FINANCE COMMITTEE MEETING January 8, 2020 – Noon Bartlett Regional Hospital – Zoom Meeting Agenda

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

Public may participate telephonically by calling 1-888-788-0099, Meeting ID: 983 2538 5494

CALL TO ORDER

PUBLIC COMMENT

APPROVAL OF MINUTES – December 11, 2020 Minutes	Page 2
1. Audit Presentation	Page 3
2. November 2020 Financial Statements Review	
A. November Financial Summary	Page 64
B. Statistics	Page 65
C. Financial Indicators	Page 66
D. Income Statement	Page 67
E. Revenue Worksheet	Page 68
F. Wages	Page 69
G. Balance Sheet	Page 70
H. Accounts Receivable	Page 71
I. Write-Offs	Page 72

Next Meeting: Friday, February 12, 2020 at 12:00 via Zoom

Committee member comments / questions

ADJOURN



3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900 www.bartletthospital.org

Finance Committee Meeting Minutes Zoom Meeting – December 11, 2020

Called to order at 12:00 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Deb Johnston*, Mark Johnson*, Brenda Knapp*, Marshal Kendziorek, Kenny Solomon-Gross, Rosemary Hagevig, Iola Young, Lance Stevens

Staff & Others: Kevin Benson, CFO, Billy Gardner, COO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Kris Muller, Willy Dodd, Megan Rinkenberger, and Eric Bultez.

Public Comment: None

Mr. Johnson made a MOTION to approve the minutes from the November 13, 2020 Finance Committee Meeting. Ms. Knapp seconded, and they were approved.

October 2020 Financial Review – Kevin Benson

Outpatient, and other revenues, continue to be strong. Committee member requested that 'average length of stay' for hospital admission be added to the statistics page. Operating revenue was well over budget, but so were expenses due to Covid-19. Nonproductive pay (emergency and personal leave) continued to be high. There was no loss of revenue due to realizing CARES Act Funding. BRH has so far realized \$11M of \$13.2M, and anticipates being able to realize more of those. Continued ability to claim those funds will be determined as the year (calendar and fiscal) progresses. There was a discussion on the restriction on patients coming into the Mental Health Unit, specifically referring to patients from elsewhere in Alaska and in Southeast, to minimize spread and exposures to Covid-19. Committee member suggested differentiating revenue from inpatient versus outpatient in a report.

Financial Audit and Medicare Cost Report Update - Kevin Benson

There was a challenge determining the eligible costs and losses that qualified for CARES funding, which delayed the audit. There was also a Covid-19 related delay in the Medicare cost report. The estimated settlement was the amount we had recorded, which should avoid an adjustment.

Data Analytics – Kevin Benson

Statistics were discussed, revealing different specific factors contributing to a decreased revenue compared to previous years. Committee member recommended a special meeting to analyze Mr. Benson's update of the 2018 Moss Adams Service Line Analysis, while keeping community needs at heart, or to be discussed at an upcoming meeting. Also requested was special notation for grants received in programs throughout the hospital.

Next Meeting: January 8, 2021 at 12:00pm via Zoom.

Board Comments: None

Adjourned – 1:05 p.m.



BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

LETTER TO THE BOARD

For the Year Ended June 30, 2020

December 23, 2020



Janelle Anderson, CPA Ryan Beason, CPA Sarah Griffith, CPA Mark Mesdag, CPA Adam Sycks, CPA Karen Tarver, CPA

Founders: George Elgee, CPA & Robert Rehfeld, CPA

December 23, 2020

Honorable Mayor, City Assembly and Bartlett Regional Hospital Board of Directors City and Borough of Juneau Juneau, Alaska

Dear Members:

We have audited the financial statements of Bartlett Regional Hospital (the Hospital), an enterprise fund of the City and Borough of Juneau, as of and for the year ended June 30, 2020, and have issued our report thereon dated December 23, 2020. Professional standards require that we advise you of the following matters relating to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated July 1, 2020, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, as part of our audit, we considered the internal control of the Hospital solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

Qualitative Aspects of the Entity's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Hospital is included in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during fiscal year 2020. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statement are as following:

- Management's estimate of the net pension liability, OPEB asset, OPEB liabilities, related deferred inflows, and related deferred outflows are based on information provided by the State of Alaska. We evaluated the key factors and assumptions used to develop the net pension and OPEB liabilities and determined that it is reasonable in relation to the basic financial statements taken as a whole.
- Management's estimate of the net realizable value of accounts receivable is based on historical collections of accounts receivable. We evaluated the key factors and assumptions used to develop the above-mentioned values in determining that it was reasonable in relation to the basic financial statements taken as a whole.
- Management's estimate of the net realizable value of the Provider Relief Funds is based on the guidance made available by the Department of Health and Human Services, at the time the financial statements were issued. The guidance outlining requirements on how to recognize these funds may change subsequent to the date of audit issuance, which may impact the ability of the Hospital to retain some or all of the distributions received. We evaluated the key factors and assumptions used to develop the abovementioned values in determining that it was reasonable in relation to the basic financial statements taken as a whole.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Significant Difficulties Encountered during the Audit

We encountered no difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate, and communicate to the appropriate level of management:

- All known and likely misstatements identified during the audit, other than those that we believe are trivial.
- All material, corrected misstatements that were brought to the attention of management as a result of our audit procedures.
- The effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

The following misstatements that we identified as a result of our audit procedures were brought to the attention of, and corrected by, management:

- A material adjustment was required to adjust contractual allowances applied to patient revenue, due a clerical error in the spreadsheet used to calculate monthly allowance percentages.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Hospital's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management, which are included in the attached letter.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings or Issues

In the normal course of our professional association with the Hospital, we generally discuss a variety of matters, including the application of accounting principles and auditing standards,

operating and regulatory conditions affecting the entity, and operational plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Hospital's auditors.

Other Information in Documents Containing Audited Financial Statements

Pursuant to professional standards, our responsibility as auditors for other information in documents containing the Hospital's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information. However, in accordance with such standards, we have read the information and considered whether such information, or the manner of its presentation, is materially inconsistent with its presentation in the financial statements.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Board of Directors and management of the Hospital and the City and Borough of Juneau Assembly, and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

December 23, 2020

Elgee Rehfeld

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

December 23, 2020

Elgee Rehfeld, LLC 9309 Glacier Hwy, Suite B-200 Juneau, Alaska, 99801

This representation letter is provided in connection with your audit of the financial statements of Bartlett Regional Hospital (an enterprise fund of the City and Borough of Juneau) as of June 30, 2020 and for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows of Bartlett Regional Hospital in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

Except where otherwise stated below, immaterial matters are not considered to be exceptions that require disclosure for the purpose of the following representations. This amount is not necessarily indicative of amounts that would require adjustment to or disclosure in the financial statements.

We confirm that to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of December 23, 2020:

Financial Statements



- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated July
 1, 2020, for the preparation and fair presentation of the financial statements in accordance with
 U.S. GAAP.
- We acknowledge our responsibility for 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.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements.
- The internal controls over the receipt and recording of contributions are appropriate.
- We have reviewed, approved, and taken responsibility for the financial statements and related notes.
- We have a process to track the status of audit findings and recommendations.
- We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Adequate provisions have been made for:
 - Estimated adjustments to revenue, such as for denied claims, changes to diagnosis-related group (DRG) assignments, or other estimated retroactive adjustments by third-party payors.
 - Obligations related to third-party payor contracts, including risk sharing and contractual settlements.
 - Audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
 - Obligations related to providing future services under prepaid health care service contracts.
 - Medical malpractice obligations expected to be incurred with respect to services provided through the date of this letter.
 - Self-insurance reserve for employee health care benefits.



- Patient service receivables are recorded at net realizable value.
- The following have been properly recorded or disclosed in the financial statements:
 - Compliance with bond indentures or other debt instruments.
 - Agreements and settlements with third-party payors.
 - Professional liability insurance coverage information.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires
 adjustment or disclosure have been adjusted or disclosed.
- There is no summary of unrecorded misstatements since all adjustments proposed by the auditor, material and immaterial, have been recorded.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- With respect to the preparation of financial statements, we have performed the following:
 - Made all management decisions and performed all management functions;
 - Assigned a competent individual to oversee the services;
 - Evaluated the adequacy of the services performed;
 - Evaluated and accepted responsibility for the result of the service performed; and
 - Established and maintained internal controls, including monitoring ongoing activities.
- We have properly reclassified net assets, as appropriate.
- All assets and liabilities under the entity's control have been included in the financial statements.
- All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
- Our policy regarding whether to first apply restricted or unrestricted resources when an expense
 is incurred for purposes for which both restricted and unrestricted net position/fund balance are
 available is appropriately disclosed and net position/fund balance is properly recognized under
 the policy.



- All revenues within the statement of activities have been properly classified as program revenues, general revenues, contributions to term or permanent endowments, or contributions to permanent fund principal.
- All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
- All interfund and intra-entity transactions and balances have been properly classified and reported.
- Special items and extraordinary items have been properly classified and reported.
- Deposit and investment risks have been properly and fully disclosed.
- Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
- All required supplementary information is measured and presented within the prescribed guidelines.
- With regard to investments and other instruments reported at fair value:
 - The underlying assumptions are reasonable and they appropriately reflect management's intent and ability to carry out its stated courses of action.
 - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
 - The disclosures related to fair values are complete, adequate, and in conformity with U.S.
 GAAP.
 - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, meeting minutes and other matters;
 - Additional information that you have requested from us for the purpose of the audit;



- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence;
- All contracts with significant third-party payors or other providers; and
- All reports and information related to peer review organizations, fiscal intermediaries, and third-party payors.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have provided to you our analysis of the entity's ability to continue as a going concern, including significant conditions and events present, and if necessary, our analysis of management's plans, and our ability to achieve those plans.
- We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
 - Management;
 - Employees who have significant roles in internal control; or
 - Others when the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.
- We are not aware of any pending or threatened litigation, claims, and assessments whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims, or assessments.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements, including:
 - Violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and



- the False Claims Act, in any jurisdiction whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency; and
- Communications, whether oral or written, from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, including those related to the Medicare and Medicaid antifraud and abuse statutes, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
- We have complied with all grants and donor restrictions.
- Information returns have been filed on a timely basis.
- We have complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance. In connection therewith, we specifically represent that we are responsible for determining that we are not subject to the requirements of the Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). We have not engaged the entity to perform an audit in accordance with the Single Audit Act or the Uniform Guidance.
- Billings to third-party payors comply in all respects with applicable coding principles (for example, ICD-9-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings only reflect charges for goods and services that were medically necessary, properly approved by regulatory bodies (for example, the Food and Drug Administration), if required, and properly rendered.
- With respect to cost reports:
 - We have filed all required Medicare, Medicaid, and similar reports.
 - We are responsible for the accuracy and propriety of all cost reports filed.
 - All costs reflected on such reports are appropriate, allowable under applicable reimbursement rules and regulations, patient-related, and properly allocated to the applicable payor(s).
 - The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.



- Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
- All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
- Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based upon historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate
- We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
- There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
- Bartlett Regional Hospital has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- We have disclosed to you all guarantees, whether written or oral, under which Bartlett Regional Hospital is contingently liable.
- We have disclosed to you all significant estimates and material concentrations known to management that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
- We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
- There are no:



- Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
- Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
- Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62
- Continuing disclosure consent decree agreements or filings with the Securities and Exchange Commission and we have filed updates on a timely basis in accordance with the agreements (Rule 240, 15c2-12).
- Bartlett Regional Hospital has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
- We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

Signed:

Chief Financial Officer

Signea

Chief Executive Officer



BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

FINANCIAL STATEMENTS

For the Years Ended June 30, 2020 with summarized totals for the year ended June 30, 2019

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

This section of the Bartlett Regional Hospital (the "Hospital") financial statements presents management's discussion and analysis of the Hospital's financial performance during the fiscal year ended June 30, 2020 ("FY20"). This discussion has been prepared by management and should be read in conjunction with the financial statements and footnotes. The financial statements, footnotes, and this discussion and analysis are the responsibility of management.

Financial Highlights

- The Hospital's net position, assets in excess of liabilities, at June 30, 2020 was \$61,507,470 or \$7,997,372 (15%) more than the net position at June 30, 2019 ("FY19").
- \$18,673,107 or approximately 30% of net position at the end of FY20, was unrestricted and may be used to meet the Hospital's ongoing operating obligations.
- Cash and cash equivalents remained mostly unchanged growing \$8,226 during FY20.
- The Hospital's total debt obligation of \$19,357,418 represents revenue bonds payable and is \$1,028,520 less than the prior year due to required principal payments and amortization of bond premium.

Overview of the Financial Statements

This discussion and analysis is intended to serve as an introduction to the Hospital's basic financial statements which are made up of three components: 1) financial statements, 2) notes to the financial statements and 3) supplemental schedules.

Financial statements – The financial statements are designed to provide readers with a broad overview of the Hospital's finances, in a manner similar to a private-sector business.

The *Statement of Net Position* presents information on all of the Hospital's assets, deferred outflows, liabilities and deferred inflows with the difference between these financial statement elements being reported as net position. Over time, significant increases or decreases in net position may serve as a useful indicator of whether the financial position of the Hospital is improving or deteriorating.

The Statement of Revenues, Expenses and Changes in Net Position presents information showing how the Hospital's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will result in cash flows in future periods (e.g. patient charges to be collected, vendor invoices to be paid).

The *Statement of Cash Flows* presents the sources and uses of cash and cash equivalents during the most recent fiscal year. Cash flows are categorized into three major activities: 1) Operating, 2) Financing and 3) Investing. Such categorization assists users of the financial information to compare cash flows from the core business services (operating) to more strategic initiatives (financing and investing).

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

Notes to the financial statements – The notes provide additional information that is essential to a full understanding of the data provided in the financial statements.

Supplemental schedules – In addition to the basic financial statements and accompanying notes, this report also presents a *Supplemental Schedule of Operating Expenses* which provides a higher level of detail for each expense line item reported on the *Statement of Revenues, Expenses and Changes in Net Position.* This information is not a required supplement to the financial statements and is included to enhance the user's understanding of the underlying operating expenses of the Hospital.

Financial Analysis

	2020	2019	Change	% Change
Assets and Deferred Outflows of Resources				
Assets				
Equity in central treasury - unrestricted	\$ 69,529,955	\$ 69,007,166	\$ 522,789	0.8%
Patient accounts receivable, net	12,988,478	15,616,990	(2,628,512)	-16.8%
Equity in central treasury - restricted	5,927,121	6,441,684	(514,563)	-8.0%
Property and equipment, net	56,264,660	52,645,135	3,619,525	6.9%
Other assets	5,223,325	6,593,768	(1,370,443)	-20.8%
Total assets	149,933,539	150,304,743	(371,204)	-0.2%
Deferred Outflows of Resources	12,403,681	14,415,000	(2,011,319)	-14%
Total assets and deferred outflows of resources	\$ 162,337,220	\$ 164,719,743	\$ (2,382,523)	-1.4%
Liabilities and Net Position				
Liabilities				
Current and other liabilities	\$ 11,814,011	\$ 11,639,397	\$ 174,614	1.5%
Bonds payable (current and long-term)	19,357,418	20,385,938	(1,028,520)	-5.0%
Net pension liability	65,340,121	73,011,427	(7,671,306)	-10.5%
Total liabilities	96,511,550	105,036,762	(8,525,212)	-8.1%
Deferred Inflows of Resources	4,318,200	6,172,883	(1,854,683)	-30.0%
Total liabilities and deferred inflows of resources	100,829,750	111,209,645	(10,379,895)	-9.3%
Net Position				
Net invested in capital	36,907,242	32,259,197	4,648,045	14.4%
Restricted for capital projects and debt service	5,927,121	6,441,684	(514,563)	-8.0%
Unrestricted	18,673,107	14,809,217	3,863,890	26.1%
Total net position	61,507,470	53,510,098	7,997,372	14.9%
Total liabilities and net position	\$ 162,337,220	\$164,719,743	\$ (2,382,523)	-1.4%

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

Net Position

A summary of the Hospital's Statement of Net Position as of June 30, 2020 and 2019 is presented below. Net position increased \$7,997,372 to \$61,507,470 in 2020.

