



Access Health Louisiana

FINANCIAL STATEMENTS

February 28, 2022 and 2021

REPORT	Page
Independent Auditors’ Report.....	1
FINANCIAL STATEMENTS	
Statements of Financial Position.....	4
Statements of Activities.....	5
Statement of Functional Expenses for the Year Ended February 28, 2022.....	6
Statement of Functional Expenses for the Year Ended February 28, 2021.....	7
Statements of Cash Flows.....	8
Notes to Financial Statements.....	9
SUPPLEMENTARY INFORMATION	
Schedule of Compensation, Benefits and Other Payments to Agency Head.....	29
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 <i>Government Auditing Standards</i>	30
Independent Auditors’ Report on Compliance for Each Major Program and on Internal Control over Compliance Required by Uniform Guidance.....	32
Schedule of Expenditures of Federal Awards.....	35
Notes to Schedule of Expenditures of Federal Awards.....	36
Schedule of Findings and Questioned Costs.....	38



REPORT





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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Access Health Louisiana
Kenner, Louisiana

Opinion

We have audited the accompanying financial statements of Access Health Louisiana (a nonprofit healthcare entity) (AHL), which comprise the statements of financial position as of February 28, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Access Health Louisiana as of February 28, 2022 and 2021, and the changes in its net assets, functional expenses, 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. 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 AHL 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.

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 AHL's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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 generally accepted 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 generally accepted 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 AHL'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 AHL'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.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of compensation, benefits and other payments to agency head is required by Louisiana Revised Statute 24:513(A)(3) and is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards for the year ended February 28, 2022, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is also presented for purposes of additional analysis 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the accounting and other records used to prepare the 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 August 29 2022, on our consideration of AHL'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 AHL'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 AHL's internal control over financial reporting and compliance.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC
Metairie, Louisiana
August 29, 2022



FINANCIAL STATEMENTS



Access Health Louisiana
Statements of Financial Position

<i>As of February 28,</i>	2022	2021
Assets		
Current Assets		
Cash and cash equivalents	\$ 6,949,288	\$ 5,617,668
Patient accounts receivable	1,551,606	1,372,596
Pharmacy receivable	423,804	447,453
340B Drug Pricing Program receivable	288,314	193,841
Grants receivable	1,867,109	3,314,073
Other receivables	948,651	83,408
Inventory	198,872	136,984
Prepaid expenses	333,717	228,448
Total current assets	12,561,361	11,394,471
Non-current assets		
Property and equipment, net	13,604,484	11,525,206
Intangibles, net	14,344	29,992
Total non-current assets	13,618,828	11,555,198
Total assets	\$ 26,180,189	\$ 22,949,669
Liabilities and Net Assets		
Current liabilities		
Accounts payable	\$ 1,780,007	\$ 1,231,475
Accrued expenses	2,481,225	1,947,397
Current maturities of long-term debt	758,466	712,311
Total current liabilities	5,019,698	3,891,183
Long-term liabilities		
Long-term debt, less current maturities	2,401,667	1,326,745
Total long-term liabilities	2,401,667	1,326,745
Total liabilities	7,421,365	5,217,928
Net assets		
Without donor restrictions	18,543,824	17,516,741
With donor restrictions	215,000	215,000
Total net assets	18,758,824	17,731,741
Total liabilities and net assets	\$ 26,180,189	\$ 22,949,669

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

**Access Health Louisiana
Statements of Activities**

<i>For the Years Ended February 28,</i>	2022	2021
Without Donor Restrictions		
Revenue and Other Support		
Patient service revenue	\$ 21,546,564	\$ 19,487,485
Community health centers grant revenue	8,424,964	9,584,541
Other grants and contract revenue	4,952,390	6,379,310
Cooperative endeavor agreement support	1,361,570	1,641,725
Pharmacy revenue	5,573,112	5,743,988
Insurance incentives	1,814,950	1,407,756
Other revenues	2,307,303	89,567
Paycheck Protection Program loan forgiveness	-	3,346,400
Donations	2,483	354,459
Total revenues and other support	45,983,336	48,035,231
Without Donor Restrictions		
Expenses		
Program services	36,828,285	33,404,133
Management and general	8,301,909	6,826,825
Total expenses	45,130,194	40,230,958
Excess of (Deficiency in) Revenue Over Expenses	853,142	7,804,273
Grants for the acquisition of property and equipment	173,941	974,854
Change in Net Assets Without Donor Restrictions	1,027,083	8,779,127
Net assets without donor restrictions - beginning of year	17,516,741	8,737,614
Net assets without donor restrictions - end of year	\$ 18,543,824	\$ 17,516,741
Change in Net Assets With Donor Restrictions	\$ -	\$ -
Net assets with donor restrictions - beginning of year	215,000	215,000
Net assets with donor restrictions - end of year	\$ 215,000	\$ 215,000

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

Access Health Louisiana
Statement of Functional Expenses

For the Year Ended February 28,

2022

	Program Services	Management and General	Total
Salaries and wages	\$ 17,039,221	\$ 3,756,350	\$ 20,795,571
Benefits and payroll taxes	5,754,539	1,658,204	7,412,743
Contractual services	4,766,214	1,711,457	6,477,671
Pharmaceuticals	3,984,987	-	3,984,987
Rent	1,155,612	-	1,155,612
Depreciation and amortization	785,048	133,111	918,159
Other	474,985	179,424	654,409
Communications	248,384	297,583	545,967
Patient supplies	505,328	-	505,328
Maintenance	433,450	64,835	498,285
Advertising	451,482	1,399	452,881
Laboratory	374,563	4,315	378,878
Insurance	264,118	100,925	365,043
Supplies	111,828	189,579	301,407
Printing and shipping	198,893	15,602	214,495
Utilities	127,695	30,124	157,819
Travel	50,377	80,947	131,324
Interest	74,782	27,958	102,740
Dues and memberships	26,779	50,096	76,875
Total Expenses	\$ 36,828,285	\$ 8,301,909	\$ 45,130,194

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

Access Health Louisiana
Statement of Functional Expenses

For the Year Ended February 28,

2021

	Program Services	Management and General	Total
Salaries and wages	\$ 15,441,868	\$ 3,155,303	\$ 18,597,171
Benefits and payroll taxes	4,914,986	1,378,330	6,293,316
Contractual services	3,593,612	1,372,209	4,965,821
Pharmaceuticals	4,130,462	-	4,130,462
Rent	1,353,542	-	1,353,542
Depreciation and amortization	680,749	122,555	803,304
Patient supplies	659,877	668	660,545
Supplies	439,337	130,429	569,766
Other	429,652	110,481	540,133
Communications	234,412	255,093	489,505
Maintenance	413,065	64,728	477,793
Insurance	276,702	99,281	375,983
Laboratory	271,791	859	272,650
Printing and shipping	169,464	15,283	184,747
Utilities	120,514	22,110	142,624
Advertising	141,232	638	141,870
Interest	44,625	47,113	91,738
Dues and memberships	48,333	34,579	82,912
Travel	39,910	17,166	57,076
Total Expenses	\$ 33,404,133	\$ 6,826,825	\$ 40,230,958

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

Access Health Louisiana Statements of Cash Flows

For the Years Ended February 28,

	2022	2021
Cash Flow from Operating Activities		
Change in net assets	\$ 1,027,083	\$ 8,779,127
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	918,159	803,304
Donation of property and equipment	-	(275,000)
Bad debt - other receivables	2,313	2,466
Gain on disposal of asset	(8,914)	-
(Increase) decrease in operating assets:		
Patient accounts receivable	(179,010)	(200,004)
Pharmacy receivables	23,649	(56,668)
340B Drug Pricing Program receivable	(94,473)	(898)
Grants receivable	1,446,964	(2,819,261)
Other receivables	(867,556)	(41,165)
Inventory	(61,888)	63,866
Prepaid expenses	(105,269)	(10,004)
Increase (decrease) in operating liabilities:		
Accounts payable	548,532	(172,448)
Accrued expenses	533,828	237,288
Net cash provided by operating activities	3,183,418	6,310,603
Cash Flow from Investing Activities		
Purchases of property and equipment	(1,744,818)	(1,042,382)
Proceeds from insurance on capital assets	29,556	-
Net cash used in investing activities	(1,715,262)	(1,042,382)
Cash Flow from Financing Activities		
Net payments on line of credit	-	(175,000)
Payments on long-term debt and capital lease obligation	(136,536)	(449,403)
Net cash used in financing activities	(136,536)	(624,403)
Net change in cash and cash equivalents	1,331,620	4,643,818
Cash and cash equivalents - beginning of year	5,617,668	973,850
Cash and cash equivalents - end of year	\$ 6,949,288	\$ 5,617,668
SUPPLEMENTAL CASH FLOWS INFORMATION:		
Cash paid for interest during the year	\$ 102,740	\$ 91,738
NON-CASH FINANCING ACTIVITY:		
Issuance of note payable for the purchase of the building	\$ 1,200,000	\$ -
Issuance of note payable for the purchase of the vehicle	\$ 57,614	\$ -
Assumption of note payable for donated property and	\$ -	\$ 600,000

The accompanying footnotes are an integral part of these financial statements.

