WEST ASCENSION PARISH HOSPITAL SERVICE DISTRICT OF ASCENSION PARISH, LOUISIANA

FINANCIAL STATEMENTS

AUGUST 31, 2020

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A Professional Accounting Corporation

INDEPENDENT AUDITORS' REPORT

Board of Commissioners West Ascension Parish Hospital Service District of Ascension Parish, Louisiana Donaldsonville, Louisiana

Report on the Financial Statements

We have audited the accompanying financial statements of the West Ascension Parish Hospital Service District of Ascension Parish, Louisiana (the District), a component unit of the Ascension Parish Council, as of and for the years ended August 31, 2020 and 2019, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of August 31, 2020 and 2019, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquires of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures to express an opinion or provide any assurance.

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of net patient service revenues and schedule of compensation, benefits, and other payments to agency head or chief executive officer on pages 23 and 24, respectively, are presented for the purpose of additional analysis and are not a required part of the basic financial statements.

The schedules of net patient service revenues and schedule of compensation, benefits, and other payments to agency head or chief executive officer are the responsibility of management and are derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparison and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements themselves, and other records used to prepare the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedules of net patient service revenues and schedule of compensation, benefits, and other payments to agency head or chief executive officer are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 6, 2021 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. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Postlethwaite & Netteville

Donaldsonville, Louisiana April 6, 2021

MANAGEMENT'S DISCUSSION AND ANALYSIS AUGUST 31, 2020

This section of the West Ascension Parish Hospital's (the District) annual financial report presents our discussion and analysis of the District's financial performance during the fiscal years that ended on August 31, 2020 and 2019. Please read it in conjunction with the District's financial statements, which follow this section.

FINANCIAL HIGHLIGHTS

- The assets of the District exceeded its liabilities by \$30,127,764 and \$28,019,727 (net position) as of August 31, 2020 and 2019, respectively.
- The District's total assets increased by approximately \$5,093,000 or 17.8 percent from August 31, 2019. Total assets as of August 31, 2019 increased by approximately \$2,636,000 or 10.1 percent from August 31, 2018.
- The District's total liabilities increased approximately \$2,985,000 or 461.4 percent from August 31, 2019. Total liabilities as of August 31, 2019 increased by approximately \$56,000 or 9.6 percent from August 31, 2018.
- The increase in total assets is directly related to an increase in cash from the receipt of Provider Relief Funds. Additionally, as much of this revenue was unearned, total liabilities also increased.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of three parts—management's discussion and analysis (this section), the basic financial statements, and other supplemental information. The basic financial statements provide information about the District's overall financial status. The financial statements also include notes that explain some of the information in the financial statements and provide more detailed data. The notes are followed by additional reports as required by *Governmental Auditing Standards*. Figure A-1 shows how the required parts of this annual report are arranged and relate to one another.

Figure A-1 summarizes the major features of the District's financial statements. The remainder of this overview section of management's discussion and analysis explains the structure of contents of each of the statements.

Major Features of the	Figure A-1 e District's Fund Financial Statements
	Proprietary Fund Statements
Scope	Activities the District operates are similar to private business.
Required financial statements	 Statements of net position Statements of revenues, expenses and changes in net position Statements of cash flows
Accounting basis and measurements focus	Accrual accounting and economic resources focus
Type of asset/liability information	All assets and liabilities, both financial and capital, and short-term and long-term
Type of inflow/outflow information	All revenues and expenses during years, regardless of when cash is received or paid

MANAGEMENT'S DISCUSSION AND ANALYSIS AUGUST 31, 2020

Fund Financial Statements

Funds are accounting devices that the District uses to keep track of specific sources of funding and spending for particular purposes. A proprietary fund is used to account for the District's ongoing operations and activities.

The District has one type of fund:

• Proprietary funds—Services for which the District charges patients a fee are generally reported in proprietary funds. Proprietary funds provide both long-term and short-term financial information.

FINANCIAL ANALYSIS OF THE DISTRICT

Net position. The District's net position increased by \$2,108,037 from August 31, 2019 to August 31, 2020 and increased by \$2,579,801 from August 31, 2018 to August 31, 2019 (See Table A-1).

Table A-1

	District's Net Posi	tion	
	E	Business Type Activities	S
	2020	2019	2018
Current and other assets	\$ 29,112,452	\$ 24,549,984	\$ 22,016,041
Capital assets	4,647,549	4,116,784	4,014,273
Total assets	33,760,001	28,666,768	26,030,314
Current liabilities	3,632,237	647,041	590,388
Total liabilities	3,632,237	647,041	590,388
Net position			
Investment in capital assets	4,647,549	4,116,784	4,014,273
Unrestricted	25,480,215	23,902,943	21,425,653
Total net position	\$ 30,127,764	\$ 28,019,727	\$ 25,439,926

Changes in net position. The District's total revenues for the year ended August 31, 2020 decreased by approximately \$244,000 or 2.5 percent from August 31, 2019. The decrease for the year ended August 31, 2020 is mainly attributed to decreases in net patient service revenues of approximately \$271,000 and investment earnings of approximately \$786,000 offset by \$916,000 of Provider Relief Funds recognized. The decrease in investment earnings is a result of investment balances decreasing in the current year. The decrease in net patient revenues is due to a decrease in patient visits due to the coronavirus pandemic and related state and local government restrictions. Total revenues for the year ended August 31, 2019 increased by approximately \$1,600,000 or 19.3 percent from the year ended August 31, 2018 (See Table A-2). The increase for the year ended August 31, 2019 is due to an increase in investment earnings. Approximately 49.2 percent of the District's revenue comes from net patient services for fiscal year 2020 as compared to 50.7 percent for the fiscal year 2019. Operating expenses for all services for the year ended August 31, 2019 increased \$228,000 or 3.1 percent from the year ended August 31, 2019. Operating expenses for the year ended August 31, 2019 increased \$228,000 or 3.1 percent from the year ended August 31, 2019. Operating expenses for the year ended August 31, 2019 increased approximately \$320,000 or 4.6 percent from the year ended August 31, 2018.