As noted earlier, the Hospital's net position, or the difference between assets and liabilities, at June 30, 2020 was \$61,507,470 as follows:

Invested in capital	\$ 36,907,242	60%
Restricted for capital and debt service	5,927,121	10%
Unrestricted	18,673,107	_30%
	\$ 61,507,470	100%

The portion of net position invested in capital (60%), reflects the Hospital's investment in capital assets (e.g. land, buildings, machinery, and equipment) less any related and outstanding debt used to acquire those assets. The Hospital uses these capital assets to provide services to patients; consequently, these assets are not available for future spending.

The portion of net position restricted for capital and debt service, \$5,927,121 must be used to satisfy the restrictions under which they were appropriated and are not available for general purpose spending.

The unrestricted portion of net position, \$18,673,107, may be used to meet the Hospital's ongoing obligations incurred to provide health care services.

The Hospital's capital asset and long-term debt activity are described in the notes to the financial statements. During FY20, Bartlett purchased \$10,847,791 in various capital projects. These equipment projects included Information Technology (replacement of main processor), Patient Cardiac Monitoring project and Anesthesia machine replacement. There were also construction projects for Oncology Pharmacy addition and Rainforest Recovery Detox addition.

Changes in Net Position

The schedule below summarizes the revenues, expenses and changes in net position for the years ended June 30, 2020 and 2019:

	2020	2019	Change	% Change
Operating revenues Operating expenses	\$ 103,728,741 105,417,424	\$ 102,492,573 103,665,322	\$ 1,236,168 1,752,102	1.2% 1.7%
Operating income (loss)	(1,688,683)	(1,172,749)	(515,934)	44.0%
Nonoperating revenue (expenses)	8,993,055	2,058,917	6,934,138	336.8%
Income (loss) before operating transfers Transfers in: From CBJ tax assessments	7,304,372 693,000	886,168 3,293,000	6,418,204 (2,600,000)	724.3% -79.0%
Change in net position	\$ 7,997,372	\$ 4,179,168	\$ 3,818,204	91.4%

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

COVID-19 Pandemic Impact

In order to understand the Statement of Revenues, Expenses and Changes in Net Position, one needs to understand the impact of the COVID-19 pandemic on the operations of the Hospital. After 8 months of operations, Gross Patient Revenue was 14% greater than the prior year. At the start of the pandemic which began in March, the Hospital discontinued all elective outpatient services for approximately 6 weeks. Revenue went from being \$16 million (14%) greater than FY19 after 8 months to being only \$3.2 (1.9%) million greater at year end. While revenues dropped significantly, operating expenses did not see a corresponding decrease as staff and supplies were needed to prepare for COVID-19 response.

The Hospital's total operating revenue was \$103,728,741 for FY20. Of this amount, 93%, or \$96,577,549 represents net patient service revenue, and 4% represents other revenue such as cafeteria sales, physician billing services and grants. The remaining 3% represents the State of Alaska's PERS on behalf contribution as the State contributed \$3.4 million dollars to the PERS fund contributed on behalf of the Hospital.

Operating expenses were \$105,417,424 representing a 1.7% increase as compared to \$103,665,322 for the prior year. Salaries and wages increased \$3,285,014 (6.7%). This is attributable to increased outpatient volumes in the first 8 months and the COVID-19 response.

Non-operating revenues increased to \$8,993,055 compared to \$2,058,917 in FY19. The primary reason for the increase in FY20 was the receipt of Provider Relief Funds as a result of the COVID-19 pandemic. These funds were provided to assist with the financial implications of the pandemic for lost revenues and expenses incurred during this time. The hospital realized almost \$6.4 million in Provider Relief Funds.

Transfers in from CBJ Tax Assessments represents the Hospital's portion of the City and Borough of Juneau's Tobacco and Liquor tax revenues and are considered inter-governmental transfers. This amount decreased significantly in FY20 as the Sleep Off program was transferred to the Capital City Fire Department along with the related funding.

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

Net Patient Service Revenue

The following table summarizes the components of net patient service revenue and related financial indicators for the years ended June 30, 2020 and 2019.

	2020	2019	Change	% Change
Gross patient service revenue	\$ 178,248,612	\$ 175,007,614	\$ 3,240,998	1.9%
Deductions from revenue:				
Contractual and other adjustments	77,750,149	71,858,410	5,891,739	8.2%
Charity care	1,090,598	1,082,498	8,100	0.7%
Bad debt expense	2,830,316	3,159,879	(329,563)	-10.4%
Total deductions from revenue	81,671,063	76,100,787	5,570,276	7.3%
Net patient service revenue	\$ 96,577,549	\$ 98,906,827	\$ (2,329,278)	-2.4%
Percentage of gross patient service revenue				
Contractuals and other adjustments	43.6%	41.1%	2.6%	6.2%
Chartity care	0.6%	0.6%	0.0%	-1.1%
Bad debt expense	1.6%	1.8%	-0.2%	-12.1%
Total deductions from revenue	45.8%	43.5%	2.3%	5.4%

Gross patient service revenue increased 1.9% from FY19 as patient days decreased by 4% Gross revenue by payer for the years ended June 30, 2020 and 2019, is presented below:

	2020		2019			
	Revenue	%	Revenue	%	<u>Change</u>	% Change
Aetna	\$ 24,537,531	13.8%	\$ 23,020,670	13.2%	\$ 1,516,861	6.6%
Bluecross	25,756,293	14.4%	24,494,407	14.0%	1,261,886	5.2%
Com	7,422,792	4.2%	7,461,019	4.3%	(38,227)	-0.5%
MCD	47,029,871	26.4%	47,074,982	26.9%	(45,111)	-0.1%
MCR	58,074,310	32.6%	58,021,754	33.2%	52,556	0.1%
Other	5,039,450	2.8%	3,702,667	2.1%	1,336,783	36.1%
SEARHC	2,057,589	1.2%	1,962,272	1.1%	95,317	4.9%
Self Pay	3,208,749	1.8%	2,554,525	1.5%	654,224	25.6%
VA/Champus	3,743,341	2.1%	5,242,111	3.0%	(1,498,770)	-28.6%
WC	1,378,686	0.8%	1,473,207	0.8%	(94,521)	-6.4%
	\$ 178,248,612	100.0%	\$ 175,007,614	100.0%	\$ 3,240,998	1.9%

Gross patient service revenue is rarely paid at 100% of charges. The estimated amount that the Hospital expects to collect for services rendered is reflected in the financial statements as net patient service revenue and, for the year ended June 30, 2020, the Hospital recorded deductions from revenue of \$81,671,063 or 46% of gross charges. These deductions represent charges that are not paid by third party payer's (insurance companies) or patients. Deductions from revenue is made up of three major categories:

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

- *Contractual adjustments* Negotiated discounts or regulated reductions in amounts to be paid by third party payer's such as Medicare, Medicaid, Aetna, etc.
- Charity care Revenue that is written off for services provided to patients who demonstrate a financial need and meet the Hospital's charity care requirements
- Bad debt Revenue that is written off after reasonable collection efforts have been unsuccessful.

Key operating indicators for the years ended June 30, 2020 and 2019 are as follows:

	2020	2019	Change	% Change
Hospital				
Patient Days - excludes newborn	9,126	11,055	(1,929)	-17%
Average Daily Census	24.9	30.2	(5)	-18%
Admissions	2,245	2,406	(161)	-7%
Deliveries	287	325	(38)	-12%
Total Surgeries	2,614	2,931	(317)	-11%
Outpatient Visits (Net of ER Visits)	27,068	28,600	(1,532)	-5%
ER Visits	13,647	13,758	(111)	-1%
Rain Forest Recovery Center				
Patient Days	2,538	3,975	(1,437)	-36%
Average Daily Census	6.9	10.9	(4)	-37%
Physician Clinics				
Specialty Clinic Visits	10,658	10,963	(305)	-3%

Economic Factors

The healthcare industry has been and will continue to be significantly influenced by economic reform efforts. New requirements for meaningful use of electronic health records and implementation of ICD-10 (a new medical record coding methodology) not only create risks for decreased reimbursement or payment penalties, they also bring increased operating expense.

Additionally, as shown in the gross revenue by payer schedule previously, 59% of the Hospital's business is derived from beneficiaries of the Medicare and Medicaid programs. The largest percentage of gross revenue, 33%, is attributable to Medicare patients. Unlike a vast majority of providers in the country, the Hospital participates in Medicare's Rural Community Hospital Demonstration Project which provides a modified cost-based reimbursement based on Medicare in-patient discharges. In FY20, the Hospital received \$2.7 million additional reimbursement because of the Project. The five-year Project ended as scheduled as of June 30, 2020, at which time the Hospital will no longer receive the additional in-patient reimbursement with a potentially adverse impact on financial results. Though there has been discussion that the Project may be extended after June 30, 2020, there is uncertainty that this will happen.

Management's Discussion and Analysis (Unaudited) For the Fiscal Year Ended June 30, 2020

It is anticipated that the Hospital will continue to face increased costs for labor, benefits, supplies and contract services. The impact of tourism on hospital operations was acutely demonstrated this past season as the cruise ship industry discontinued operations due to COVID-19. Tourism had previously accounted for at least \$10 million in revenues. While the return of tourism and the cruise ship industry represents a financial benefit it also taxes the organization by having to provide staff using contract labor and incurring overtime costs.

Though faced with a myriad of economic challenges, the Hospital is positioned well to address such challenges head-on:

- Unrestricted cash and equivalents were \$69,529,955 at the end of FY20.
- The Hospital's net position increased to \$61,507,470 of which 30% is unrestricted.
- Long-term debt is limited to the \$19,357,418 in revenue bonds outstanding.
- The Hospital is always evaluating new services, reducing costs and streamlining processes.

The Hospital is confident that a proactive approach to these challenges fulfills its mission to:

Provide quality, patient-centered care in a sustainable manner.

Contacting the Hospital's Financial Management

This report is designed to provide our citizens, patients and creditors with a general overview of the Hospital's finances and to demonstrate the Hospital's accountability. If you have questions about this report or need additional financial information, please contact the Hospital's Chief Financial Officer at 3620 Hospital Drive, Juneau, AK 99801 or at 907-796-8401.



Janelle Anderson, CPA Ryan Beason, CPA Sarah Griffith, CPA Mark Mesdag, CPA Adam Sycks, CPA Karen Tarver, CPA

Founders: George Elgee, CPA & Robert Rehfeld, CPA

INDEPENDENT AUDITOR'S REPORT

Honorable Mayor, City Assembly and Bartlett Regional Hospital Board of Directors City and Borough of Juneau Juneau, Alaska

Report on the Financial Statements

We have audited the accompanying basic financial statements of Bartlett Regional Hospital, an enterprise fund of the City and Borough of Juneau, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise Bartlett Regional Hospital's statements of net position, statements of revenues, expenses, and change in net position, and statements of cash flows.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the 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 Bartlett Regional Hospital as of June 30, 2020, and the changes in its financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Bartlett Regional Hospital's fiscal year 2019 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 25, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2019 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Emphasis of Matter

As discussed in Note 1, the financial statements present only Bartlett Regional Hospital and do not purport to, and do not, present fairly the financial position of the City and Borough of Juneau, as of June 30, 2020, and the changes in its financial position, or, where applicable, its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages i through vii and the required supplementary pension and OPEB schedules on pages 30 through 33 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Bartlett Regional Hospital's financial statements. The accompanying

supplemental schedule of operating expenses on pages 36 through 38 is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The supplemental schedule of operating expenses is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of operating expenses is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 23, 2020, on our consideration of Bartlett Regional Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Bartlett Regional Hospital's internal control over financial reporting and compliance.

December 23, 2020

Elgee Rehfeld

BARTLETT REGIONAL HOSPITAL

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

STATEMENT OF NET POSITION

June 30, 2020

with summarized financial information for the year ended June 30, 2019

	2020	2019
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES: CURRENT ASSETS: Equity in central treasury Receivables:	\$ 69,529,955	\$ 69,007,166
Patient accounts receivable, less allowance for uncollectible accounts of \$10,477,486 and \$9,877,420 at June 30, 2020 and 2019, respectively Other Inventories Prepaid expenses Other current assets	12,988,478 505,814 3,027,677 1,275,405 28,877	15,616,990 2,456,115 2,684,316 1,013,354 28,877
Total current assets	87,356,206	90,806,818
RESTRICTED EQUITY IN CENTRAL TREASURY: Restricted for capital projects Restricted for debt service	4,163,554 1,763,567	4,678,117 1,763,567
Total restricted equity in central treasury	5,927,121	6,441,684
CAPITAL ASSETS, net NET OPEB ASSET	56,264,660 385,552	52,645,135 411,106
Total non-current assets	62,577,333	59,497,925
DEFERRED OUTFLOWS OF RESOURCES: Pension Other post employee benefits	7,212,888 5,190,793	9,221,052 5,193,948
Total assets and deferred outflows of resources	162,337,220	164,719,743
LIABILITIES AND DEFERRED INFLOWS OF RESOURCES: CURRENT LIABILITIES: Accounts payable Accrued payroll and related liabilities Current portion of compensated absences Due to third party payors Interest payable Deferred revenue Current portion of revenue bond payable Other payables	1,923,926 2,544,370 2,474,057 550,841 329,796 1,095,030 1,049,325 868,890	1,873,589 2,120,545 2,241,888 2,152,780 340,359 208,789 1,031,143 1,220,621
Total current liabilities	10,836,235	11,189,714
COMPENSATED ABSENCES, net of current portion REVENUE BONDS PAYABLE, net of current portion NET PENSION LIABILITY NET OPEB LIABILITY	2,027,101 18,308,093 63,150,035 2,190,086	1,480,826 19,354,795 60,292,111 12,719,316
Total liabilities	96,511,550	105,036,762
DEFERRED INFLOWS OF RESOURCES: Pension Other post employee benefits	2,085,059 2,233,141	1,513,214 4,659,669
Total liabilities and deferred inflows of resources	100,829,750	111,209,645
NET POSITION: Net invested in capital assets Restricted for capital projects Restricted for debt service Unrestricted	36,907,242 4,163,554 1,763,567 18,673,107	32,259,197 4,678,117 1,763,567 14,809,217
Total net position	\$ 61,507,470	\$ 53,510,098

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

BARTLETT REGIONAL HOSPITAL

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

For the Year Ended June 30, 2020 with summarized financial information for the year ended June 30, 2019