Note 1: DESCRIPTION OF THE ORGANIZATION

Access Health Louisiana (AHL) is a Federally Qualified Health Center incorporated in the State of Louisiana as a non-profit organization that works to improve, promote and maintain the physical and emotional health of patients in the communities served, regardless of their ability to pay. AHL currently has 36 individual clinic locations, which operate under registered trade names reflective of the communities they serve. AHL recognizes patient service revenue for the provision of medical, behavioral, and dental health services through community health centers, school-based wellness centers, retail delivery pharmacy, and specialty service clinics located in southeastern Louisiana across twelve parishes throughout Louisiana. AHL's administrative offices are located in Kenner, Louisiana.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Estimates that are particularly susceptible to significant change in the near term are related to recognition of amounts expected to be received for patient services as patient service revenue, allocation of functional expenses, and depreciable lives of property, plant, and equipment.

Risk Management

Effective August 13, 2003, The U.S. Department of Health and Human Services deemed AHL and its practicing providers covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. U.S. GAAP requires a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the AHL's claim experience, no such accrual has been made. However, because of the risk in providing health care services, it is possible that an event has occurred which will be the basis of a future material claim.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include cash and all highly liquid investments with an original maturity of 90 days or less.

Patient Accounts Receivable and Patient Service Revenue

Patient service revenue and receivables are reported at the amount that reflects the consideration AHL expects to be entitled for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others, and include variable consideration for retroactive revenue adjustments due to settlement of reviews and audits. Generally, AHL bills the patients and third-party payors after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by AHL. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. AHL believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. AHL measures the performance obligation from the beginning of treatment to the point when it is no longer required to provide services to that patient. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

Because its performance obligations relate to contracts with a duration of less than one year, AHL has elected to apply the optional exemption provided in FASB ASC 606-10-60-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients no longer require services, which generally occurs within days or weeks of the end of the reporting period.

As provided for under the guidance, AHL does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Patient Accounts Receivable and Patient Service Revenue (Continued)

AHL is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to patient service revenue. AHL accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The portfolios consist of major payor classes for services performed. Based on historical collection trends and other analyses, AHL has concluded that revenue for a given portfolio would not be materially different from accounting for revenue on a contract-by-contract basis.

AHL has agreements with third-party payers that provide for payments to AHL at amounts different from charged rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, case rates, and per diem payments. Patient service revenue is reported at the estimated net realizable amounts from patients, third party payers and others for services rendered.

AHL participates in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. AHL is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submissions of annual cost reports by AHL and audits thereof by the Medicare/Medicaid fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid 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 future.

AHL also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to AHL under these agreements includes prospectively determined rates per discharge, reimbursed cost, discounts from billed charges, case rates, and daily rates.

AHL determines the transaction price based on standard charges for services provided, reduced by explicit price concessions provided to third-party payors, discounts provided to uninsured patients in accordance with policy, and implicit price concessions provided to uninsured patients. Explicit price concessions are based on contractual agreements, discount policies, and historical experience. Implicit price concessions represent differences between amounts billed and the estimated consideration AHL expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors.

Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductible and coinsurance, which vary in amount. AHL estimates the transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Patient Accounts Receivable and Patient Service Revenue (Continued)

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant in 2022 and 2021.

Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and final settlements are determined.

Other Receivables

Other receivables principally include program service grants and fees which are uncollateralized funding source obligations and are stated at the invoice amount. These are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to other receivables. Management has determined that no valuation allowance was required at February 28, 2022 and 2021.

Inventory

Inventories are stated at the lower of cost or net realizable value. Cost is determined by the first-in, first-out method. When evidence exists that the net realizable value of inventory is lower than its cost, the difference is recognized as a loss in the statement of activities in the period in which it occurs. As of February 28, 2022 and 2021 the amount in inventory was \$198,872 and \$136,984, respectively.

Prepaid Expenses

Prepaid expenses are amortized over the estimated period of future benefit, generally on a straight-line basis.

Property and Equipment

AHL capitalizes fixed assets with costs of \$1,000 or greater and useful lives of three years or more. Property and equipment are stated at cost. Donations of property and equipment are capitalized at the estimated fair value of the donation. Maintenance and repairs that do not improve or extend the lives of property and equipment are charged to expense as incurred. When assets are sold or retired, their cost and related accumulated depreciation are removed from the accounts and any gain or loss is reported in the statements of activities. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment (Continued)

The classes of depreciable assets and their respective estimated useful lives are as follows:

Buildings and improvements	15-40 years
Leasehold improvements	5-10 years
Office and medical equipment	3-7 years
Vehicles	5-7 years

Intangible Assets

FASB ASC (Topic 350) *Intangibles - Goodwill and Other* addresses the initial recognition and measurement of intangible assets acquired outside a business combination and the recognition and measurement of goodwill and other intangible assets subsequent to their acquisition. In accordance with this Topic, intangible assets that have a finite useful life are amortized over the asset's estimated useful life.

Amortization is calculated using the straight-line method unless another method better reflects the pattern of consumption of the economic benefits of the intangible asset.

Impairment of Long-Lived Assets

AHL evaluates, on an ongoing basis, the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The assessment of the recoverability of assets will be impacted if estimated future operating cash flows are not achieved. Based on management's evaluations, no long-lived assets impairments were recognized during the years ended February 28, 2022 or 2021.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Compensated Absences

AHL allows regular full-time employees, upon initial eligibility of 90 days, to receive compensated absences based on length of service: 1-4 years, 120 hours; 5-9 years, 160 hours; 10-19 years, 200 hours, and 20+ years, 240 hours. Employees are eligible to carry-over to the following year up to 80 hours of accrued time based on the calendar year. Any hours above 80 at the end of each calendar year will be forfeited. During the fiscal year ended February 28, 2021, the forfeiture date was changed to the first pay period following the fiscal year end. Upon termination, all accrued hours are paid to an employee at full value based on base hourly rates as of termination date. Accrued compensated absences included as a component of accrued expenses on AHL's statement of financial position were \$812,675 and \$669,670, as of February 28, 2022 and 2021, respectively.

Net Assets

AHL reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of AHL, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations.

Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some restrictions are temporary in nature, such as those that are restricted by a donor for use for a particular purpose or in a particular future period. Other restrictions may be perpetual in nature; such as those that are restricted by a donor that the resources be maintained in perpetuity.

When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions.

Pharmacy Revenue and Expenses

During the 2018 fiscal year, AHL opened a retail delivery pharmacy managed by a third party. Pharmacy revenue is recognized at the time pharmaceuticals or medical supplies are delivered to patients. Pharmacy revenue is reported at the net realizable amounts due from customers or third-party payors. The costs of pharmaceuticals are recognized in the same period as pharmacy revenue when pharmaceuticals or medical supplies are delivered to patients.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Incentive Revenue

AHL participates in a shared savings agreement with a third party insurer whereby if AHL meets certain quality risk metrics as defined in the agreement, the third party will share with AHL a percentage of calculated savings. AHL recognizes incentive payments as revenue when it is reasonably assured that the quality risk metrics have been achieved. At February 28, 2022 and 2021, AHL recorded incentive revenue of \$1,814,950 and \$1,407,756 as other revenue on the statements of activities.

Cooperative Endeavor Agreement Support

Pursuant to a CEA with St. Charles Parish, AHL provides accessible healthcare services for residents of St. Charles Parish in exchange for the use of a Parish-owned building and direct financial support from the proceeds of ad valorem taxes via lump sum payments, less deductions for certain costs associated with the Parish-owned facilities provided. The agreement was set to terminate in December 2020, but the residents of St. Charles Parish extended the public health millage through December 2029.

