Jefferson Healthcare

Jefferson County Public Hospital District No.2
Board of Commissioners Meeting
Victor J. Dirksen Conference Room
834 Sheridan St, 1st Floor ESSB

This meeting will be held in person in the Dirksen Conference Room and on Teams. Please see the link below to access this meeting remotely.

Audio Only: dial Phone Conference Line: **(509) 598-2842**
When prompted, enter Conference ID number: **572 938 342#**

Jefferson County Public Hospital District No. 2
Board of Commissioners, Special Session Minutes
Thursday, June 29, 2023

Call to Order:

The meeting was called to order at 2:01 pm by Board Chair Buhler Rienstra. Present were Commissioners Buhler-Rienstra, Dressler, Kolff, McComas, and Ready. Also, in attendance were Mike Glenn, Chief Executive Officer, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Operating Officer, Dunia Faulx, Chief Planning and Advocacy Officer, and Christina Avila, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Buhler-Rienstra stated that there won't be an agenda approval due to this meeting being a special session.

Independent Auditors Report:

Tom Dingus, CPA, from DZA shared an auditors report. Due to technology errors, Board Chair Buhler Rienstra announced a recess to begin at 2:07 pm, returning upon resolution of technical difficulties. The meeting returned from recess at 2:28 pm and Tom Dingus completed the auditor report. Discussion ensued.

Patient Story:

Jake Davidson, Chief Operating Officer, shared a patient story about imaging, including compliments for Jessica during a breast cancer screening and another compliment for registration, physicians, and technologist. Discussion ensued.

Public Comment:

No public comment was made.

Minutes:

- May 24, 2023 Regular Session Minutes

Commissioner McComas made a motion to approve the Regular Session Minutes. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested

- Resolution 2023-08 Cancelled Warrants
- May Warrants and Adjustments
- Medical Staff Credentials/ Appointments/ Reappointments

Commissioner Dressler made a motion to approve the Required Approvals. Commissioner McComas seconded.
Action: Motion passed unanimously.

Financial Report:

Tyler Freeman, CFO, presented the May Financial Report.
Discussion ensued.

Project Update:

Jake Davidson, Chief Operating Officer, shared a project update. Discussion ensued.

Break:

Commissioners recessed for break at 4:35 pm.
Commissioner reconvened from break at 4:45 pm.

Administrative Report

Dunia Faulx, CPAO, and Mike Glenn, CEO, presented the June Administrative report.
Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff shared a Board of Health Report which included missing the last board of health meeting, continuing to recruit for two members: one of tribal relation and a consumer of public health services. Commissioner Kolff also shared that CHIP update will be launching and that the childhood immunization program will begin again. He and Dunia will be providing an update at the next meeting about climate change. Discussion ensued.

- CEO Emergency Succession Plan

Commissioners reviewed the CEO Emergency Succession Plan. Discussion ensued.

- Recap Leadership Summit

Commissioners provided a Leadership Summit Recap including favorite topics such as CEOs taking Sabbatical, how the labor market shortage has changed healthcare, community health trends, ongoing challenges to reduce diagnostic errors, gender identity, and how top performing boards lead essential business practices. The commissioners gave a shout out to Tina Toner on her presentation regarding RN relationships. Discussion ensued.

- Foundation Update

Commissioner Dressler gave a foundation update that included her term being up and that she will be staying on as an ex-officio board member. Commissioner Kees also gave an update that he applied for the Jefferson Transit board and was interviewed, but John Nowak was selected for the position. Discussion ensued.

- Meeting Evaluation

Commissioners evaluated the meeting.

<u>Conclude:</u>

Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded.

Action: Motion passed unanimously.

The meeting concluded at 5:43 pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra Approved via MS Teams
Secretary of Commission: Marie Dressler Approved via MS Teams

Jefferson County
Public Hospital District No. 2
doing business as
Jefferson Healthcare

Basic Financial Statements and
Independent Auditors' Reports

December 31, 2022 and 2021

DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
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DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Commissioners
Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Port Townsend, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare (the District) as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2022 and 2021, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Note 1 to the financial statements, in 2022, the District adopted new accounting guidance, Governmental Accounting Standards Board Statement No. 87, *Leases*. Our opinion is not modified with respect to this matter.

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Management has not presented the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing 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. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The 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 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the 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 June 15, 2023, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters for the year ended December 31, 2022. We issued a similar report for the year ended December 31, 2021, dated May 13, 2022, which has not been included with the 2022 financial compliance report. The purpose of those reports is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
June 15, 2023

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Statements of Net Position
December 31, 2022 and 2021

ASSETS	**2022**	**2021**
Current assets		
Cash and cash equivalents	**$ 6,166,145**	$ 16,271,343
Receivables:		
Patient accounts, net	**18,375,200**	16,947,422
Estimated third-party payor settlements	**3,019,074**	-
Pharmacies	**860,462**	738,250
Grants	**299,950**	979,454
Other	**235,578**	260,488
Inventories	**5,940,865**	5,195,882
Prepaid expenses	**1,956,750**	1,513,047
Cash and cash equivalents restricted or limited as to use	**40,682,655**	48,184,091
Taxes receivable restricted or limited as to use	**10,682**	10,476
Total current assets	**77,547,361**	90,100,453
Noncurrent assets, capital assets, net	**39,933,595**	36,741,466
Total assets	**$ 117,480,956**	$ 126,841,919

See accompanying notes to basic financial statements.

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Statements of Net Position (Continued)
December 31, 2022 and 2021

LIABILITIES AND NET POSITION	**2022**	**2021**
Current liabilities		
Accounts payable	**$ 2,101,121**	$ 1,700,848
Accrued payroll and related liabilities	**5,117,332**	5,624,174
Accrued paid time off	**4,165,446**	3,897,856
Accrued interest payable	**350,455**	301,318
Estimated third-party payor settlements	**-**	4,600,412
Electronic health records incentive payback	**276,085**	276,085
Refunds to patient accounts	**1,203,675**	1,262,144
Current maturities of long-term debt	**1,416,068**	1,354,433
Current maturities of lease liabilities	**1,151,577**	185,580
Deferred grant revenue - CARES Act Provider Relief Fund	**-**	2,645,331
Medicare accelerated payments payable	**-**	8,966,970
Total current liabilities	**15,781,759**	30,815,151
Noncurrent liabilities		
Long-term debt, net of current maturities	**23,122,811**	24,550,044
Lease liabilities, net of current maturities	**1,686,314**	712,200
Total noncurrent liabilities	**24,809,125**	25,262,244
Total liabilities	**40,590,884**	56,077,395
Net position		
Net investment in capital assets	**12,206,370**	9,637,891
Restricted under bond agreements	**616,203**	602,374
Unrestricted	**64,067,499**	60,524,259
Total net position	**76,890,072**	70,764,524
Total liabilities and net position	**$ 117,480,956**	$ 126,841,919

See accompanying notes to basic financial statements.

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended December 31, 2022 and 2021

	2022	2021
Operating revenues		
Net patient service revenue	**$ 148,928,689**	$ 137,161,235
Pharmacies	**4,461,541**	5,273,082
Grants	**297,516**	113,209
Other	**1,435,998**	1,179,774
Total operating revenues	**155,123,744**	143,727,300
Operating expenses		
Salaries and wages	**73,833,253**	70,571,034
Employee benefits	**16,248,274**	15,917,306
Professional fees	**6,879,970**	3,069,586
Purchased services	**8,675,536**	8,621,439
Supplies	**32,788,536**	28,439,638
Insurance	**1,389,602**	1,154,749
Leases and rentals	**700,246**	1,681,492
Depreciation and amortization	**5,005,267**	4,376,458
Repairs and maintenance	**1,123,808**	629,688
Utilities	**1,404,708**	1,192,355
Licenses and taxes	**1,014,306**	923,436
Other	**2,484,931**	1,739,832
Total operating expenses	**151,548,437**	138,317,013
Operating income	**3,575,307**	5,410,287
Nonoperating revenues (expenses)		
Taxation for maintenance and operations	**512,765**	503,708
Investment income	**735,256**	290,145
Interest expense	**(950,648)**	(970,362)
Contributions	**52,215**	50,264
CARES Act Provider Relief Fund and other COVID-19 grants	**2,200,653**	2,320,146
Total nonoperating revenues, net	**2,550,241**	2,193,901
Change in net position	**6,125,548**	7,604,188
Net position, beginning of year	**70,764,524**	63,160,336
Net position, end of year	**$ 76,890,072**	$ 70,764,524

See accompanying notes to basic financial statements.

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Statements of Cash Flows
Years Ended December 31, 2022 and 2021

	2022	2021
Change in Cash and Cash Equivalents		
Cash flows from operating activities		
Cash received from and on behalf of patients	**$ 139,822,956**	$ 142,189,736
Cash received from pharmacies	**4,339,329**	4,926,816
Cash received from other revenue	**1,460,908**	1,332,894
Cash received from operating grants	**295,545**	439,915
Cash paid to and on behalf of employees	**(90,320,779)**	(84,999,536)
Cash paid to suppliers and contractors	**(57,250,056)**	(49,511,939)
Net cash from operating activities	**(1,652,097)**	14,377,886
Cash flows from noncapital financing activities		
Taxes received for maintenance and operations	**512,559**	504,172
Cash received from contributions	**52,215**	50,264
Cash received from CARES Act Provider Relief Fund and other COVID-19 grants	**236,797**	4,781,095
Cash recoupements of Medicare accelerated payments	**(8,966,970)**	(9,074,200)
Net cash from noncapital financing activities	**(8,165,399)**	(3,738,669)
Cash flows from capital and related financing activities		
Purchase of capital assets	**(5,107,587)**	(519,605)
Principal payments on long-term debt and lease liabilities	**(2,504,131)**	(1,486,241)
Interest paid	**(912,676)**	(984,769)
Net cash from capital and related financing activities	**(8,524,394)**	(2,990,615)
Cash flows from investing activities, interest received	**735,256**	290,145
Net change in cash and cash equivalents	**(17,606,634)**	7,938,747
Cash and cash equivalents, beginning of year	**64,455,434**	56,516,687
Cash and cash equivalents, end of year	**$ 46,848,800**	$ 64,455,434

See accompanying notes to basic financial statements.

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Statements of Cash Flows (Continued)
Years Ended December 31, 2022 and 2021

		2022		2021
Reconciliation of Cash and Cash Equivalents to the Statements of Net Position				
Cash and cash equivalents	**$**	**6,166,145**	$	16,271,343
Cash and cash equivalents restricted or limited as to use		**40,682,655**		48,184,091
Total cash and cash equivalents	**$**	**46,848,800**	$	64,455,434
Reconciliation of Operating Income to Net Cash From Operating Activities				
Operating income	**$**	**3,575,307**	$	5,410,287
Adjustments to reconcile operating income to net cash from operating activities				
Depreciation and amortization		**5,005,267**		4,376,458
Provision for bad debts		**3,772,732**		5,525,532
(Increase) decrease in assets:				
Receivables:				
Patient accounts, net		**(5,200,510)**		(8,202,222)
Estimated third-party payor settlements		**(3,019,074)**		2,686,078
Pharmacies		**(122,212)**		(346,266)
Grants		**(1,971)**		326,706
Other		**24,910**		153,120
Inventories		**(744,983)**		(917,415)
Prepaid expenses		**(443,703)**		(300,194)
Increase (decrease) in liabilities:				
Accounts payable		**400,273**		(842,115)
Accrued payroll and related liabilities		**(506,842)**		1,311,029
Accrued paid time off		**267,590**		177,775
Estimated third-party payor settlements		**(4,600,412)**		4,600,412
Refunds of patient accounts		**(58,469)**		418,701
Net cash from operating activities	**$**	**(1,652,097)**	$	14,377,886

Noncash Capital and Related Financing Activities

During the year ended December 31, 2022, the District implemented Government Accounting Standards Board Statement No. 87, *Leases,* which resulted in recognizing several right-of-use assets and lease liabilities totaling $3,089,809.

See accompanying notes to basic financial statements.

1. Reporting Entity and Summary of Significant Accounting Policies:

a. Reporting Entity

Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare (the District) is organized as a municipal corporation pursuant to the laws of the state of Washington for municipal corporations. The primary purpose of the District is to operate Jefferson Healthcare (the Hospital), the principal provider of acute healthcare services for Port Townsend and surrounding communities. Port Townsend is located on Washington State Highway 20 at the northeast corner of the Olympic Peninsula. The District also operates six rural health clinics, one of which offers dental services. Four of these clinics are in Port Townsend, and the remaining two are located in Quilcene and Port Ludlow, Washington. The District also operates a retail pharmacy in Port Ludlow, Washington.

The Hospital is a critical access hospital with 25 set-up acute care beds. Members of the medical staff include specialists in each of the service lines provided by the District.

The District is not a component unit of Jefferson County. The District does not have any material component units.

As organized, the District is exempt from federal income tax. The Board of Commissioners is made up of five community members elected to six-year terms.

b. Summary of Significant Accounting Policies

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the 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.

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

Cash and cash equivalents – Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less. Cash receipts are deposited directly to the District's depository accounts at a bank. Periodically, such cash is transferred to the operating accounts held by the Jefferson County Treasurer (County Treasurer), and warrants are issued against these accounts.

Grants receivable **–** Receivables arising from revenue from government agencies are stated at net realizable value. Management believes the amounts to be fully collectible.

Inventories – Inventories consist of medical supplies, drugs, and food and are stated at cost using the first-in, first-out method.

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

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

b. Summary of Significant Accounting Policies (continued)

Compensated absences – The District’s employees earn paid time off (PTO) for vacation, holidays, and short-term illnesses based upon years of service. The related liability is accrued during the period in which it is earned. Depending on years of service, PTO accrues from .0711 to .1365 per hour worked each year. The District’s policy is to permit employees to accumulate up to a maximum of 428 hours. Upon reaching 428 hours, any excess PTO earned that would extend an employee over the stated maximum is not paid to the employee.

In December of each year, employees can elect to cash out up to 60 hours of PTO the following May and December for an annual maximum of 120 hours, as long as a minimum of 200 hours of PTO is retained. Employees can also elect to defer up to 60 hours of PTO into their 457 plan, as long as a minimum of 200 hours of PTO is retained.

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

Operating revenues and expenses **–** The District’s statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services — the District’s principal activity. Nonexchange revenues, including taxes and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

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

Grants and contributions – From time to time, the District receives grants from the state of Washington and others as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are restricted to specific capital acquisitions are reported after nonoperating revenues and expenses. Grants that are for specific projects or purposes related to the District’s operating activities are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

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

b. Summary of Significant Accounting Policies (continued)

Change in accounting principle – In June 2017, the Governmental Accounting Standards Board (GASB) issued Statement No. 87, *Leases*. The objective of this statement is to increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee's right to use the leased asset, thereby enhancing the relevance and consistency of information about governments' leasing activities. The District adopted Statement No. 87 during the year ended December 31, 2022. See Notes 5 and 8 for additional information on the leases and related right-to-use assets recorded by the District.

When the District adopted GASB No. 87, *Leases*, the District elected the transition option to apply the new guidance as of that effective date without adjusting comparative periods presented. Adoption of the standard required the District to recognize lease liabilities and lease right-of-use assets totaling $3,089,809 as of January 1, 2022. The adoption had no material impact on the statement of revenues, expenses, and changes in net position.

Upcoming accounting standard pronouncements – In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*. The objectives of this statement are to (1) define a subscription-based information technology arrangement (SBITA); (2) establish that a SBITA results in a right-of-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provide the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) require note disclosures regarding a SBITA. The new guidance is effective for the District's year ending December 31, 2023. Management is currently evaluating the effect this statement will have on the combined financial statements and related disclosures.

Subsequent events – The District has evaluated subsequent events through June 15, 2023, the date on which the financial statements were available to be issued.

2. Bank Deposits and Investments:

The Revised Code of Washington (RCW), Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. The District has elected to use the County Treasurer to be its treasurer to issue warrants and make investments. Amounts invested in the Washington State Local Government Investment Pool at December 31, 2022 and 2021, were $40,532,892 and $48,176,535, respectively. The Washington State Local Government Investment Pool consists of investments in federal, state, and local government certificates and savings accounts in qualified public depositories.

2. Bank Deposits and Investments (continued):

All cash and cash equivalents held by the County Treasurer or deposited with qualified public depositories are protected against loss by the State of Washington Public Deposit Protection Commission, as provided by RCW Chapter 39.58, subject to certain limitations. Qualified public depositories, including First Federal and Union Bank, pledge securities with this commission, which are available to insure public deposits within the state of Washington. The cash on deposit with these banks is also insured through the Federal Deposit Insurance Corporation (FDIC).

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

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

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

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

3. Patient Accounts Receivable:

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

3. Patient Accounts Receivable (continued):

The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The District's allowance for uncollectible accounts for self-pay patients has not changed significantly from the prior year.

Patient accounts receivable reported as current assets consisted of these amounts:

		2022		2021
Patients and their insurance carriers	**$**	**13,797,251**	$	13,832,333
Medicare		**7,890,729**		6,187,948
Medicaid		**1,749,220**		2,008,141
		23,437,200		22,028,422
Less allowance for uncollectible accounts		**(5,062,000)**		(5,081,000)
Patient accounts receivable, net	**$**	**18,375,200**	$	16,947,422

4. Assets Restricted or Limited as to Use:

The composition of assets restricted or limited as to use was as follows:

		2022		2021
Cash and cash equivalents				
Restricted under 2013 limited tax general obligation bond agreement for principal and interest payment	**$**	**47,282**	$	46,540
Restricted under 2017 limited tax general obligation bond agreement for principal and interest payment		**564,187**		551,061
Internally designated by the Board for capital improvements, home health and hospice operations, and other purposes		**40,071,186**		47,586,490
Total cash and cash equivalents restricted or limited as to use	**$**	**40,682,655**	$	48,184,091
Taxes receivable				
Restricted under 2013 limited tax general obligation bond agreement for principal and interest payment	**$**	**4,734**	$	4,773
Internally designated by the Board for capital improvements, home health and hospice operations, and other purposes		**5,948**		5,703
Total taxes receivable restricted or limited as to use	**$**	**10,682**	$	10,476

5. Capital Assets:

The District capitalizes assets whose costs exceed $5,000 and have an estimated useful life of more than one year; lesser amounts are expensed. Capital assets are stated at cost or estimated fair value at the date of donation. Expenditures for maintenance and repairs are charged to operations as incurred; betterments and major renewals are capitalized. When such assets are disposed of, the related costs and accumulated depreciation are removed from the accounts and the resulting gain or loss is classified in nonoperating revenues or expenses.