	2020	2019
OPERATING REVENUES: Net patient service revenue State of Alaska PERS on-behalf pension contribution Other	\$ 96,577,549 3,406,166 3,745,026	\$ 98,906,861 817,511 2,768,201
Total operating revenues	103,728,741	102,492,573
OPERATING EXPENSES: Salaries and wages Employee benefits:	52,140,151	48,855,137
PERS employer contribution and expense Other employee benefits Fees - physician Fees - other Supplies Utilities Repairs and maintenance Rentals and leases Insurance Depreciation Other Total operating expenses	4,524,943 13,363,264 3,437,372 2,098,813 14,263,867 1,484,323 4,498,637 609,337 524,306 7,185,319 1,287,092	8,001,100 12,618,024 3,584,426 1,887,245 13,538,180 1,490,518 3,777,710 619,668 698,037 7,196,120 1,399,157
Operating loss	(1,688,683)	(1,172,749)
NONOPERATING REVENUES AND EXPENSES: Investment income Other nonoperating revenue Loss on disposal of assets Interest expense	3,040,002 6,611,446 (35,613) (622,780)	2,415,942 313,542 (32,101) (638,466)
Nonoperating revenues and expenses	8,993,055	2,058,917
Excess of revenues over expenses	7,304,372	886,168
TRANSFERS IN - Primary government - other funds	693,000	3,293,000
Change in net position	7,997,372	4,179,168
NET POSITION, Beginning of year	53,510,098	49,330,930
NET POSITION, End of year	\$ 61,507,470	\$ 53,510,098

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

STATEMENT OF CASH FLOWS

For the Year Ended June 30, 2020 with summarized financial information for the year ended June 30, 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES: Cash received from patient services Other operating receipts Payments to suppliers for goods and services Payments to employees for services	\$ 98,490,363 5,695,327 (29,110,553) (72,909,039)	\$ 96,077,119 2,231,584 (26,497,375) (67,919,850)
Net cash provided by operating activities	2,166,098	3,891,478
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES: Transfers from other funds Other nonoperating revenue	693,000 6,611,446	3,293,000 313,542
Net cash provided by noncapital financing activities	7,304,446	3,606,542
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES: Purchase of capital assets Principal paid on revenue bond maturities Interest paid on revenue bonds Proceeds from sale of asset	(10,847,791) (845,000) (816,863) 7,334	(4,399,649) (820,000) (845,563) 952
Net cash used for capital and related financing activities	(12,502,320)	(6,064,260)
CASH FLOWS FROM INVESTING ACTIVITIES - Investment income Net cash provided by investing activities	3,040,002 3,040,002	2,415,942
Net increase in cash and cash equivalents	8,226	3,849,702
Cash and cash equivalents, beginning of year	75,448,850	71,599,148
Cash and cash equivalents, end of year	\$ 75,457,076	\$ 75,448,850
		(continued)

BARTLETT REGIONAL HOSPITAL

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

STATEMENT OF CASH FLOWS

For the Year Ended June 30, 2020 with summarized financial information for the year ended June 30, 2019 (Continued)

RECONCILIATION OF OPERATING LOSS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

	2020	2019
Operating loss	\$ (1,688,683)	\$ (1,172,749)
Adjustments to reconcile operating loss		
to net cash provided by operating activities		
Depreciation	7,185,319	7,196,120
Provision for bad debts	2,830,316	3,159,878
(Increase) decrease in assets and deferred outflows of resources:		
Patient accounts receivable	(201,804)	(5,785,236)
Other receivables	1,950,301	(536,617)
Inventories	(343,361)	383,835
Prepaid expenses	(262,051)	(284,521)
Net OPEB asset	25,554	(121,717)
Deferred outflows of resources	2,011,319	(5,849,799)
Increase (decrease) in liabilities and deferred inflows of resources:		
Accounts payable	50,337	209,224
Accrued payroll and related liabilities	423,825	300,832
Compensated absences	778,444	350,543
Due to third party payors	(1,601,939)	(396,055)
Other payables	(351,731)	189,028
Deferred revenue	886,241	191,671
Net pension liability	2,857,924	5,988,580
Net OPEB liability	(10,529,230)	3,737,111
Deferred inflows of resources	(1,854,683)	(3,668,650)
Net cash provided by operating activities	\$ 2,166,098	\$ 3,891,478
SUPPLEMENTAL DISCLOSURE:		
Schedule of non-cash capital and related financing activity		
that affects recognized assets and liabilities:		
Loss on disposal of assets	\$ (35,613)	(32,101)

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

For the Year Ended June 30, 2020

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

Bartlett Regional Hospital (the Hospital) is a regional provider for acute care, emergency treatment, and outpatient services, located in Juneau, Alaska. The Hospital is an enterprise fund of the City and Borough of Juneau, Alaska (City and Borough) and is governed by a Board of Directors appointed by the Assembly of the City and Borough. The Hospital is licensed for a total of 57 inpatient beds and 16 residential substance abuse treatment facility beds in the Rainforest Recovery Center. The Hospital was granted a temporary license for an additional 76 beds in response to COVID-19 and this license is scheduled to expire on December 31, 2020.

These financial statements present only Bartlett Regional Hospital and do not purport to, and do not, present fairly the financial position of the City and Borough, as of June 30, 2020, and the changes in its financial position, or, where applicable, its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Basis of Presentation

The financial statements of the Hospital have been prepared in accordance with accounting principles generally accepted in the United States (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the standard-setting body for governmental accounting and financial reporting. The GASB periodically updates its codification of the existing Governmental Accounting and Financial Reporting standards which, along with subsequent GASB pronouncements (Statements and Interpretations) constitute GAAP for governmental units. The more significant of these accounting policies are described below.

Proprietary Fund Accounting

The proprietary fund financial statements are prepared using the economic resources measurement focus. The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

Net position is categorized as follows:

- Net Invested in Capital Assets Capital assets, net of accumulated depreciation and outstanding principal balances of debt attributable to the acquisition, construction or improvement of those assets.
- Restricted Net Position Net position whose use is constrained externally by creditors, grantors, contributors, or laws and regulations of other governments or imposed by law through constitutional provisions or enabling legislation.
- Unrestricted Net Position Assets, net of related liabilities, which are not subject to externally imposed restrictions and are not considered invested in capital assets, net of related debt. Unrestricted net position may be designated for specific purposes by action of management or the Board of Directors or may otherwise be limited by contractual agreements with outside parties.

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

Performance Indicator

The performance indicator is the excess of revenues over expenses. Transfers from the primary government are not included in the performance indicator.

Equity in the City and Borough of Juneau Central Treasury

The City and Borough uses a central treasury to account for all cash and investments. The Hospital's cash is shown as equity in the central treasury and is monitored and managed by the City and Borough. Equity in the central treasury is further discussed in Note 3 and includes current and restricted equity in the central treasury as presented in the statement of net position.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Hospital has defined cash and cash equivalents as equity maintained in the central treasury.

Patient Accounts Receivable

Patient accounts receivable are stated at unpaid balances less an allowance for doubtful accounts. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance. Valuation of uncollectible amounts is based upon management's review and estimation of individual accounts it judges likely to not be paid. It is reasonably possible that this estimate will change within one year of the date of these financial statements and the effect of the change would be material.

Inventories

Inventories are stated at first-in, first-out method (FIFO).

Prepaid Expenses

Payments made to vendors for services that will benefit periods beyond the date of the statement of net position, are recorded as prepaid items using the consumption method by recording an asset for the prepaid amount and reflecting the expenditure/expense in the year in which services are consumed.

Restricted Equity in Central Treasury

All resources related to the construction of new capital assets and other expenses, as well as debt service reserve funds, are recorded as restricted assets in the statement of net position.

Capital Assets

Capital assets include land, land improvements, buildings, fixed equipment, moveable equipment, and construction work in progress. Capital assets with acquisition costs in excess of \$5,000 are carried at original acquisition cost or estimated fair market value at the time of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets lives are not capitalized. Depreciation is computed by the straight-line method at rates calculated to depreciate the cost of the assets over their estimated useful lives of 3 to 40 years.

Compensated Absences

Hospital employees earn personal leave rather than separate vacation and sick leave. Unpaid personal leave is accrued and reported as a liability and as an expense in the period when it is earned.

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

Deferred Outflows and Inflows of Resources

In addition to assets and liabilities, the statements of net position reports separate sections for deferred outflows of resources and deferred inflows of resources. These separate financial statement elements, deferred outflows of resources and deferred inflows of resources, represent consumption or acquisition of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense) or inflow of resources (revenue) until that time.

The Hospital has deferred outflows and inflows that relate to the net pension liability and OPEB asset and liability, which includes the Hospital's contributions subsequent to the measurement date, which is recognized as a reduction of the net pension and OPEB liabilities in the subsequent year. They also include changes in assumptions, differences between expected and actual experience, and changes in proportion and differences between the Hospital's contributions and proportionate share of contributions, which are deferred and amortized over the average expected remaining service lives of active and inactive members in the plan. They also include the net difference between projected and actual earnings on pension and OPEB plan investments, which is deferred and amortized over a five-year period.

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Alaska Public Employees' Retirement System (PERS) and additions to/deductions from PERS's fiduciary net position have been determined on the same basis as PERS, and assuming the State's pension support under AS 39.35.280 is a "Special Funding Situation" as defined by GASB 68. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Further, certain key personnel participate in a 401(a) plan and a 457(b) plan.

Postemployment Benefits Other Than Pensions (OPEB)

For purposes of measuring the net OPEB asset and liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, information about the fiduciary net position of PERS and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, the Plan recognizes benefit payments when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Revenue Bonds

Revenue bonds are interest-bearing bonds that are issued by a government in anticipation of revenues to be received at a later date. The bonds are paid from the revenue to which it is related.

Debt Premiums and Issuance Costs

On the statement of net position, debt premiums are netted against the debt payable. On the statement of revenues, expenses, and changes in net position, debt premiums are deferred and amortized over the life of the bonds using the effective interest method.

Bond issuance costs are recognized as an outflow of resources in the reporting period in which they are incurred.

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

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

Operating Revenues and Expenses and Non-operating Items

The Hospital distinguishes operating from non-operating revenues and expenses. Operating revenues and expenses generally result from delivering services in connection with the Hospital's principal ongoing operations. The principal operating revenues of the Hospital are charges to patients for services provided. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amount from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

<u>Transfers</u>

Transfers between the primary government and the Hospital are required when revenue is generated in one fund and expenditures are paid from another fund.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Limits of total charity care provided on an annual basis are set by the Hospital's Board. Charity care charges are estimated to be \$1,090,598 in 2020.

Summarized Financial Information for 2019

The financial statements include certain prior year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Hospital's financial statements for the year ended June 30, 2019, from which the summarized comparative information was derived.

<u>Reclassifications</u>

Certain prior year financial statement balances have been reclassified to conform to the current year presentation.

NOTE 2 – NET PATIENT SERVICE REVENUE

Net patient service revenue, as reported in the statement of revenues, expenses, and changes in

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

net position, is reported net of bad debt expense and contractual allowances. Bad debt expenses were \$2,830,316 for the year ended June 30, 2020. Contractual allowances were \$77,750,149 for the year ended June 30, 2020.

The Hospital has contractual agreements with several third-party payors that provide for prospective payment and cost reimbursement at specified rates. For the year ended June 30, 2020, revenue and the related accounts receivable for such care are recorded at established rates and unreimbursed charges are accounted for as a contractual allowance, which is an adjustment to patient service revenue.

A summary of the basis of reimbursement with major third-party payors follows:

Medicare

Inpatient services are paid based upon the diagnosis related group ("DRG") reimbursement methodology, also known as the Inpatient Prospective Payment System ("IPPS"). The inpatient services are reimbursed a fixed amount based on the patient's diagnosis. In addition, for FY2016 through FY2020 the hospital received additional cost-based reimbursement for inpatient services through participation in the Rural Demonstration Program. In FY2016 through FY2020 the Hospital will be paid through a Demonstration Program for Inpatient Services. Outpatient hospital services are paid based on ambulatory payment classification ("APC") and processed based on the Outpatient Prospective Payment System ("OPPS").

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a prospective reimbursement methodology, based upon actual costs from a base year analysis. The Hospital's last base year analysis (FY18) was that basis for the State's reimbursements for FY20. Per Diem rates for in-patient admissions are annually set by the Office of Rate Review. Inpatient services are paid upon an all-inclusive per diem rate while outpatient services are paid based upon a percentage of charges for the service. Professional fees are paid based on the Medicaid Physician Fee Schedule.

SouthEast Alaska Regional Health Consortium (SEARHC)

SEARHC, an Indian Health Facility, compensates at "Medicare like Rates". Outpatient services are paid based on the outpatient prospective payment system (also at "Medicare like Rates") and the inpatient services are paid based on diagnosis-related group rates.

Commercial

Insurers reimburse the Hospital according to the insurance subscriber's insurance plan. The Hospital contracts with four commercial payers who reimburse the Hospital on a fee-for-service basis. Non-contracted commercial insurers reimburse the Hospital at billed charges.

Workers' Compensation

Workers' compensation claims are paid based on the Alaska Workers' Compensation Fee Schedule.

Veterans Affairs (VA)

VA compensates at "Medicare like Rates." Outpatient services are paid based on the outpatient prospective payment system and inpatient services are paid based on diagnosis-related group rates.

BARTLETT REGIONAL HOSPITAL (an Enterprise Fund of the City and Borough of Juneau, Alaska)

NOTES TO THE FINANICAL STATEMENTS

NOTE 3 – EQUITY IN CENTRAL TREASURY

The Hospital's cash and investment holdings are held and accounted for by the City and Borough. Equity in the central treasury represents the Hospital's share of the pooled deposits and investment holdings, which are not distinguishable from other government functions' share of pooled deposits and investments, and therefore, the Hospital's portion of the holdings are as presented in the accompanying statement of financial position.

The Hospital's equity in central treasury is included in the following accounts in the accompanying Statements of Net Position:

Unrestricted Equity in Central Treasury	\$	69,529,955
Equity in Central Treasury, Restricted –		
Capital Projects		4,163,554
Equity in Central Treasury, Restricted –		
Debt Service		1,763,567
Total Equity in Central Treasury	<u>\$</u>	75,457,076

NOTE 4 – RESTRICTED EQUITY IN CENTRAL TREASURY

The Hospital occasionally imposes restrictions regarding the use of certain funds to satisfy legal requirements or to reserve funds for capital project use. The funds are classified as restricted equity in central treasury on the accompanying statement of net position. The components of restricted equity in central treasury are as follows:

Capital Projects

The Hospital has restricted funds for various construction projects. The amounts are included as restricted for capital projects on the accompanying statement of net position based on restrictions imposed on their use as described in Note 1.

Debt Service Requirement

As part of the agreement for the issuance of the 2013 Hospital Revenue Refunding Bonds, the Hospital was legally required to reserve funds to secure payment of principal and interest on the bonds. The amounts are included as restricted for debt service on the accompanying statement of net position.