Pursuant to a CEA with St. Bernard Parish, AHL provides accessible healthcare services for residents of St. Bernard Parish in exchange for the use of office space in the medical office building adjacent to the new hospital. This agreement also provides for discretionary direct financial support from the proceeds of ad valorem taxes via lump sum payments, less deductions for certain costs associated with the Parish-owned facilities provided. This agreement stipulates that AHL shall make requests for such support in writing on or about January 31 of each year. This has been recognized in these financial statements as CEA support. The agreement is effective through December 31, 2026.

340B Drug Pricing Program

AHL participates in the 340B Drug Pricing Program, which is a US federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.

Charity Care

In the ordinary course of business, AHL renders services to patients who are financially unable to pay for medical care. AHL provides care to these patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Charity care eligibility is based on limited or no insurance coverage, income compared to published poverty levels and family size, as well as other factors. Because AHL does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Charity Care (Continued)

AHL maintains records to identify and monitor the level of charity care it provides. Charity care is measured based on AHL's estimated direct and indirect costs of providing charity care services. That estimate is made by multiplying the amount of charges forgone by the estimated cost to charge ratio. The cost of charity care provided during the years ended February 28, 2022 and February 28, 2021 was estimated as \$3,581,674 and \$2,711,099, respectively.

Grants and Contributions

Grants are recognized as revenue when earned. Expense-driven grants are recognized as revenue when the qualifying expenses have been incurred and all other grant requirements have been met. AHL receives funds from the United States Department of Health and Human Services (DHHS) through the Health Resources and Services Administration. In accordance with DHHS policies, all funds disbursed should be in compliance with the specific terms of the grant agreements. DHHS may, at its discretion, request reimbursement for expenses or return of unexpended funds, or both, as a result of non-compliance by AHL with the terms of the grants. In addition, if AHL terminates the activities of the grants, all unexpended federal funds are to be returned to DHHS. The grant agreement requires AHL to provide primary healthcare to all requesting individuals; however, the amount an individual actually pays is based on the individual's personal income.

AHL receives grants from other governmental entities 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, including time requirements, are met. Grants and contributions may be restricted either for specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as operating revenues. Amounts restricted to capital acquisition are reported after nonoperating revenue and expenses.

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act

On March 27, 2020, CARES Act was signed into law by the President of the United States. Included in the CARES Act was a healthcare provider relief fund ("PRF"), administered by the Department of Health and Human Services ("HHS"), and to be distributed to healthcare providers. The purpose of the PRF is to help providers offset certain costs incurred as a result of COVID-19 including the impact to the provider's revenues if applicable. Providers were allocated a portion of the PRF based on prior revenue information reported to CMS in their annual Medicare cost reports. During the year ended February 28, 2022 and 2021, AHL received \$352,435 and \$1,342,231, respectively, in PRF payments, which is included on the Statements of Activities in other grants and contracts revenue.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Coronavirus Aid, Relief, and Economic Security (“CARES”) Act (Continued)

In addition, the CARES Act allowed AHL to receive a Paycheck Protection Program (“PPP”) loan from the Small Business Administration (“SBA”). The PPP Loan may be fully forgiven if (i) proceeds are used to pay eligible payroll costs or other eligible costs and (ii) full-time employee headcount and salaries are either maintained during the 24-week period following disbursement or restored by December 31, 2020. If not maintained or restored, any forgiveness of the PPP Loan would be reduced in accordance with the regulations that were issued by the SBA.

In 2021, AHL recognized revenue from the PPP Loan following the guidance under FASB ASC 958-605, government grant model. PPP funds are considered a conditional contribution and recorded as a refundable advance on the statement of financial position until the barriers to entitlement are met. AHL considers the barriers to entitlement to include the incurrence of qualifying expenses and maintaining specified levels of payroll and employment. Revenue is recognized once conditions have been substantially met or explicitly waived. AHL’s PPP Loan was forgiven on June 30, 2021.

Non-Direct Response Advertising

AHL expenses advertising costs as incurred. Advertising expenses amounted to \$452,881 and \$141,870 for the years ended February 28, 2022 and 2021, respectively.

Functional allocations of expenses

Any costs related to program administration or costs related to activities that constitute direct conduct or direct supervision of program service are functionally classified as program service expenses. The financial statements report certain categories of expenses that are attributable to more than one program or supporting function of AHL.

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among program services and management and general based on actual or percentage of use. The expenses that are allocated include depreciation and amortization, maintenance, laboratory, insurance, and utilities which are allocated on a square footage basis. Salaries and wages, benefits and payroll taxes, contractual services, communications, travel, supplies, dues and memberships, advertising, other, and printing and shipping are allocated on basis of estimates of time and effort.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Current Healthcare Environment

AHL monitors economic conditions closely, both with respect to potential impacts on the healthcare industry and from a more general business perspective. Management recognizes that economic conditions may continue to impact AHL in a number of ways, including, but not limited to, uncertainties associated with the United States and state political landscape and rising uninsured patient volumes and corresponding increases in uncompensated care.

Additionally, the general healthcare industry environment is increasingly uncertain, especially with respect to the ongoing impacts of the federal healthcare reform legislation. Potential impacts of ongoing healthcare industry transformation include, but are not limited to:

- Significant capital investment in healthcare information technology
- Continuing volatility in state and federal government reimbursement programs
- Effective management of multiple major regulatory mandates, including the previously mentioned audit activity
- Significant potential business model changes throughout the healthcare system, including within the healthcare commercial payer industry.

The business of healthcare in the current economic, legislative, and regulatory environment is volatile. Any of the above factors, along with others both currently in existence and which may or may not arise in the future, could have a material adverse impact on AHL's financial position and operating results.

Income Taxes

Under section 501(c)(3) of the Internal Revenue Code, AHL is exempt from taxes on income other than unrelated business income. Unrelated business income results from rent, administration of self-insurance activities, and commissions.

AHL utilizes the accounting requirements associated with uncertainty in income taxes using the provisions of FASB ASC 740, *Income Taxes*. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the positions will be sustained upon examination by the tax authorities. It also provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. As of February 28, 2022 and 2021, AHL has no uncertain tax provisions that qualify for recognition or disclosure in the financial statements.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Pronouncements Issued But Not Yet Effective

In February 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842). The guidance in this ASU and its amendments supersedes the leasing guidance in Topic 840, entitled *Leases*. Under the guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. For nonpublic entities, the standard is effective for fiscal years beginning after December 15, 2021. Early adoption is permitted. AHL is currently evaluating the impact of the guidance on its financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, August 29, 2022. See Note 18 for relevant disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Note 3: FINANCIAL ASSET AVAILABILITY

AHL has \$12,028,772 of financial assets available within one year of the statement of financial position dated February 28, 2022 consisting of cash and cash equivalents of \$6,949,288, patient receivable of \$1,551,606, pharmacy receivable of \$423,804, and other receivables of \$3,104,074. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for the general expenditure within one year of the statement of financial position date. AHL has a goal to maintain financial assets, which consist of cash and cash equivalents, on hand to meet one month of normal operating expenses, which are, on average, approximately \$3,760,850. Management believes it has appropriate available financial resources.

Access Health Louisiana
Notes to Financial Statements

Note 4: PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUE

Patient Accounts Receivable

AHL grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at February 28, 2022 and 2021 was as follows:

	2022	2021
Commercial	\$ 216,702	\$ 186,083
Private Pay	118,142	140,896
Medicaid	1,025,201	795,022
Medicare	134,891	165,643
Dental	56,670	84,952
Patient accounts receivable	\$ 1,551,606	\$ 1,372,596

The mix of receivables from patients and third-party payers at February 28, 2022 and 2021 was as follows:

	2022	2021
Commercial	14.0%	13.6%
Private Pay	7.5%	10.2%
Medicaid	66.1%	57.9%
Medicare	8.7%	12.1%
Dental	3.7%	6.2%
Total	100%	100%

Patient Service Revenue

AHL recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of estimated contractual rates for the services rendered.

For uninsured patients that do not qualify for the sliding fee program, AHL recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of AHL's uninsured patients who do not qualify for the sliding fee program will be unable or unwilling to pay for the services provided. Thus, in accordance with ASC 606, AHL records only what it expects to collect from these patients in the period the services are provided which is significantly less than what would be collected from an insured patient.

Note 4: PATIENT ACCOUNT RECEIVABLES AND PATIENT SERVICE REVENUE (Continued)

Patient Service Revenue (Continued)

AHL is approved as a Federally Qualified Health Center (FQHC) for both Medicare and Medicaid reimbursement purposes. AHL has agreements with third-party payers that provide for payments at amounts different from AHL's established rates. These payment arrangements are as follows:

Medicare- Covered FQHC services rendered to Medicare program beneficiaries are paid based on a cost reimbursement methodology. AHL is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of an annual cost report by AHL and audit thereof by the Medicare fiscal intermediary. Services not covered under the FQHC benefit are paid based on established fee schedules.