All capital assets, other than land and construction in progress, are depreciated using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Amortization of assets subject to leases is reported with depreciation expense. Useful lives have been estimated as follows:

Land improvements	5 to 25 years
Buildings and improvements	5 to 40 years
Equipment	3 to 25 years
Leasehold improvements	3 to 15 years
Leased right-of-use – buildings	2 years
Leased right-of-use – equipment	2 to 5 years

5. Capital Assets (continued):

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

	Balance December 31, 2021	Additions	Retirements	Transfers	Balance December 31, 2022
Capital assets not being depreciated					
Land	$ 1,722,171	$ 442,081	$ -	$ -	**$ 2,164,252**
Construction in progress	1,394,976	3,355,794	-	(653,850)	**4,096,920**
Total capital assets not being depreciated or amortized	3,117,147	3,797,875	-	(653,850)	**6,261,172**
Capital assets being depreciated					
Land improvements	4,028,158	-	-	-	**4,028,158**
Buildings and improvements	40,757,241	1,207,137	-	-	**41,964,378**
Equipment	41,643,336	125,091	-	(7,840,152)	**33,928,275**
Leasehold improvements	1,361,180	8,106	-	-	**1,369,286**
Lease right-of-use assets					
Buildings	-	1,575,976	-	7,276,730	**8,852,706**
Equipment	-	1,448,575	-	1,217,272	**2,665,847**
Total lease right-of-use assets	-	3,024,551	-	8,494,002	**11,518,553**
Total capital assets being depreciated or amortized	87,789,915	4,364,885	-	653,850	**92,808,650**
Less accumulated depreciation for					
Land improvements	(2,013,984)	(245,336)	-	-	**(2,259,320)**
Buildings and improvements	(23,433,158)	(1,559,722)	-	-	**(24,992,880)**
Equipment	(27,710,435)	(1,988,568)	-	7,657,553	**(22,041,450)**
Leasehold improvements	(1,008,019)	(80,938)	-	-	**(1,088,957)**
Lease right-of-use assets					
Buildings	-	(508,690)	-	(7,276,730)	**(7,785,420)**
Equipment	-	(622,013)	-	(346,187)	**(968,200)**
Total lease right-of-use assets	-	(1,130,703)	-	(7,622,917)	**(8,753,620)**
Total accumulated depreciation	(54,165,596)	(5,005,267)	-	34,636	**(59,136,227)**
Total capital assets being depreciated, net	33,624,319	(640,382)	-	688,486	**33,672,423**
Capital assets, net	**$ 36,741,466**	**$ 3,157,493**	**$ -**	**$ 34,636**	**$ 39,933,595**

Construction in progress as of December 31, 2022, consisted of various small projects that are expected to be placed into service at varying times throughout 2023 without significant additional costs to complete. Construction in progress also consisted of a building project which is estimated to be completed in 2024. The District is in the beginning stages of planning the construction of a new main hospital building. The estimated cost to complete this project ranges from $75,000,000 to $115,000,000.

5. Capital Assets (continued):

	Balance December 31, 2020	Additions	Retirements	Transfers	Balance December 31, 2021
Capital assets not being depreciated					
Land	$ 1,715,331	$ 6,840	$ -	$ -	**$ 1,722,171**
Construction in progress	995,244	399,732	-	-	**1,394,976**
Total capital assets not being depreciated or amortized	2,710,575	406,572	-	-	**3,117,147**
Capital assets being depreciated					
Land improvements	4,028,158	-	-	-	**4,028,158**
Buildings and improvements	40,757,241	-	-	-	**40,757,241**
Equipment	41,530,303	113,033	-	-	**41,643,336**
Leasehold improvements	1,361,180	-	-	-	**1,361,180**
Total capital assets being depreciated or amortized	87,676,882	113,033	-	-	**87,789,915**
Less accumulated depreciation for					
Land improvements	(1,766,043)	(247,941)	-	-	**(2,013,984)**
Buildings and improvements	(21,865,252)	(1,567,906)	-	-	**(23,433,158)**
Equipment	(25,260,127)	(2,450,308)	-	-	**(27,710,435)**
Leasehold improvements	(897,716)	(110,303)	-	-	**(1,008,019)**
Total accumulated depreciation	(49,789,138)	(4,376,458)	-	-	**(54,165,596)**
Total capital assets being depreciated, net	37,887,744	(4,263,425)	-	-	**33,624,319**
Capital assets, net	**$ 40,598,319**	**$ (3,856,853)**	**$ -**	**$ -**	**$ 36,741,466**

6. Electronic Health Records Incentive Payback:

Medicaid electronic health records (EHR) incentive payments are provided to incent hospitals and eligible providers to become meaningful users of EHR technology, not to reimburse providers for the cost of acquiring EHR assets. EHR incentive payments are therefore reported as operating revenue.

The District’s final Medicaid incentive payments were recognized as revenue in 2015. An audit of the District’s Medicaid EHR incentive payments in 2018 resulted in a $276,085 payback, which was recorded as a liability at December 31, 2022 and 2021.

7. Long-term Debt:

A schedule of changes in the District's long-term debt is as follows:

	Balance December 31, 2021	Additions	Reductions	Balance December 31, 2022	Amounts Due Within One Year
Note payable to individuals	$ 3,080,398	$ -	$ (488,500)	$ 2,591,898	$ 514,388
2013 LTGO bonds	425,000	-	(205,000)	220,000	220,000
2017 LTGO bonds	4,656,357	-	(133,788)	4,522,569	138,011
2017 Revenue bonds	17,721,323	-	(527,145)	17,194,178	543,669
Bond premiums	21,399	-	(11,165)	10,234	-
Total long-term debt	**$ 25,904,477**	**$ -**	**$ (1,365,598)**	**$ 24,538,879**	**$ 1,416,068**

	Balance December 31, 2020	Additions	Reductions	Balance December 31, 2021	Amounts Due Within One Year
Note payable to individuals	$ 3,544,313	$ -	$ (463,915)	$ 3,080,398	$ 488,500
2013 LTGO bonds	620,000	-	(195,000)	425,000	205,000
2017 LTGO bonds	4,786,116	-	(129,759)	4,656,357	133,788
2017 Revenue bonds	18,232,469	-	(511,146)	17,721,323	527,145
Bond premiums	32,564	-	(11,165)	21,399	-
Total long-term debt	**$ 27,215,462**	**$ -**	**$ (1,310,985)**	**$ 25,904,477**	**$ 1,354,433**

The terms and due dates of the District's long-term debt are as follows:

- Note payable, dated July 2, 2012, in the original amount of $6,630,000, for the purchase of a building. The note is due in monthly installments of $53,036, including interest at 5.175 percent, through July 2027. The note is secured by the related land and building.
- Limited Tax General Obligation (LTGO) Refunding Bonds, dated April 16, 2013, in the original amount of $2,050,000, for the purpose of refinancing the District's existing LTGO Bonds, dated June 1, 2004. The bonds are payable annually on December 1 in the remaining principal amount of $220,000 in 2023. Interest at 4.0 percent due semiannually on June 1 and December 1. The District has irrevocably pledged to include in its budget and levy taxes annually on all of the property within the District subject to taxation in amounts that will be sufficient to pay the principal and interest on the bonds as they become due.
- 2017 LTGO Bonds:
  - LTGO Bond, 2017A, dated July 26, 2017, in the original amount of $1,250,000, for the purpose of refinancing the District's interim financing LTGO Bond, dated May 6, 2015, for the construction of the District's emergency and specialty services building. The bond is payable annually on July 26 in the remaining principal amounts ranging from $45,900 to $47,200. Interest at a rate of 2.89 percent is due semiannually on January 26 and July 26. The bond is subject to a mandatory tender for purchase by the District on July 26, 2025, for the remaining principal balance of $948,000. The registered owner of the bond is Key Government Finance, Inc.
  - LTGO Bond, 2017C, dated July 26, 2017, in the original amount of $3,900,000, for the purpose of refinancing the District's interim financing LTGO Bond, dated May 6, 2015, for the construction of the District's emergency and specialty services building. The bond is payable semiannually on January 26 and July 26 in installments of $102,258, including interest at 3.25 percent, through July 26, 2047. The registered owner of the bond is the United States Department of Agriculture (USDA).

7. Long-term Debt (continued):

- 2017 Revenue Bonds:
  - Hospital Revenue Bond, 2017B, dated July 26, 2017, in the original amount of $6,030,000, for the purpose of refinancing the District's interim financing revenue bond anticipation note, dated May 6, 2015, for the construction of the District's emergency and specialty services building. The bond is payable annually on July 26 in the remaining principal amounts ranging from $221,400 to $227,800. Interest at a rate of 2.89 percent is due semiannually on January 26 and July 26. The bond is subject to a mandatory tender for purchase by the District on July 26, 2025, for the remaining principal balance of $4,564,300. The registered owner of the bond is Key Government Finance, Inc.
  - Hospital Revenue Bond, 2017D, dated July 26, 2017, in the original amount of $1,945,000, for the purpose of refinancing the District's interim financing revenue bond anticipation note, dated May 6, 2015, for the construction of the District's emergency and specialty services building. The bond is payable semiannually on January 26 and July 26 in installments of $50,998, including interest at 3.25 percent, through July 26, 2047. The registered owner of the bond is the USDA.
  - Hospital Revenue Bond, 2017E, dated July 26, 2017, in the original amount of $6,000,000. The bond is payable semiannually on January 26 and July 26 in installments of $157,320, including interest at 3.25 percent, through July 26, 2047. The registered owner of the bond is the USDA.
  - Hospital Revenue Bond, 2017F, dated July 26, 2017, in the original amount of $5,700,000. The bond is payable semiannually on January 26 and July 26 in installments of $149,454, including interest at 3.25 percent, through July 26, 2047. The registered owner of the bond is the USDA.

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

Years Ending	LTGO Bonds			Revenue Bonds and Notes Payable			Total Long-term Debt		
December 31,	Principal	Interest	Total	Principal	Interest	Total	Principal	Interest	Total
2023	$ 358,011	$ 151,293	**$ 509,304**	$ 1,058,057	$ 660,209	**$ 1,718,266**	$ 1,416,068	$ 811,502	**$ 2,227,570**
2024	142,329	138,148	**280,477**	1,102,276	615,991	**1,718,267**	1,244,605	754,139	**1,998,744**
2025	1,046,245	133,668	**1,179,913**	5,478,386	569,798	**6,048,184**	6,524,631	703,466	**7,228,097**
2026	101,464	103,052	**204,516**	955,574	396,402	**1,351,976**	1,057,038	499,454	**1,556,492**
2027	104,789	99,727	**204,516**	731,556	355,240	**1,086,796**	836,345	454,967	**1,291,312**
2028-2032	577,749	444,831	**1,022,580**	2,021,380	1,556,339	**3,577,719**	2,599,129	2,001,170	**4,600,299**
2033-2037	678,804	343,776	**1,022,580**	2,374,944	1,202,775	**3,577,719**	3,053,748	1,546,551	**4,600,299**
2038-2042	797,535	225,045	**1,022,580**	2,790,352	787,367	**3,577,719**	3,587,887	1,012,412	**4,600,299**
2043-2047	935,643	85,545	**1,021,188**	3,273,551	299,299	**3,572,850**	4,209,194	384,844	**4,594,038**
	$ 4,742,569	**$ 1,725,085**	**$ 6,467,654**	**$ 19,786,076**	**$ 6,443,420**	**$ 26,229,496**	**$ 24,528,645**	**$ 8,168,505**	**$ 32,697,150**

8. Lease Liabilities:

A schedule of the changes in the District's lease liabilities is as follows:

	Balance December 31, 2021	Additions	Reductions	Balance December 31, 2022	Amounts Due Within One Year
Port Ludlow Associates, LLC	$ -	$ 318,891	$ (115,921)	$ 202,970	$ 126,496
Omnicell, Inc.	-	908,622	(221,686)	686,936	225,293
Other lease liabilities - building	-	1,267,298	(432,361)	834,937	431,583
Other lease liabilities - equipment	897,780	594,998	(379,730)	1,113,048	368,205
Total lease liabilities	897,780	3,089,809	(1,149,698)	2,837,891	1,151,577

	Balance December 31, 2020	Additions	Reductions	Balance December 31, 2021	Amounts Due Within One Year
Other lease liabilities	$ 1,084,201	$ -	$ (186,421)	$ 897,780	$ 185,580

The terms and due dates of the District's lease liabilities are as follows:

- Lease liabilities are comprised of equipment and buildings that have varying payment amounts and interest rates from .05 to 5.95 percent. The District's lease agreements do not contain any residual value guarantees or material restrictive covenants.

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

Years Ending December 31,	Principal	Interest	Total
2023	$ 1,151,577	$ 60,177	**$ 1,211,754**
2024	987,192	35,242	**1,022,434**
2025	456,243	16,128	**472,371**
2026	196,469	6,510	**202,979**
2027	46,410	535	**46,945**
	$ 2,837,891	**$ 118,592**	**$ 2,956,483**

9. Net Patient Service Revenue:

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided. The District's provisions for bad debts and writeoffs have not changed significantly from the prior year. The District has not changed its charity care or uninsured discount policies during 2022 or 2021. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

		2022		2021
Patient service revenue (net of contractual adjustments and discounts):				
Medicare	**$**	**88,210,153**	$	81,848,666
Medicaid		**18,538,311**		17,204,022
Other third-party payors		**45,917,011**		43,189,953
Patients		**3,316,511**		4,316,389
		155,981,986		146,559,030
Less:				
Charity care		**(3,280,565)**		(3,872,263)
Provision for bad debts		**(3,772,732)**		(5,525,532)
Net patient service revenue	**$**	**148,928,689**	$	137,161,235

9. Net Patient Service Revenue (continued):

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

- *Medicare* – The District has been designated a critical access hospital by Medicare and is reimbursed for inpatient and outpatient services and rural health clinic visits on a cost basis as defined and limited by the Medicare program. Physician services outside the rural health clinic are paid on a fee schedule. Home health and hospice services are reimbursed on a prospective rate per episode of care. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare administrative contractor.

- *Medicaid* – Medicaid beneficiaries receive coverage through either the Washington State Health Care Authority (HCA) or Medicaid managed care organizations (MCOs). The District is reimbursed for MCO-covered inpatient and outpatient services on a prospectively determined rate that is based on historical revenues and expenses of the District. The District is reimbursed by the HCA for inpatient and outpatient services under a cost reimbursement methodology. The District is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the District and review by HCA. Rural health clinic services are paid on a prospectively set rate per visit.

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

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased by approximately $258,000 and $1,376,000 in 2022 and 2021, respectively, due to differences between original estimates and final settlements or revised estimates.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2022 and 2021, were approximately $1,569,000 and $1,810,000, respectively. The District did not receive any gifts or grants to subsidize charity services during 2022 and 2021.

10. Property Taxes:

The Jefferson County Treasurer acts as an agent to collect property taxes levied in the County for all taxing authorities. Taxes are levied annually on January 1 on property values listed as of the prior May 31. Assessed values are established by the County Assessor at 100 percent of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer.

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

The District's portion of the regular tax levy available for maintenance and operations was $0.03999 and $0.04232 per $1,000 on a total assessed valuation of $7,063,367,480 and $6,411,210,574, for a total regular levy of $282,488 and $271,323 in 2022 and 2021, respectively.

The District's portion of the regular levy pledged for the LTGO bond repayment was $0.03111 and $0.03424 per $1,000 on a total assessed valuation of $7,063,367,480 and $6,411,210,574, for a total pledged portion of the regular levy of $219,800 and $219,800 in 2022 and 2021, respectively.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

11. CARES Act Provider Relief Fund:

The District received approximately $11,450,000 of funding from the CARES Act Provider Relief Fund as of the year ended December 31, 2022. These funds are required to be used to reimburse the District for healthcare-related expenses or lost revenues that are attributable to coronavirus. The District has recorded these funds as unearned grant revenue until eligible expenses or lost revenues are recognized. During the years ended December 31, 2022 and 2021, the District recognized approximately $2,645,000 and $1,406,000, respectively, of grant revenue from these funds. The District had $-0- and $2,645,331, remaining as of December 31, 2022 and 2021, respectively, to use for healthcare-related expenses or lost revenues that are attributable to coronavirus in the next fiscal year.

12. Deferred Compensation Plan and Pension Plan:

The District has a deferred compensation plan created in accordance with Internal Revenue Code §457. The name of the plan is Jefferson Healthcare §457 Deferred Compensation Plan (the Compensation Plan). The Compensation Plan is available to eligible employees and permits them to defer a portion of their salary until withdrawn in future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency.

Employee contributions to the Compensation Plan totaled approximately $3,833,000 and $4,107,000 for the years ended December 31, 2022 and 2021, respectively.

12. Deferred Compensation Plan and Pension Plan (continued):

The District provides a 401(a) profit-sharing pension plan for all employees with at least two years of service. The name of the plan is Jefferson Healthcare Employee's Retirement Plan (the Profit-Sharing Plan). The District makes non-elective contributions to the Profit-Sharing Plan of 7 percent for certain members of the medical staff's salaries annually and 5 percent for all other eligible employees' salaries. The District funds all retirement contributions and employees are not allowed to contribute to the Profit-Sharing Plan. Contributions to the Profit-Sharing Plan totaled approximately $3,109,000 and $2,941,000 for the years ended December 31, 2022 and 2021, respectively.

The plans are administered by the District. The District has the authority to amend the plans.

13. Risk Management and Contingencies:

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

The District also has excess professional liability insurance with MedChoice Risk Retention Group, Inc. on a "claims-made" basis. The excess malpractice insurance provides $5,000,000 per claim of primary coverage with an aggregate limit of $5,000,000. The policy has no deductible.