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NOTES TO THE FINANICAL STATEMENTS

NOTE 5 – CAPITAL ASSETS

The Hospital owns land, buildings, equipment and construction work in progress as follows:

	Balance at June				T	ransfers and	Balance at June			
		30, 2019		Additions	F	Retirements	30, 2020			
Land	\$	348,551	\$	-	\$	-	\$	348,551		
Land improvements		5,341,765		23,985		(155,537)		5,210,213		
Buildings		99,847,879		49,500		(1,037,748)		98,859,631		
Fixed equipment		9,866,679		-		(560,860)		9,305,819		
Moveable equipment		24,720,776		3,135,447 (6,751,901)				21,104,322		
Software		9,322,042		1,875		(2,278,016)		7,045,901		
Construction in progress		914,070		7,636,984		(119,559)		8,431,495		
Total property and equipment		150,361,762		10,847,791		(10,903,621)		150,305,932		
Accumulated depreciation		(97,716,627)		(7,185,319)		10,860,674		(94,041,272)		
Net property and equipment	\$	52,645,135	\$	3,662,472	\$	(42,947)	\$	56,264,660		

Depreciation expense was \$7,185,319 for the year ending June 30, 2020.

NOTE 6 – REVENUE BONDS PAYABLE

The Hospital's revenue bonds payable includes revenue bonds that are direct obligations of the City and Borough and are secured by revenues of the Hospital.

The following is a summary of changes to long-term debt:

	Balance, June 30, 2019	Additions	Reductions	Balance, June 30, 2020	Amounts Due Within One Year
Bonds payable: 2013 Hospital revenue					
refunding bond Bond premium	\$ 18,975,000 1,410,938	\$ - -	\$ (845,000) (183,520)	\$ 18,130,000 1,227,418	\$ 870,000 179,325
Total bonds payable	\$ 20,385,938	\$ -	\$ (1,028,520)	\$ 19,357,418	\$ 1,049,325

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NOTES TO THE FINANICAL STATEMENTS

Scheduled Principal Repayments

Scheduled principal repayments on the revenue and refunding bonds, including the unamortized premium, and sinking fund requirements are as follows:

Year Ending June 30	Principal	 Interest	 Total
2021	\$ 870,000	\$ 791,513	\$ 1,661,513
2022	910,000	756,713	1,666,713
2023	945,000	720,313	1,665,313
2024	985,000	682,513	1,667,513
2025	1,030,000	615,463	1,645,463
2026 - 2030	5,915,000	2,315,744	8,230,744
2031 - 2035	7,475,000	 781,850	8,256,850
	\$ 18,130,000	\$ 6,664,109	\$ 24,794,109

2013 Hospital Revenue Refunding Bonds

On March 12, 2013, the Hospital issued \$23.66 million in Hospital Revenue Refunding Bonds with interest rates ranging between 2.00% and 5.00%. The debt service on these bonds is to be funded by hospital revenues. The Hospital issued the bonds to advance refund \$24.30 million of the outstanding 2004A Hospital Revenue Bonds with interest rates ranging between 4.00% and 5.375%. The Hospital used the net proceeds along with other resources to purchase U.S. government securities. These securities were deposited in an irrevocable trust to provide for all future debt service on the refunded portion of the revenue bonds listed above. The outstanding bonds under the 2004A Hospital Revenue Bonds were called and retired using the trust funds on July 1, 2014. This refunding resulted in a net cash flow savings of \$3.40 million.

The 2013 Hospital Revenue Refunding Bonds were issued at a premium of \$2,808,943. The premium is amortized using the effective interest method, and amortization was \$183,520 for the year ended June 30, 2020.

Interest expense, as reported in the accompanying statement of revenues, expenses, and changes in net position, for the year ended June 30, 2020, was \$622,780.

NOTE 7 – RETIREMENT PLANS

Hospital employees participate in the State of Alaska Public Employees' Retirement System (PERS), a defined benefit plan, or the State of Alaska Defined Contribution Pension Plan (DC Plan), a defined contribution plan, based on date of initial hire by a participating employer as described below. The plans are governed by the Alaska Retirement Management Board (the "Board" or the "System"), which consists of nine trustees, as follows: the commissioner of administration and the commissioner of revenue, two trustees who are members of the general public, one trustee who is employed as a finance officer for a political subdivision participating in either the PERS or Teachers' Retirement System (TRS), two trustees who are members of PERS, and two trustees who are members of TRS. Benefit and contribution provisions are established by State law and may be amended only by the State Legislature. PERS issues a publicly available financial report that can be obtained at http://doa.alaska.gov/drb/pers/employee/resources/index.html.

NOTES TO THE FINANICAL STATEMENTS

State of Alaska PERS Defined Benefit Plan

Plan Description

PERS is a cost-sharing multiple-employer defined benefit (DB) pension plan administered by the State of Alaska. The State administers other post-employment benefits (OPEB) cost-sharing, defined benefit plans. The OPEB Plans include the Alaska Retiree Healthcare Trust Plan (ARHCT), the Occupational Death and Disability Plan (ODD), and the Retiree Medical Plan (RMP) which includes a defined benefit health plan, and occupational death and disability plan (Other Post Employment Benefits "OPEB"). All employees initially hired prior to July 1, 2006 must participate in this plan. With the passage of Senate Bill (SB) 141, the DB Plan is closed to all new members effective July 1, 2006. Employees hired on or after this date must participate in the DC Plan described later.

PERS Pension and OPEB Benefits Provided

PERS provides retirement, health insurance premium supplement, long-term disability, occupational death and disability and survivor benefits. Retirement benefits are calculated on the basis of age, average monthly compensation and service credit as follows (a more complete description of benefits can be found at http://doa.alaska.gov/drb/ or the financial report referred to above):

	"Tier 1"	"Tier 2 and 3"
Initial hire date	Before July 1, 1986 and all police and firefighters	July 1, 1986 to June 30, 1996 (2), After July 1, 1996 (3)
Minimum credited years of service	Five Years	Five Years
Retirement age with minimum years of service	55, or early retirement - 50, or any age with 30 or more service years	60, or early retirement - 55, or any age with 30 or more service years
Pension benefit:		
Basis	Years of Service based and average of three highest consecutive years' salaries	Years of Service based and average of three highest consecutive years' salaries
Amount per year of service	2% to 2.5% depending on hire date and length of service	2% to 2.5% depending on hire date and length of service
Form	Joint and survivor annuity	Joint and survivor annuity
Death benefit (OPEB):		
Pre-retirement, work related, non-willful negligence death	Monthly survivor benefit	Monthly survivor benefit
Active DB Plan member, occupational death	40% of members' salary, higher amounts for police or firefighters	40% of members' salary, higher amounts for police or firefighters

NOTES TO THE FINANICAL STATEMENTS

Active DB Plan member, non-Spouse receives 50% of Spouse receives 50% of occupational death members' benefit, or lump members' benefit, or lump sum to other beneficiaries sum to other beneficiaries Disability benefits (OPEB) Paid to normal retirement Paid to normal retirement age, if vested, when normal age, if vested, when normal retirement benefits apply retirement benefits apply Medical benefits (OPEB) Major medical benefits at Major medical at no cost no cost after age 60, or premium amount if under age 60 (2), paid premium (3), at no cost if disabled Postretirement pension adjustments (PRPA): **Automatic** Benefits increased each Benefits increased each July 1 based on cost of

living increase the previous

calendar year Discretionary Granted if funding ratio of

> the DB Plan meets or exceeds 105%

July 1 based on cost of living increase the previous

calendar year

Granted if funding ratio of

the DB Plan meets or

exceeds 105%

PERS Contributions

Pension and Alaska Retiree Healthcare Trust Plan (OPEB)

Contribution requirements of the active plan members and the participating employers are actuarially determined and approved by the Board as an amount that, when combined, is expected to finance the costs of benefits earned by plan members during the year, with an additional amount to finance any unfunded accrued liability. The DB Plan's members' contribution rates are 7.5% for peace officers and firefighters, 9.6% for some school district employees, and 6.75% for general DB Plan members, as required by statute. The Hospital's effective contribution rate is 22.00% of annual payroll, which is allocated 16.17% to the DB Pension Plan and 5.83% to the DB ARHCT Plan as determined by the actuary of the Plan for fiscal year 2019.

Alaska Statute 39.35.280 provides that the State of Alaska, as a nonemployer contributing entity, contributes each July 1, or as soon after July 1 for the ensuing fiscal year, an amount that when combined with the total employer contributions is sufficient to pay the System's past service liability at the actuarially determined contribution rate adopted by the Board for that fiscal year. Additionally, there is a Defined Benefit Unfunded Liability (DBUL) amount levied against the DCR Plan payroll. The DBUL amount is computed as the difference between:

- (A) The amount calculated for the statutory employer contribution rate of 22.00% on eligible salary, less
- (B) The total of the employer contributions for
 - (1) The defined contribution employer matching amount,
 - (2) Major medical,
 - (3) Occupational death & disability, and
 - (4) Health reimbursement arrangement.

NOTES TO THE FINANICAL STATEMENTS

The difference is deposited based on an actuarial allocation into the DB Plan's pension and healthcare funds.

Occupational Death and Disability Plan (OPEB)

The Hospital contributes to each member's account based on the member's compensation. For fiscal year 2019, the rates were 0.76% for ODD for peace officers and firefighters and 0.26% for ODD for all other members.

Retired Medical Plan (OPEB)

The Hospital contributes to each member's account using PERS board approved actuarially determined rate applied to the member's compensation. For fiscal year 2019, the rate was 0.94% of a member's compensation.

PERS Refunds

Pension

DB Plan member contributions may be voluntarily or, under certain circumstances, involuntarily refunded to the member or a garnishing agency 60 days after termination of employment. Voluntary refund rights are forfeited on July 1 following the member's 75th birthday or within 50 years of the member's last termination date. Members who have had contributions refunded forfeit all retirement benefits, including postemployment healthcare benefits. Members can reinstate refunded service due to involuntary refunds by repaying the total involuntary refunded balance and accrued interest. Members can reinstate voluntarily refunded service by repaying the voluntarily refunded balance and accrued interest, if they reestablished an employee relationship with a participating DB Plan employer before July 1, 2010. Members who had not reestablished an employee relationship with a participating DB Plan employer by June 30, 2010 were not eligible to reinstate voluntarily refunded service and forfeited any claim to DB Plan membership rights. Balances refunded to members accrue interest at the rate of 7.0% per annum, compounded semiannually.

<u>PERS Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred</u> Inflows of Resources Related to Pensions

At June 30, 2020, the Hospital reported a liability for its proportionate share of the net pension liability that reflected a reduction for State pension support provided to the Hospital. The amount recognized by the Hospital as its proportionate share of the net pension liability, the related State support, and the total portion of the net pension liability that was associated with the Hospital were as follows:

Hospital's proportionate share of the net pension liability for PERS \$ 63,150,035

State's proportionate share of the net pension liability for PERS associated with the Hospital 25,073,953

Total Net Pension Liability for PERS \$ 88,223,988

The Hospital's share of the PERS liability for its obligation to its employees, arising from its PERS Employer Participation Agreement, which is currently attributed to the State due to AS

NOTES TO THE FINANICAL STATEMENTS

39.35.280, would be recorded by the Hospital upon an act of the legislature to amend the statute.

The net pension liability was measured as of June 30, 2019, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Hospital's proportion of the net pension liability was based on a projection of the Hospital's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers and the State, actuarially determined. At June 30, 2019, the Hospital's proportion was 1.15359%, a decrease of 0.05977% from prior fiscal year.

For the year ended June 30, 2020, the Hospital recognized pension expense of \$13,218,176 including revenue of \$3,406,166 for support provided by the State.

	<u> Hospital</u>	On-behalf
FY20 Contributions paid - pension expense in the Statement of Revenues, Expenses, and Changes in Net Position	\$ 4,374,077	\$ 2,717,458
FY20 Contributions adjusted to Deferred Outflows - pension	(4,374,077)	-
FY19 Contributions paid	4,355,688	-
Adjustment to FY20 On-behalf contributed	-	688,708
Net change in Net Pension Liability, Deferred Outflows and Inflows for Pension	5,456,322	
Total pension expense per the Statement of Revenues, Expenses, and Changes in Net Position	\$ 9,812,010	\$ 3,406,166

At June 30, 2020, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflow of Resources	Deferred Inflow of Resources
Difference between expected and actual experience	\$ -	\$ 934,868
Changes in assumptions	1,933,374	-
Difference between projected and actual investment earnings	905,437	-
Changes in proportion and differences between employer contributions	-	1,150,191
Hospital contributions subsequent to measurement date	4,374,077	
Total	\$ 7,212,888	\$ 2,085,059

NOTES TO THE FINANICAL STATEMENTS

The \$4,374,077 reported in Deferred Outflows of Resources Related to Pensions resulting from Hospital contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the fiscal year ending June 30, 2021. Other amounts reported as Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions will be recognized in pension expense in the measurement year (fiscal year) as follows:

Year ended June 30:	
2020 (2021)	\$ 852,952
2021 (2022)	(668,499)
2022 (2023)	256,897
2023 (2024)	312,403
2024 (2025)	-
Thereafter	_

<u>PERS OPEB Assets and Liabilities, OPEB Expense, and Deferred Outflows and Inflows of</u> Resources Related to OPEB

As of June 30, 2020, the Hospital's proportionate share of the net OPEB liability (asset), the related State support, and the total portion of the net OPEB liability (asset) that was associated with the Hospital for ARHCT, RMP and ODD are as follows:

	 ARHCT	RMP	ODD
Hospital's proportionate share of the OPEB liability (asset) for PERS	\$ 1,711,544	\$ 478,542	\$ (385,552)
State's proportionate share of the net OPEB liability (asset) for PERS associated with the Hospital	680,501	_	_
With the Frespitat	 000/302	 	
Total Net OPEB Liability (Asset) for PERS	\$ 2,392,045	\$ 478,542	\$ (385,552)

The Hospital's share of the PERS liability for its obligation to its employees, arising from its PERS Employer Participation Agreement, which is currently attributed to the State due to AS 39.35.280, would be recorded by the Hospital upon an act of the legislature to amend the statute.

The net OPEB liability (asset) measured as of June 30, 2019, and the total OPEB liability (asset) used to calculate the net OPEB liability (asset) was determined by an actuarial valuation as of that date. The Hospital's proportion of the net OPEB liability (asset) was based on a projection of the Hospital's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers and the State, actuarially determined. At June 30, 2019, the Hospital's proportion was 1.15350% for ARHCT, 2.00026% for RMP, 1.59023% for ODD, and changes of (0.05960)%, (0.11644)% and (0.52647)%, respectively, from the prior fiscal year.