MANAGEMENT'S DISCUSSION AND ANALYSIS AUGUST 31, 2020

Table A-2 Changes in District's Net Position

	Business Type Activities				
	2020	2019	2018		
Revenues					
Operating	\$ 7,329,8	08 \$ 6,592,770	\$ 7,107,568		
Non-operating	2,304,0	94 3,285,132	1,170,723		
Total revenues	9,633,9	02 9,877,902	8,278,291		
Expenses					
Operating expenses	7,525,8	65 7,298,101	6,978,614		
Total expenses	7,525,8	65 7,298,101	6,978,614		
Increase in net position	\$ 2,108,0	37 \$ 2,579,801	\$ 1,299,677		

CAPITAL ASSETS

The composition of capital assets for the years ended August 31 are as follows: (See Table A-3).

		able A-3				
	District	s Capital Asset B		Type Activitie	s	
		2020	-	2019		2018
Land	\$	260,520	\$	260,520	\$	105,902
Building and improvements		4,270,987		4,270,987		4,270,987
Equipment		5,023,343		4,823,810		4,650,226
Construction in progress		928,587		131,739		135,823
Total capital assets		10,483,437		9,487,056		9,162,938
Accumulated depreciation	18	(5,835,888)		(5,370,272)		(5,148,665)
Net Capital Assets	\$	4,647,549	\$	4,116,784	\$	4,014,273

• As of August 31, 2020, the District had approximately \$4,648,000 invested in capital assets. Capital expenditures in 2020 were approximately \$531,000 more than depreciation expense, which caused an increase in capital assets from 2019 to 2020.

As of August 31, 2019, the District had approximately \$4,117,000 invested in capital assets. Capital expenditures in 2019 were approximately \$103,000 more than depreciation expense, which caused an increase in capital assets from 2018 to 2019.

• The District acquired equipment during the current year in the amount of \$199,533. The majority of the equipment increase in the current year is due to the District purchasing the ABUS Breast Ultrasound in the amount of \$170,000.

• As of August 31, 2020, construction in progress consists of hospital renovations, the construction of a storage building, and construction of the fitness court. The District incurred approximately \$530,000 in contract payments for a storage building. Additionally, approximately \$200,000 of design fees were paid to an architect for the hospital renovation.

MANAGEMENT'S DISCUSSION AND ANALYSIS AUGUST 31, 2020

CONTACTING THE DISTRICT HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, patients, and investors and creditors with a general overview of the District's finances and to demonstrate the District's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Mr. Vince Cataldo, Donaldsonville, LA.

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STATEMENTS OF NET POSITION AUGUST 31, 2020 AND 2019

ASSETS

		2020	_	2019
CURRENT ASSETS				
Cash	\$	8,674,833	\$	2,049,198
Patient accounts receivable, net of allowances for doubtful accounts and				
contractual adjustments of \$2,080,893 in 2020 and \$1,890,000 in 2019		389,494		875,959
Inventory		278,004		243,793
Sales tax receivable		246,617		257,183
Investments		18,395,467		20,715,650
Estimated third-party payor settlements		991,005		252,135
Other current assets		137,032		156,066
Total current assets		29,112,452		24,549,984
PROPERTY AND EQUIPMENT, net		4,647,549		4,116,784
TOTAL ASSETS	\$	33,760,001	\$	28,666,768
LIABILITIES AND NET POSITION	N			
CURRENT LIABILITIES			5526.0	
Accounts payable	\$	444,950	\$	317,988
Estimated third-party payor settlements		207,988		275,594
Accrued expenses		108,680		53,459
Unearned Provider Relief Funds		2,870,619		-
Total liabilities	-	3,632,237		647,041
NET POSITION				
Investment in capital assets		4,647,549		4,116,784
Unrestricted		25,480,215		23,902,943
Total net position		30,127,764	_	28,019,727
TOTAL LIABILITIES AND NET POSITION	\$	33,760,001	¢	28,666,768
TOTAL DIADILITIES AND NET TOSITION		55,700,001		20,000,708

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION YEARS ENDED AUGUST 31, 2020 AND 2019

	2020	2019
OPERATING REVENUES		
Net patient service revenues, net of provision for bad debts and		
contractual adjustments \$2,358,046 in 2020 and \$3,919,355 in 2019	\$ 4,737,251	\$ 5,008,618
Intergovernmental transfers - operating grants	1,676,557	1,584,152
Provider Relief Funds	916,000	-
Total operating revenues	7,329,808	6,592,770
OPERATING EXPENSES		
Salaries and benefits	3,467,165	3,347,636
Professional contracted services	1,727,135	1,688,936
Medical supplies and drugs	834,512	751,867
Other operating	1,031,437	1,080,231
Provision for depreciation	465,616	429,431
Total operating expenses	7,525,865	7,298,101
LOSS FROM OPERATIONS	(196,057)	(705,331)
NON-OPERATING REVENUES		
Sales taxes	1,322,411	1,436,325
Investment earnings	969,492	1,755,262
Other revenue	12,191	93,545
Total non-operating revenues	2,304,094	3,285,132
CHANGE IN NET POSITION	2,108,037	2,579,801
Net position, beginning of the year	28,019,727	25,439,926
Net position, end of year	\$ 30,127,764	\$ 28,019,727