Medicaid - Covered FQHC services rendered to Medicaid program beneficiaries are paid based on a prospective reimbursement methodology. AHL is reimbursed a set encounter rate for all services under the plan. Services not covered under the FQHC benefit are paid based on established fee schedules.

Patient service revenue recognized for the years ended February 28, 2022 and 2021, respectively, as follows:

	2022	2021
Medicaid	\$ 16,592,159	\$ 14,401,753
Medicare	1,832,376	1,665,680
Commercial and other	3,122,029	3,420,052
Total	\$ 21,546,564	\$ 19,487,485

Note 5: PHARMACY RECEIVABLES AND REVENUE

Pharmacy revenue was \$5,573,112 and \$5,743,988 for the years ended February 28, 2022 and 2021, respectively. AHL records accounts receivable for amounts billed to third-parties for prescriptions dispensed, but not paid as of the end of the year. Accounts receivable for pharmacy revenue was \$423,804 and \$447,453 as of February 28, 2022 and 2021, respectively and is included on the statements of financial position.

The costs of pharmaceuticals were \$2,775,368 and \$3,157,540 for the years ended February 28, 2022 and 2021, respectively and recognized at the same period as pharmacy revenue when pharmaceuticals or medical supplies are delivered to patients. The cost of pharmaceuticals is included in pharmaceutical expense on the statement of functional expenses.

Access Health Louisiana
Notes to Financial Statements

Note 6: PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of February 28, 2022 and February 28, 2021:

	2022	2021
Property and equipment		
Land	\$ 409,620	\$ 409,620
Buildings and improvements	12,528,343	10,684,505
Office equipment	2,224,766	2,108,651
Medical equipment	1,356,791	1,254,343
Vehicles	462,754	421,941
Leasehold improvements	2,745,481	2,609,086
Total property and equipment	19,727,755	17,488,146
Less: accumulated depreciation	(6,855,036)	(5,985,440)
	12,872,719	11,502,706
Construction in progress	731,765	22,500
	13,604,484	11,525,206
Total property and equipment, net	\$ 13,604,484	\$ 11,525,206

Total depreciation expense for the years ended February 28, 2022 and 2021 was \$902,511 and \$787,656, respectively.

The construction in progress reflected in the schedule above principally represents building and renovating costs associated with Woodworth and Kenner clinics with approximately \$3.9 million remaining on the contracts.

AHL recognized grant proceeds of \$173,941 and \$974,854 for the years ended February 28, 2022 and 2021, respectively, for the acquisition of property and equipment.

Note 7: ASSET ACQUISITION AGREEMENTS

During April of 2016, AHL entered into an asset acquisition agreement to acquire the assets of a practice of certain providers who became employees of AHL upon the purchase of the assets. Intangible assets acquired in this acquisition were associated with medical records. Total purchase price of the assets was \$78,728 with \$36,900 associated with the purchase of the medical records. AHL began amortization of the intangible costs at the time of acquisition of the assets for a period of three years. For the year ended February 28, 2022, the asset was fully amortized.

During January of 2020, AHL entered into an asset acquisition agreement to acquire the assets of a practice of certain providers who became employees of AHL upon the purchase of the assets. Intangible assets acquired in this acquisition were associated with medical records. Total purchase price of the assets was \$241,639 with \$46,944 associated with the purchase of the medical records. AHL began amortization of the intangible costs at the time of acquisition of the assets for a period of three years. Amortization expense for the years ended February 28, 2022 and 2021 was \$15,648.

**Access Health Louisiana
Notes to Financial Statements**

Note 8: LONG-TERM DEBT

Details of long-term debt are as follows:

	2022	2021
Note Payable – First National Bank USA – Payable in monthly installments of \$6,543, and monthly interest payments at 4.25%, maturing May 28, 2046, secured by a building in Jefferson Parish, LA.	\$ 1,179,927	\$ -
Note Payable – Gulf Coast Bank – Payable in monthly installments of \$7,551, including interest at 4.50% through October 2023 and at a variable rate equal to the Wall Street Journal Index plus 1.25% thereafter, maturing September 29, 2026. Secured by a building in Woodworth, LA.	374,117	445,873
Note Payable – BMW Credit – Payable in monthly installments of \$1,007, including interest at 1.90%, maturing September 11, 2026.	53,022	-
Note Payable – USDA – Payable in monthly installments of \$2,090, including interest at 4.00%, maturing April 2050. Secured by a building in Luling, LA.	423,353	431,321
Note Payable- Gulf Coast Bank - Payable in monthly installments of \$4,759, including interest at 4.50% through October 2023 and at a variable rate equal to the Wall Street Journal Index plus 1.25% thereafter, maturing March 2034. Secured by real property in Kenner, LA.	529,714	561,862
Note Payable – New Orleans Redevelopment Authority – Initially payable as a loan, formally forgiven and converted to a grant on August 9, 2022. Interest at 1% and no payments are required until the initial principal payment date on February 4, 2022.	600,000	600,000
Total Notes Payable	3,160,133	2,039,056
Less: Current Maturities	(758,466)	(712,311)
Notes Payable less Current Maturities	\$ 2,401,667	\$ 1,326,745

NOTE 8: LONG-TERM DEBT (Continued)

In June 2020, AHL acquired a building through a donation, assumption of a note, and cash payment. The building had a fair market value on the date of the donation of \$1,000,000. AHL recorded this asset at fair market value at the date of donation through a cash payment of \$125,000 and a donation of \$275,000. Coincident therewith, AHL assumed a note payable to New Orleans Redevelopment Authority associated with the property from the donor of \$600,000.

This loan was expected to convert to a grant on February 4, 2022. At February 28, 2022, the loan had not converted to a grant, nor had any payments been made and is include as current maturities of long-term debt on the statement of financial position. AHL and New Orleans Redevelopment Authority were working through the formal documentation to complete the conversion. On August 9, 2022, the loan was formally converted to a grant and debt was forgiven.

Maturities by year for AHL's long and short-term debt instruments detailed above are as follows for the year ending February 28, 2022:

Year Ending February 28,		
2023	\$	758,466
2024		162,570
2025		170,987
2026		182,150
2027		141,038
Thereafter		1,744,922
Total	\$	3,160,133

AHL incurred \$102,740 and \$91,738, in interest expense on financed obligations, for the years ended February 28, 2022 and 2021, respectively.

Note 9: CAPITAL LEASE OBLIGATION

AHL entered into a capital lease obligation for software during the fiscal year ended February 28, 2017. The economic substance of the lease is that AHL is financing the acquisition of the asset through the lease, and, accordingly, it is recorded in AHL's assets and liabilities. The capital lease obligation expired March 2021 with AHL making the final payment in February 2021. The lease agreement contained a bargain purchase option at the end of the lease term.

Access Health Louisiana
Notes to Financial Statements

Note 9: CAPITAL LEASE OBLIGATION (Continued)

The net book value of assets recorded under capital leases as of February 28, 2022 and 2021 consisted of the following:

	2022	2021
Office and equipment	\$ 198,110	\$ 198,110
Less accumulated amortization	(198,110)	(198,110)
	\$ -	\$ -

The asset held under the capital lease was fully amortized and no amortization of the asset was recorded for the years ended February 28, 2022 and 2021, respectively.

Note 10: NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of donated land, recognized at the estimated fair value at the time of donation of \$215,000. The land is to be used in perpetuity for the purpose of housing a community health center in Norco, Louisiana.

Note 11: COOPERATIVE ENDEAVOR AGREEMENTS (CEA)

Revenues earned as exchange transactions under cooperative endeavor agreements, along with the corresponding program expenses, are reflected in the statements of activities.

During the fiscal years ended February 28, 2022 and 2021, AHL recognized the following support in its financial statements associated with the agreements:

	2022	2021
Estimated lump sum payments received or receivable from St. Charles Parish	\$ 790,000	\$ 895,001
Estimated lump sum payments received or receivable from St. Bernard Parish	112,793	137,719
Use of operating space owned by various parish governments	458,777	609,005
Total cooperative endeavor support	\$ 1,361,570	\$ 1,641,725

AHL records accounts receivable for amounts recognized, but not paid as of the end of the year. Accounts receivable related to these cooperative endeavor agreements was \$817,793 as of February 28, 2022 and is included as grants receivable on the statements of financial position. There were no receivable related to these cooperative endeavor agreements at February 28, 2021.