Risk management – The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Self-insurance risk pools – The District has a self-insured workers' compensation plan and a self-insured unemployment plan for its employees. The District participates in the Public Hospital District Workers' Compensation Trust and the Public Hospital District Unemployment Trust, which are self-insurance risk pools administered by the Washington State Hospital Association. The District pays its share of actual workers' compensation claims, unemployment claims, maintenance of reserves, and administrative expenses.

13. Risk Management and Contingencies (continued):

Industry regulations – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

14. Concentration of Risk:

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

The mix of receivables from patients was as follows:

	2022	2021
Medicare	**47 %**	41 %
Medicaid	**10**	12
Other third-party payors	**30**	32
Patients	**13**	15
	100 %	100 %

Collective bargaining unit – The District has two collective bargaining agreements with the United Food and Commercial Workers Local 21:

- Effective February 13, 2022, the District renewed its contract with the labor union for its clinic, professional, technical, service and maintenance, business office, and medical records employees. The contract is effective through October 31, 2024.
- Effective June 22, 2022, the District renewed its contract with the labor union for its nursing employees. The contract is effective through October 31, 2024.

As of December 31, 2022 and 2021, approximately 65 percent and 59 percent, respectively, of the District's employees were represented by the union under these collective bargaining agreements.

SINGLE AUDIT

AUDITORS' SECTION

DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

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

Board of Commissioners
Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Port Townsend, Washington

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare (the District) as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents, and have issued our report thereon dated June 15, 2023.

Report on Internal Control Over Financial Reporting

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

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

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

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Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, and 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.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
June 15, 2023

DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Commissioners
Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Port Townsend, Washington

Report on Compliance for Each Federal Program

Opinion on Each Major Federal Program

We have audited Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare's (the District) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the District's major federal programs for the year ended December 31, 2022. The District's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of audit findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the District's federal programs.

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Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
June 15, 2023

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Schedule of Audit Findings and Questioned Costs
Year Ended December 31, 2022

Section I – Summary of Auditors' Results

Financial Statements:

Type of auditors' report issued:	***Unmodified***		
Internal control over financial reporting:			
• Material weakness(es) identified?	____ yes	X	no
• Significant deficiency(ies) identified?	____ yes	X	none reported
Noncompliance material to financial statements noted?	____ yes	X	no

Federal Awards:

Internal control over major federal programs:			
• Material weakness(es) identified?	____ yes	X	no
• Significant deficiency(ies) identified?	____ yes	X	none reported
Type of auditors' report issued on compliance for major federal programs:	***Unmodified***		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ yes	X	no

Identification of major programs:

Federal Assistance Listing Number	*Name of Federal Program or Cluster*
10.766	Community Facilities Loans and Grants
93.498	Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

Dollar threshold used to distinguish between type A and type B programs: $750,000

Auditee qualified as low-risk auditee? X yes ____ no

Section II — Financial Statement Findings

No matters were reported. Therefore, no corrective action plan is necessary, nor has one been prepared.

Section III – Federal Award Findings and Questioned Costs

No matters were reported. Therefore, no corrective action plan is necessary, nor has one been prepared.

AUDITEE'S SECTION

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Schedule of Expenditures of Federal Awards
Year Ended December 31, 2022

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identification Number	Additional Award Identification	Total Federal Expenditures
U.S. Department of Agriculture Direct Program:				
Community Facilities Loans and Grants Cluster				
Community Facilities Loans and Grants	10.766			$ 16,063,380
U.S. Department of Health and Human Services Direct Programs:				
Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498		COVID-19	3,451,421
U.S. Department of Health and Human Services Pass-through Programs From:				
State of Washington Department of Health				
Grants to Support Oral Health Workforce Activities	93.236	HSP24759		11,878
Small Rural Hospital Improvement Grant Program	93.301	HSP26278		12,377
Total U.S. Department of Health and Human Services Pass-through Programs				24,255
Total U.S. Department of Health and Human Services				3,475,676
Total expenditures of federal awards				**$ 19,539,056**

See accompanying independent auditors' report and notes to the schedule of expenditures of federal awards.

1. Basis of Presentation:

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare (the District) under programs of the federal government for the year ended December 31, 2022. Amounts reported on the Schedule for Assistance Listing Number 93.498 - Provider Relief Fund and American Rescue Plan Rural Distribution are based upon the December 31, 2022, Provider Relief Fund report. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the District.

2. Summary of Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The District has elected not to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

3. Direct Loans:

Direct loans outstanding at the beginning of the year are included in the federal expenditures presented in the Schedule.

The related loan balances of the direct loans at December 31, 2022, was $15,662,147.

Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Summary Schedule of Prior Audit Findings
Year Ended December 31, 2022

Plan Year Number	Description	Current Status
2021-00	Lost revenue calculation	Resolved

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Board of Commissioners
Jefferson County Public Hospital District No. 2
doing business as Jefferson Healthcare
Port Townsend, Washington

We have audited the financial statements of Jefferson County Public Hospital District No. 2 doing business as Jefferson Healthcare (the District) for the year ended December 31, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards,* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letters to you dated December 12, 2022 and May 12, 2023. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements.

As described in Note 1 to the financial statements, the District changed accounting policies related to accounting for leases by adopting Government Accounting Standards Board (GASB) Statement No. 87, *Leases*, in 2022.

We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's 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 significantly from those expected. The most sensitive estimates affecting the District's financial statements were:

- Management's estimate of allowances for uncollectible accounts and contractual adjustments – Estimates for the allowances for uncollectible accounts and contractual adjustments are based on experience, third-party payor collections history and agreed rates, and an analysis of the collectibility of individual accounts.
- Management's estimate of third-party payor settlements – Estimates related to third-party payor settlements are based on correspondence with third-party payors related to settlements for current and prior periods, Medicare cost reports, patient service revenues, and patient days.

We evaluated the key factors and assumptions used to develop the estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

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

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Management has determined that the exclusion of Jefferson Healthcare Foundation and Hospice Foundation of Jefferson Healthcare from the financial statements is immaterial to the financial statements taken as a whole. Jefferson Healthcare Foundation's and Hospice Foundation of Jefferson Healthcare's total assets at December 31, 2022, were approximately $1,168,000 and $818,000, respectively.

We have also concluded that the exclusion of Jefferson Healthcare Foundation and Hospice Foundation of Jefferson Healthcare from the financial statements is immaterial to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated June 15, 2023.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

In the audit planning process, we identify balances, transactions, and disclosures that require specific audit attention due to a combination of their inherent risks and significance to the financial statements. Management override of controls and revenue recognition receive specific audit attention in all audits. We have identified the following for specific audit attention:

- Management could override controls.
- The patient accounts receivable allowance for contractual adjustments and doubtful accounts (allowance) contains a risk of improper revenue recognition.
- Implementation of the new lease standard (GASB 87) creates a risk of material misstatement due to error.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use

This information is intended solely for the use of the Board of Commissioners and management of the District and is not intended to be, and should not be, used by anyone other than these specified parties.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
June 15, 2023

Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Financial Indicators

December 31, 2022

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Comparative Hospitals

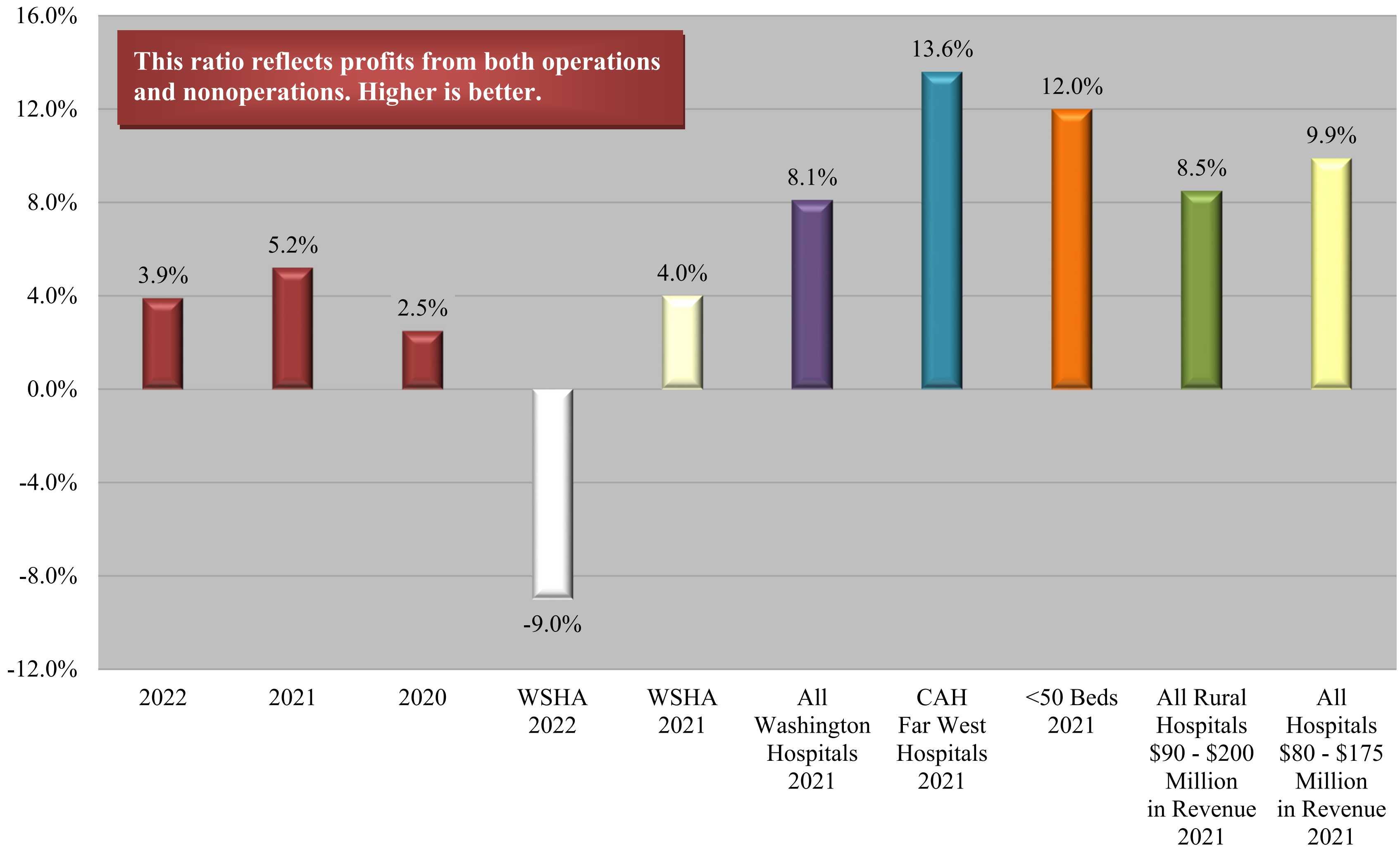
Reference in Graphs	Hospital Type	State	Net Patient Service Revenue (Rounded)
Jefferson Healthcare	CAH	WA	$ 148,930,000
Hospital A	CAH	WA	$ 120,959,725
Hospital B	CAH	WA	$ 93,453,499
Hospital C	CAH	WA	$ 93,713,816
Hospital D	PPS	NM	$ 58,850,731
Hospital E	CAH	MT	$ 89,456,840
Hospital F	CAH	OR	$ 124,974,924
Hospital G	CAH	NM	$ 78,997,146

Jefferson Healthcare	Hospital A	Hospital B	Hospital C	Hospital D

Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Total Margin

$$\frac{\text{Change in Net Position}}{\text{Total Revenues}}$$



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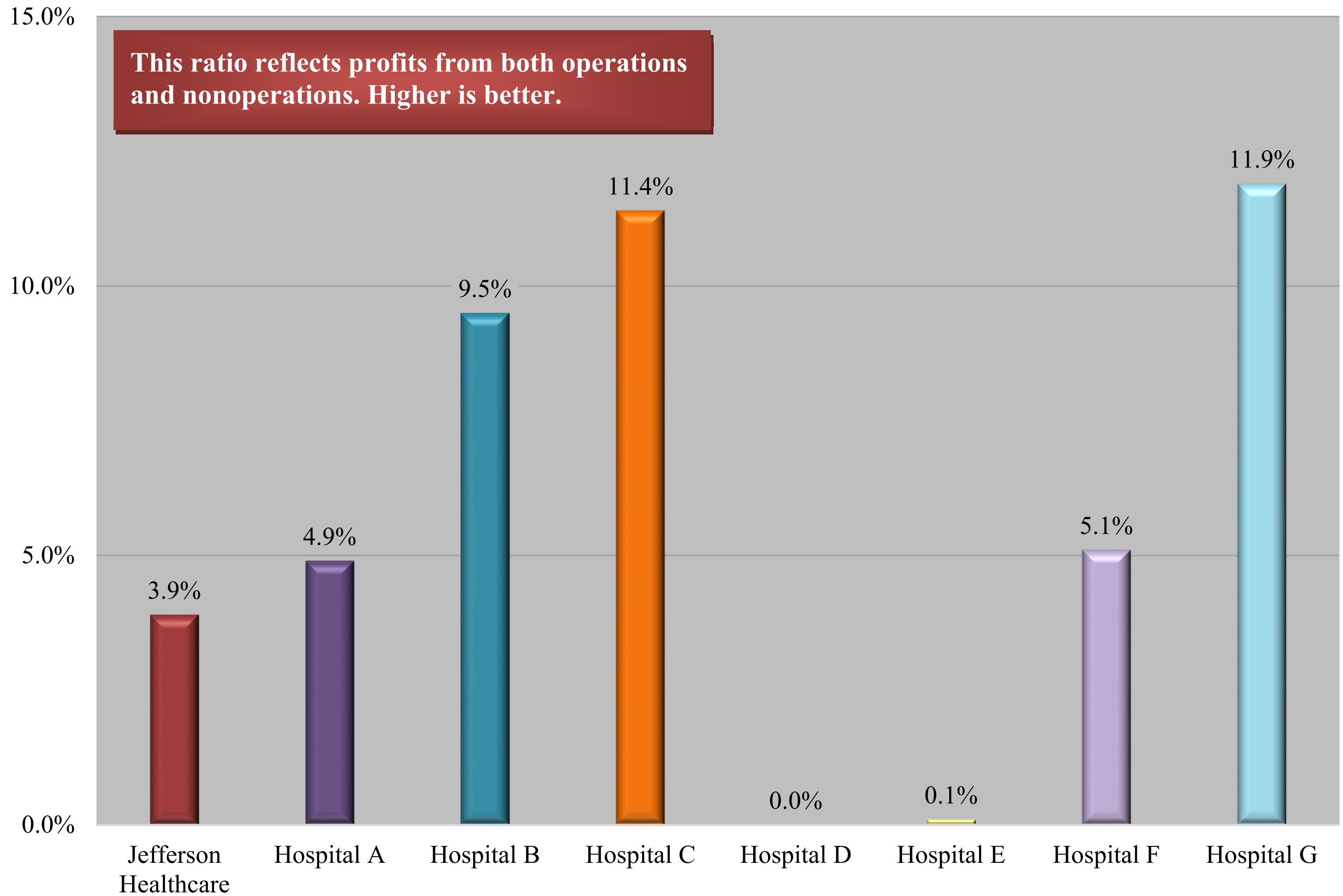
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Total Margin

$$\frac{\text{Change in Net Position}}{\text{Total Revenues}}$$



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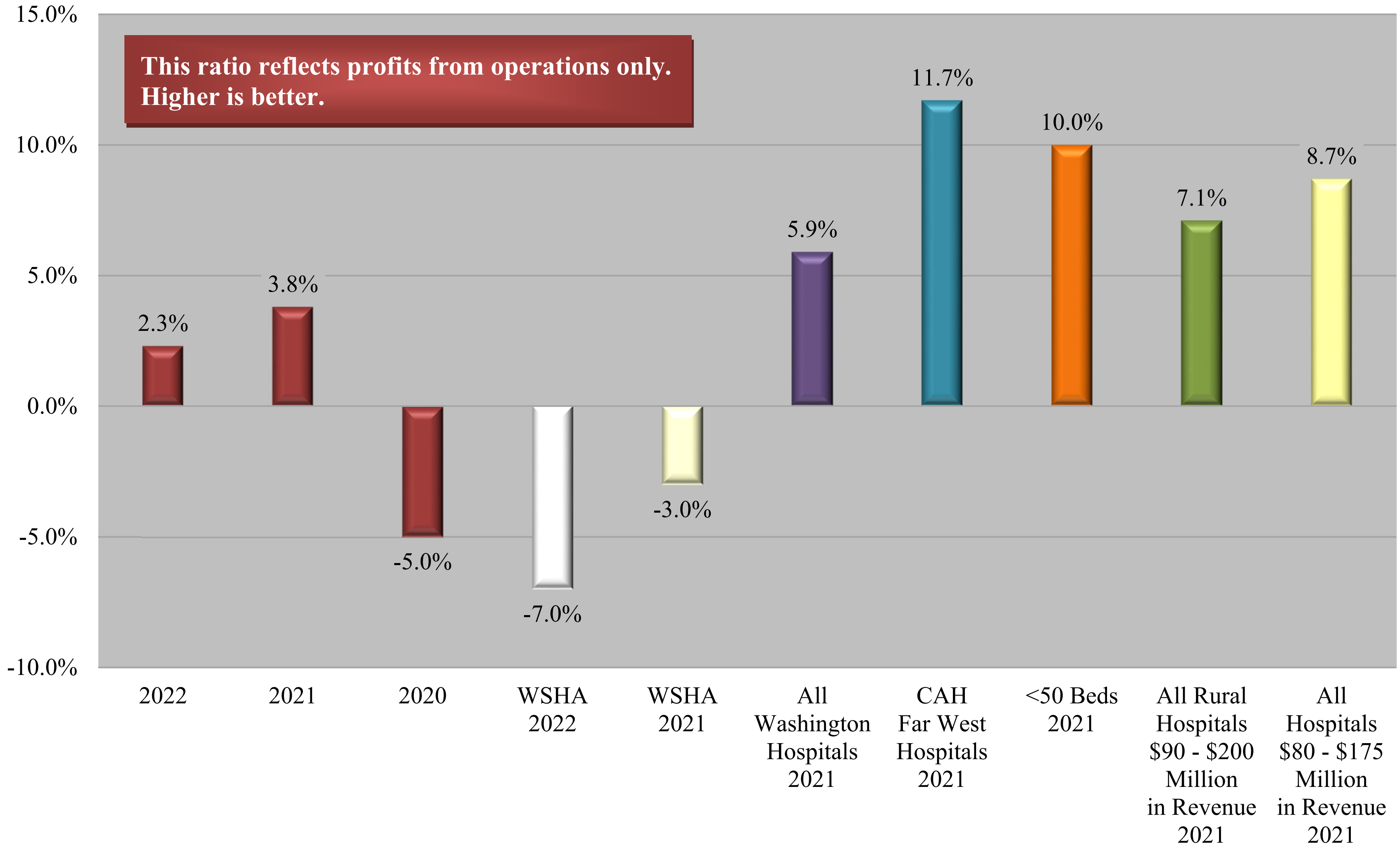
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Operating Margin

