2015 and 2014 are shown below:

	<u>2015</u>	<u>2014</u>
Health System	\$ (243,627)	\$ 23,374
Union Hospital of Cecil County Foundation, Inc.	121,566	280,178
Cecil County Breeders' Fair, Inc.	-	316
Total	<u>\$ (122,061)</u>	<u>\$ 303,868</u>

The Hospital pays a management fee to the Health System for administrative, finance, and human resources services. The management fee was calculated as 1% of the Hospital's net operating revenues (including the provision for doubtful accounts) for fiscal years 2015 and 2014. Fees of \$2,253,624 and \$2,188,756 are included in purchased services in the accompanying statement of operations for the years ended June 30, 2015 and 2014, respectively.

The Hospital and The Union Hospital of Cecil County Ventures, Inc. ("Ventures") entered into a loan agreement and promissory note on February 1, 2009, whereby the Hospital loaned \$2,900,000 to Ventures to purchase Open MRI and Imaging Center of Elkton, LLC. The loan bears interest at 2.5% and requires Ventures to make monthly payments to the Hospital in the amount of \$51,659. The loan was fully repaid in May of 2014.

During 2015 and 2014, the Hospital transferred net assets to affiliates of \$1,885,754 and \$2,350,032, respectively.

Effective February 1, 2014, the Hospital entered into a 2 year management services agreement with the University of Maryland Medical System ("UMMS"). Under the agreement, UMMS provides support for quality initiatives, physician recruitment, supply chain saving and for the oncology programs.