Note 12: 340B DRUG PRICING PROGRAM

AHL participates in the 340B Drug Pricing Program, which is a US federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. Revenues from the program were \$2,183,841 and \$2,508,984 for the years ended February 28, 2022 and 2021, respectively and are included in other grants and contracts revenue. Expenses related to the program were \$694,197 and \$547,813 for the years ended February 28, 2022 and 2021, respectively and are included in pharmaceutical expense as program services on the statements of functional expenses.

Note 13: PAYCHECK PROTECTION PROGRAM

In April 2020, AHL received a forgivable loan in the amount of \$3,346,400 under the Paycheck Protection Program (PPP Loan). The loan accrued interest at a rate of 1% and had an original maturity date of two years. Payments were deferred during the deferral period, as defined in the agreement.

During the year ended February 28, 2021, AHL used all of the proceeds of the PPP Loan to pay eligible payroll costs and AHL maintained its headcount and otherwise complied with the terms of the PPP Loan. Accordingly, AHL recognized the full amount of the loan as revenue during the year ended February 28, 2021.

On June 30, 2021, AHL received formal forgiveness of its PPP Loan from the Small Business Administration in the full amount of the loan of \$3,346,400.

Note 14: CONCENTRATION OF CREDIT RISK

AHL has responsibility for expending grant funds in accordance with specified instructions from its funding sources. Any deficits resulting from excess expenditures and/or questioned costs are the responsibility of AHL.

AHL periodically maintains cash in bank accounts in excess of federally insured limits. At February 28, 2022 and 2021, AHL had cash in excess of the federally insured limit of \$7,227,228 and \$5,963,135, respectively. AHL has not experienced any losses and does not believe that significant credit risk exists as a result of this practice.

Note 15: RETIREMENT PLAN

AHL maintains a defined contribution retirement plan under IRS Code Section 403(b). AHL matches 100% of an employee's salary deferral contributions up to 4%. Matching contributions totaling \$426,541 and \$415,569, for the years ended February 28, 2022 and 2021, respectively, were made by AHL.

Note 16: COMMITMENTS AND CONTINGENCIES

Operating Leases

AHL has entered into various long-term and month-to-month lease agreements for office space in a variety of Louisiana cities and towns, including Kenner, Slidell, Hammond, Belle Chase, Luling, New Orleans, and Bogalusa. The terms of the leases range from 1 to 84 months and expire through December 2025. AHL is currently committed to monthly payments totaling approximately \$64,977 under these leases.

AHL has entered into various lease agreements for office equipment. The term of the leases ranged from 36 to 60 months and expire through February 2025. Payments on these lease agreements are based on usage of the equipment, and therefore not included in the future minimum lease schedule below.

The following is a schedule of future minimum lease payments as of February 28, 2022:

Year Ending February 28,	
2023	648,700
2024	312,659
2025	182,960
2026	104,840
2027	-
Total	\$ 1,249,159

During the fiscal year ended February 28, 2022 and 2021 amounts paid under lease agreements were \$1,295,538 and \$1,472,396, respectively.

Laws and Regulations

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. 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. These laws and regulations include, but are not limited to, accreditation, licensure, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse.

In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers.

Note 16: COMMITMENTS AND CONTINGENCIES (Continued)

Laws and Regulations (Continued)

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare & Medicaid Services (CMS) to implement a Recovery Audit Contractor (RAC) program on a permanent and nationwide basis no later than 2010. The program uses RACs to search for potentially improper Medicare payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year ago but not longer than three years ago. Once a RAC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare/Medicaid reimbursement in an amount estimated to equal the overpayment.

AHL will deduct from revenue any amounts assessed under the RAC audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated. RAC assessments are possible; however, the outcome of such assessments is unknown and cannot be reasonably estimated.

Violations of these laws and regulations could result in exclusion from government healthcare program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While AHL is subject to similar regulatory reviews, management believes the outcome of any such regulatory review will not have a material adverse effect on AHL's financial position.

Note 17: UNCERTAINTIES

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus (COVID-19) can be characterized as a pandemic. As a result, uncertainties have arisen that may have a significant negative impact on the operating activities and results of AHL. The occurrence and extent of such an impact will depend on future developments, including (i) the duration and spread of the virus, (ii) government quarantine measures, (iii) voluntary and precautionary restrictions on travel or meetings, (iv) the effects on the financial markets, and (v) the effects on the economy overall, all of which are uncertain.

Note 18: SUBSEQUENT EVENTS

Management evaluated all events or transactions that occurred after February 28, 2022 through August 29, 2022, the date AHL's financial statements were available to be issued. The following item occurred.

On August 9, 2022, Note Payable from New Orleans Redevelopment Authority was formally forgiven and converted to a grant in the full amount of the loan of \$600,000. See Note 8.



SUPPLEMENTARY INFORMATION



Access Health Louisiana
Schedule of Compensation, Benefits, and Other Payments to Agency Head

Mark Keiser, CEO

For the year ended February 28,

2022

Salary	\$	-
Benefits- insurance		-
Benefits - retirement		-
Benefits - other		-
Car allowance		-
Vehicle provided by government		-
Per diem		-
Reimbursements		-
Travel		-
Registration fees		-
Conference travel		-
Continuing professional education fees		-
Housing		-
Unvouchered expenses		-
Special meals		-
Total Compensation, Benefits, and Other Payments	\$	-

Louisiana Revised Statute 24:513(A)(3) as amended by Act 706 of the 2014 Regular Legislative Session requires that the total compensation, reimbursements, and benefits of an agency head or political subdivision head or chief executive officer related to the position, including but not limited to travel, housing, unvouchered expenses, per diem, and registration fees be reported as a supplemental report within the financial statement of local governmental and quasi-public auditees. In 2015 Act 462 of the 2015 Regular Session of the Louisiana Legislature further amended R.S. 24:513(A)(3) to clarify that nongovernmental entities or not-for-profit entities that receive public funds shall report only the use of public funds for the expenditures itemized in the supplemental report.

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 Directors
Access Health Louisiana
Kenner, 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 Access Health Louisiana (AHL), which comprise the statement of financial position as of February 28, 2022, and the related statements of activities, functional expense, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 29, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered AHL's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of AHL's internal control. Accordingly, we do not express an opinion on the effectiveness of AHL'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 AHL'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 or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

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

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC
Metairie, Louisiana
August 29, 2022

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

Board of Directors
Access Health Louisiana
Kenner, Louisiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Access Health Louisiana's (AHL) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of AHL's major federal programs for the year ended February 28, 2022. AHL's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, AHL complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended February 28, 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; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; 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 AHL 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 AHL'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 AHL's federal programs.

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 AHL'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 generally accepted auditing standards, *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 AHL's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *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 AHL'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 AHL'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 AHL'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.

Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC
Metairie, Louisiana
August 29, 2022

Access Health Louisiana Schedule of Expenditures of Federal Awards

<u>Grantor/Program Title</u>	Assistance Listing Number	Pass- Through Entity No.	Federal Expenditures	Amount Passed through to Subrecipient	Total Federal Expenditures
<u>U.S. Department of Health and Human Services:</u>					
<i>Health Center Cluster</i>					
Community Health Centers Program	93.224	N/A	\$ 1,748,534	\$ -	\$ 1,748,534
Capital Assistance for Disaster Response and Recovery Efforts	93.224	N/A	117,817	-	117,817
COVID -19 - Community Health Centers Program	93.224	N/A	2,574,553	-	2,574,553
COVID -19 - Expanding Capacity for Coronavirus Testing (ECT)	93.224	N/A	503,640	-	503,640
Affordable Care Act Grants for New and Expanded Services under the Health Center Program	93.527	N/A	3,598,236	-	3,598,236
Total Health Centers Cluster			8,542,780	-	8,542,780
Passed Through The Regents of the University of New Mexico for its Health Sciences Center HIV-Related Training and Technical Assistance	93.145	U10HA33225	263,357	-	263,357
Passed Through The Regents of the University of New Mexico for its Health Sciences Center AIDS Education and Training Centers Program COVID-19 Response	93.914	H1LHA37343	17,190	-	17,190
Passed through State of LA Department of Health and Hospitals, Office of Public Health HIV Prevention Activities Health Department Based	93.940	NU62PS924522	83,227	-	83,227
COVID-19 Provider Relief Fund	93.498	N/A	1,342,231	-	1,342,231
Health Center Infrastructure Support	93.526	N/A	59,684	-	59,684
Passed through State of LA Department of Health and Hospitals, Office of Public Health Family Planning Services	93.217	FHPA006402	86,250	-	86,250
Total U.S. Department of Health and Human Services			10,394,719	-	10,394,719
<u>U.S. Department of Agriculture:</u>					
Passed-Through State of LA Department of Health and Hospitals, Office of Public Health Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	057847, 057848 & 057849	781,350	-	781,350
Total U.S. Department of Agriculture			781,350	-	781,350
Total Federal Assistance			\$ 11,176,069	\$ -	\$ 11,176,069

Access Health Louisiana

Notes to Schedule of Expenditures of Federal Awards

Note 1: GENERAL

The accompanying Schedule of Expenditures of Federal Awards presents the revenues from federal awards of Access Health Louisiana (AHL) as defined in Note 1 to AHL's basic financial statements for the year ended February 28, 2022. All federal financial assistance that was received directly from federal agencies is included on the schedule, as well as federal assistance passed through other government agencies.