STATEMENTS OF CASH FLOWS YEARS ENDED AUGUST 31, 2020 AND 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from patients and other third-		
party payors	\$ 9,880,416	\$ 6,604,065
Cash payments to suppliers for goods		
and services	(3,923,533)	(3,933,893)
Cash payments to employees for services	(2,984,765)	(2,889,062)
Net cash provided by (used in) operating activities	2,972,118	(218,890)
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES		
Sales taxes received	1,332,977	1,405,014
Other revenue	12,191	93,545
Net cash provided by non-capital financing activities	1,345,168	1,498,559
CASH FLOWS FROM CAPITAL AND RELATED		
FINANCING ACTIVITIES		
Acquisitions of capital assets	(996,381)	(531,942)
Net cash used in capital and related financing activities	(996,381)	(531,942)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(1,494,359)	(2,744,102)
Proceeds from sale or maturity of investments	4,325,000	1,380,000
Interest on investments	474,089	493,446
Net cash provided by (used in) investing activities	3,304,730	(870,656)
Net increase (decrease) in cash	6,625,635	(122,929)
Cash at beginning of year	2,049,198	2,172,127
Cash at end of year	\$ 8,674,833	\$ 2,049,198

STATEMENTS OF CASH FLOWS YEARS ENDED AUGUST 31, 2020 AND 2019

	 2020	-	2019
RECONCILIATION OF LOSS FROM OPERATIONS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES			
Loss from operations	\$ (196,057)	\$	(705,331)
Adjustments to reconcile loss from operations			
to net cash provided by (used in) operating activities:			
Depreciation	465,616		429,431
Provision for uncollectible accounts	1,396,448		770,170
Changes in assets and liabilities:			
Increase in receivables	(909,983)		(721,697)
(Increase) decrease in inventory	(34,211)		2,255
Increase in estimated third-party payor settlements	(806,476)		(35,365)
Decrease in other current assets	3,979		-
Increase in accounts payable	126,962		30,679
Increase in unearned revenues	2,870,619		-
Increase in accrued expenses	 55,221		10,968
Total adjustments	 3,168,175		486,441
Net cash provided by (used in) operating activities	\$ 2,972,118	\$	(218,890)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

The West Ascension Parish Hospital Service District of Ascension Parish, Louisiana, d/b/a Prevost Memorial Hospital (the District), was created by a resolution of the Ascension Parish Council on May 2, 1963 under provisions of Chapter 10 of Title 46 of the Louisiana Revised Statutes of 1950.

Basis of Presentation

The accompanying component unit financial statements of the District have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units and promulgated by the Governmental Accounting Standards Board (GASB) *Codification of Governmental Accounting and Financial Reporting Standards.* The GASB is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant accounting policies established in GAAP and used by the District are described below.

Reporting Entity

As the governing authority of the parish, the Ascension Parish Council (the Council) is the financial reporting entity for Ascension Parish. The financial reporting entity consists of (a) the primary government (Council), (b) organizations for which the primary government is financially accountable, and (c) other organizations for which the nature and significance of their relationship with the primary government are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete.

The criteria for determining which component units should be considered part of the Ascension Parish Council for financial reporting purposes is below. The basic criterion for including a potential component unit within the reporting entity is financial accountability. The GASB has set forth criteria to be considered in determining financial accountability. These criteria include:

- 1. Appointing a voting majority of an organization's governing body, and
 - a. The ability of the Council to impose its will on that organization and/or
 - b. The potential for the organization to provide specific financial benefits to or impose specific financial burdens on the Council.
- 2. Organizations for which the Council does not appoint a voting majority but are fiscally dependent on the Council and there is a potential for the organization to provide specific financial benefits to or impose specific financial burdens on the Council.
- 3. Organizations for which the reporting entity's financial statements would be misleading if data of the organization is not included because of the nature or significance of the relationship.

Because the Council appoints all members to the District's Board of Commissioners and has the ability to impose its will on the District, the District was determined to be a component unit of the Ascension Parish Council, the financial reporting entity. The accompanying financial statements present information only on the funds maintained by the District and do not present information on the Council, the general government services provided by that governmental unit, or the other governmental units that comprise the financial reporting entity.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies (continued)

Measurement Focus, Basis of Accounting

Proprietary Fund Financial Statements. The proprietary fund is used to account for the District's ongoing operations. The proprietary fund financial statements are reported using the economic resources measurement focus. The proprietary fund financial statements are reported using the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded at the time incurred, regardless of when the related cash flows take place. Nonexchange transactions, in which the District gives (or receives) value without directly receiving (or giving) equal value in exchange, include grants, entitlements, and donations. On an accrual basis, revenue from grants, entitlements, and donations is recognized in the fiscal year in which all eligibility requirements have been satisfied.

Cash and Cash Equivalents

The District considers all cash accounts, money market funds, and certificates of deposits with a maturity of three months or less when purchased to be cash and cash equivalents. Cash includes petty cash and demand deposit accounts. Under state law, the District may deposit funds and invest in certificates of deposit with a fiscal agent bank organized under the laws of the State of Louisiana, the laws of any other state, or the laws of the United States.