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NOTES TO THE FINANICAL STATEMENTS

For the year ended June 30, 2020, the Hospital recognized OPEB expense of \$(10,748,371), in the financial statements, calculated as follows:

	ARHCT	RMP	ODD
FY20 Contributions paid - OPEB expense in the Statement		_	
of Revenues, Expenses, and Changes in Net Position	\$ 1,732,806	\$ 372,500	\$ 73,371
FY20 Contributions adjusted to Deferred Outflows - OPEB	(1,732,806)	(372,500)	(73,371)
FY19 Contributions paid	1,564,887	234,410	64,928
Net change in Net OPEB Liability (Asset), Deferred Outflows			
and Inflows for OPEB	(12,674,294)	101,223	 (39,525)
Total OPEB expense per the Statement of Revenues,			
Expenses, and Changes in Net Position	\$ (11,109,407)	\$ 335,633	\$ 25,403

At June 30, 2020, the Hospital reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflow of Resources					S	Deferred Inflow of Resources					
		ARHCT		RMP		ODD		ARHCT		RMP		ODD
Difference between expected and actual experience	\$	-	\$	-	\$	-	\$	1,150,122	\$	35,451	\$	120,209
Changes in assumptions		2,271,186		231,626		-		-		-		7,372
Net difference between projected and actual earnings on OPEB plan investment		-		-		-		749,469		5,281		2,548
Changes in proportion and differences between employer contributions		433,196		14,326		61,782		119,218		9,588		33,883
Hospital contributions subsequent to measurement date		1,732,806		372,500		73,371						
Total	\$	4,437,188	\$	618,452	\$	135,153	\$	2,018,809	\$	50,320	\$	164,012

The \$2,178,677 reported in Deferred Outflows of Resources Related to OPEB is from Hospital contributions subsequent to the measurement date and will be recognized as a reduction of the net OPEB liability (asset) in the fiscal ended June 30, 2021. Other amounts reported as Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB will be recognized in pension expense in the measurement year (fiscal year) as follows:

Year ended June 30:	ARHCT		RMP	 ODD
2020 (2021)	\$	852,493	\$ 20,719	\$ (17,040)
2021 (2022)		(582,549)	20,719	(17,040)
2022 (2023)		180,314	33,393	(13,516)
2023 (2024)		235,315	33,169	(13,443)
2024 (2025)		-	28,320	(14,623)
Thereafter		-	59,314	(26,570)

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NOTES TO THE FINANICAL STATEMENTS

PERS Actuarial Assumptions - Pension and OPEB

The total pension and OPEB liability (asset) were determined by an actuarial valuation as of June 30, 2018, using the following actuarial assumptions, applied to all periods included in the measurement and rolled forward to the measurement date of June 30, 2019:

Inflation	2.50%
Salary increases	Graded by service, from 7.75% to 2.75% for Peace Officers/Firefighters Graded by age and service, from 6.75% to 2.75% for All Others
Investment rate of return	7.38%, net of pension plan investment expenses. This is based on an average inflation rate of 2.50% and a real rate of return of 4.88%.
Healthcare cost Trend rates (ARHCT/RMP)	Pre-65 Medical: 7.5% grading down to 4.5% Post-65 Medical: 5.5% grading down to 4.5% Prescription Drug: 8.5% grading down to 4.5% RDS/EGWP: 8.5% grading down to 4.5%

The long-term expected rate of return on pension plans investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return, excluding the inflation component of 2.90%, for each major asset class included in the System's current and expected asset allocation as of June 30, 2019 are summarized in the following table:

	Long-term
	Expected Real
Asset Class	Rate of Return
Broad domestic equity	8.16%
Global equity (non-U.S.)	7.51
Intermediate treasuries	1.58
Opportunistic	3.96
Real assets	4.76
Private equity	11.39
Cash equivalents	0.83

Pension

Pre-termination and post-termination mortality rates were based upon the 2013-2017 actual mortality experience. Pre-termination mortality rates were based on 100% of the RP-2014 table with MP-2017 generational improvement. Post-termination mortality rates were based on 91% of male and 96% of female rates of the RP-2014 table with MP-2017 generational improvement. Deaths are assumed to be occupational 75% of the time for peace officer/firefighters, 40% of the time for all others.

NOTES TO THE FINANICAL STATEMENTS

OPEB

Per-termination and post-termination mortality rates were based upon the 2013-2017 actual mortality experience. Post-termination mortality rates were based on 91% of the male rates and 96% of the female rates of the RP-2014 healthy annuitant table projected with MP-2017 generational improvement. The rates for pre-termination mortality were 100% of the RP-2014 employee table with MP-2017 generational improvement.

Discount Rate

The discount rate used to measure the total pension liability and the total OPEB liability (asset) was 7.38%. The projection of cash flows used to determine the discount rate assumed that employer and nonemployer State contributions will continue to follow the current funding policy, which meets State statutes. Based on those assumptions, the pension and OPEB plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension and OPEB liabilities.

<u>Sensitivity of the Hospital's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate - PERS</u>

The following presents the Hospital's proportionate share of the net pension liability calculated using the discount rate of 7.38 percent, as well as what the Hospital's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.38 percent) or 1-percentage-point higher (8.38 percent) than the current rate:

	Current			
	1% Decrease	Discount	1% Increase	
	(6.38%)	Rate (7.38%)	(8.38%)	
Hospital's proportionate share of the net				
pension liability	\$83,346,965	\$63,150,035	\$46,235,765	

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NOTES TO THE FINANICAL STATEMENTS

<u>Sensitivity of the Hospital's Proportionate Share of the Net OPEB Liability (Asset) to Changes in the Discount Rate - PERS</u>

The following presents the Hospital's proportionate share of the net OPEB liability (asset) of each plan calculated using the discount rate of 7.38 percent, as well as what, for each respective plan, the Hospital's proportionate share of the net OPEB liability (asset) would be if it were calculated using a discount rate that is 1-percentage-point lower (6.38 percent) or 1-percentage-point higher (8.38 percent) than the current rate:

		Current			
	1% Decrease	Discount	1% Increase		
	(6.38%)	Rate (7.38%)	(8.38%)		
ARHCT	\$13,767,223	\$ 1,711,544	\$ (8,205,571)		
RMP	1,201,937	478,542	(66,069)		
ODD	(365,722)	(385,552)	(401,582)		

<u>Sensitivity of the Hospital's Proportionate Share of the Net OPEB Liability (Asset) to Changes in</u> Healthcare Cost Trend Rates - PERS

The following presents the Hospital's proportionate share, for each plan, of the net OPEB liability (asset) calculated using the healthcare cost trend rates as summarized in the 2018 actuarial valuation report, as well as what, for each plan, the Hospital's proportionate share of the net OPEB liability (asset) would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

		Current Trend				
	1% Decrease	Rate	1% Increase			
ARHCT	\$ (9,365,448)	\$ 1,711,544	\$15,229,648			
RMP	(147,179)	478,542	1,335,094			
ODD	N/A	N/A	N/A			

PERS Pension and OPEB Plan Fiduciary Net Position

Detailed information about the pension and OPEB plans' fiduciary net position is available in the separately issued PERS financial reports at http://doa.alaska.gov/drb/.

PERS - Defined Contribution Plan

<u>General</u>

The Hospital participates in the State of Alaska Defined Contribution Pension Plan (DC Plan), Tier 4, which provides pension benefits. The Hospital also participates in the State of Alaska Other Postemployment Benefit Healthcare Reimbursement Arrangement Plan (HRAP) defined benefit plan. Other OPEB benefits are provided through the cost-sharing defined benefit Alaska Retiree Healthcare Trust Plan (ARHCT), the Occupational Death and Disability Plan (ODD), and the Retiree Medical Plan (RMP) as described in the defined benefit plan note.

The plans provide benefits for eligible employees hired after July 1, 2006. Additionally, certain active members of the DB Plan were eligible to transfer to the DC Plan if that member had not vested in the DB Plan. Benefit and contribution provisions are established by State law and may be amended only by the State Legislature. The DC Plan is administered by the System.

NOTES TO THE FINANICAL STATEMENTS

Pension Benefits

A participating member is immediately and fully vested in that member's contributions and related earnings (losses). A member shall be fully vested in the employer contributions made on that member's behalf, and related earnings (losses), after five years of service. A member is partially vested in the employer contributions made on that member's behalf, and the related earnings, in the ratio of (a) 25% with two years of service; (b) 50% with three years of service; (c) 75% with four years of service; and (d) 100% with five years of service.

OPEB Benefits - HRAP

The HRAP is provided to allow medical expenses to be reimbursed from individual savings accounts established for eligible participants.

Other OPEB - ARHCT, ODD and RMP

The benefits provided under the DC Plans are the same as under the DB Plans.

Contributions

Pension

Alaska statutes require an 8.0% contribution rate for DC Plan members. Employers are required to contribute 5.0% of the member's compensation. For the year ended June 30, 2020, employee contributions totaled \$2,245,747, and the Hospital recognized pension expense of \$1,403,594.

OPEB - HRAP

The Hospital contributes to each member's account using an amount equal to three percent of the average annual compensation of all employees in PERS. The 2019 contribution amount was an annual contribution not to exceed \$2,103 and had to be paid each pay period an employee was enrolled in the DC Plan, regardless of the compensation paid during the year. An amount less than \$2,103 would be deposited to a member's account if that member worked less than a full year. The Hospital recognized OPEB expense of \$744,190 for PERS-HRAP in fiscal year 2020.

Other OPEB - ARHCT, ODD and RMP

Contributions for these OPEB plans are described under the defined benefit plan notes.

<u>Refunds - Pension</u>

A member is eligible to elect distribution of their account 60 days after termination of employment.

Participant Accounts

Participant accounts under the DC Plan are self-directed with respect to investment options. Each participant designates how contributions are to be allocated among the investment options. Each participant's account is credited with the participant's contributions and the appreciation or depreciation in unit value for the investment funds.

Record-keeping/administrative fees, consisting of a fixed amount, applied in a lump sum each calendar year, and a variable amount, applied monthly, are deducted from each participant's account, applied pro rata to all the funds in which the employee participates. This fee is for all costs incurred by the record keeper and by the State. The investment management fees are netted out of the funds' performance.

NOTES TO THE FINANICAL STATEMENTS

<u>Defined Contribution Retirement (DCR) Forfeiture Balances</u>

The State of Alaska, Division of Retirement and Benefits, employer payroll reporting system was adjusted to allow the usage of DCR employer forfeitures as an offset against future payrolls effective July 1, 2018. The forfeited contribution balance used to cover DCR employer match contributions in fiscal year 2020 was \$128,825 for PERS. Forfeiture usage to cover the DCR employer match contribution is mandatory and is to be utilized on each payroll until the balance is exhausted.

Summary of Pension and OPEB accounts by Plan

Pension and OPEB asset, liabilities, and related deferred outflows and inflows as of June 30, 2020 included in the Statement of Net Assets include:

Plan	_	Deferred Outflows	N	et Pension Liability		Deferred Inflows	
PERS - Pension	\$	7,212,888	\$	63,150,035	\$	2,085,059	
	N	et OPEB Asset		Deferred Outflows	-	Net OPEB Liability	 Deferred Inflows
PERS - OPEB - ARHCT PERS - OPEB - RMP PERS - OPEB - ODD	\$	- - 385,552	\$	4,437,188 618,452 135,153	\$	1,711,544 478,542 -	\$ 2,018,809 50,320 164,012
	\$	385,552	\$	5,190,793	\$	2,190,086	\$ 2,233,141

Other Compensation Plans

The Hospital sponsors an IRC Section 457(b) deferred compensation plan for all eligible employees. Eligible employees may contribute the maximum amount allowed annually under current IRS regulations. The tax-deferred plan enables participants to defer income on a pretax basis. There is no employer contribution to this plan.

The Hospital also sponsors an IRC Section 401(a) defined contribution retirement plan, for the benefit of certain key personnel who are excluded from participation in PERS. Contributions are discretionary and wholly employer funded and limited to annual amounts determined by the IRS. Participant benefits are dependent solely on the amount contributed by the Hospital to the plan and investment earnings. The Hospital made contributions of \$719,056 on behalf of the fourteen employees currently eligible for the plan for the year ended June 30, 2020.

NOTE 8 – BOARD DESIGNATION OF EQUITY IN CENTRAL TREASURY

The Hospital Board has designated a portion of equity in central treasury for capital replacement. The balance is increased annually by an amount equal to depreciation plus interest earnings attributable to the balance and reduced by capital purchases. The balance was \$34,314,659 at June 30, 2020.

NOTE 9 – CONCENTRATION OF CREDIT RISK

The Hospital provides credit without collateral to its patients, most of whom are local residents

NOTES TO THE FINANICAL STATEMENTS

and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at June 30 is as follows:

	2020
Medicare	20.0%
Medicaid	12.4
Third-party payers	37.2
Patients	30.4
	100.0%

NOTE 10 – CONTINGENT LIABILITIES

Grant Revenues

Amounts received or receivable under grant programs from the State of Alaska are subject to audit and adjustment. The amount, if any, of expenditures which may be disallowed by the granting agencies cannot be determined at this time, although the Hospital expects such amounts, if any, to be immaterial.

Revenue from Third Party Payors

Payments made under the Medicaid and Medicare program are subject to audit. Paid claims could be disallowed upon audit if there is inadequate documentation to substantiate the services provided to Medicaid and Medicare beneficiaries. The amount, if any, of claims which may be disallowed cannot be determined at this time. The Hospital has recorded estimated payments due to Medicare in the statement of net position as due to third party payors, however, actual results could differ from this estimate.

Provider Relief Funds

On March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a global pandemic. Federal, state and local government policies resulted in a substantial portion of the population to remain at home and forced the closure of certain businesses, which had an impact on the Hospital's volumes and revenues for most services. Starting in mid-March, the Hospital deferred all nonessential medical and surgical procedures and suspended elective procedures, which resumed at different dates during the final guarter of the fiscal year. In response to COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to the coronavirus, and shall reimburse the recipient for health care related expenses or lost revenues attributable to the coronavirus and are not required to be repaid, provided the recipients attest to and comply with the terms and conditions. The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. Additionally, funds are available to reimburse providers for COVID-19 related treatment of uninsured patients. Through June 30, 2020, the Hospital received approximately \$7,252,838 in funding and recognized revenue of \$6,384,791, which is included in other nonoperating revenue for the year ended June 30, 2020. Relief Fund revenue recognized by the Hospital is an estimate based on the most current available guidance provided by the Department of Health and Human Services at the time that the financial statements were available to be issued. Further clarification to guidance related to the recognition of revenue from the Relief Fund could result

NOTES TO THE FINANICAL STATEMENTS

in changes to the amounts the Hospital is able to recognize. The remaining balance of the Relief Fund distributions is recorded in deferred revenue in the Hospital's Statement of Net Position. Management will continue to monitor compliance with the terms and conditions of the Relief Fund and the impact of the pandemic on the Hospital's revenues and expenses. If unable to attest to or comply with current or future terms and conditions, the Hospital's ability to retain some or all of the distributions received may be impacted.

Legal Action

The Hospital, in the normal course of its activities, is involved in various claims and pending litigation. While the outcome of certain of these matters in not presently determinable, in the opinion of management, the Hospital has insurance coverage and reserves to prevent these matters from having a material adverse effect on the financial statements.

NOTE 11 – RISK MANAGEMENT

The City and Borough provides risk management services to its various departments including the Hospital. All funds of the City and Borough participate in the risk management program and make payments to the Self-Insurance Fund based on estimates of the amounts needed to pay existing open claims while maintaining an adequate fund balance for future claims.

The City and Borough is exposed to various risks of loss from legal liabilities, property damage, business interruption and employment practices claims. Under this program, the City and Borough's Self-Insurance Fund provides coverage that has self-insured retention amounts up to a maximum of \$1,250,000 for each worker's compensation claim and \$250,000 for liability claims including but not limited to: general liability, automobile liability, and employment practices. The deductible for each property insurance, pollution liability, and cyber liability claim is \$100,000. The City and Borough purchases commercial insurance for claims in excess of coverage provided by the fund up to various limits depending on the specific coverage.