Note 2: BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Access Health Louisiana and is presented on the accrual basis of accounting. 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).

Note 3: INDIRECT COST RATE

AHL elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

Note 4: FEDERALLY FUNDED INSURANCE

AHL has no federally funded insurance.

Note 5: NONCASH ASSISTANCE

AHL did not receive any federal noncash assistance for the fiscal year ended February 28, 2022.

Note 6: LOAN

AHL did not expend federal awards related to loans or loan guarantees during the year.

Access Health Louisiana
Notes to Schedule of Expenditures of Federal Awards

NOTE 7: RECONCILIATION OF GOVERNMENTAL SUPPORT TO EXPENDITURES OF FEDERAL AWARDS

The reporting period for the Provider Relief Fund differs from the fiscal year end of AHL. Below is a reconciliation of the schedule of expenditures of federal awards to the governmental support as presented on the statement of activities of .

For the year ended February 28, 2022:

Federal Grant Revenue

Community health centers grant revenue	\$ 8,424,964
Provider Relief Fund recognized as other grants and contract revenue - February 28, 2021	1,342,231
Grants for the acquisition of property and equipment	173,941
Other grants and contract revenue	1,234,933

Total federal expenditures	\$ 11,176,069
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Access Health Louisiana
Schedule of Findings and Questioned Costs

Section I – Summary of Auditors' Results

Financial Statements

- | | |
|--|------------|
| 1. Type of auditors' report issued | Unmodified |
| 2. Internal control over financial reporting: | |
| a. Material weaknesses identified? | No |
| b. Significant deficiencies identified not considered to be material weaknesses? | None noted |
| c. Noncompliance material to the financial statements noted? | No |

Federal Awards

- | | |
|--|------------|
| 1. Type of auditors' report issued on compliance for major programs | Unmodified |
| 2. Internal control over major programs: | |
| a. Material weaknesses identified? | No |
| b. Significant deficiencies identified not considered to be material weaknesses? | None noted |
| 3. Any audit findings disclosed that are required to be reported in accordance with 2CFR section 200.516(a)? | No |
| 4. Identification of major programs | |

Federal Assistance Listing Number	Federal Program
93.224, 93.527	Health Center Program Cluster
93.498	COVID-19 Provider Relief Fund
10.557	Special Supplemental Nutrition Program for Woman, Infants, and Children

- | | |
|--|-----------|
| 5. Dollar threshold used to distinguish between type A and type B programs | \$750,000 |
| 6. Auditee qualified as low-risk under 2CFR 200.520 | Yes |

Access Health Louisiana Schedule of Findings and Questioned Costs

Section II – Financial Statement Findings

There were no findings noted related to the financial statements for the year ended February 28, 2022.

There were no findings noted related to compliance and other matters for the year ended February 28, 2022.

Section III – Federal Award Findings and Questioned Costs

There were no findings noted related to the financial statements for the year ended February 28, 2022.

There were no findings noted related to compliance and other matters for the year ended February 28, 2022.

Section IV – Prior Findings and Questioned Costs for Federal Award Findings

There were no prior year findings or questioned costs noted.

INDEPENDENT ACCOUNTANTS' REPORT ON APPLYING AGREED-UPON PROCEDURES

To the Members of the
Board of Directors of
Access Health Louisiana and
the Louisiana Legislative Auditor

We have performed the procedures enumerated below, which were agreed to by the Board of Directors of Access Health Louisiana (AHL) and the Louisiana Legislative Auditor (LLA) on the control and compliance (C/C) areas identified in the LLA's Statewide Agreed-Upon Procedures (SAUPs) for the fiscal period March 1, 2021 through February 28, 2022. AHL's management is responsible for those C/C areas identified in the SAUPs.

AHL has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the agreed-upon procedures engagement. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not need the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

The procedures and associated findings are as follows:

Written Policies and Procedures

1. Obtain AHL's written policies and procedures and report whether those written policies and procedures address each of the following financial/business functions:

a) *Budgeting*, including preparing, adopting, monitoring, and amending the budget.

Results: No exceptions were found as a result of applying the above procedure.

b) *Purchasing*, including (1) how purchases are initiated; (2) how vendors are added to the vendor list; (3) the preparation and approval process of purchase requisitions and purchase orders; (4) controls to ensure compliance with the public bid law; and (5) documentation required to be maintained for all bids and price quotes.

Results: No exceptions were found as a result of applying the above procedure.

c) *Disbursements*, including processing, reviewing, and approving.

Results: No exceptions were found as a result of applying the above procedure.

- d) *Receipts/Collections*, including receiving, recording, and preparing deposits. Also, policies and procedures should include management's actions to determine the completeness of all collections for each type of revenue or agency fund additions (e.g. periodic confirmation with outside parties, reconciliation to utility billing after cutoff procedures, reconciliation of traffic ticket number sequences, agency fund forfeiture monies confirmation).

Results: No exceptions were found as a result of applying the above procedure.

- e) *Payroll/Personnel*, including (1) payroll processing, (2) reviewing and approving time and attendance records, including leave and overtime worked, and (3) approval process for employee(s) rate of pay or approval and maintenance of pay rate schedules.

Results: No exceptions were found as a result of applying the above procedure.

- f) *Contracting*, including (1) types of services requiring written contracts, (2) standard terms and conditions, (3) legal review, (4) approval process, and (5) monitoring process.

Results: No exceptions were found as a result of applying the above procedure.

- g) *Credit Cards (and debit cards, fuel cards, P-Cards, if applicable)*, including (1) how cards are to be controlled, (2) allowable business uses, (3) documentation requirements, (4) required approvers of statements, and (5) monitoring card usage (e.g., determining the reasonableness of fuel card purchases).

Results: No exceptions were found as a result of applying the above procedure.

- h) *Travel and expense reimbursement*, including (1) allowable expenses, (2) dollar thresholds by category of expense, (3) documentation requirements, and (4) required approvers.

Results: No exceptions were found as a result of applying the above procedure.

- i) *Ethics*, including (1) the prohibitions as defined in Louisiana Revised Statute (R.S.) 42:1111-1121, (2) actions to be taken if an ethics violation takes place, (3) system to monitor possible ethics violations, and (4) a requirement that documentation is maintained to demonstrate that all employees and officials were notified of any changes to the entity's ethics policy.

Results: Not applicable.

- j) *Debt Service*, including (1) debt issuance approval, (2) continuing disclosure/EMMA reporting requirements, (3) debt reserve requirements, and (4) debt service requirements.

Results: Not applicable.

- k) *Information Technology Disaster Recovery/Business Continuity*, including (1) identification of critical data and frequency of data backups, (2) storage of backups in a separate physical location isolated from the network, (3) periodic testing/verification that backups can be restored, (4) use of antivirus software on all systems, (5) timely application of all available system and software patches/updates, and (6) identification of personnel, processes, and tools needed to recover operations after a critical event.

Results: No exceptions were found as a result of applying the procedure.

- l) *Sexual Harassment*, including R.S. 42:342-344 requirements for (1) agency responsibilities and prohibitions, (2) annual employee training, and (3) annual reporting.

Results: Not applicable.

Written or Finance Committee

- 2. Obtain and inspect the board/finance committee minutes for the fiscal period, as well as the board's enabling legislation, charter, bylaws, or equivalent document in effect during the fiscal period, and:

- a) Observe that the board/finance committee met with a quorum at least monthly, or on a frequency in accordance with the board's enabling legislation, charter, bylaws, or other equivalent document.

Results: No exceptions were found as a result of applying the procedure.