Patient Accounts Receivable

The District provides credit in the normal course of operations to patients located primarily in Ascension Parish and surrounding areas and to insurance companies conducting operations in this area.

The District maintains allowances for contractual adjustments and doubtful accounts based on management's assessment of collectability, current economic conditions, and prior experience. The District determines if patient accounts receivable are past-due based on the discharge date; however, the District does not charge interest on past-due accounts. The District charges off patient accounts receivable if management considers the collection of the outstanding balances to be doubtful.

Allowance for Doubtful Accounts and Contractuals

The allowance for doubtful accounts is established as losses are estimated to have occurred through a provision for doubtful accounts charged to earnings. Losses are charged against the allowance when management believes the uncollectability of an account is confirmed. Subsequent recoveries, if any, are credited to the allowance. The allowance for doubtful accounts is evaluated on a regular basis by management and is based upon management's periodic review of the collectability of the accounts in light of historical experience, and the nature and volume of the accounts.

The allowance for contractual discounts on accounts receivable from third-party payors (Medicare, Medicaid and private medical benefit insurers) is based primarily on the latest discount percentages experienced with each third-party payor.

While management uses available information in estimating the District's allowance for doubtful accounts, changes in the reimbursable contract rates and the composition of the patient treatments could result in further reductions in the carrying amount of patient receivables. As such it is reasonably possible that the estimated net patient receivables may change materially in the near term. The amount of the change that is reasonably possible, however, cannot be estimated.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies (continued)

Inventory

Inventory is valued at the lower of cost (using the first-in, first-out method) or market.

Investments

The District may invest in bonds, debentures and other indebtedness which are fully guaranteed by the United States, issued or guaranteed by federal agencies backed by full faith and credit of the United States, issued or guaranteed by United States government instrumentalities which are federally sponsored, and others allowable by state law. Investments are stated at fair value, which are the amounts on the statements of net position, and are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

Investment income includes interest earned, realized gains and losses and unrealized gains and losses (changes in fair value).

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for District operations are recorded as additions at fair value at the date of receipt. Maintenance and repairs are charged to expense and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straightline method. Buildings and improvements are being depreciated over 25 to 40 years, land improvements over 20 years, and equipment over 5 to 20 years. Gains and losses from sales or retirements are recognized in the period of disposition.

Deferred Outflows/Inflows of Resources

The statement of financial position will at times report a separate section for deferred outflows and (or) deferred inflows of financial resources. *Deferred outflows* of resources represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense) until then. *Deferred inflows* of resources represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The District did not have any deferred outflows or deferred inflows at August 31, 2020 and 2019.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed cost, discounted charges, and per diem payments.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies (continued)

Operating Revenues and Expenses

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenues and expenses. Peripheral or incidental transactions are reported as non-operating revenues.

Net position

The net position of the District is classified in components. Net investment in capital assets net of related debt consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of any borrowings used to finance the purchase, improvements, or construction of those assets, if any. Because the District does not have related debt, net position related to capital assets is presented as investment in capital assets. Restricted net position is when there are limitations imposed on their use by external parties such as creditors, grantors, laws or regulations of other governments. The District had no restricted net position at August 31, 2020 and 2019. Unrestricted net position is the remaining net position that does not meet the definition of investment in capital assets or restricted.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Charity Care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Records of charges foregone for services and supplies furnished under the charity care policy are maintained to identify and monitor the level of charity care provided.

Risk Management

The District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters.

The District is a member of two separate trust funds established by the Louisiana Hospital Association that encompasses self-insurance for workers' compensation and liability insurance. The management of the trust funds has complete control over the rate setting process. The District is insured for all other risks of loss.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies (continued)

Recently Issued Accounting Principles

In June 2018, the GASB issued Statement No. 87 (GASB 87). The objective of GASB Statement No. 87, *Leases*, is to better meet the information needs of the financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that were previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Management is still evaluating the potential impact of adoption on the District's financial statements. The requirements of the Statement are effective for reporting periods beginning after June 15, 2021.

2. Sales Tax

In a general election held on November 5, 1980, the voters of the District approved a one-half percent sales tax. The net proceeds from this tax are to be used for the expansion and/or operation of the District.

3. Cash

At August 31, the District had cash and demand deposit accounts totaling \$8,674,833 and \$2,049,198, respectively as follows:

	2020	0	2	019
Petty cash	\$	51	\$	325
Demand deposit accounts	8,67-	4,782	2,	048,873
Total cash	\$ 8,67	4,833	<u>\$ 2,</u>	049,198

Under state law, these deposits (or the resulting bank balances) must be secured by federal deposit insurance or the pledge of securities owned by the fiscal agent bank. The market value of the pledged securities plus the federal deposit insurance must at all times equal the amount on deposit with the fiscal agent.

4. Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the District's deposits may not be returned to it. The District does not have a deposit policy for custodial credit risk at August 31, 2020. As of August 31, 2020, the District's bank balance was \$8,726,959. Of this amount, \$314,175 was insured by federal deposit insurance and \$8,412,784 was collateralized by pledged securities. The District's bank balances were not exposed to custodial credit risk at year end. As of August 31, 2019, the District's bank balance was \$2,159,416. Of this amount, \$254,966 was insured by federal deposit insurance and \$1,904,450 was collateralized by pledged securities. The District's bank balances were not exposed to custodial credit risk at August 31, 2019.