$$\frac{\text{Operating Income (Loss)}}{\text{Total Operating Revenues}}$$



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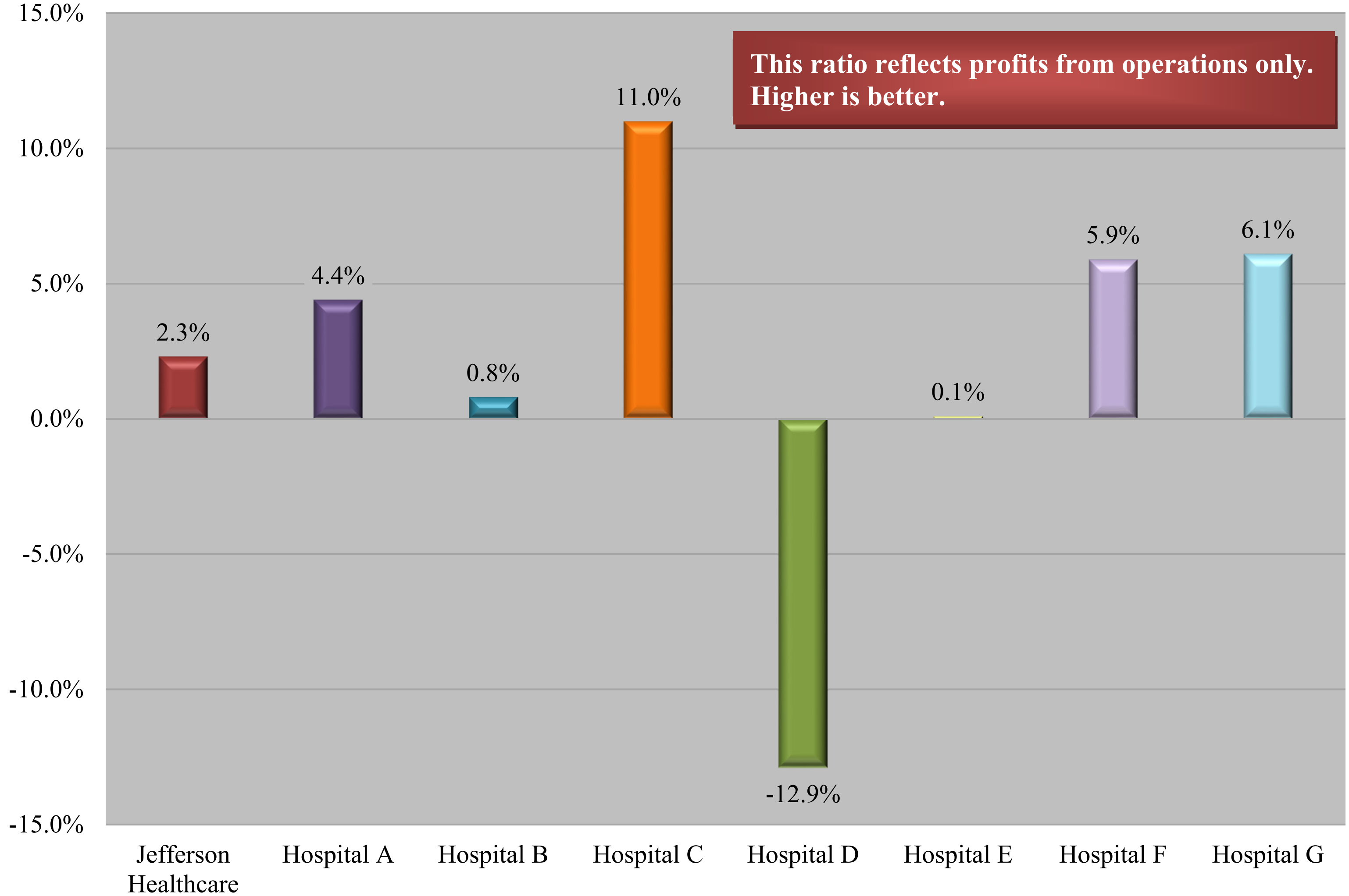
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Operating Margin

$$\frac{\text{Operating Income (Loss)}}{\text{Total Operating Revenues}}$$



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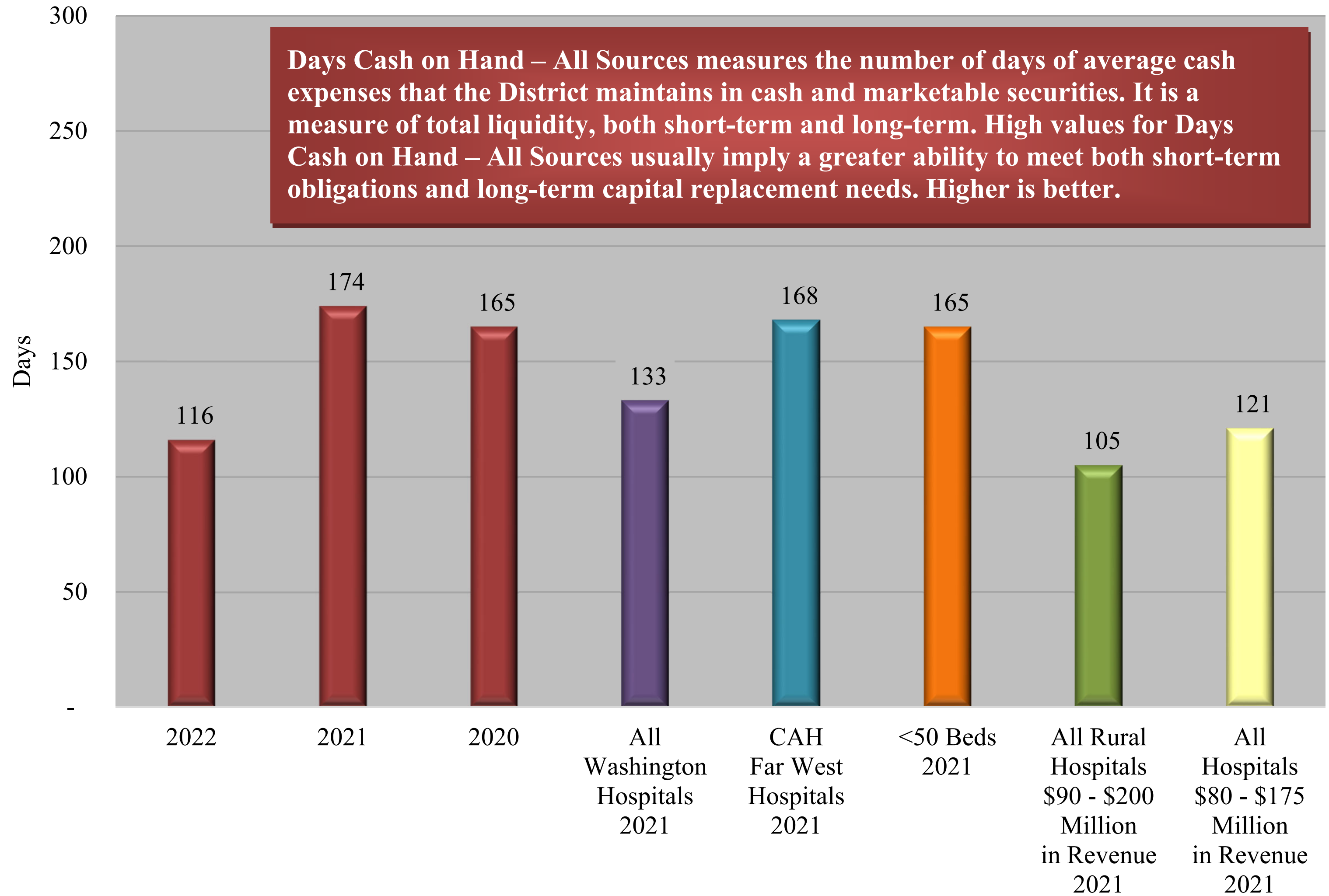
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Days Cash on Hand – All Sources

$$\frac{\text{Cash + Short-Term Investments + Unrestricted Long-Term Investments}}{\text{(Total Expenses - Depreciation) / 365}}$$



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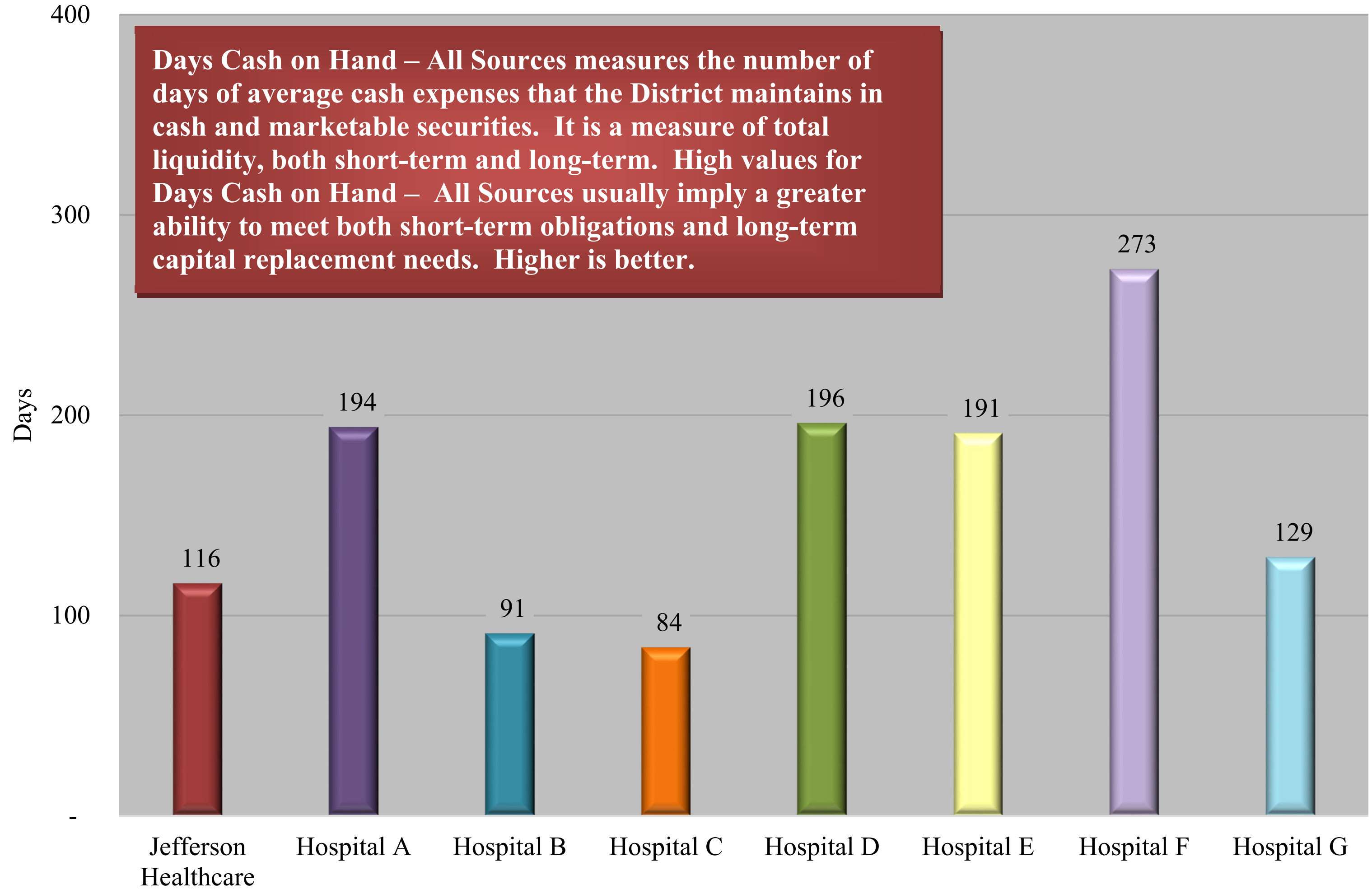
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Days Cash on Hand – All Sources

$$\frac{\text{Cash + Short-Term Investments + Unrestricted Long-Term Investments}}{\text{(Total Expenses - Depreciation) / 365}}$$



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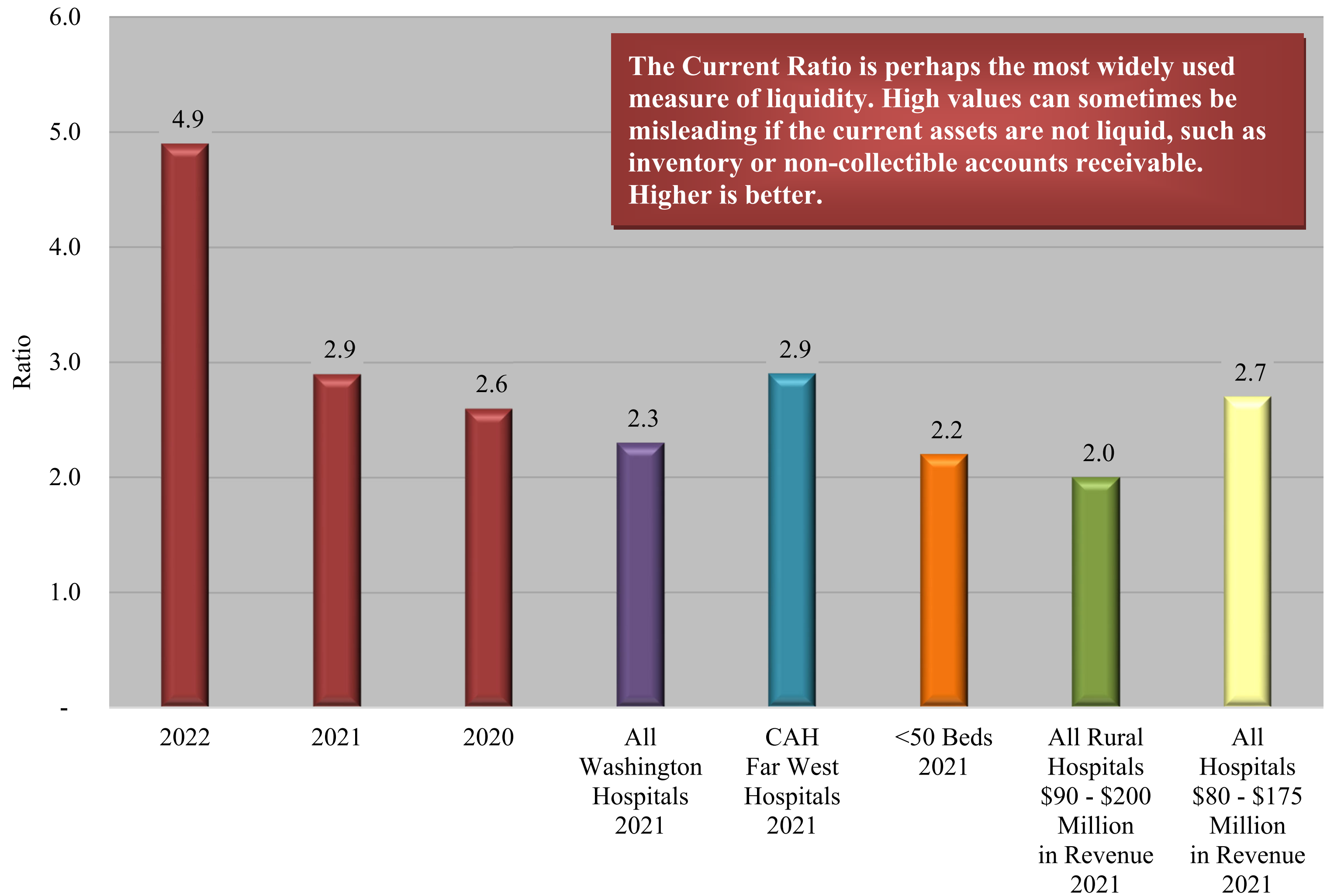
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Current Ratio

$$\frac{\text{Current Assets}}{\text{Current Liabilities}}$$



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Jefferson County Public Hospital District No. 2
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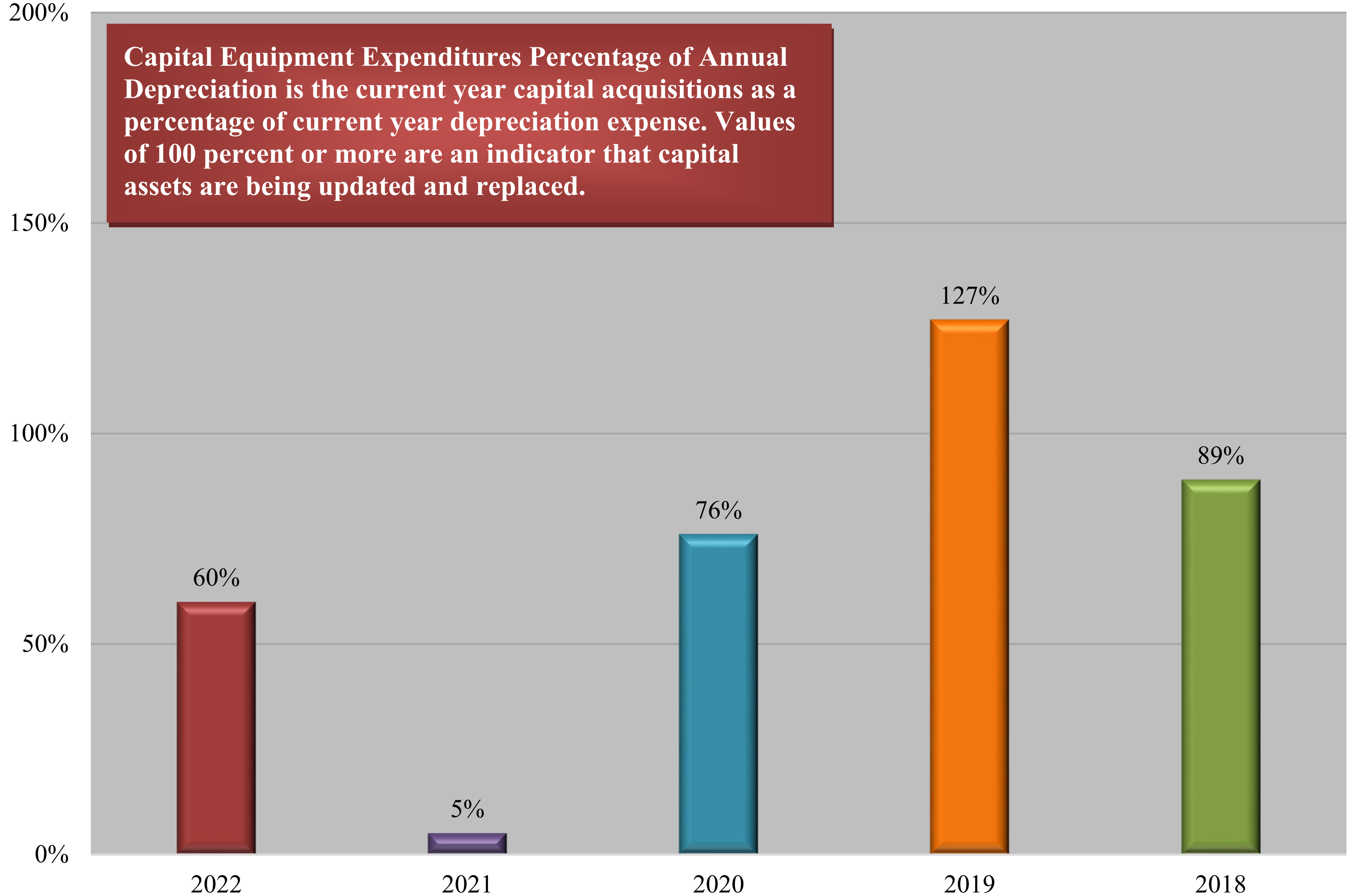
Capital Equipment Expenditures Percentage of Annual Depreciation

$$\frac{\text{Capital Equipment Expenditures}}{\text{Equipment Depreciation Expense}}$$