- b) For those entities reporting on the governmental accounting model, observe that the minutes referenced or included monthly budget-to-actual comparisons on the general fund, quarterly budget-to-actual, at a minimum, on proprietary funds, and semi-annual budget-to-actual, at a minimum, on all special revenue funds. *Alternately, for those entities reporting on the nonprofit accounting model, observe that the minutes referenced or included financial activity relating to public funds if those public funds comprised more than 10% of the entity's collections during the fiscal period.*

Results: No exceptions were found as a result of applying the procedure.

- c) For governmental entities, obtain the prior year audit report and observe the unassigned fund balance in the general fund. If the general fund had a negative ending unassigned fund balance in the prior year audit report, observe that the minutes for at least one meeting during the fiscal period referenced or included a formal plan to eliminate the negative unassigned fund balance in the general fund

Results: No exceptions were found as a result of applying the procedure.

Bank Reconciliations

3. Obtain a listing of entity bank accounts for the fiscal period from management and management's representation that the listing is complete. Ask management to identify the entity's main operating account. Select the entity's main operating account and randomly select 4 additional accounts (or all accounts if less than 5). Randomly select one month from the fiscal period, obtain and inspect the corresponding bank statement and reconciliation for each selected account, and observe that:

a) Bank reconciliations include evidence that they were prepared within 2 months of the related statement closing date (e.g., initialed and dated or electronically logged);

Results: No exceptions were found as a result of applying the procedure.

b) Bank reconciliations include evidence that a member of management/board member who does not handle cash, post ledgers, or issue checks has reviewed each bank reconciliation (e.g., initialed and dated, electronically logged); and

Results: No exceptions were found as a result of applying the procedure.

c) Management has documentation reflecting that it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date, if applicable.

Results: Exception noted – management did not have documentation reflecting that it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date.

Collections (excluding electronic funds transfers)

4. Obtain a listing of deposit sites for the fiscal period where deposits for cash/checks/money orders (cash) are prepared and management's representation that the listing is complete. Randomly select 5 deposit sites (or all deposit sites if less than 5).

Results: No exceptions were found as a result of applying the procedure.

5. For each deposit site selected, obtain a listing of collection locations and management's representation that the listing is complete. Randomly select one collection location for each deposit site (i.e. 5 collection locations for 5 deposit sites), obtain and inspect written policies and procedures relating to employee job duties (if no written policies or procedures, inquire of employees about their job duties) at each collection location, and observe that job duties are properly segregated at each collection location such that:

a) Employees that are responsible for cash collections do not share cash drawers/registers.

Results: No exceptions were found as a result of applying the procedure.

b) Each employee responsible for collecting cash is not responsible for preparing/making bank deposits, unless another employee/official is responsible for reconciling collection documentation (e.g. pre-numbered receipts) to the deposit.

Results: No exceptions were found as a result of applying the procedure.

- c) Each employee responsible for collecting cash is not responsible for posting collection entries to the general ledger or subsidiary ledgers, unless another employee/official is responsible for reconciling ledger postings to each other and to the deposit.

Results: No exceptions were found as a result of applying the procedure.

- d) The employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers, by revenue source and/or agency fund additions, are not responsible for collecting cash, unless another employee/official verifies the reconciliation.

Results: No exceptions were found as a result of applying the procedure.

- 6. Obtain from management a copy of the bond or insurance policy for theft covering all employees who have access to cash. Observe that the bond or insurance policy for theft was enforced during the fiscal period.

Results: No exceptions were found as a result of applying the procedure.

- 7. Randomly select two deposit dates for each of the 5 bank accounts selected for procedure #3 under "Bank Reconciliations" above (select the next deposit date chronologically if no deposits were made on the dates randomly selected and randomly select a deposit if multiple deposits are made on the same day). *Alternately, the practitioner may use a source document other than bank statements when selecting the deposit dates for testing, such as a cash collection log, daily revenue report, receipt book, etc.* Obtain supporting documentation for each of the 10 deposits and:

- a) Observe that receipts are sequentially pre-numbered.

Results: No exceptions were found as a result of applying the procedure.

- b) Trace sequentially pre-numbered receipts, system reports, and other related collection documentation to the deposit slip.

Results: No exceptions were found as a result of applying the procedure.

- c) Trace the deposit slip total to the actual deposit per the bank statement.

Results: No exceptions were found as a result of applying the procedure.

- d) Observe that the deposit was made within one business day of receipt at the collection location (within one week if the depository is more than 10 miles from the collection location or the deposit is less than \$100 and the cash is stored securely in a locked safe or drawer).

Results: No exceptions were found as a result of applying the procedure.

- e) Trace the actual deposit per the bank statement to the general ledger.

Results: No exceptions were found as a result of applying the procedure.

Non-Payroll Disbursements (excluding card purchases/payments, travel reimbursements, and petty cash purchases)

8. Obtain a listing of locations that process payments for the fiscal period and management's representation that the listing is complete. Randomly select 5 locations (or all locations if less than 5).

Results: No exceptions were found as a result of applying the procedure.

9. For each location selected under #8 above, obtain a listing of those employees involved with non-payroll purchasing and payment functions. Obtain written policies and procedures relating to employee job duties (if the agency has no written policies and procedures, inquire of employees about their job duties), and observe that job duties are properly segregated such that:

- a) At least two employees are involved in initiating a purchase request, approving a purchase, and placing an order/making the purchase.

Results: No exceptions were found as a result of applying the procedure.

- b) At least two employees are involved in processing and approving payments to vendors.

Results: No exceptions were found as a result of applying the procedure.

- c) The employee responsible for processing payments is prohibited from adding/modifying vendor files, unless another employee is responsible for periodically reviewing changes to vendor files.

Results: No exceptions were found as a result of applying the procedure.

- d) Either the employee/official responsible for signing checks mails the payment or gives the signed checks to an employee to mail who is not responsible for processing payments.

Results: No exceptions were found as a result of applying the procedure.

10. For each location selected under #8 above, obtain the entity's non-payroll disbursement transaction population (excluding cards and travel reimbursements) and obtain management's representation that the population is complete. Randomly select 5 disbursements for each location, obtain supporting documentation for each transaction and:

- a) Observe that the disbursement matched the related original itemized invoice and that supporting documentation indicates that deliverables included on the invoice were received by the entity.

Results: No exceptions were found as a result of applying the procedure.

- b) Observe that the disbursement documentation included evidence (e.g., initial/date, electronic logging) of segregation of duties tested under #9, as applicable.

Results: No exceptions were found as a result of applying the procedure.

Credit Cards/Debit Cards/Fuel Cards/P-Cards

11. Obtain from management a listing of all active credit cards, bank debit cards, fuel cards, and P-cards (cards) for the fiscal period, including the card numbers and the names of the persons who maintained possession of the cards. Obtain management's representation that the listing is complete.

Results: No exceptions were found as a result of applying the procedure.

12. Using the listing prepared by management, randomly select 5 cards (or all cards if less than 5) that were used during the fiscal period. Randomly select one monthly statement or combined statement for each card (for a debit card, randomly select one monthly bank statement), obtain supporting documentation, and:

- a) Observe that there is evidence that the monthly statement or combined statement and supporting documentation (e.g., original receipts for credit/debit card purchases, exception reports for excessive fuel card usage) was reviewed and approved, in writing (or electronically approved), by someone other than the authorized card holder. [Note: requiring such approval may constrain the legal authority of certain public officials (e.g., mayor of a Lawrason Act municipality); these instances should not be reported.]

Results: No exceptions were found as a result of applying the procedure.

- b) Observe that finance charges and late fees were not assessed on the selected statements.

Results: No exceptions were found as a result of applying the procedure.

13. Using the monthly statements or combined statements selected under #12 above, excluding fuel cards, randomly select 10 transactions (or all transactions if less than 10) from each statement, and obtain supporting documentation for the transactions (i.e. each card should have 10 transactions subject to testing). For each transaction, observe that it is supported by (1) an original itemized receipt that identifies precisely what was purchased, (2) written documentation of the business/public purpose, and (3) documentation of the individuals participating in meals (for meal charges only). For missing receipts, the practitioner should describe the nature of the transaction and note whether management had a compensating control to address missing receipts, such as a "missing receipt statement" that is subject to increased scrutiny.

Results: No exceptions were found as a result of applying the procedure.

Travel and Travel-Related Expense Reimbursements (excluding card transactions)

14. Obtain from management a listing of all travel and travel-related expense reimbursements during the fiscal period and management's representation that the listing or general ledger is complete. Randomly select 5 reimbursements, obtain the related expense reimbursement forms/prepaid expense documentation of each selected reimbursement, as well as the supporting documentation. For each of the 5 reimbursements selected:

- a) If reimbursed using a per diem, observe that the approved reimbursement rate is no more than those rates established either by the State of Louisiana or the U.S. General Services Administration (www.gsa.gov).