NOTES TO FINANCIAL STATEMENTS

5. Net Patient Service Revenues

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Contractual adjustments represent the differences between the District's billings at established rates for services and amounts reimbursed by third-party payors. Bad debts represent the differences between the District's billings at established rates for services and amounts reimbursed by self-pay payors.

While management uses available information in estimating the District's contractual adjustments and allowances for doubtful accounts, changes in the reimbursable contract rates and the composition of the patient treatments could result in further changes in the carrying amount of patient receivables. As such, it is reasonably possible that the estimated net patient accounts receivable may change materially in the near term. The amount of the change that is reasonably possible, however, cannot be estimated.

A summary of the payment arrangements with major third-party payors follows:

<u>Medicare</u> - Inpatient acute care services rendered to Medicare program beneficiaries are reimbursed under a cost reimbursement methodology. Inpatient non-acute services, certain outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are also paid based on a cost reimbursement methodology. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare fiscal intermediary. The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the District. The District's Medicare cost reports have been filed with the Medicare fiscal intermediary through August 31, 2020. The District's Medicare cost reports have been audited by the Medicare fiscal intermediary through August 31, 2017.

<u>Medicaid</u> - Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed 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 audits thereof by the Medicaid fiscal intermediary. The District's Medicaid cost reports have been filed with the fiscal intermediary through August 31, 2020. The District's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through August 31, 2013.

The District has also 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.

NOTES TO FINANCIAL STATEMENTS

6. Investments

The District's investments generally are reported at fair value, as discussed in Note 1. At August 31, 2020 and 2019, the District had the following investments and maturities, all of which were held in the District's name by a custodial bank that is an agent of the District:

			Investment]	Maturities (in Ye	ars)
Investment Type	Fair Value	Less than 1	1 - 5	6 - 10	More than 10
August 31, 2020 U.S. Agencies U.S. Treasury bills	\$ 17,973,304 422,163	\$ 5,345,131 422,163	\$ 5,172,405	\$ 5,042,537	\$ 2,413,231
Total investments	\$ 18,395,467	\$ 5,767,294	\$ 5,172,405	\$ 5,042,537	\$ 2,413,231
August 31, 2019					
U.S. Agencies U.S. Treasury bills	\$ 20,291,173 424,477	\$ 1,131,609 -	\$11,010,357 424,477	\$ 5,470,972	\$ 2,678,235
Total investments	\$ 20,715,650	\$ 1,131,609	\$11,434,834	\$ 5,470,972	\$ 2,678,235

The District categorizes its fair value measurements within the fair values hierarchy established by generally accepted accounting principles. The hierarchy is described in Note 7.

Interest Rate Risk- The District's investment policy does not limit investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

<u>Credit Risk</u>- Under Louisiana R.S. 33:2955, as amended, the District may invest in obligations of the U.S. Treasury, U.S. Agencies and instrumentalities, repurchase agreements, certificates of deposits, and other investments as provided in the statute. The District's investment policy does not limit its investment choices. As of August 31, 2020 and 2019, the District's investments in U.S. Agencies and U.S. Treasury bills were rated AAA by Moody's Investors Service and AAA by Standard & Poor's.

<u>Concentration of Credit Risk-</u> The District's investment policy does not limit the amount the District may invest in any one issuer. More than 5 percent of the District's investments are in securities issued by Federal Farm Credit Bank, Federal Home Loan Bank, Fannie Mae, and the Tennessee Valley Authority. These investments are 29%, 31%, 27%, and 10%, respectively, of total investments at August 31, 2020. These investments were 31%, 29%, 24%, and 10%, respectively, of total investments at August 31, 2019.

<u>Custodial Credit Risk-</u> For an investment, this is the risk that, in the event of the failure of the counter party, the District will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The District's policy addresses custodial credit risk for investments by requiring that they must be held by the District's fiscal agent bank that is selected in accordance with Louisiana statutes.

NOTES TO FINANCIAL STATEMENTS

7. Fair Value of Financial Instruments

Determination of Fair Value

The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset.

Fair Value Hierarchy

In accordance with this guidance, the District groups its financial assets and financial liabilities generally measured at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value.

- Level 1 Valuation is based on quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 1 assets and liabilities generally include debt and equity securities that are traded in an active exchange market. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.
- Level 2 Valuation is based on inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly. The valuation may be based on quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the asset or liability.
- Level 3 Valuation is based on unobservable inputs that are supported by little or no market activity and that
 are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial
 instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar
 techniques, as well as instruments for which determination of fair value requires significant management
 judgment or estimation.

The following methods and assumptions were used by the District in estimating fair value disclosures for financial instruments:

<u>Securities</u>: Where quoted prices are available in an active market, the District classifies the securities within level 1 of the valuation hierarchy. Securities are defined as both long and short positions. Level 1 securities include highly liquid government bonds and exchange-traded equities.

If quoted market prices are not available, the District estimates fair values using pricing models and discounted cash flows that consider standard input factors such as observable market data, benchmark yields, interest rate volatilities, broker/dealer quotes, and credit spreads. Examples of such instruments, which would generally be classified within level 2 of the valuation hierarchy, include GSE (Government sponsored enterprises) obligations, such as Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, and Federal Home Loan Bank, corporate bonds, and other securities. Mortgage backed securities are included in level 2 if observable inputs are available. In certain cases, where there is limited activity or less transparency around inputs to the valuation, the District classifies those securities in level 3.