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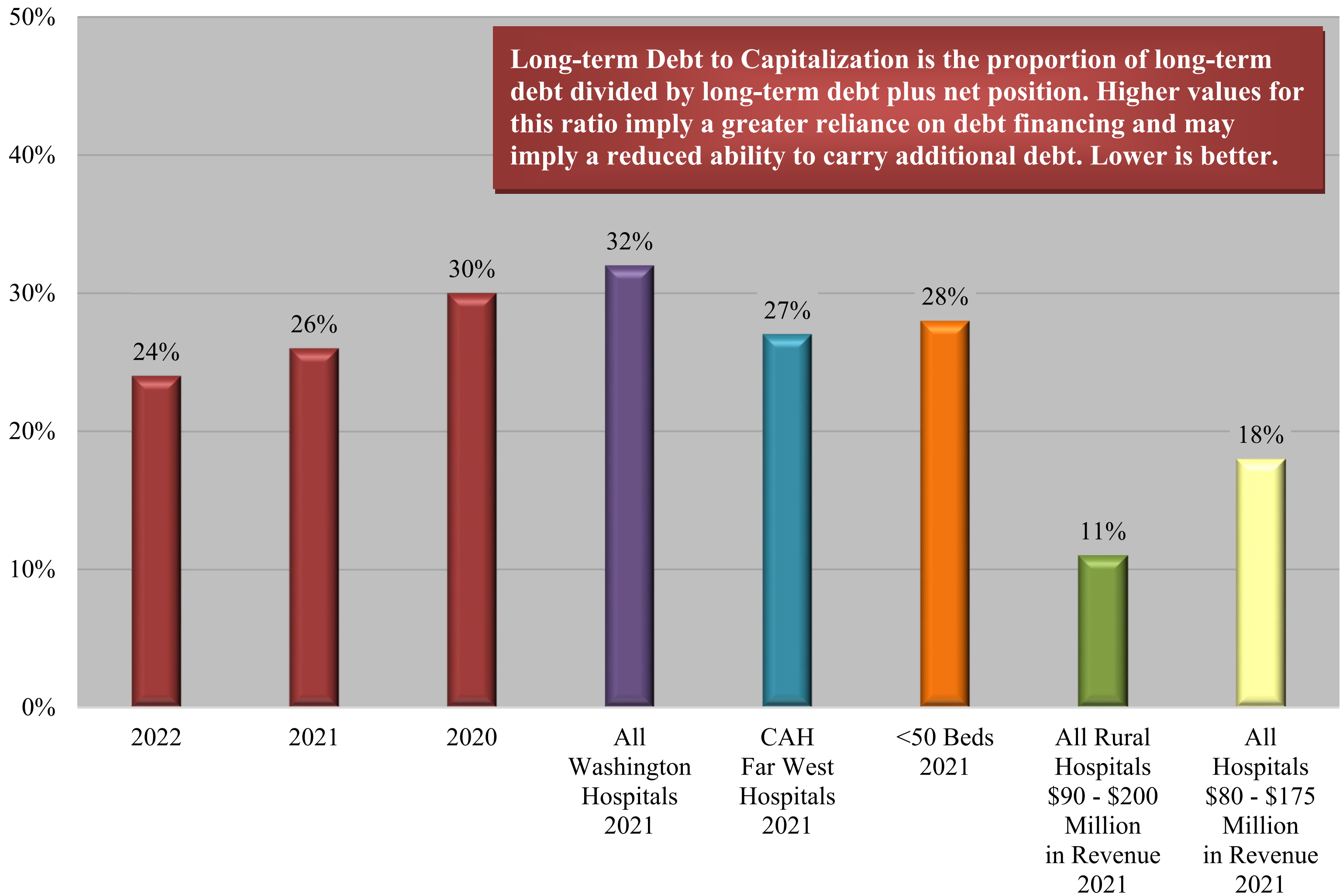
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Long-term Debt to Capitalization

$$\frac{\text{Long-term}}{\text{Long-term Debt + Net Position}}$$



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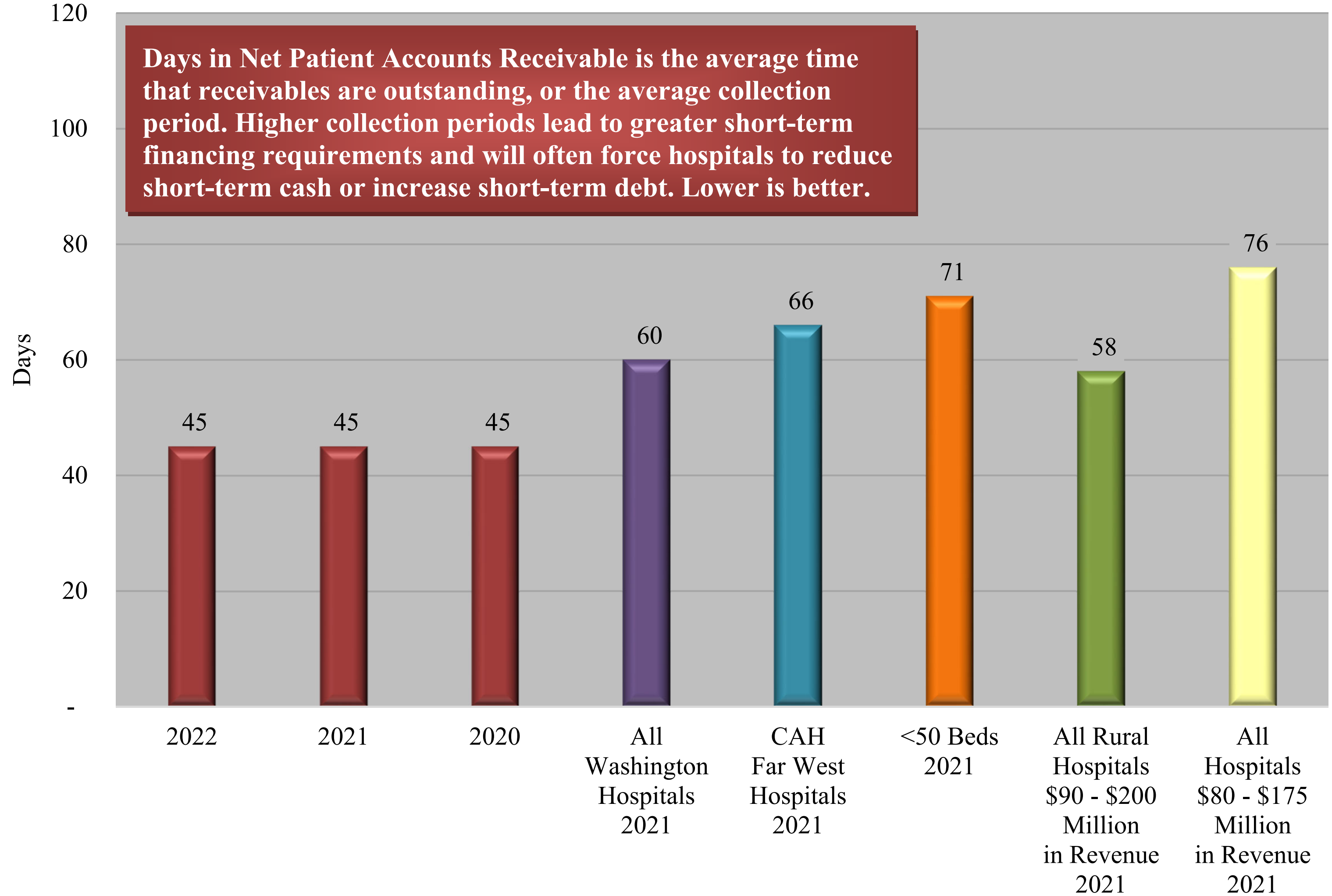
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Days in Net Patient Accounts Receivable

$$\frac{\text{Net Patient Accounts Receivable}}{\text{Net Patient Service Revenue / 365}}$$



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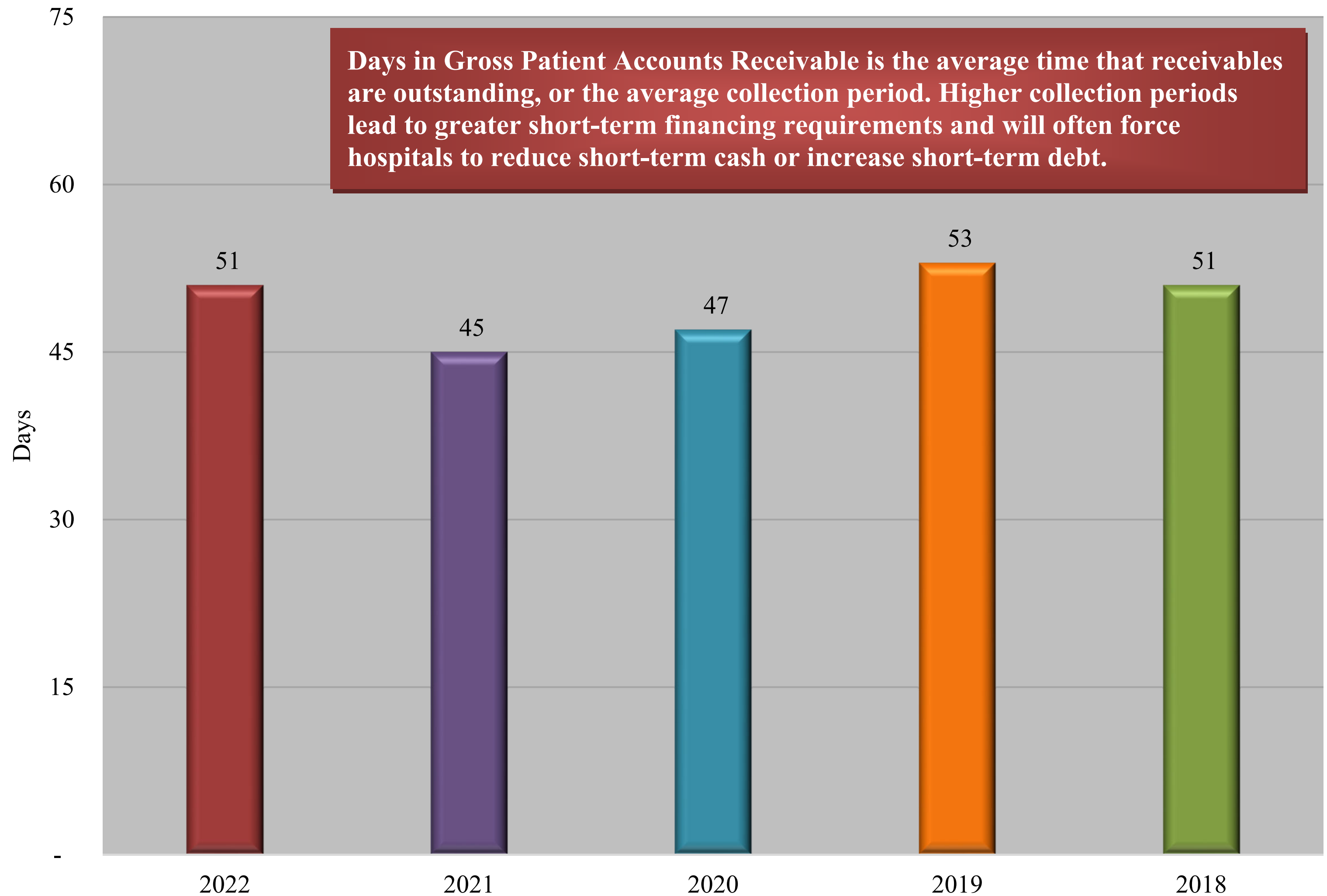
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Days in Gross Patient Accounts Receivable

$$\frac{\text{Gross Patient Accounts Receivable}}{\text{Gross Patient Service Revenue / 365}}$$



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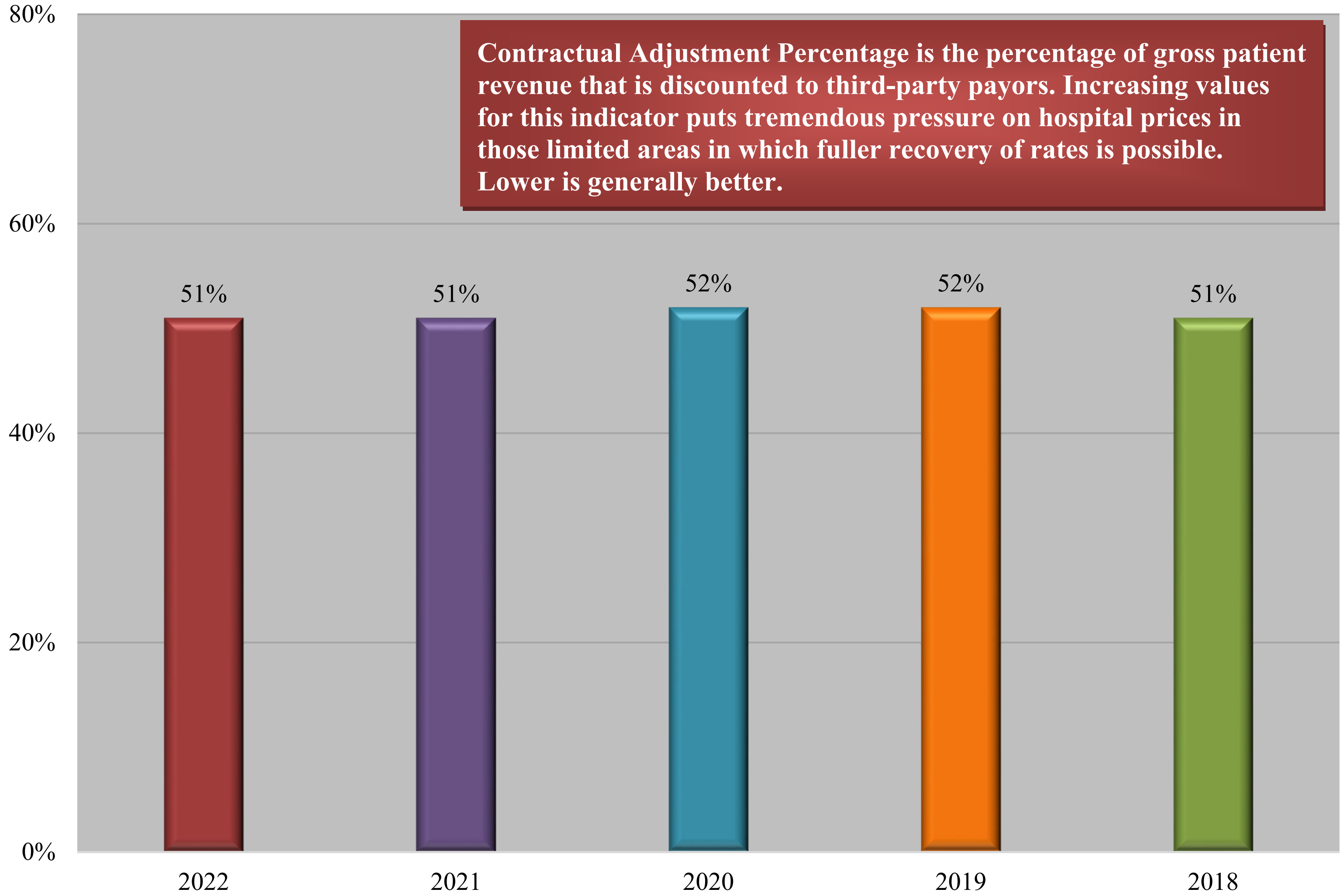
Contractual Adjustment Percentage