The Hospital's operations fall outside of the coverage provided under a traditional municipal excess liability policy, the Hospital maintains malpractice and hospital general liability insurance coverage on a claims-made basis through a commercial insurance carrier. It is management's intention to continue the existing levels of coverage, which are currently provided by a primary and excess policy with total annual limits of \$5,000,000 per claim and \$10,000,000 aggregate. This coverage is subject to a \$100,000 deductible. The Hospital, in consultation with its insurance broker, believes that it has adequate insurance coverage for all asserted claims and has no knowledge of unasserted claims which would exceed insurance coverages.

CBJ provides coverage for medical/dental/vision claims for all full-time employees, and some part-time employees. Stop loss insurance is available for large health benefits claims that exceed \$250,000, once individual deductibles, out-of-pocket limits, and an aggregate deductible are met. CBJ also purchases a nominal amount of term life coverage for CBJ employees and their dependents, allowing employees to purchase higher levels of coverage.

Unemployment compensation expense is based on actual claims paid by the State of Alaska and reimbursed by the City and Borough.

NOTES TO THE FINANICAL STATEMENTS

NOTE 12 – UPCOMING ACCOUNTING PRONOUNCEMENTS

There are several Governmental Accounting Standards Board standards with upcoming implementation dates. Management is currently evaluating the impact of these standards as follows:

GASB 87	<i>Leases</i> Effective for fiscal years beginning after June 15, 2021
GASB 89	Accounting for Interest Cost Incurred before the End of a Construction Period Effective for fiscal years beginning after December 15, 2020
GASB 90	Majority Equity Interests Effective for fiscal years beginning after December 15, 2019
GASB 91	Conduit Debt Obligations Effective for fiscal years beginning after December 15, 2021

NOTE 13 – SUBSEQUENT EVENTS

Date of Subsequent Review

The Hospital has evaluated subsequent events through the date of the Independent Auditor's Report, which is commensurate with the date the financial statements were available to be issued.

Business Disruption

The COVID-19 outbreak in the United States has resulted in business disruption which is expected to impact the Hospital's operations and results, though such impact is unknown at this time.

Required Supplementary Information

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

REQUIRED SUPPLEMENTARY INFORMATION

SCHEDULE OF THE HOSPITAL'S PROPORTIONATE SHARE OF THE NET PENSION LIABILITY

Fiscal Years 2013 through 2019

Fiscal Years	Hospital's Proportion of the Net Pension Liability	Prop	Hospital's ortionate Share ne Net Pension Liability	Prop	ite of Alaska's ortionate Share ne Net Pension Liability	Tota	al Net Pension Liability	Hos	pital's Covered Payroll	Hospital's Proportionate Share of the Net Pension Liability as a Percentage of Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2019	1.15359000%	\$	63,150,035	\$	25,073,953	\$	88,223,988	\$	36,587,804	172.60%	63.42%
2018	1.21336000%		60,292,111		17,460,040		77,752,151		36,507,427	165.15%	65.19%
2017	1.05047000%		54,303,531		20,233,333		74,536,864		34,006,470	159.69%	63.37%
2016	1.23665000%		69,123,712		8,708,368		77,832,080		31,203,015	221.53%	59.55%
2015	0.88202000%		42,778,267		11,458,414		54,236,681		32,951,672	129.82%	63.96%
2014	0.70382717%		32,827,474		28,566,766		61,394,240		30,350,797	108.16%	62.37%
2013	0.70039754%		36,780,662		34,437,545		71,218,207		30,595,426	120.22%	56.04%

This schedule is presented to illustrate the requirement to show information for 10 years. However, GASB 68 was implemented in the fiscal year ended June 30, 2015, and, until a full 10-year trend is compiled, the Hospital has only presented information for the years in which information is available.

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

REQUIRED SUPPLEMENTARY INFORMATION

SCHEDULE OF THE HOSPITAL'S CONTRIBUTIONS TO THE PENSION PLAN

Fiscal Years 2014 through 2020

Fiscal Years	ctually Required	to the	outions Relative e Contractually ed Contribution	on Deficiency cess)	Hosp	oital's Covered Payroll	Contributions as a Percentage of Covered Payroll
2020	\$ 4,374,077	\$	(4,374,077)	\$ -	\$	38,961,840	11.23%
2019	4,355,688		(4,355,688)	-		36,587,804	11.90%
2018	4,754,739		(4,754,739)	_		36,507,427	13.02%
2017	3,729,490		(3,729,490)	-		34,006,470	10.97%
2016	3,082,726		(3,082,726)	-		31,203,015	9.88%
2015	2,887,263		(2,887,263)	-		32,951,672	8.76%
2014	2,699,543		(2,699,543)	-		30,350,797	8.89%

This schedule is presented to illustrate the requirement to show information for 10 years. However, GASB 68 was implemented in the fiscal year ended June 30, 2015, and, until a full 10-year trend is compiled, the Hospital has only presented information for the years in which information is available.

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

REQUIRED SUPPLEMENTARY INFORMATION

SCHEDULE OF THE HOSPITAL'S PROPORTIONATE SHARE OF THE COLLECTIVE NET OPEB ASSET AND LIABILITY

Fiscal Years 2016 through 2019

Hospital's State of Alaska's Total Total Proportion of the Collective Net OPEB Liability (Asset) OPEB Liability (Asset) State of Alaska's Total Proportionate Share of Collective Net Of the Collective Net OPEB Liability (Asset) OPEB Liability (Asset) (Asset) OPEB Liability (Asset) (Asset)	ective OPEB Liability (asset) Position as a ability Hospital's Covered as a Percentage of its Percentage of the
ARHTC	
2019 1.15350000% \$ 1,711,544 \$ 680,501 \$	392,045 \$ 36,587,804 4.68% 98.13%
2018 1.21311000% 12,449,965 3,613,790 10	063,755 36,507,427 34.10% 88.12%
2017 1.05070000% 8,875,843 3,308,795 1:	L84,638 34,006,470 26.10% 89.68%
2016 1.23724000% 14,186,995 1,786,233 1	773,228 31,203,015 45.47% 85.45%
RMP	
2019 2.00026000% 478,542 -	478,542 11,652,963 4.11% 83.17%
2018 2.11670000% 269,351 -	269,351 12,582,364 2.14% 88.71%
2017 2.03953000% 106,362 -	12,893,917 0.82% 93.98%
2016 1.88347000% 173,599 -	13,083,340 1.33% 86.82%
ODD	
2019 1.59023000% (385,552) -	885,552) 11,652,963 -3.31% 297.43%
2018 2.11670000% (411,106) -	11,106) 12,582,364 -3.27% 270.62 %
2017 2.03953000% (289,389) -	289,389) 12,893,917 -2.24% 212.98%
2016 1.88347000% (244,832) -	244,832) 13,083,340 -1.87% 245.29%

This schedule is presented to illustrate the requirement to show information for 10 years. However, GASB 75 was implemented in the fiscal year ended June 30, 2018, and, until a full 10-year trend is compiled, the Hospital has only presented information for the years in which information is available.

(an Enterprise Fund of the City and Borough of Juneau, Alaska)

REQUIRED SUPPLEMENTARY INFORMATION

SCHEDULE OF THE HOSPITAL'S CONTRIBUTIONS TO THE OPEB PLAN

Fiscal Years 2017 through 2020

Fiscal Years	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	Hospital's Covered Payroll	Contributions as a Percentage of Covered Payroll
ARHTC					
2020	\$ 1,732,806	\$ (1,732,806)	\$ -	\$ 38,961,840	4.45%
2019	1,564,887	(1,564,887)	-	36,587,804	4.28%
2018	1,311,516	(1,311,516)	-	36,507,427	3.59%
2017	1,808,920	(1,808,920)	-	34,006,470	5.32%
RMP					
2020	372,501	(372,501)	-	10,908,278	3.41%
2019	234,410	(234,410)	-	11,652,963	2.01%
2018	246,756	(246,756)	-	12,582,364	1.96%
2017	250,455	(250,455)	-	12,893,917	1.94%
ODD					
2020	73,371	(73,371)	-	10,908,278	0.67%
2019	64,928	(64,928)	-	11,652,963	0.56%
2018	38,331	(38,331)	-	12,582,364	0.30%
2017	36,033	(36,033)	-	12,893,917	0.28%

This schedule is presented to illustrate the requirement to show information for 10 years. However, GASB 75 was implemented in the fiscal year ended June 30, 2018, and, until a full 10-year trend is compiled, the Hospital has only presented information for the years in which information is available.



Janelle Anderson, CPA Ryan Beason, CPA Sarah Griffith, CPA Mark Mesdag, CPA Adam Sycks, CPA Karen Tarver, CPA

Founders: George Elgee, CPA & Robert Rehfeld, CPA

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

Honorable Mayor, City Assembly and Bartlett Regional Hospital Board of Directors City and Borough of Juneau Juneau, Alaska

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Bartlett Regional Hospital, an enterprise fund of the City and Borough of Juneau, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise Bartlett Regional Hospital's basic financial statements, and have issued our report thereon dated December 23, 2020.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Bartlett Regional Hospital's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Bartlett Regional Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of Bartlett Regional Hospital's internal control.

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

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

Compliance and Other Matters

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

Purpose of this Report

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

December 23, 2020

Elgee Rehfeld

Supplementary Information

SUPPLEMENTAL SCHEDULE OF OPERATING EXPENSES

Year Ended June 30, 2020

with summarized financial information for the year ended June 30, 2019

	2020	2019
SALARIES AND WAGES Managers and supervisors Technicians and specialists Nurses Clerical and administrative Physicians Clinical other Non clinical other Non productive Contract employee	\$ 6,243,594 10,235,502 13,420,596 5,272,787 5,152,466 4,518,401 3,966,604 1,488,375 1,841,826	\$ 5,884,659 9,723,890 12,032,147 4,859,404 4,500,474 4,272,289 3,324,661 1,098,601 3,159,012
Total salaries and wages	52,140,151	48,855,137
EMPLOYEE BENEFITS Taxes - FICA PERS ER contribution and expense PERS Past services ER contributions AXA executive/physician retirement contributions PERS ER disability costs Accrued leave adjustment Life insurance Pet insurance Health insurance Dental insurance Workers compensation State unemployment tax Relocation Employee relations Total employee benefits	3,489,259 4,395,559 122,080 713,592 7,304 (1,269) 9,569 2,538 8,188,844 5,611 559,300 77,490 239,691 78,639	3,258,868 7,882,689 111,260 554,627 7,151 30,160 7,943 - 7,749,474 - 559,300 38,078 348,506 71,068 20,619,124
FEES - PHYSICIANS Physician contracts Outside lab fees Other medical professional fees	2,473,667 320,940 642,765	2,624,401 255,825 704,200
Total fees - physicians	3,437,372	3,584,426
FEES - OTHER Management and consulting 340B program Other professional fees Legal fees Accounting fees Advertising Security Employee recruitment Physician recruitment Total fees - other	49,474 47,800 1,047,295 346,806 270,521 98,527 - 148,359 90,031 2,098,813	137,316 - 705,633 463,029 225,129 109,902 1,005 185,196 60,035
		(continued)

SUPPLEMENTAL SCHEDULE OF OPERATING EXPENSES

Year Ended June 30, 2020 with summarized financial information for the year ended June 30, 2019 (Continued)

CURRUTE	2020	2019
SUPPLIES	1 001 700	2.156.400
Medical supplies/chargeable	1,881,722	2,156,498
Lab supplies/chargeable	848,359	693,131
IV solutions	135,214	118,594
Drugs/pharmacy	5,035,429	4,658,208
Blood	256,323 1,406,174	187,728 1,290,307
Implants Oxygen	137,429	116,934
	2,770,928	2,330,498
Supplies/non chargeable	128,566	2,330,498
Radioisotope	9,687	
Patient therapy Food	975,037	10,668 1,098,321
Food charge back	(231,845)	(261,184)
Printing/forms	27,422	35,635
Linen and bedding	72,141	37,935
	192,961	132,156
Office supplies Other supplies	2,707	1,907
Instrument/minor equipment	519,870	718,806
	73,627	48,142
Maintenance supplies	12,486	23,933
Computer software Automatch variance	(1,765)	25,955 676
	11,395	23,151
Inventory damage/return	14,263,867	
Total supplies	14,203,007	13,538,180
UTILITIES		
Telephone	146,906	132,597
Electricity	597,594	554,923
Water/sewer	119,509	92,575
Fuel oil	433,817	569,957
Cable service	16,612	16,592
Disposal	92,056	93,130
Internet/telemedicine	71,465	20,803
Rental utilities	6,364	9,941
Total utilities	1,484,323	1,490,518
REPAIRS AND MAINTENANCE		
Maintenance contracts	1,512,541	1,516,884
Grounds maintenance	25,351	29,771
Software maintenance	2,287,114	1,587,338
Building maintenance	286,133	309,320
Equipment maintenance	387,498	334,397
Total repairs and maintenance	4,498,637	3,777,710
RENTAL AND LEASES		
Building rental	313,340	296,594
Equipment rental	295,997	323,074
, ,		
Total rental and leases	609,337	619,668
		(continued)

SUPPLEMENTAL SCHEDULE OF OPERATING EXPENSES

Year Ended June 30, 2020 with summarized financial information for the year ended June 30, 2019 (Continued)

	2020	2019
INSURANCE		
Malpractice insurance	339,463	340,578
Insurance deductible	18,036	-
Risk management overhead	17,707	208,359
Property	88,600	88,600
General liability and auto	10,100	10,100
Employment practice	50,400	50,400
Total insurance	524,306	698,037
DEPRECIATION		
Land improvements	220,828	218,829
Buildings/building improvement	3,413,854	3,563,349
Fixed equipment	353,987	339,657
Major movable	1,288,673	1,462,225
Minor equipment	625,515	349,128
System software	1,282,462	1,262,932
Total depreciation	7,185,319	7,196,120
OTHER EXPENSES		
Contributions	37,920	291,589
Subscriptions/books	209,575	198,082
Dues	126,286	115,764
Employee travel	288,042	307,689
Physician travel	8,595	15,068
Professional education	237,977	204,043
Patient travel	21,427	35,689
Other recruitment fees	148	-
Reimbursable costs	(67,484)	(97,099)
Freight and courier services	290,617	220,784
Postage	91,412	59,188
Cash over (short)	(51)	1
Other operating expense	42,628	48,359
Total other expenses	1,287,092	1,399,157
TOTAL OPERATING EXPENSES	\$ 105,417,424	\$ 103,665,322

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: December 31, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: November Financial Performance

Bartlett Regional Hospital continues to incur decreases inpatient volumes resulting in an inpatient revenue shortfall of \$1 million (19%). After 5 months, inpatient revenues are \$5 million (17%) behind the prior year. Outpatient revenues were reasonably close to budget with a \$249,000 (3%) shortfall against budget. Year-to-date, outpatient revenue has performed well and is currently running \$855,000 (1.8%) ahead of budget and 7% greater than the prior year.

Rainforest Recovery reopened the very end of October at 50% capacity and is now providing care and generating revenue although at 42% of the pre-Covid budget. Physician revenue was strong exceeding budget by \$65,000 or 7%. Total revenues were short of budget by \$11.4 million (9%).

Deductions from Revenue was less than budget commensurate with the reduction of revenue by \$1.3 Million (17%).