NOTES TO FINANCIAL STATEMENTS

7. Fair Value of Financial Instruments (continued)

Fair Value of Assets Measured on a Recurring Basis

The District's securities are measured on a recurring basis through a model used by its investment custodian. Prices are derived from a model which uses actively quoted rates, prepayment models and other underlying credit and collateral data.

The following tables present for each of the fair-value hierarchy level the District's financial assets and liabilities that are measured at fair value on a recurring basis at August 31, 2020:

August 31, 2020		Level 1		Level 2
U.S. Treasury bills	\$	422,163	\$	-
U.S. Agency securities		-		17,973,304
Total	\$	422,163	\$	17,973,304
August 31, 2019		Level 1		Level 2
0				
U.S. Treasury DIIIS	\$	424,477	\$	-
U.S. Treasury bills U.S. Agency securities	\$	424,477	\$	- 20,291,173
	\$ \$	424,477 - 424,477	\$ \$	- 20,291,173 20,291,173

8. Capital Assets

Capital Assets and depreciation activity as of and for the year ended August 31, 2020, are as follows:

	Land	CIP	Buildings and Improvements	Equipment	Total
Cost of Capital Assets,					
8/31/19	\$ 260,520	\$ 131,739	\$ 4,270,987	\$ 4,823,810	\$ 9,487,056
Additions		796,848	-	199,533	996,381
Deletions	-	-	-	-	-
Transfers	14	-	-	-	
Cost of Capital Assets,					
8/31/20	260,520	928,587	4,270,987	5,023,343	10,483,437
Accumulated			· · · · · · · · · · · · · · · · · · ·		
Depreciation, 8/31/19	-	-	2,175,799	3,194,473	5,370,272
Additions	-	-	71,419	394,197	465,616
Deletions	-	-	-	-	-
Accumulated					
Depreciation, 8/31/20	-	-	2,247,218	3,588,670	5,835,888
Capital Assets, Net of Accumulated					
Depreciation at 8/31/20	\$ 260,520	\$ 928,587	\$ 2,023,769	\$ 1,434,673	\$ 4,647,549

NOTES TO FINANCIAL STATEMENTS

8. Capital Assets (continued)

Capital Assets and depreciation activity as of and for the year ended August 31, 2019, are as follows:

	Land	CIP	Buildings and Improvements	Equipment	Total
Cost of Capital Assets,					
8/31/18	\$ 105,902	\$ 135,823	\$ 4,270,987	\$ 4,650,226	\$ 9,162,938
Additions	154,618	108,255	-	269,069	531,942
Deletions	-		-	(207,824)	(207,824)
Transfers	-	(112,339)	-	112,339	-
Cost of Capital Assets,					
8/31/19	260,520	131,739	4,270,987	4,823,810	9,487,056
Accumulated					
Depreciation, 8/31/18	-	-	2,104,377	3,044,288	5,148,665
Additions	-	-	71,422	358,009	429,431
Deletions	-	-	-	(207,824)	(207,824)
Accumulated	A second se				
Depreciation, 8/31/19	-	-	2,175,799	3,194,473	5,370,272
Capital Assets, Net of Accumulated					
Depreciation at 8/31/19	\$ 260,520	\$ 131,739	\$ 2,095,188	\$ 1,629,337	\$ 4,116,784

For the years ended August 31, 2020 and 2019, depreciation expense was \$465,616 and \$429,431, respectively.

9. Concentrations of Credit Risk

The District is located in Donaldsonville, Louisiana. The District grants credit without collateral to its patients, most of whom are local residents. Revenue from patients and third-party payors were as follows:

2020	2019
68.1%	53.2%
10.9	9.9
8.0	27.3
13.0	9.6
100.0%	100.0%
	68.1% 10.9 8.0 13.0

Patient accounts receivable consist of the following:

n nen nen en	2020	2019
Receivable from patients and their insurance carriers	\$ 1,110,361	\$ 987,526
Receivable from private pay patients	977,172	959,036
Receivable from Medicare	235,227	471,829
Receivable from Medicaid	147,627	347,568
Total patient accounts receivable	2,470,387	2,765,959
Less allowances for doubtful accounts and contractual adjustments	(2,080,893)	(1,890,000)
Patient accounts receivable, net	\$ 389,494	\$ 875,959

NOTES TO FINANCIAL STATEMENTS

10. Charity Care (unaudited)

The District is an active and caring member of the community. Its mission of providing and improving medical care in the area as well as its participation in community activities is a long standing tradition of service provided to benefit the community. Total charity care for the indigent during the years ended August 31, 2020 and 2019 were \$132,744 and \$145,302, respectively.

The amount reported as care for the indigent represents billings for services provided based on the District's charge rates to persons who cannot afford health care because of unavailable resources or who are uninsured. Total cost of charity care for the years ended August 31, 2020 and 2019 was \$134,194 and \$113,464, respectively.

11. Tax Abatement

For the fiscal years ending August 31, 2020 and 2019, the District did not participate in any Tax Exemption Programs.

12. Rural Hospital Grant

Since the District serves a disproportionate share of low-income patients, it qualifies for additional reimbursements from the State of Louisiana Department of Health and Hospitals rural hospital grant program. The rural hospital grant program was developed by the Rural Hospital Coalition, Inc., to assist rural hospitals in receiving adequate reimbursement for uninsured and indigent patients under the State of Louisiana Rural Hospital Preservation Act. The grant funds totaled \$1,676,557 and \$1,584,152 for the years ended August 31, 2020 and 2019, respectively.