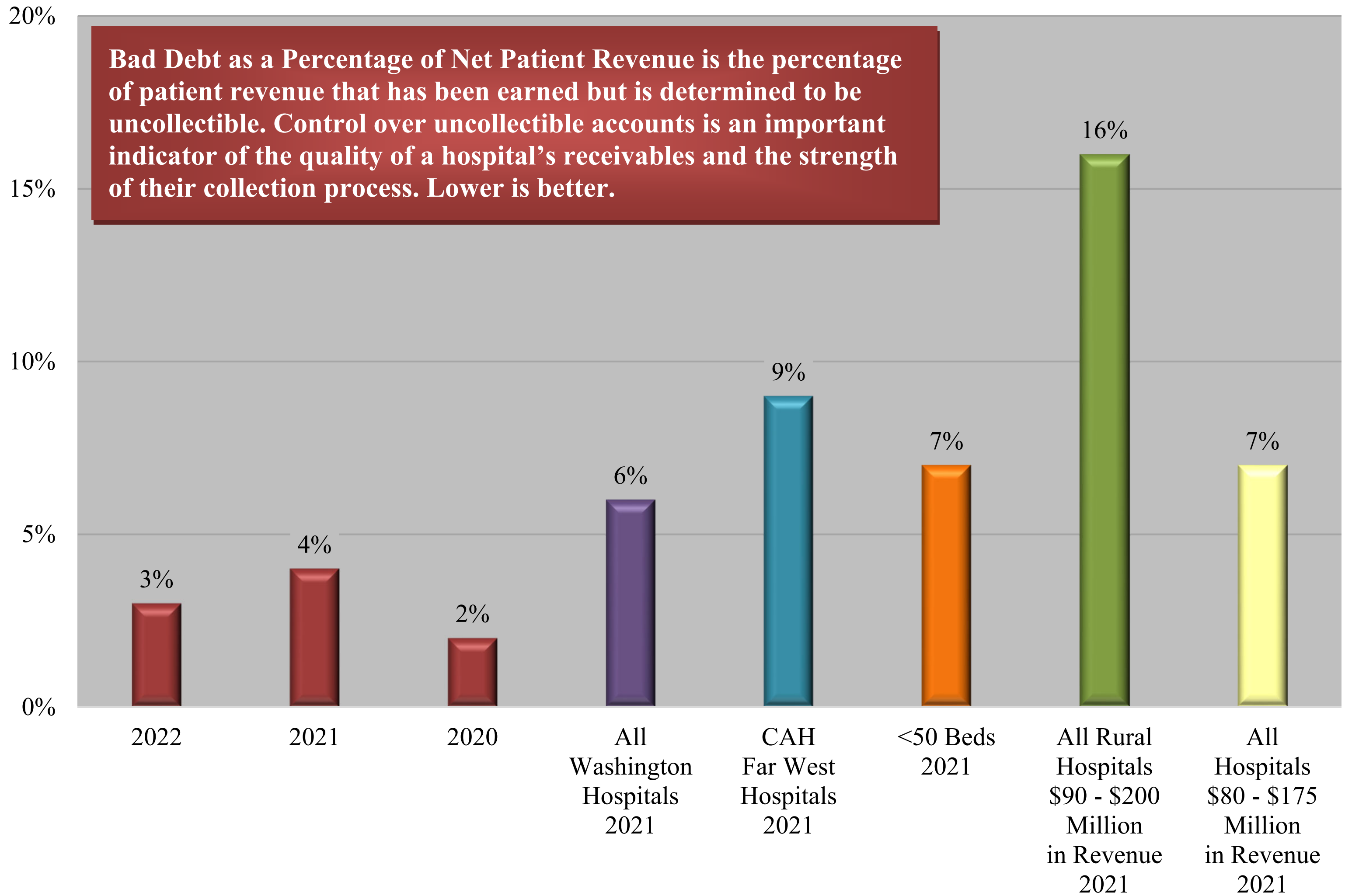
$$\frac{\text{Contractual Adjustments}}{\text{Gross Patient Revenues}}$$



Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Bad Debt as a Percentage of Net Patient Revenue

$$\frac{\text{Provision for Bad Debt}}{\text{Net Patient Revenues}}$$



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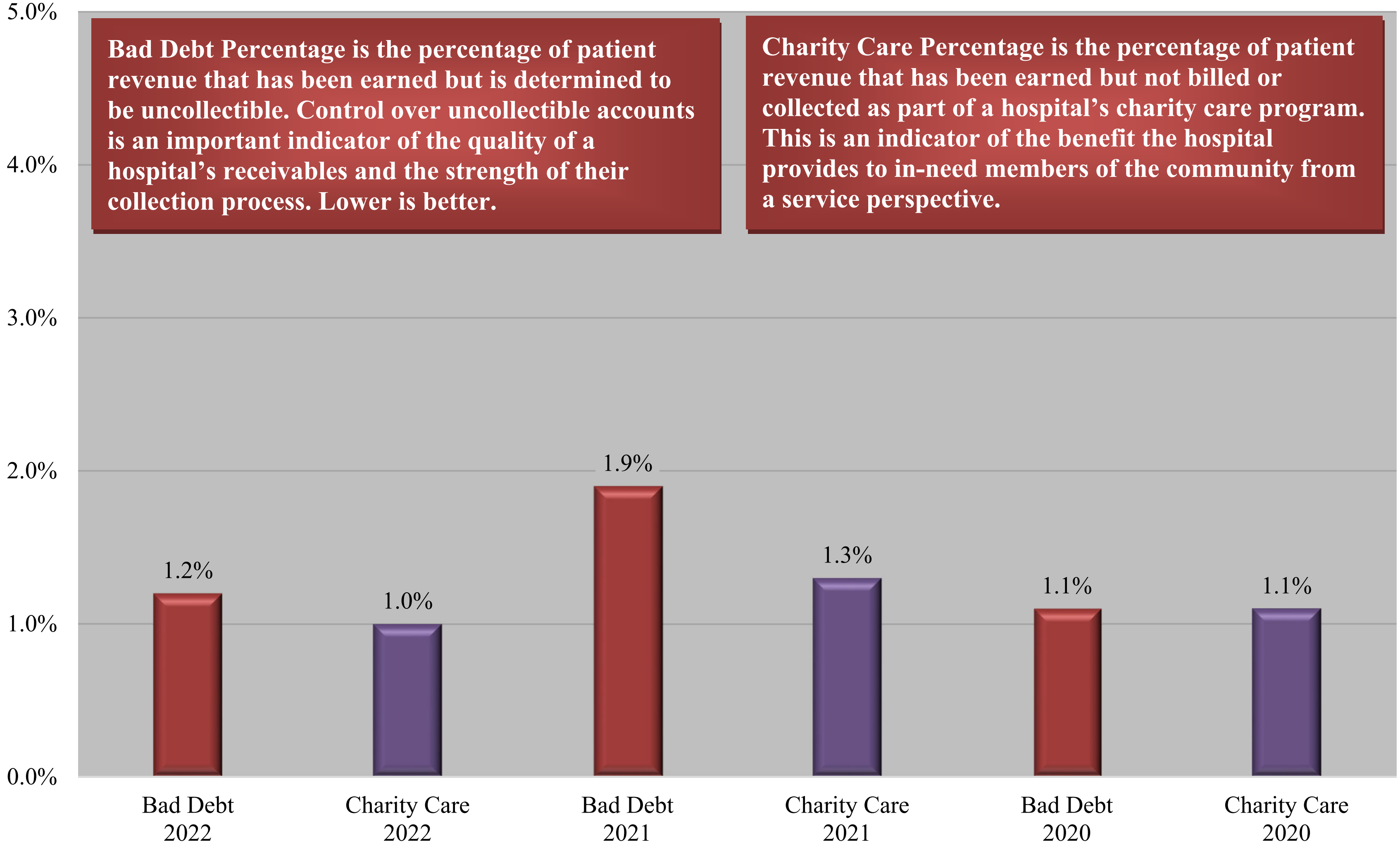
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Bad Debt and Charity Care Percentage

$$\frac{\text{Provision for Bad Debt or Charity Care}}{\text{Gross Patient Revenues}}$$



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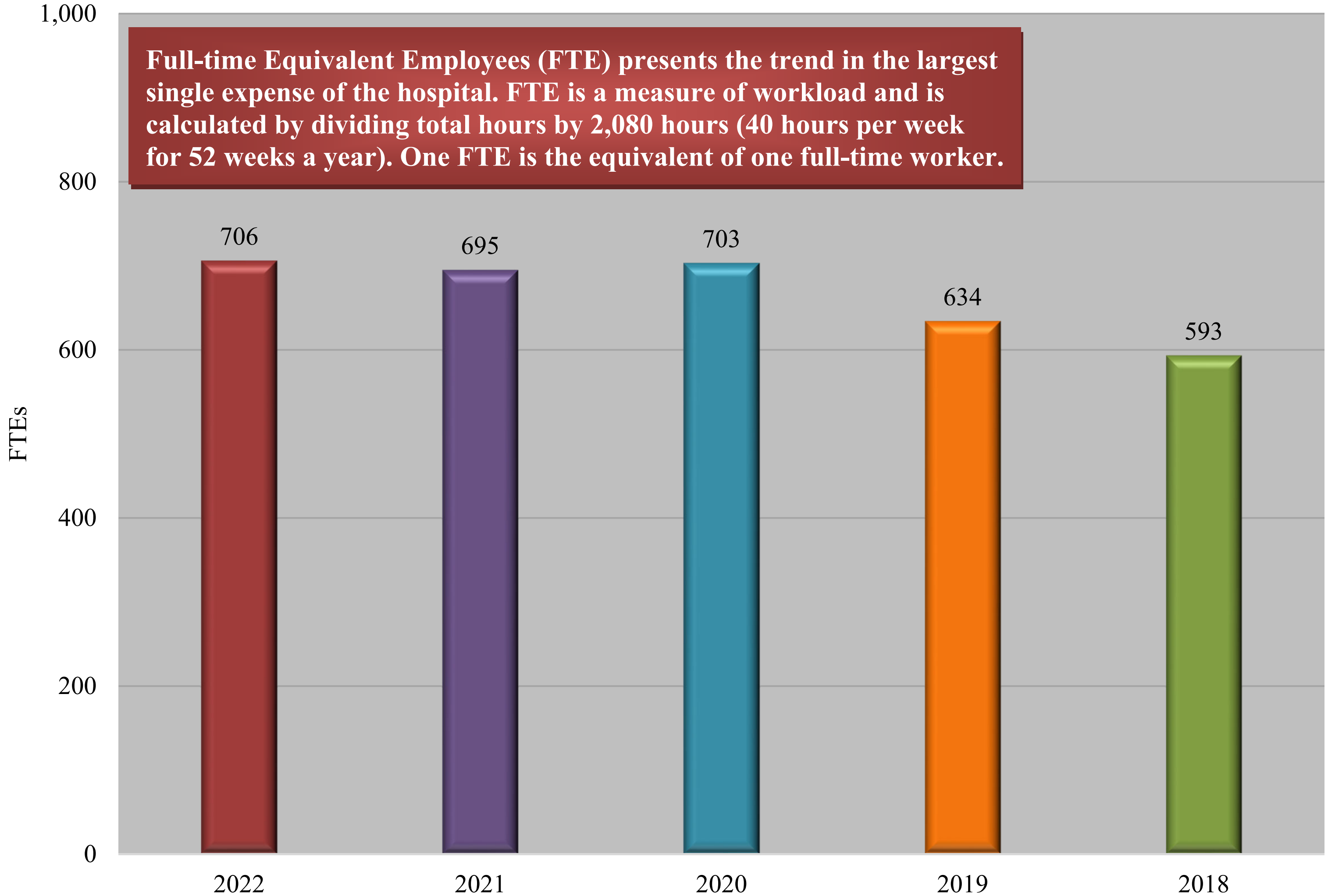
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Full-time Equivalent Employees (FTE)



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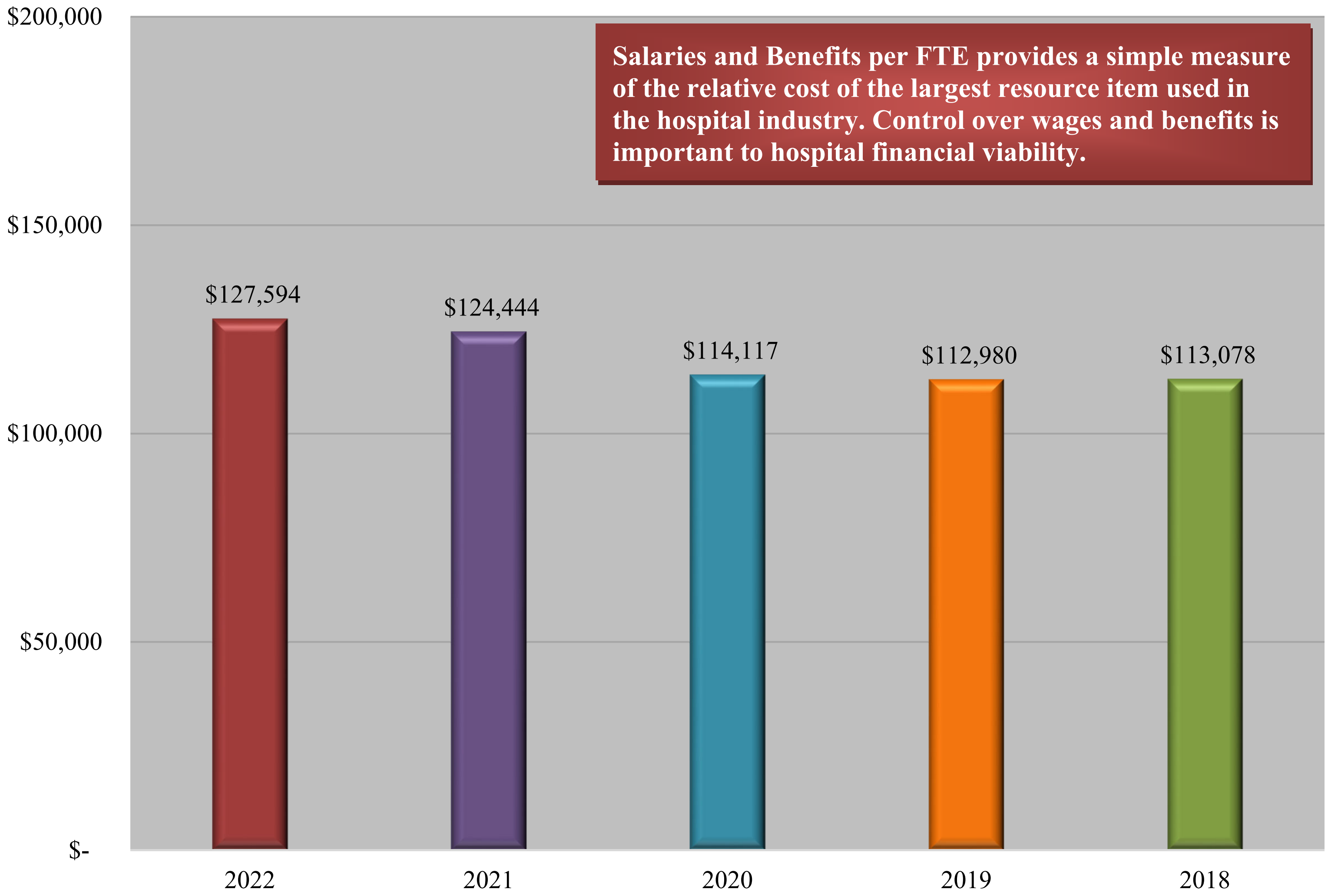
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Salaries and Benefits per FTE

$$\frac{\text{Total Salaries + Total Benefits}}{\text{FTEs}}$$



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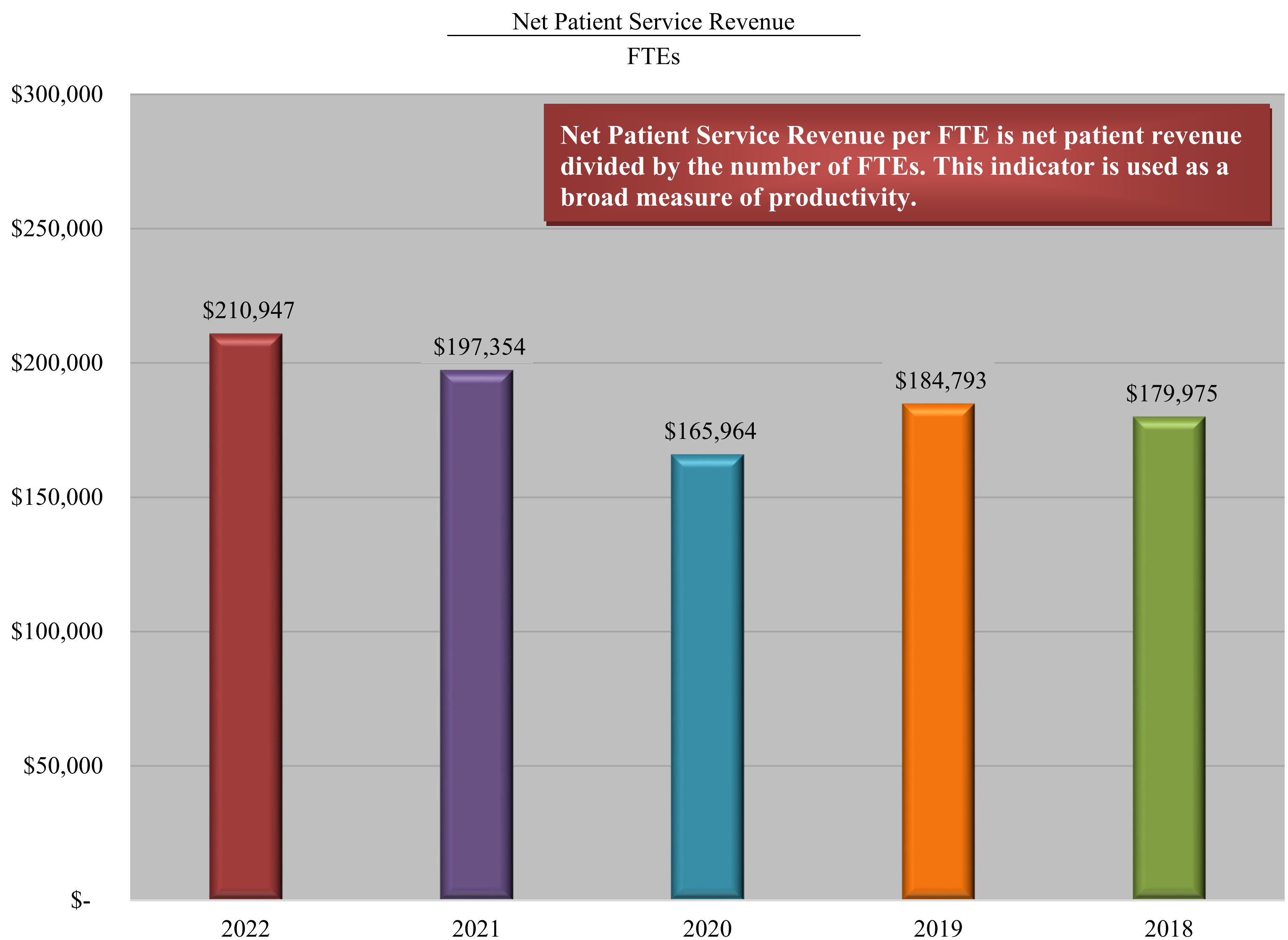
Jefferson County Public Hospital District No. 2
doing business as
Jefferson Healthcare