Net Patient Revenue finished \$129,000 or 1.5% less than budget. Since there wasn't much of a Loss of Patient Revenue as in past months, CARES monies of \$500,000 was realized to recognize Covid-19 related expenses which have not been claimed to date. There remains another \$1.7 of CARES funds to be realized by the end of June 2021. As a result, Other Operating Revenues finished \$442,000 greater than budget. This resulted in a surplus of \$313,000 or 3.3% of excess Total Operating Revenue over budget.

Expenses exceeded budget by \$236,000 million or 2.5%. Increased staff costs were incurred with unbudgeted Covid-19 staffing (triage, front desk, molecular lad, etc.) and mandated Emergency Leave. This resulted in an Operating Loss of \$66,000 and a Net Income of \$178,000. After 5 months BRH has a very small Net Income of \$386,000 or 0.76%.

Other Significant Items:

• Cash Collections were very strong at \$9.1 million as Accounts Receivable increased slightly.



Bartlett Regional Hospital Dashboard Report for November 2020

		CURRENT N	MONTH			YEAR TO DATE			
			% Over					% Over	
Facility Htilipetian.	Aatual	Dudmat	(Under)	Dulay Vaay	Prior Month	Actual	Dudast	(Under)	Dulan Vaan
Facility Utilization: Hospital Inpatient:Patient Days	Actual	Budget	Budget	Prior Year	(Oct)	Actual	Budget	Budget	Prior Year
Patient Days - Med/Surg	386	373	3%	420	370	1,843	1,904	-3%	2,146
Patient Days - Critical Care Unit	84	93	-10%	80		502	475	6%	492
Patient Days - Swing Beds	0	0	0%	0		0		0%	
Avg. Daily Census - Acute	15.7	15.6	1%	17	15.4	15.3	15.6	-1%	17.2
Patient Days - Obstetrics	57	67	-15%	47	73	327	341	-4%	347
Patient Days - Nursery	60	52	16%	38	68	274	265	3%	272
Total Hospital Patient Days	587	585	0%	585	619	2,946	2,985	-1%	
Births	24	24	1%	19	28	133	122	9%	124
Mental Health Unit									
Patient Days - Mental Health Unit	163	270	-40%	268	227	876	1,377	-36%	1,259
Avg. Daily Census - MHU	5.4	9.0	-40%	8.9	7	5.7	9.0	-36%	8.2
Rain Forest Recovery:									
Patient Days - RRC	167	387	-57%	321	18	185	1,971	-91%	1,475
Avg. Daily Census - RRC	6	12.9	-57%	10.7	1	1	12.9	-91%	9.6
Outpatient visits	80	19	327%	17	92	378	334	13%	123
Inpatient: Admissions									
Med/Surg	57	77	-26%	59	57	277	394	-30%	405
Critical Care Unit	37	43	-14%	36		180	220	-18%	223
Obstetrics	25	26	-3%	19	30	142	132	8%	134
Nursery	24	24	0%	19	28	133	122	9%	125
Mental Health Unit	15	36	-59%	42	24	104	184	-44%	191
Total Admissions - Inpatient Status	158	206	-23%	175	181	836	1,053	-21%	1,078
Admissions -"Observation" Status	5.4		00/	50	70	200	000	70/	007
Med/Surg	54	55	-2%	53	73	299	280	7%	287
Critical Care Unit Mental Health Unit	28 1	29 2	-5% -59%	23 1	36 1	132 11	150 13	-12% -13%	154 11
Obstetrics	11	19	-39% -41%	14	13	67	95	-13%	95
Nursery	0	0	-100%	0	0	07	1	-100%	1
Total Admissions to Observation	94	106	-11%	91	123	509	538	-5%	
Surgery:									
Inpatient Surgery Cases	38	51	-25%	48	57	247	260	-5%	272
Endoscopy Cases	91	89	2%	91	94	424	454	-7%	
Same Day Surgery Cases	107	100	7%	90	123	588	511	15%	492
Total Surgery Cases	236	240	-2%	229	274	1,259	1,226	3%	1,213
Total Surgery Minutes	16,651	14,939	11%	16,775	19,889	91,322	76,187	20%	86,090
Outpatient:									
Total Outpatient Visits (Hospital)	225		222			. ===	0.40=	2001	2 1==
Emergency Department Visits	863	1,203	-28%	1,044		4,755	6,135	-22%	
Cardiac Rehab Visits	57	63	-10%	45		286	322	-11%	
Lab Visits Lab Tests	266 9,479	389 8,633	-32% 10%	408 9,451	282 10,372	1,402 48,776	1,986	-29% 8%	2,067 54,600
Lab Tests Radiology Visits	9,479 711	813	-13%	9,451	10,372	48,776	45,064 4,145	-3%	4,100
Radiology Visits Radiology Tests	2,123	2,362	-10%	2,149		10,455			
Sleep Study Visits	13	2,302	-53%	2,149		127	143	-11%	
Physician Clinics:									
Hospitalists	217	230	-6%	159	229	1,133	1,172	-3%	1,146
Bartlett Oncology Clinic	85	81	5%	82	98	426	412	3%	
Ophthalmology Clinic	78	53	48%	58	97	480	269	78%	
Behavioral Health Outpatient visits	407	373	9%	274	432	1,962	1,901	3%	
Bartlett Surgery Specialty Clinic visits	242	202	20%	235	284	1,115	1,031	8%	
Other Operating Indicators:	1,029	938	10%	808	1,140	5,116	4,785	7%	4,816
Dietary Meals Served	19,820	29,367	-33%	30,329	20,339	95,866	149,771	-36%	146,894
Laundry Pounds (Per 100)	357	371	-4%	354	392	1,863	1,894	-2%	

Bartlett Regional Hospital Dashboard Report for November 2020

	CURRENT MONTH				YEAR T	O DATE		
	% Over					% Over		
			(Under)				(Under)	
Facility Utilization:	Actual	Budget	Budget	Prior Year	Actual	Budget	Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,004	4,425	13.1%	4,049	6,022	4,495	34.0%	4,392
Contractual Allowance %	39.2%	43.0%	-8.7%	38.9%	43.9%	43.0%	2.1%	40.4%
Bad Debt & Charity Care %	2.1%	2.7%	-23.4%	2.7%	1.0%	2.7%	-61.0%	2.7%
Wages as a % of Net Revenue	52.5%	48.5%	8.2%	48.4%	52.7%	46.8%	12.7%	46.0%
Productive Staff Hours Per Adjusted Patient Day	27.5	21.2	29.8%	19.1	32.5	21.0	54.7%	21.4
Non-Productive Staff Hours Per Adjusted Patient Day	4.8	3.4	43.8%	3.4	5.3	3.3	61.7%	3.4
Overtime/Premium % of Productive	10.97%	10.20%	7.5%	10.20%	6.65%	6.96%	-4.4%	6.96%
Days Cash on Hand	119	122	-2.4%	116	115	122	-5.8%	117
Board Designated Days Cash on Hand	132	135	-2.4%	152	127	135	-5.8%	152
Days in Net Receivables	48.5	48	0.0%	55	48.5	48	0.0%	55
							% Over	
					Actual	Benchmark	(Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.8%	33.7%	74.5%	63.0%
Total debt-to-capitalization (without PERS)					15.2%	33.7%	-54.8%	16.4%
Current Ratio					6.59	2.00	229.4%	9.46
Debt-to-Cash Flow (with PERS)					9.21	2.7	241.2%	5.58
Debt-to-Cash Flow (without PERS)					2.39	2.7	-11.6%	1.46
Aged A/R 90 days & greater					43.6%	19.8%	120.2%	47.5%
Bad Debt Write off					0.4%	0.8%	-50.0%	5.0%
Cash Collections					102.9%	99.4%	3.5%	72.0%
Charity Care Write off					0.7%	1.4%	-50.0%	1.0%
Cost of Collections (Hospital only)					4.3%	2.8%	53.6%	5.3%
Discharged not Final Billed (DNFB)					11.7%	4.7%	148.9%	9.5%
Unbilled & Claims on Hold (DNSP)					11.7%	5.1%	129.4%	9.5%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.0%
POS Cash Collection					1.7%	21.3%	-92.0%	2.1%

BARTLETT REGIONAL HOSPITAL STATEMENT OF REVENUES AND EXPENSES FOR THE MONTH AND YEAR TO DATE OF NOVEMBER 2020

					FOR THE MONTH AND YEAR TO DATE OF NOVE	MBER 2020					
MONTH	MONTH									PRIOR YTD	
ACTUAL	BUDGET	MO \$ VAR	MTD % VAR	PR YR MO	0 0 0	YTD ACTUAL '	YTD BUDGET	YTD \$ VAR	YTD % VAR	ACT	% CHG
00 500 440	0.1 055 100	* 4 * 74 *	00.00/	A 4 007 700 4	Gross Patient Revenue:	040 405 004	004 045 500	AF 400 700	00.40/	404 000 700	00.00/
\$3,583,449	\$4,655,429	-\$1,071,980 \$16,274	-23.0% 1.6%		Inpatient Revenue	\$19,185,804 \$4,944,659	\$24,615,596 \$5,229,856	-\$5,429,793 -\$285,197	-22.1% -5.5%	\$24,060,782 \$5,100,340	-20.3%
\$1,005,371					Inpatient Ancillary Revenue				-3.5% -19.1%		-3.1%
\$4,588,820	\$5,044,526	-\$1,055,706	-10.7%	\$5,104,653 S.	Total Inpatient Revenue	\$24,130,463	\$29,845,452	-\$5,714,990	-19.1%	\$29,161,122	-17.3%
\$8,884,031	\$9,132,542	-\$248,511	-2.7%	\$8,480,540 4.	Outpatient Revenue	\$49,143,437	\$48,288,308	\$855,129	1.8%	\$45,966,043	6.9%
\$13,472,851	\$14,777,068	-\$1,304,217	-8.8%	\$13,645,393 5 .	Total Patient Revenue - Hospital	\$73,273,900	\$78,133,760	-\$4,859,861	-6.2%	\$75,127,165	-2.5%
\$183,121	\$312,701	-\$129,580	-41.4%	\$327 272 6	RRC Patient Revenue	\$231,073	\$1 653 397	-\$1,422,324	-86.0%	\$1,536,208	-85.0%
\$198,440	\$265,773	-\$67,334	-25.3%		BHOPS Patient Revenue	\$1,124,840	\$1,405,266	-\$280,426	-20.0%	\$1,299,581	-13.4%
\$1,059,633	\$993,934	\$65,699			Physician Revenue	\$5,052,729	\$5,255,416	-\$202,688	-3.9%	\$5,036,488	0.3%
* .,,	4000,000	****		7000, 101	,	**,***,**	**,=**,	 ,		**,****,***	
\$14,914,045	\$16,349,476	-\$1,435,432	-8.8%	\$15,040,504 9.	Total Gross Patient Revenue	\$79,682,542	\$86,447,839	-\$6,765,299	-7.8%	\$82,999,442	-4.0%
					Deductions from Revenue:						
\$2,293,308		\$843,235			Inpatient Contractual Allowance	\$13,424,586	\$16,584,468		19.1%	\$15,030,557	-10.7%
\$0	\$0	\$0			0a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$2,962,538	\$3,259,943	\$297,405		\$2,737,114 11.	Outpatient Contractual Allowance	\$18,369,130	\$17,236,946		-6.6%	\$15,786,748	16.4%
\$597,049	\$628,598	\$31,549	5.0%	\$692,982 12	Physician Service Contractual Allowance	\$3,147,223	\$3,323,715	\$176,492	5.3%	\$3,060,943	2.8%
\$12,669	\$14,458	\$1,789	12.4%	\$12,883 13	Other Deductions	\$65,660	\$76,451	\$10,791	14.1%	\$71,081	0.0%
\$98,884	\$67,951	-\$30,933	-45.5%	\$148,545 14	. Charity Care	\$619,214	\$359,287	-\$259,927	-72.3%	\$274,700	125.4%
\$208,034	\$371,075	\$163,041	43.9%	\$253,680 15	Bad Debt Expense	\$215,862	\$1,962,058	\$1,746,196	89.0%	\$1,978,299	-89.1%
\$6,172,482	\$7,478,568	\$1,306,086	17.5%		. Total Deductions from Revenue	\$35,841,675	\$39,542,925	\$3,701,250	9.4%	\$35,893,995	-0.1%
39.2%	43.0%				Contractual Allowances / Total Gross Patient Revenue	43.9%	43.0%			40.4%	
2.1%	2.7%				Bad Debt & Charity Care / Total Gross Patient Revenue	1.0%	2.7%			2.7%	
41.4%	45.7%			41.7% %	Total Deductions / Total Gross Patient Revenue	45.0%	45.7%			43.2%	
\$8,741,563	\$8,870,908	-\$129,346	-1.5%	\$8,771,669 17	Net Patient Revenue	\$43,840,867	\$46,904,914	-\$3,064,049	-6.5%	\$47,105,447	-6.9%
\$963,535	\$520,655	\$442,880	85.1%	\$504,257 18	Other Operating Revenue	\$7,037,254	\$2,752,970	\$4,284,284	155.6%	\$2,181,723	222.6%
\$9,705,098	\$9,391,563	\$313,535	3.3%	\$9,275,926 19	. Total Operating Revenue	\$50,878,121	\$49,657,884	\$1,220,235	2.5%	\$49,287,170	3.2%
\$4,157,691	\$3,820,096	-\$337,595	-8.8%	¢3 815 032 20	Expenses: Salaries & Wages	\$20,816,528	\$19,482,472	¢1 334 056	-6.8%	\$19,084,367	9.1%
\$257,326	\$357,426	\$100,100			. Physician Wages	\$1,446,397	\$1,822,869	\$376,472	20.7%	\$1,614,874	-10.4%
\$170,042	\$124,601	-\$45,441	-36.5%		. Contract Labor	\$848,956	\$635,464	-\$213,492	-33.6%	\$950,727	-10.7%
\$2,263,256	\$2,131,948	-\$131,308			Employee Benefits	\$11,319,113	\$10,872,932	-\$446,181	-4.1%	\$9,948,701	13.8%
\$6,848,315	\$6,434,071	-\$414,244		\$6.353.371	. Employee beliefits	\$34,430,994	\$32.813.737		-4.1%	\$31,598,669	9.0%
70.6%	68.5%	-9414,244	-0.470		Salaries and Benefits / Total Operating Revenue	67.7%	66.1%	-\$1,017,237	-4.970	64.1%	9.070
\$106,254	\$78,690	-\$27,564	-35.0%		. Medical Professional Fees	\$541,282	\$401,324	-\$139,958	-34.9%	\$380,323	42.3%
\$335,603	\$164,620	-\$170,983			. Physician Contracts	\$1,235,943	\$839,574	-\$396,369	-34.9% -47.2%	\$1,175,475	5.1%
	\$168,698				. Physician Contracts . Non-Medical Professional Fees	\$968,241	\$860,368	-\$390,309	-47.2%	\$754,303	28.4%
\$231,726		-\$63,028 \$327,657	-37.4% 27.8%		. Non-Medical Professional Fees . Materials & Supplies	\$7,008,524	\$6,018,075	-\$107,673	-12.5% -16.5%	\$5,652,808	24.0%
\$852,366 \$108,728	\$1,180,023 \$138,763	\$327,657		\$965,554 27 \$140,207 28		\$7,008,524 \$536,454	\$6,018,075	-\$990,449 \$171,222	-16.5% 24.2%	\$5,652,808	-13.6%
	\$138,763	\$30,035 \$41,201				\$536,454 \$2,141,766	\$707,676	\$171,222 -\$8,518	-0.4%	\$620,675	
\$377,084			9.8%		Maintenance & Repairs						17.3%
\$59,712	\$50,614	-\$9,098			Rentals & Leases	\$251,545	\$258,120	\$6,575	2.5%	\$260,266	-3.4%
\$43,745	\$52,058	\$8,313		\$40,882 31.		\$231,699	\$265,492	\$33,793	12.7%	\$230,874	0.4%
\$672,414	\$658,816	-\$13,598			Depreciation & Amortization	\$3,349,476	\$3,049,957	-\$299,519	-9.8%	\$2,899,455	15.5%
\$50,909	\$49,592	-\$1,317	-2.7%		Interest Expense	\$254,759	\$252,919	-\$1,840	-0.7%	\$262,263	-2.9%
\$84,005	\$141,022	\$57,017	40.4%		Other Operating Expenses	\$434,630	\$719,129	\$284,499	39.6%	\$635,425	-31.6%
\$9,770,861	\$9,535,252	-\$235,609	-2.5%	\$9,128,786 35	. Total Expenses	\$51,385,313	\$48,319,619	-\$3,065,694	-6.3%	\$46,297,200	-11.0%
-\$65,763	-\$143,689	\$77,926	-54.2%	\$147,140 36	Income (Loss) from Operations Non-Operating Revenue	-\$507,192	\$1,338,265	-\$1,845,457	-137.9%	\$2,989,970	-117.0%
\$104,883	\$100,693	\$4,190	4.2%	\$101.649.37	Interest Income	\$512,862	\$513,535	-\$673	-0.1%	\$507,799	1.0%
\$72,992	\$97,230	-\$24,238			Other Non-Operating Income	\$380,120	\$495,886	-\$115,766	-23.3%	\$725,156	-47.6%
\$177,875	\$197,923	-\$20,048	-10.1%	\$236.235.30	. Total Non-Operating Revenue	\$892,982	\$1,009,421	-\$116,439	-11.5%	\$1,232,955	-27.6%
\$112,112	\$54,234	\$57,878	-106.7%	\$383,375 ₄₀	. Net Income (Loss)	\$385,790	\$2,347,686	-\$1,961,896	83.6%	\$4,222,925	90.9%
-0.68% 1.16%	-1.53% 0.58%			1.59% Inc 4.13% Ne	ome from Operations Margin t Income	-1.00% 0.76%	2.69% 4.73%			6.07% 8.57%	