13. Commitments and Contingent Liabilities

The healthcare industry is subject to numerous laws and regulations which include, among other things, matters such as government healthcare participation requirements, various licensure and accreditations, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government action has increased with respect to investigations and/or allegations concerning possible violations of fraud and abuse and false claims statutes and/or regulations by healthcare providers. Providers that are found to have violated these laws and regulations might be excluded from participating in government healthcare programs, subjected to fines or penalties, or required to repay amounts received from the government for previously billed patient services. While management of the District believes that its policies, procedures, and practices comply with governmental regulations, no assurance can be given that the District will not be subjected to governmental inquiries or actions.

14. Subsequent Events

The District has evaluated subsequent events through April 6, 2021, the date that the financial statements were available to be issued, and determined no events occurred that require disclosure. No events occurring after that date have been evaluated for inclusion in these financial statements.

NOTES TO FINANCIAL STATEMENTS

15. COVID-19 Pandemic and CARES Act Funding

In 2020, the COVID-19 pandemic impacted the District as well as its patients, community and employees. The spread of COVID-19 and the ensuing response of federal, state and local authorities beginning in March 2020 resulted in a material reduction in patient volumes and also adversely affected the District's net operating revenues for the year ended August 31, 2020. Federal, state and local authorities have taken several actions designed to assist healthcare providers in providing care to COVID-19 and other patients and to mitigate the adverse economic impact of the COVID-19 pandemic.

Legislative actions taken by the federal government include the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which was signed into law on March 27, 2020, the Paycheck Protection Program and Health Care Enhancement Act (the "PPP Act"), which was signed into law on April 24, 2020, the Continuing Appropriations Act, 2021 and Other Extensions Act (the "Continuing Appropriations Act"), which was signed into law October 1, 2020, and the Consolidated Appropriations Act, 2021 (the "Consolidated Appropriations Act" and, collectively, with the CARES Act, the PPP Act, and the Continuing Appropriations Act, the "COVID Acts"), which was signed into law on December 27, 2020. Through the COVID Acts, the federal government has authorized \$178 billion in payments to be distributed through the Public Health and Social Services Emergency Fund ("Provider Relief Fund" or "PRF").

During the year ended August 31, 2020, the District received \$3,786,619 in cash payments from the Provider Relief Fund. These payments are not loans and, therefore, they are not subject to repayment. However, as a condition to receiving distributions, the District had to agree to certain terms and conditions, including, among other things, that the funds are being used for lost revenues and unreimbursed COVID-related costs as defined by the U.S. Department of Health and Human Services ("HHS"), and that it will not seek collection of out-of-pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider. provisions of the CARES Act.

The District is required to comply with the reporting requirements described in the terms and conditions and as determined by HHS. The District recognizes grant payments as income when there is reasonable assurance that it has complied with the conditions associated with the grant. Initial estimates could change materially in the future based on our operating performance or COVID-19 activities, as well as the government's evolving grant compliance guidance. During the year ended August 31, 2020, we recognized grant income of \$916,000.

The recognition of amounts received is conditioned upon the provision of care for individuals with possible or actual cases of COVID-19 after January 31, 2020, certification that payment will be used to prevent, prepare for and respond to coronavirus and shall reimburse the District only for healthcare-related expenses or lost revenues, as defined by HHS, that are attributable to coronavirus, as well as receipt of the funds. Amounts are recognized as revenue only to the extent the District is reasonably assured that underlying conditions have been met. The District's assessment of whether the terms and conditions for amounts received are reasonably assured of having been met considers, among other things, the CARES Act, the CAA and all frequently asked questions and other interpretive guidance issued by HHS. Such guidance, specifically the various Post-Payment Notice of Reporting Requirements and frequently asked questions issued by HHS, set forth the allowable methods for quantifying eligible healthcare related expenses and lost revenues. Only healthcare related expenses attributable to coronavirus that another source has not reimbursed and is not obligated to reimburse are eligible to be claimed. On the basis of guidance available at the time, the District's estimate of lost revenues for 2020 was based on the negative change in year-over-year net patient care operating revenue. The calculation as of August 31, 2020 is in accordance with the CAA which indicates that lost revenues may be calculated pursuant to frequently asked questions published by HHS in June 2020.

WEST ASCENSION PARISH HOSPITAL SERVICE DISTRICT

OF ASCENSION PARISH, LOUISIANA

SUPPLEMENTAL INFORMATION



A Professional Accounting Corporation

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 West Ascension Parish Hospital Service District of Ascension Parish, Louisiana Donaldsonville, Louisiana

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 the West Ascension Parish Hospital Service District of Ascension Parish, Louisiana (the District), a component unit of the Ascension Parish Council, as of and for the year ended August 31, 2020, and the related notes to the financial statements, which collectively comprise of the District's basic financial statements as listed in the table of contents, and have issued our report thereon dated April 6, 2021.

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) as a basis for designing 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 and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a certain deficiency in internal control, described in the accompanying schedule of findings and responses as item 2020-001 that we consider to be a material weakness.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the 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*.