Net Patient Service Revenue per FTE



Jefferson Healthcare

May 2023 Finance Report

June 29th, 2023

Tyler Freeman, CFO

May 2023

Operating Statistics

STATISTIC DESCRIPTION	MAY 2023 MO ACTUAL	MAY 2023 MO BUDGET	MAY 2023 % VARIANCE	MAY 2023 YTD ACTUAL	MAY 2023 YTD BUDGET	MAY 2023 % VARIANCE	MAY 2022 MO ACTUAL	MAY 2022 % VARIANCE	MAY 2022 YTD ACTUAL	MAY 2022 % VARIANCE
FTEs - TOTAL (AVG)	602	625	4%	601	625	4%	571	-5%	570	-5%
ADJUSTED PATIENT DAYS	3,606	3,041	19%	16,227	14,811	10%	2,753	31%	13,959	16%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	97	108	-10%	423	525	-19%	109	-11%	530	-25%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	244	297	-18%	1,474	1,445	2%	281	-13%	1,469	0%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	353	422	-16%	1,926	2,053	-6%	397	-11%	2,009	-4%
SURGERY CASES (IN OR)	132	133	-1%	625	650	-4%	131	1%	611	2%
SPECIAL PROCEDURE CASES	100	71	41%	419	345	21%	77	30%	306	27%
LAB BILLABLE TESTS	21,496	21,832	-2%	105,075	106,344	-1%	20,858	3%	104,630	0%
TOTAL DIAGNOSTIC IMAGING TESTS	3,737	3,235	16%	17,679	15,754	12%	2,896	29%	15,212	14%
PHARMACY MEDS DISPENSED	20,648	19,897	4%	102,790	96,920	6%	19,728	5%	97,338	5%
RESPIRATORY THERAPY PROCEDURES	2,991	3,259	-8%	14,558	15,872	-8%	2,636	13%	15,681	-8%
REHAB/PT/OT/ST	9,538	9,458	1%	41,339	46,068	-10%	8,689	10%	42,270	-2%
ER CENSUS	1,261	1,068	18%	5,740	5,201	10%	1,096	15%	4,845	16%
DENTAL CLINIC	537	419	28%	2,380	2,041	17%	382	41%	2,007	16%
TOTAL RURAL HEALTH CLINIC VISITS	7,397	6,623	12%	34,153	32,259	6%	6,331	17%	29,843	13%
TOTAL SPECIALTY CLINIC VISITS	3,972	3,911	2%	19,337	19,050	2%	3,678	8%	17,746	8%

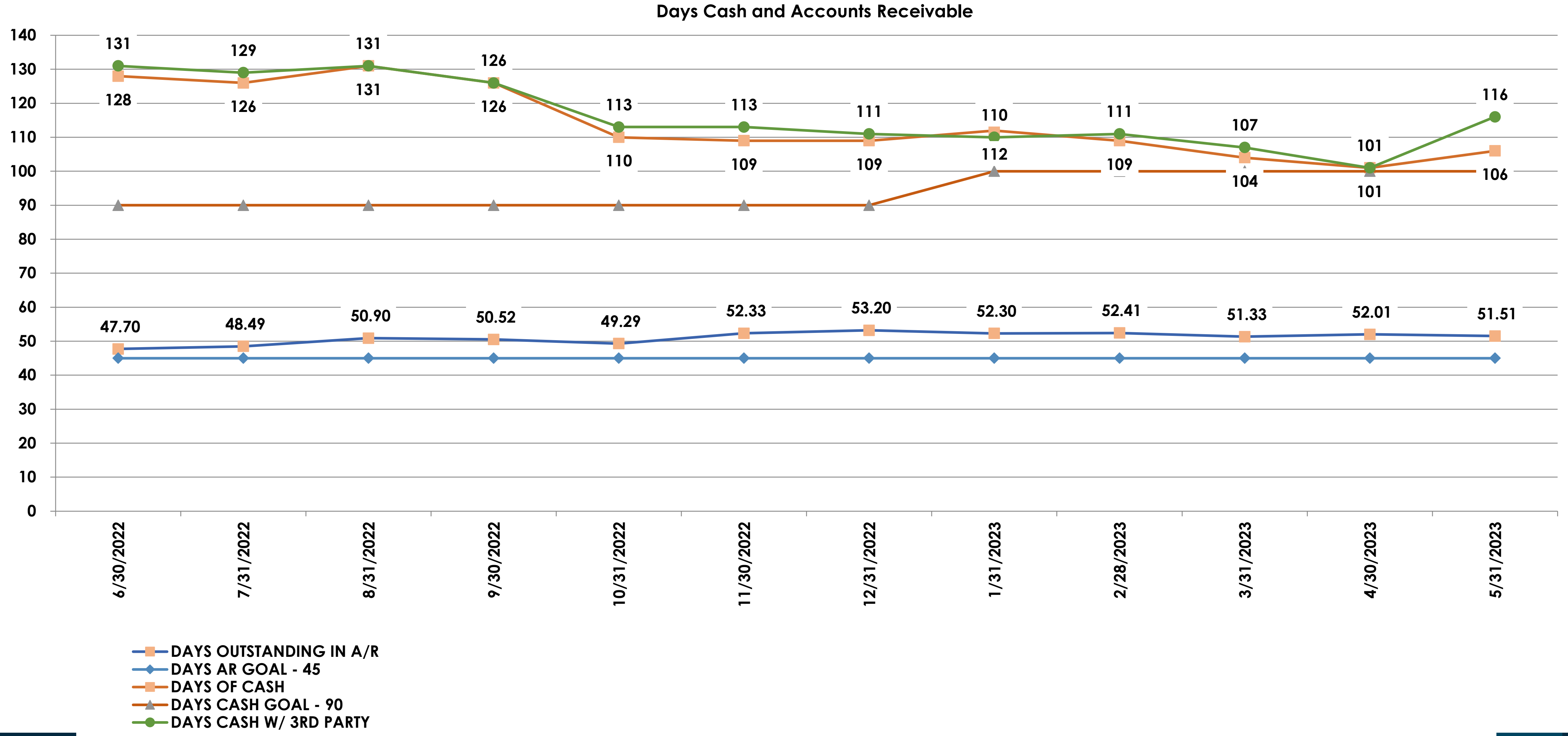
May 2023

Income Statement Summary

	May 2023 Actual	May 2023 Budget	Variance Favorable/ (Unfavorable)	%	May 2023 YTD	May 2023 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2022 YTD
Operating Revenue									
Gross Patient Service Revenue	30,269,221	29,491,437	777,785	3%	145,088,007	143,651,837	1,436,170	1%	128,813,896
Revenue Adjustments	16,514,827	15,847,480	(667,347)	-4%	77,960,470	77,192,564	(767,907)	-1%	68,699,739
Charity Care Adjustments	263,240	187,886	(75,354)	-40%	1,284,959	915,186	(369,773)	-40%	673,486
Net Patient Service Revenue	13,491,155	13,456,071	35,084	0%	65,842,578	65,544,088	298,490	0%	59,440,671
Other Revenue	741,827	452,638	289,189	64%	3,318,107	2,204,784	1,113,323	50%	3,722,109
Total Operating Revenue	14,232,982	13,908,709	324,274	2%	69,160,685	67,748,871	1,411,813	2%	63,162,780
Operating Expenses									
Salaries And Wages	6,380,333	6,899,538	519,205	8%	31,426,793	33,607,430	2,180,637	6%	30,959,988
Employee Benefits	1,400,529	1,564,367	163,838	10%	7,825,872	7,619,982	(205,890)	-3%	7,206,843
Other Expenses	6,045,639	5,041,491	(1,004,149)	-20%	28,567,350	24,556,938	(4,010,412)	-16%	23,610,906
Total Operating Expenses	13,826,502	13,505,396	(321,105)	-2%	67,820,015	65,784,350	(2,035,665)	-3%	61,777,737
Operating Income (Loss)	406,481	403,312	3,168	1%	1,340,669	1,964,521	(623,852)	-32%	1,385,043
Total Non Operating Revenues (Expenses)	154,615	(1,730)	156,345	9037%	698,143	(8,427)	706,570	8385%	(110,509)
Change in Net Position (Loss)	561,095	401,582	159,513	40%	2,038,813	1,956,095	82,718	4%	1,274,534
Operating Margin	2.9%	2.9%	0.0%	-1.5%	1.9%	2.9%	-0.96%	-33.1%	2.2%
Total margin	3.9%	2.9%	1.1%	36.5%	2.9%	2.9%	0.06%	2.1%	2.0%
Salaries & Benefits as a % of net pt svc rev	-57.7%	-62.9%	5.2%	8.3%	-59.6%	-62.9%	3.28%	5.2%	-64.2%

May 2023

Cash and Accounts Receivable



June 2023

Preview – (*as of 0:00 6/28/23)

- **$30,411,303 in Projected HB charges**
  - Average: $1,013,710/day (HB only)
  - Budget: $947,481/day
  - 107.0% of Budget
- **$12,881,929 in HB cash collections**
  - Average: $429,398/day (HB only)
  - Goal: $417,444/day
- **48.6 Days in A/R**
- **Questions**

Building Update

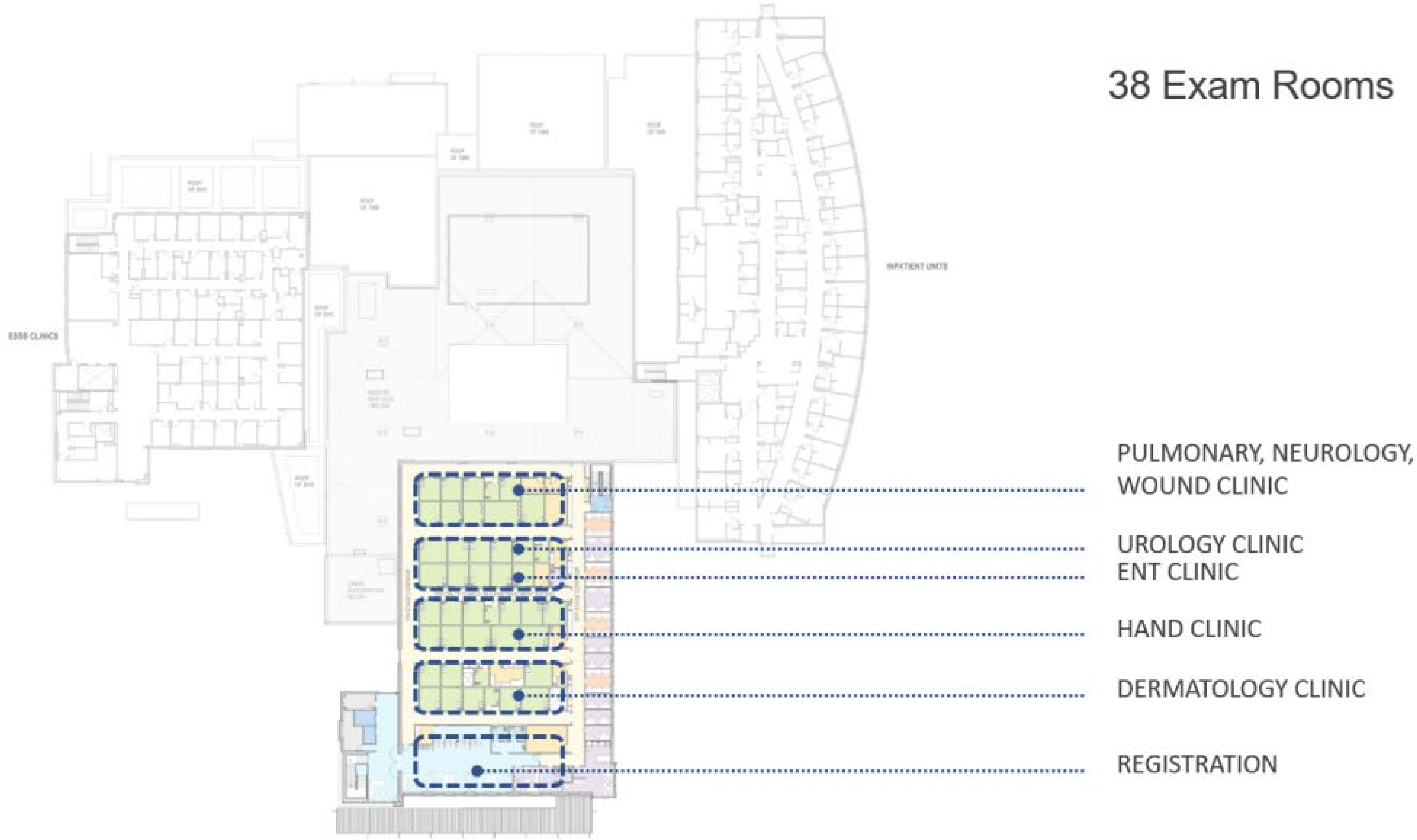
Level 1 Floor Plan

Jefferson Healthcare

OAC ABBOTT CONSTRUCTION ZGF

Level 2 Floor Plan

38 Exam Rooms



Key Transitions Timeline

- Weekly updates
- Dietary and Kitchen- 6/30 equipment moves
- Human Resources- July 17th
- Administration- August 7th
- Express- August 24th
- OBGYN- September 16th

Building Milestones

- Permitting was submitted to the City in early June to meet our deadline
- Design Development Completed, GMP Design is complete; review is under way
- Fairgrounds Kitchen is nearing complete; transition happening next week
- City approved our request to move the Modular
- Guarenteed Maximum Price is being finalized for August Board Meeting
  - Value Engineering has been completed

Pre GMP- Design

- Spent prior to May $ 3,408,472.50
- May Invoice $ 1,244,903.66
  - Architects $631,478
  - Subcontractors $217,891
  - General Contractor, other $395,528
- Budget Compliance
  - All invoices are scrutinized, reviewed, and authorized to approve by OAC
  - All expenditures are in line with projections
  - All expenditures to date are in 2023 budget
- Total Paid $4,653,376.16
- Remaining $7,119,712.62
  - Amendment 4- Early procurement for long lead time items- $5,109,469
- June is in process at $576,673.28


10th St
9th St
8th St
7th St
PROJECT SITE
Sheridan St
MODULAR SITE
6th St
ORCHARD LOT
SITE LOGISTICS
5th St
State Route 20
N

Pre GMP-Between now and GMP

- Relocating Modular and Development of Laydown- $ 800,000
- July, August, September- More invoices coming in for the remaining Pre GMP work.
- GMP August Board Meeting
  - Abbott will present us with Guarenteed Maximum Price to construct the building
  - Outside of Jefferson initiated change orders, Abbott holds all the risk in the construction being on budget. Any savings, we get.