Bartlett Regional Hospital November 2020 Financial Operating Summary

					Physician			
			Out-Pt		Division		BRH Total	
Financial Group	In-Pt Nov	NovBudget	NovActual	NovBudget	NovActual	NovBudget	NovActual	NovBudget
Aetna	350,988	444,449	1,559,786	1,360,243	178,108	152,145	2,088,882	1,956,837
Blue Cross	635,731	480,536	1,700,058	1,371,389	254,497	202,067	2,590,286	2,053,992
Comm	41,184	191,583	268,438	344,166	52,223	102,027	361,845	637,776
MCD	2,017,905	1,954,879	1,963,905	1,775,875	218,642	312,795	4,200,452	4,043,549
MCR	1,614,485	2,302,696	2,608,713	2,522,573	262,718	361,417	4,485,915	5,186,686
Other	33,879	69,354	298,062	220,838	5,018	16,320	336,958	306,512
SEARHC	28,091	34,061	92,426	120,672	3,948	10,730	124,464	165,463
Self	61,883	86,682	138,179	196,602	12,715	31,203	212,777	314,487
VA/Cham	(30,938)	136,531	122,241	245,539	31,179	67,219	122,482	449,289
Worker's	-	9,671	137,985	89,612	10,100	3,784	148,085	103,067
Grand Total	4,753,207	5,710,442	8,889,792	8,247,509	1,029,147	1,259,707	14,672,146	15,217,658
Commercial	1,027,903	1,126,239	3,666,267	3,165,410	494,928	460,023	5,189,098	4,751,672
Government	3,663,421	4,497,521	5,085,346	4,885,497	521,503	768,481	9,270,271	10,151,499
Self Pay	61,883	86,682	138,179	196,602	12,715	31,203	212,777	314,487
Total Charges	4,753,207	5,710,442	8,889,792	8,247,509	1,029,147	1,259,707	14,672,146	15,217,658
% of Hospital Charges	25%	30%	35%	32%	4%	5%	63.2%	66.7%
70 Of Frospital Charges	2370	3070	3370	32,0	1,70	3,0	03.270	00.7,0
Prior Month								
Commercial	1,171,376	1,163,798	4,356,078	3,270,927	428,903	483,023	5,956,358	4,917,748
Government	4,090,597	4,647,428	5,960,357	5,048,366	761,237	806,906	10,812,191	10,502,700
Self Pay	32,002	89,579	100,348	203,153	13,108	32,763	145,458	325,495
Total Charges	5,293,976	5,900,805	10,416,784	8,522,446	1,203,248	1,322,692	16,914,007	15,745,943
% of Hospital Charges	24%	30%	35%	32%	5%	5%	63.9%	66.7%

			<u>NovActual</u> (Over) / Under
Description	<u>NovActual</u>	<u>NovBudget</u>	Budget
Mgrs & Supervisors	352,792	465,046	112,254
Techs & Specs	615,500	656,293	40,793
RN's	784,015	919,859	135,844
Clerical & Admin	318,369	356,502	38,133
Clinical - Other	288,052	336,877	48,825
Non-Clinical - Other	241,113	291,738	50,625
Overtime	374,441	169,434	(205,007)
Premium Pay	45,460	16,275	(29,185)
Shift Differentials	134,738	129,618	(5,120)
On-Call	17,361	27,406	10,045
Non Productive	596,671	451,048	(145,623)
Premium Pay	0	-	-
Productivity Incentives	110,834	0	(110,834)
Grand Total	3,879,347	3,820,096	(59,251)
Physicians	257,326	357,426	100,100
Contract Labor	170,042	124,601	(45,441)
Physician Contracts	427,368	482,027	54,659

BARTLETT REGIONAL HOSPITAL BALANCE SHEET November 30, 2020

	November-20	October-20	November-19	CHANGE FROM PRIOR FISCAL YEAR
ASSETS	November-20	October-20	November-19	TISCAL TLAIN
Current Assets:				
Cash and cash equivalents	36,007,775	35,276,569	33,045,522	2,962,253
2. Board designated cash	35,719,904	35,848,433	38,508,116	(2,788,213)
3. Patient accounts receivable, net	14,135,598	15,041,478	16,783,273	(2,647,675)
4. Other receivables	(876,477)	(1,118,159)	2,107,527	(2,984,004)
5. Inventories	3,825,453	3,239,954	3,081,425	744,029
6. Prepaid Expenses	2,553,548	2,808,825	965,327	1,588,222
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	91,394,678	91,125,977	94,520,067	(3,125,388)
Appropriated Cook				
Appropriated Cash: 9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
9. OF Appropriated Funding	4,103,334	4,105,554	4,070,117	(314,303)
Property, plant & equipment				
10. Land, bldgs & equipment	145,924,595	145,123,772	151,641,044	(5,716,449)
11. Construction in progress	6,881,459	6,872,162	1,088,165	5,793,294
12. Total property & equipment	152,806,054	151,995,934	152,729,209	76,845
13. Less: accumulated depreciation	(97,390,628)	(96,718,334)	(100,377,543)	
14. Net property and equipment	55,415,426	55,277,602	52,351,667	3,063,760
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	163,377,341	162,970,814	165,964,850	(2,587,509)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,335,104	2,062,280	1,869,093	466,011
18. Accrued employee benefits	4,844,802	4,897,206	3,666,193	1,178,609
19. Accounts payable and accrued expenses	1,962,013	2,021,606	2,929,113	(967,101)
20. Due to 3rd party payors	4,250,857	4,250,857	1,908,165	2,342,692
21. Deferred revenue	(1,144,552)	(1,173,782)	(1,824,686)	
22. Interest payable	263,838 870,000	197,878 870,000	272,287 845,000	(8,450)
23. Note payable - current portion 24. Other payables	416,869	363,418	330,626	25,000 86,243
25. Total current liabilities	13,798,931	13,489,463	9,995,791	3,803,138
20. Total outfork liabilities	10,700,001	10, 100, 100	0,000,701	0,000,100
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,152,380	1,167,430	1,332,842	(180,463)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	87,685,149	87,700,199	98,236,046	(10,550,897)
31. Total liabilities	101,484,080	101,189,662	108,231,837	(6,747,759)
32. Fund Balance				
	61,893,262	61,781,151	57,733,011	4,160,251

Bartlett Regional Hospital Accounts Receivable 11/30/2020

Aging by Fin									Billed & Unbilled	Billed & Unbilled
Aging by Fin	Unbilled A/R	0-30	31-60	61-90	91-120	121-150	151+	A/R Total	11/30/2020	
Aetna	\$146,891	\$325,467	\$489,874	\$194,239	\$164,616	\$24,743	\$489,593	\$1,688,533		
Blue Cross	\$349,096	\$433,816	\$379,896	\$42,385	\$4,406	\$24,743	\$271.076	\$1,000,533		
CB	0 0	. ,	. ,	. ,		0 0	. ,	\$1,131,380		
Com	\$90,348	\$15,800	, \$154,192	\$4,779	\$0	\$5,454	\$34,721	\$214,945	·	· ·
Medicaid	\$1,374,764	\$956,770	\$581,231	\$153,532	\$177,460	\$9,323	\$322,870	\$2,201,186		
Medicare	\$1,387,379	\$1,421,774	\$796,696	\$283,384	\$109,925	ψ9,323 \$0	\$131,634	\$2,743,413		
Medicare Rep	\$0	\$0	\$0	\$24,861	\$0	\$0 \$0	\$88,626	\$113,487		
Other	\$15.707	\$23,150	\$10,761	\$29,052	\$14,999	\$40,689	\$0	\$118,651		
SEARHC	\$23,169	\$0	\$2,761	\$318	\$0	\$371	\$109	\$3,559		. ,
Self	\$69,082	\$80,655	\$76,839	\$52,749	\$123,030	\$452,662	\$1,807,229	\$2,593,164		
VA	\$40,648	\$23,892	\$18,136	\$0	\$0	\$64,415	\$1,007,229	\$106,443		
Worker's	\$0	\$0	\$0	\$0	\$0	\$0	\$564	\$564		. ,
in-patient Total	\$3,497,083	\$3,281,324	\$2,510,386	\$785,301	\$594,436	\$597,655	\$3,146,422	\$10,915,526		
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Aetna	\$445,920	\$1,436,590	\$602,292	\$263,305	\$168,809	\$78,970	\$343,138	\$2,893,104	\$3,339,024	\$4,775,614
Blue Cross	\$534.726	\$1,031,401	\$270,702	\$220,775	\$97,056	\$29,183	\$191,011	\$1,840,128		
CB	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		. , ,
Com	\$86.379	\$186,858	\$77.077	\$35.604	\$67,978	\$68.155	\$119.073	\$554.746		
Medicaid	\$488,687	\$775,912	\$174,045	\$78,218	\$38,578	\$42,066	\$142,965	\$1,251,785	, .	. ,
Medicare	\$900.663	\$1.218.781	\$283,709	\$250.848	\$45,626	\$161,840	\$30.773	\$1,991,576		
Medicare Rep	\$142	\$4,761	\$1,458	\$164	\$1,110	\$1,258	\$54,464	\$63,214		
Other	\$7,022	\$45.307	\$61.000	\$34,852	\$3.828	\$18,414	\$12,294	\$175.696		. ,
SEARHC	\$36,691	\$55,191	\$56,887	\$12,048	\$1,467	\$3,330	\$4,582	\$133,504	, .	
Self	\$35,139	\$156,297	\$277,207	\$319,965	\$351,409	\$319,504	\$4,697,086	\$6,121,468		
VA	\$77,754	\$156,744	\$135,874	\$43,018	\$63,195	\$24,795	\$43,505	\$467,131		. , ,
Worker's	\$46,184	\$90,015	\$143,156	\$27,957	\$33,910	\$56,409	\$13,828	\$365,274		. ,
out-patient Total	\$2,659,306	\$5,157,857	\$2,083,405	\$1,286,755	\$872,965	\$803,924	\$5,652,718	\$15,857,625		
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Aetna	\$592,811	\$1,762,057	\$1,092,166	\$457,544	\$333,426	\$103,713	\$832,732	\$4,581,637	\$5,174,449	\$6,936,505
Blue Cross	\$883,822	\$1,465,217	\$650,598	\$263,160	\$101,462	\$29,183	\$462,088	\$2,971,708	\$3,855,530	\$5,320,746
CB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Com	\$176,727	\$202,658	\$231,269	\$40,384	\$67,978	\$73,609	\$153,794	\$769,690	\$946,418	\$1,149,076
Medicaid	\$1,863,450	\$1,732,683	\$755,276	\$231,750	\$216,038	\$51,389	\$465,834	\$3,452,970	\$5,316,421	\$7,049,103
Medicare	\$2,288,041	\$2,640,555	\$1,080,404	\$534,232	\$155,551	\$161,840	\$162,407	\$4,734,989	\$7,023,030	\$9,663,585
Medicare Rep	\$142	\$4,761	\$1,458	\$25,025	\$1,110	\$1,258	\$143,090	\$176,701	\$176,843	\$181,604
Other	\$22,729	\$68,457	\$71,761	\$63,904	\$18,827	\$59,103	\$12,294	\$294,347	\$317,075	\$385,532
SEARHC	\$59,860	\$55,191	\$59,647	\$12,366	\$1,467	\$3,701	\$4,691	\$137,063	\$196,923	\$252,114
Self	\$104,221	\$236,952	\$354,046	\$372,715	\$474,439	\$772,166	\$6,504,315	\$8,714,632	\$8,818,853	\$9,055,805
VA	\$118,402	\$180,636	\$154,011	\$43,018	\$63,195	\$89,210	\$43,505	\$573,575	\$691,977	\$872,613
Worker's	\$46,184	\$90,015	\$143,156	\$27,957	\$33,910	\$56,409	\$14,392	\$365,838	\$412,021	\$502,036
Grand Total	\$6,156,388	\$8,439,181	\$4,593,791	\$2,072,056	\$1,467,402	\$1,401,580	\$8,799,141	\$26,773,151	\$32,929,539	\$41,368,720

Aged Balance excludes Credit Balances

	November-20	October-20
Aging	\$26,773,151	\$27,738,570
Unbilled	\$6,156,388	\$7,239,351
Total	\$32,929,539	\$34,977,921

Totals		
One Time PPD Ins	\$0.00	
RRC/MCR NO Enrollment	\$0.00	
Compliance/Risk/Adminstrative	\$0.00	
SP Prompt Pay Disc	\$7,895.81	
BOPS Provider Enrollment LPC	\$231.00	2
Demographic Information	\$0.00	
1115 Waiver Svcs on Commerical Ins	\$1,056.95	9
Denied Appeals /Timely	\$0.00	
BOPS/MCR Provider NOT Eligible	\$0.00	
Mental Health BD MHU, RRC BOPS	\$38,488.14	103
Late Fees	\$0.00	0
	\$47,671.90	114

Collections

One Time Ins PPD	\$0.00	
Collections SPPPD	\$45,206.47	