Management's Response to Finding

The District's response to the finding identified in our audit is described in the accompanying schedule of findings and responses. The West Ascension Parish Hospital Service District's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

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 District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Governmental Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Postlethwaite & Netteville

Donaldsonville, Louisiana April 6, 2021

SCHEDULES OF NET PATIENT SERVICE REVENUES YEARS ENDED AUGUST 31, 2020 AND 2019

	2020	2019
Patient services:		
Routine service (daily service charges)	\$ -	\$ 163,313
Emergency room	3,846,220	5,212,214
Therapy	22,077	29,519
Central services and supply	2,586	9,959
	3,870,883	5,415,005
Other services:		
Laboratory	1,565,710	1,645,470
Pharmacy	27,991	77,995
Radiology	192,747	255,483
Emergency room physicians		607
Medical transcription fees	260	10,822
EKG	33,708	35,171
Physical therapy	-	1,070
Wound Care	1,133,868	1,173,525
Ultrasound	82,405	114,475
Mammography	187,725	196,650
Miscellaneous	-	1,700
	3,224,414	3,512,968
Total patient and other service revenues	7,095,297	8,927,973
Contractual adjustments	(961,598)	(3,149,185)
Provision for bad debts	(1,396,448)	(770,170)
	(2,358,046)	(3,919,355)
Net patient service revenue	\$ 4,737,251	\$ 5,008,618

See the accompanying notes and independent auditors' report

SCHEDULE OF COMPENSATION, BENEFITS & OTHER PAYMENTS TO AGENCY HEAD OR CHIEF EXECUTIVE OFFICER YEAR ENDED AUGUST 31, 2020

Agency Head Name/Title: Vince Cataldo, Administrator

Purpose	Amount		
Salary	\$ 160,148		
Benefits - Health Insurance		8,957	
Benefits - Life Insurance	212		
Travel		1,746	
	\$	171,063	

See the accompanying notes and independent auditors' report

SCHEDULE OF FINDINGS AND RESPONSES YEAR ENDED AUGUST 31, 2020

A. SUMMARY OF AUDIT RESULTS

Financial Statements				
Type of auditors' report issued:		Unmodi	ified	
Internal Control over Financial Reporting:				
 Material weakness(es) identified? 	X	Yes		_No
 Significant deficiency(ies) identified that are not considered to be material weaknesses? 		Yes	X	_None reported
Noncompliance material to financial statements noted?		_Yes	X	_ No

B. FINDINGS-FINANCIAL STATEMENT AUDIT

MATERIAL WEAKNESS

2020-001 Internal Control over Financial Reporting

Criteria:	Internal control over financial reporting includes ensuring that policies and procedures exist that pertain to an entity's ability to initiate, record, process, and report financial data consistent with the assertion embodied in the annual financial statements, which for the District, is that financial statements are prepared in accordance with generally accepted accounting principles (GAAP).
Condition:	During the audit, we noted several accounts which required adjustment in order for them to properly reflect end of year balances. These accounts included property and equipment, accrued liabilities, accrued receivables and investment income.
Cause:	The District does not have adequate policies, procedures, and internal controls to prepare accurate and complete financial statements in accordance with GAAP on a timely basis.
Effect:	Due to the inaccuracy of the information provided to the Board, the District may not have the ability to make appropriate financial decisions.
Recommendation:	 The District should evaluate its accounting and financial reporting function. Specifically, the District should consider the following: Take more of a role in preparing and recording journal entries historically proposed by the auditors as part of the audit. Implement procedures and controls to ensure accounts payable and expenses are properly coded and reported on a timely basis at year-end.
View of Responsible Official:	The District will design and implement procedures to ensure timely and accurate reporting.

C. FINDINGS - COMPLIANCE WITH STATE LAWS AND REGULATIONS

Note noted.

SCHEDULE OF PRIOR YEAR FINDINGS YEAR ENDED AUGUST 31, 2020

A. FINDINGS - FINANCIAL STATEMENT AUDIT

2019-001 Internal Control over Financial Reporting

Condition: During the audit, we noted several accounts which required adjustment in order for them to properly reflect end of year balances. These accounts included property and equipment, accrued liabilities, investment income, and equity.

Current Status: See similar finding 2020-001.

B. FINDINGS - COMPLIANCE WITH STATE LAWS AND REGULATIONS

None.



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301 Memorial Drive Donaldsonville, LA 70346 Board of Commissioners: Michel Hirsch, M.D., Chairman Glenn Schexnayder, M.D., Vice-Chairman Glenn Robert, Treasurer AJ Gomez, Recording Secretary Michael Medine, Commissioner

CORRECTIVE ACTION PLAN

April 6, 2021

Louisiana Legislative Auditor

The West Ascension Parish Hospital Service District respectfully submits the following corrective action plan for the year ended August 31, 2020.

Name and address of the independent public accounting firm:

Postlethwaite & Netterville, APAC 8550 United Plaza Blvd. Ste 1001 Baton Rouge, LA 70809

Audit Period: September 1, 2019 - August 31, 2020

The finding from the schedule of findings is discussed below. The finding is numbered consistently with the number assigned in the schedule of findings.

FINDINGS - FINANCIAL STATEMENT AUDIT

MATERIAL WEAKNESS

2020-001 Internal Control Over Financial Reporting

Recommendation: The District should evaluate its accounting and financial reporting function. Specifically, the District should consider the following:

- Take more of a role in preparing and recording journal entries historically proposed by the auditors as part of the audit.
- The sales tax checking account should be integrated with the accounting software to allow expenses to be entered and paid through the accounts payable system.
- Implement procedures and controls to ensure accounts payable and expenses are properly coded and reported on a timely basis at year-end.

View of Responsible Official: The District will design and implement procedures to ensure timely and accurate reporting.

Sincerely. Vince Cara

Vince Cataldo Hospital Administrator