Total Construction Cost

- Construction $56,571,672
- Soft Costs $13,501,112
- Contingency $2,535,247
- Other Construction Items $11,243,667
- Projected GMP $83,851,698

Construction Timeline

Gross Maximum Price Approval

August 2023

Sep. 2023

Funding Approval September 2023

Demolition

Sep. 2023

Oct. 2023

Construction

Complete Construction- Q1 2025 (69 weeks)

2025

2025

Move in Late Q1 2025

Sources of Funding

- Federal Government
  - Radiation Oncology- 2022- $2.5 Million
  - Specialty Services- 2023- $2 Million (pending)
- Washington State
  - Reproductive Health- 2023- $ 4 Million Jefferson Healthcare Foundation- $2.5 Million (in process)
- Cash/Capital
- Funding
  - USDA
  - Private Market

Jefferson Healthcare

Administrative Report

June 29, 2023

Mike Glenn, CEO

Value Based Purchasing

A Monthly Review
June 2023

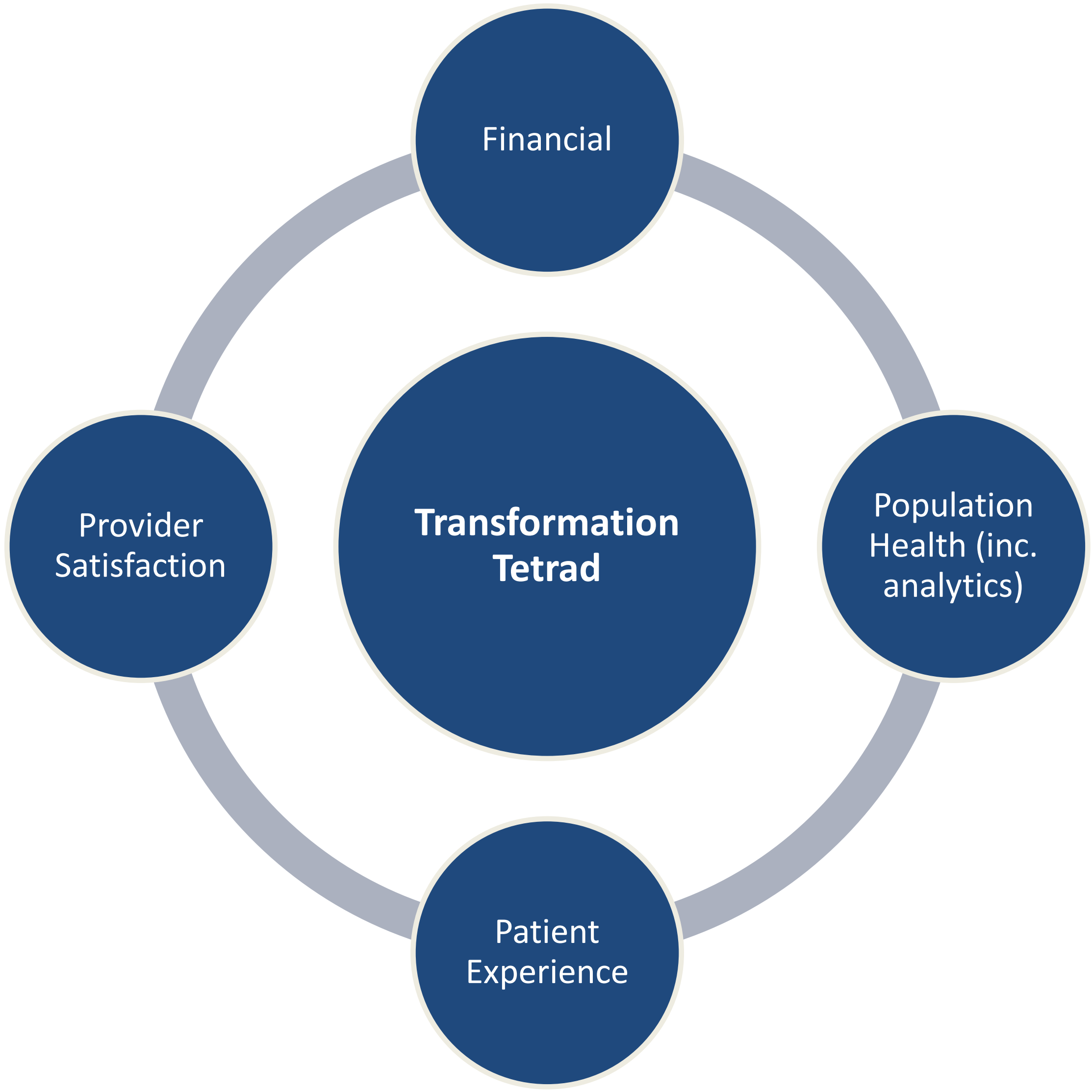
Jefferson Accountable Care, LLC

Jefferson Healthcare is committed to innovative, patient-centered and physician-and-APP-driven models for care transformation.

We are interested in developing the processes and protocols for managing population health through our clinics and are using this opportunity to strengthen this muscle.

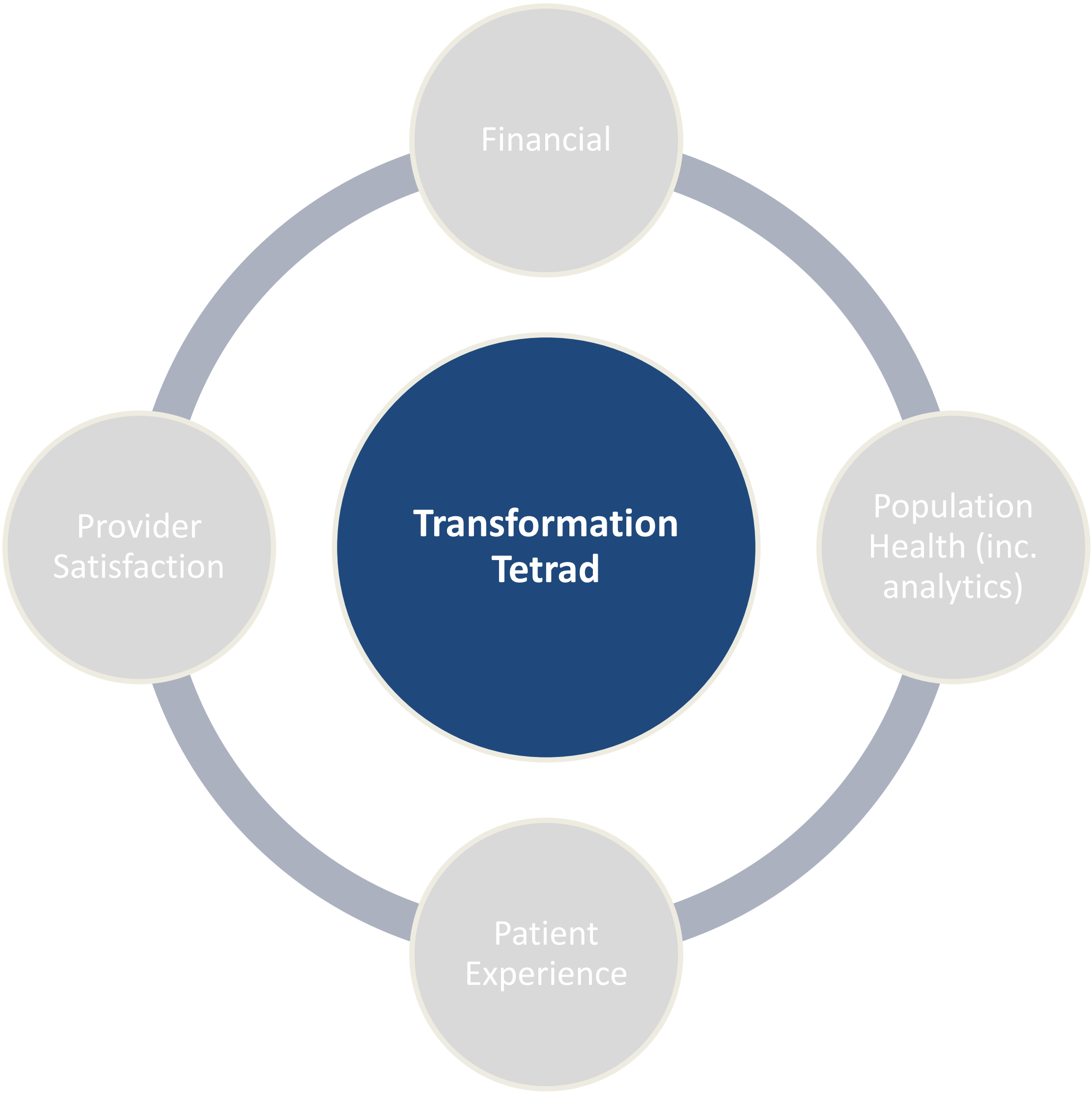
All work is driven by our physician and administrative leaders.

Implementing the Transformation Tetrad

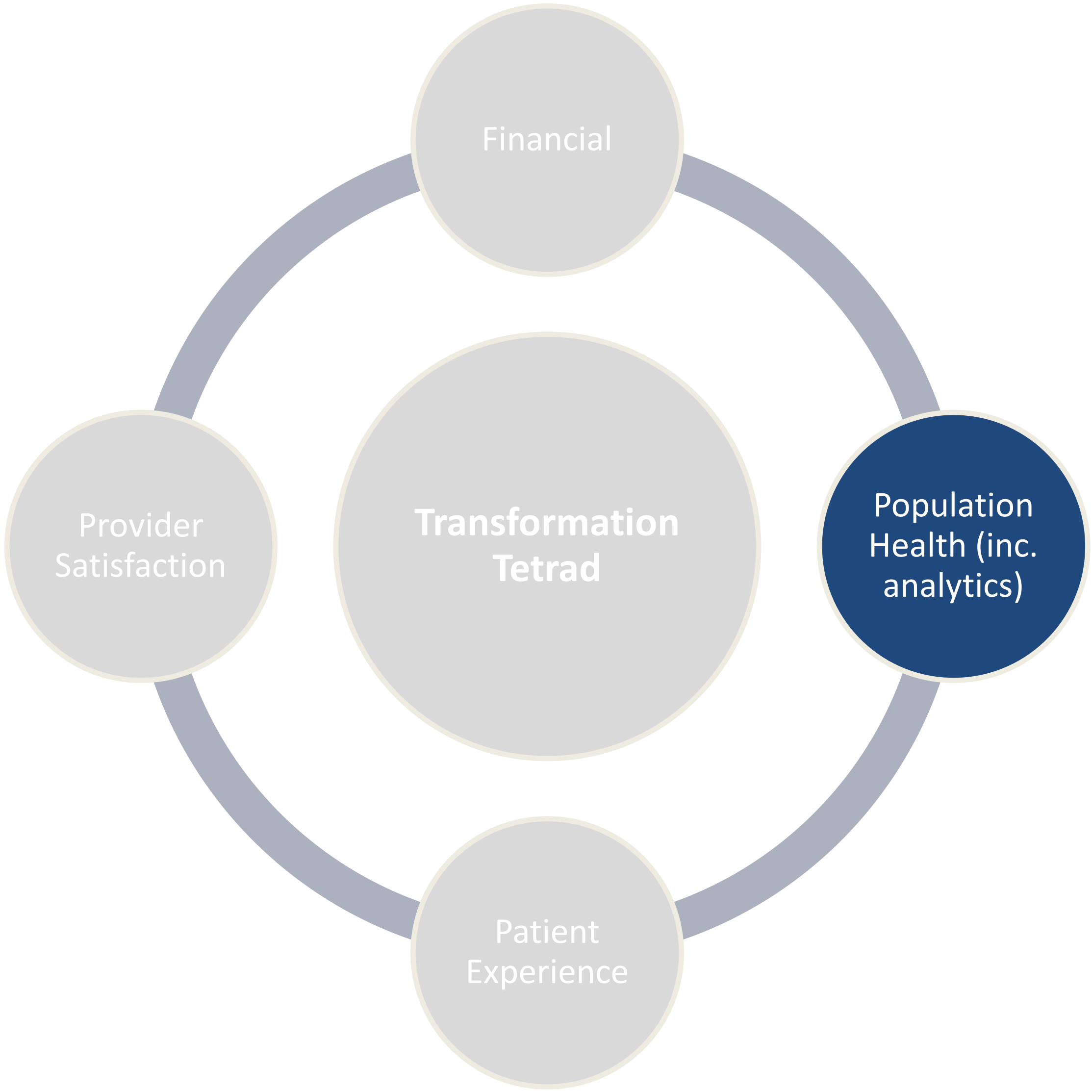


Implementing the Transformation Tetrad

- Our new Director of Value Based Care, Crystal Eubanks, has joined the team!
- May and June's focus has been around communications, both with patients and the broader community.



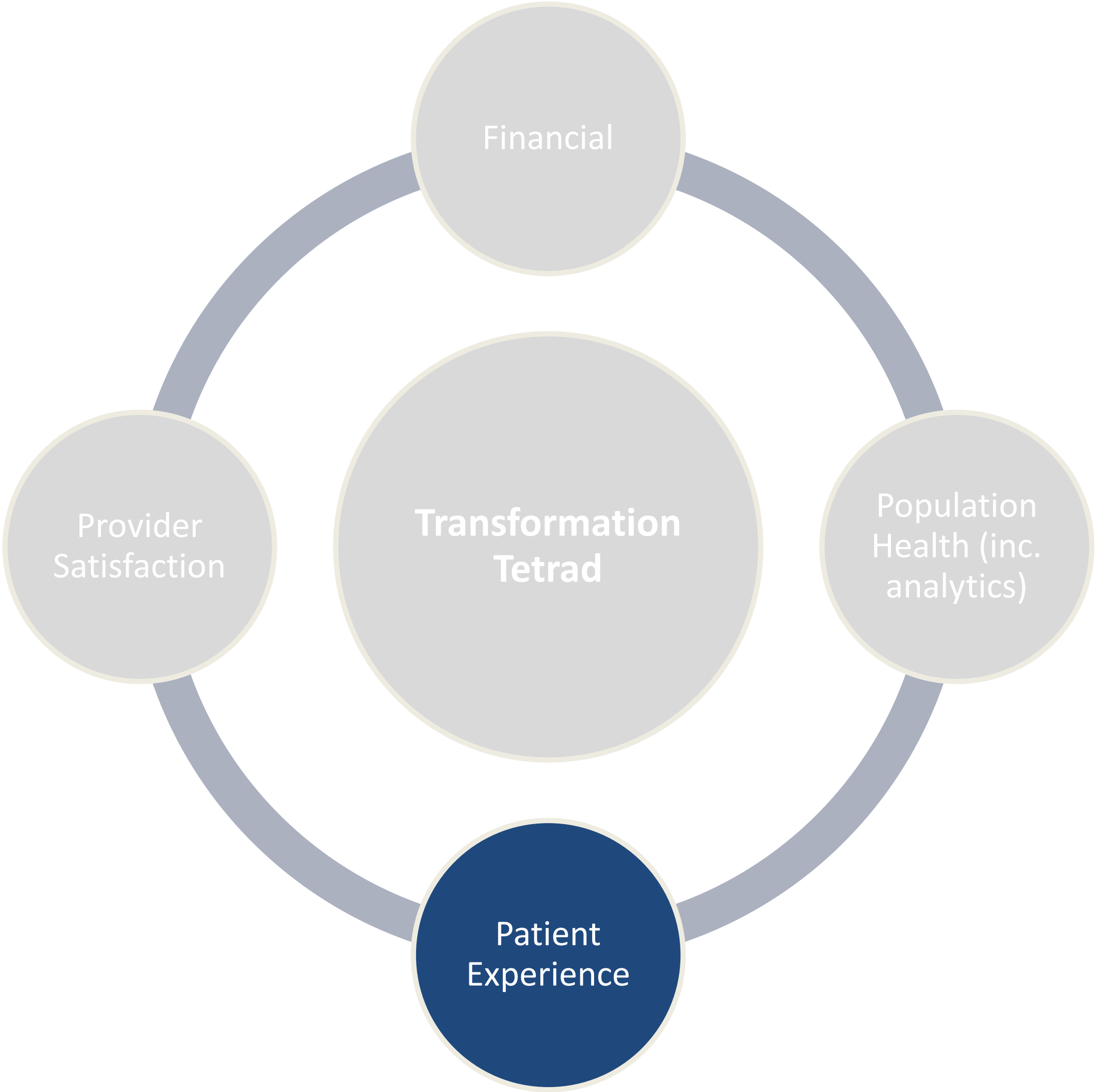
Implementing the Transformation Tetrad



- Continuing to refine our analytics using ACO data from CMS. Gaining an understanding of where and when patients leave our community for care. This is going to help us drive the clinical support model.

- Population Health Department is working on a project around social determinants of health screening tools.

Implementing the Transformation Tetrad



- Driving quality as a whole and tracking CMS-identified priority measures (A1C control, depression screening and follow up, and controlling high blood pressure).
- Finalizing our beneficiary notification process and messaging.

Advocacy | State

District and next-door-district transitions for legislative session 2024.

Ongoing communication with entire state delegation around the nationwide chemotherapy drug shortages.

POLITICS

Christine Rolfes will be new Kitsap County commissioner, resign from Senate

Nathan Pilling
Kitsap Sun

Published 12:06 p.m. PT June 5, 2023

enate Democrats

-Bainbridge Island, will join the Kitsap County Board
n appointment to the board.

District 24 senator eyes state lands role

Van De Wege wants to manage resources

By Peninsula Daily News
Wednesday, June 21, 2023 1:30am | POLITICS | CLALLAM COUNTY | JEFFERSON COUNTY

Kevin Van De Wege.

PORT ANGELES — State Sen. Kevin Van De Wege, who has worked as a firefighter for 30 years, is running for the office of state commissioner of public lands, he announced Tuesday.

"I've been a state lawmaker for years, but I've been a firefighter my entire professional life," Van De Wege, 48, said in a press release.

"When I say I understand the danger and destruction caused by wildfires, which are becoming more frequent and more destructive, I speak from experience. Of everything our state Department of Natural Resources (DNR) can do

Advocacy | Federal

Acting as a thought partner and a rural voice with Representative Kilmer's office. Recent focus has been around chemotherapy drug shortages. Another key topic has been value based care and our work with our ACO.

Congress of the United States
Washington, DC 20515

June 8, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Robert M. Califf, MD
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Dear Secretary Becerra and Commissioner Califf:

Thank you for your leadership in addressing ongoing drug shortages and ensuring Americans have access to the medications and devices they need. We especially appreciate the FDA's recent actions to address current shortages of key oncology drugs. We are writing to you today expressing our concerns with the impact these shortages have on patients, particularly in cancer care. We'd like to request additional information about how the U.S. Food and Drug Administration (FDA) is working to resolve these issues and ways in which Congress can assist in these efforts.

For years, the medical community has experienced shortages of critical drugs that are used to treat a variety of conditions. These shortages are caused by a multitude of factors, including but not limited to quality issues, manufacturer business decisions, disruptions to active pharmaceutical ingredients (APIs) and excipient supplies, natural disasters, and other emergencies that take place in countries that house critical drug manufacturing facilities. In recent years, the United States has experienced shortages in broadly used essential products, as well as to products critical to smaller patient populations.

Within the oncology pharmaceutical supply chain, patients and providers continue to face shortages of potentially curative treatments. A recent survey of U.S. Oncology Pharmacists found that oncology drug shortages occurred frequently in 2020 and led to delays in chemotherapy and changes in treatment or omission, complicated clinical research, and increased risk of medication errors and adverse outcomes.[1] Of the 136 drugs currently in shortage, as reported by the FDA, 15 are oncology drugs.[2] Shortages of these 15 drugs, such as carboplatin and cisplatin, are causing care disruptions across the country. While we cannot quantify the direct impact to patients, estimates show that shortages in cisplatin[3] and fluorouracil[4] could impact 500,000 and 275,000 patients respectively. These drugs are used in the treatment of

Advocacy | Federal

Jefferson Healthcare project ‘Expanding Health Care for Rural Seniors’ was included in the USDA House funding proposal

Admin Report

- Chemotherapy Shortage Update
- Workforce Expansion Update
- External Awareness- Hospitals and Healthcare Systems are still struggling
- Rural Hospital Days- September 18-20
- Other

Questions