Results: No exceptions were found as a result of applying the procedure.

- b) If reimbursed using actual costs, observe that the reimbursement is supported by an original itemized receipt that identifies precisely what was purchased.

Results: No exceptions were found as a result of applying the procedure.

- c) Observe that each reimbursement is supported by documentation of the business/public purpose (for meal charges, observe that the documentation includes the names of those individuals participating) and other documentation required by written policy (procedure #1h).

Results: No exceptions were found as a result of applying the procedure.

- d) Observe that each reimbursement was reviewed and approved, in writing, by someone other than the person receiving reimbursement.

Results: No exceptions were found as a result of applying the procedure.

Contracts

15. Obtain from management a listing of all agreements/contracts for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period. *Alternately, the practitioner may use an equivalent selection source, such as an active vendor list.* Obtain management's representation that the listing is complete. Randomly select 5 contracts (or all contracts if less than 5) from the listing, excluding the practitioner's contract, and:

- a) Observe that the contract was bid in accordance with the Louisiana Public Bid Law (e.g., solicited quotes or bids, advertised), if required by law.

Results: No exceptions were found as a result of applying the procedure.

- b) Observe that the contract was approved by the governing body/board, if required by policy or law (e.g. Lawrason Act, Home Rule Charter).

Results: No exceptions were found as a result of applying the procedure.

- c) If the contract was amended (e.g. change order), observe that the original contract terms provided for such an amendment and that amendments were made in compliance with the contract terms (e.g. if approval is required for any amendment was approval documented).

Results: No exceptions were found as a result of applying the procedure.

- d) Randomly select one payment from the fiscal period for each of the 5 contracts, obtain the supporting invoice, agree the invoice to the contract terms, and observe that the invoice and related payment agreed to the terms and conditions of the contract.

Results: No exceptions were found as a result of applying the procedure.

Payroll and Personnel

16. Obtain a listing of employees and officials employed during the fiscal period and management's representation that the listing is complete. Randomly select 5 employees or officials, obtain related paid salaries and personnel files, and agree paid salaries to authorized salaries/pay rates in the personnel files.

Results: No exceptions were found as a result of applying the procedure.

17. Randomly select one pay period during the fiscal period. For the 5 employees or officials selected under #16 above, obtain attendance records and leave documentation for the pay period, and:

- a) Observe that all selected employees or officials documented their daily attendance and leave (e.g., vacation, sick, compensatory). (Note: Generally, officials are not eligible to earn leave and do not document their attendance and leave. However, if the official is earning leave according to a policy and/or contract, the official should document his/her daily attendance and leave.)

Results: No exceptions were found as a result of applying the procedure.

- b) Observe that supervisors approved the attendance and leave of the selected employees or officials.

Results: No exceptions were found as a result of applying the procedure.

- c) Observe that any leave accrued or taken during the pay period is reflected in the entity's cumulative leave records.

Results: No exceptions were found as a result of applying the procedure.

- d) Observe that the rate paid to the employees or officials agree to the authorized salary/pay rate found within the personnel file.

Results: No exceptions were found as a result of applying the procedure.

18. Obtain a listing of those employees or officials that received termination payments during the fiscal period and management's representation that the list is complete. Randomly select two employees or officials, obtain related documentation of the hours and pay rates used in management's termination payment calculations and the entity policy on termination payments. Agree the hours to the employee or officials' cumulative leave records, agree the pay rates to the employee or officials' authorized pay rates in the employee or officials' personnel files, and agree the termination payment to entity policy.

Results: No exceptions were found as a result of applying the procedure.

19. Obtain management's representation that employer and employee portions of third-party payroll related amounts (e.g. payroll taxes, retirement contributions, health insurance premiums, garnishments, workers' compensation premiums, etc.) have been paid, and any associated forms have been filed, by required deadlines.

Results: No exceptions were found as a result of applying the procedure.

Ethics

20. Using the 5 randomly selected employees/officials from procedure #16 under “Payroll and Personnel” above: obtain ethics documentation from management, and:

- a. Observe that the documentation demonstrates each employee/official completed one hour of ethics training during the fiscal period.

Results: Not applicable; entity is a non-profit.

- b. Observe that the entity maintains documentation which demonstrates each employee and official were notified of any changes to the entity’s ethics policy during the fiscal period, as applicable.

Results: Not applicable; entity is a non-profit.

Debt Service

21. Obtain a listing of bonds/notes and other debt instruments issued during the fiscal period and management’s representation that the listing is complete. Select all debt instruments on the listing, obtain supporting documentation, and observe that State Bond Commission approval was obtained for each debt instrument issued.

Results: Not applicable.

22. Obtain a listing of bonds/notes outstanding at the end of the fiscal period and management’s representation that the listing is complete. Randomly select one bond/note, inspect debt covenants, obtain supporting documentation for the reserve balance and payments, and agree actual reserve balances and payments to those required by debt covenants (including contingency funds, short-lived asset funds, or other funds required by the debt covenants).

Results: Not applicable.

Fraud Notice

23. Obtain a listing of misappropriations of public funds and assets during the fiscal period and management’s representation that the listing is complete. Select all misappropriations on the listing, obtain supporting documentation, and observe that the entity reported the misappropriation(s) to the legislative auditor and the district attorney of the parish in which the entity is domiciled.

Results: No exceptions were found as a result of applying the procedure.

24. Observe that the entity has posted on its premises and website, the notice required by R.S. 24:523.1 concerning the reporting of misappropriation, fraud, waste, or abuse of public funds.

Results: No exceptions were found as a result of applying the procedure.

Information Technology Disaster Recovery/Business Continuity

25. Perform the following procedures, **verbally discuss the results with management, and report “We performed the procedure and discussed the results with management.”**

- a. Obtain and inspect the entity’s most recent documentation that it has backed up its critical data (if no written documentation, inquire of personnel responsible for backing up critical data) and observe that such backup occurred within the past week. If backups are stored on a physical medium (e.g., tapes, CDs), observe evidence that backups are encrypted before being transported.

Results: We performed the procedure and discussed the results with management.

- b. Obtain and inspect the entity’s most recent documentation that it has tested/verified that its backups can be restored (if no written documentation, inquire of personnel responsible for testing/verifying backup restoration) and observe evidence that the test/verification was successfully performed within the past 3 months.

Results: We performed the procedure and discussed the results with management.

- c. Obtain a listing of the entity’s computers currently in use, and their related locations, and management’s representation that the listing is complete. Randomly select 5 computers and observe while management demonstrates that the selected computers have current and active antivirus software and that the operating system and accounting system software in use are currently supported by the vendor.

Results: We performed the procedure and discussed the results with management.

Sexual Harassment

26. Using the 5 randomly selected employees/officials from procedure #16 under “Payroll and Personnel” above, obtain sexual harassment training documentation from management, and observe that the documentation demonstrates each employee/official completed at least one hour of sexual harassment training during the calendar year.

Results: Not applicable.

27. Observe that the entity has posted its sexual harassment policy and complaint procedure on its website (or in a conspicuous location on the entity’s premises if the entity does not have a website).

Results: Not applicable.

28. Obtain the entity’s annual sexual harassment report for the current fiscal period, observe that the report was dated on or before February 1, and observe that it includes the applicable requirements of R.S. 42:344:

- a. Number and percentage of public servants in the agency who have completed the training requirements;

Results: Not applicable.

- b. Number of sexual harassment complaints received by the agency;

Results: Not applicable.

- c. Number of complaints which resulted in a finding that sexual harassment occurred;

Results: Not applicable.

- d. Number of complaints in which the finding of sexual harassment resulted in discipline or corrective action; and

Results: Not applicable.

- e. Amount of time it took to resolve each complaint.

Results: Not applicable.

We performed the procedure and discussed the results with management. We were not engaged to and did not perform an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on those C/C areas identified in the SAUPs. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the AHL and to meet our ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

The purpose of this report is solely to describe the scope of testing performed on those C/C areas identified in the SAUPs, and the result of that testing, and not to provide an opinion on control or compliance. Accordingly, this report is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the LLA as a public document.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS, INGRAM, LLC
Metairie, Louisiana
August 29, 2022



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August 29, 2022

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And

Carr, Riggs & Ingram, LLC
111 Veterans Blvd.
Suite 350
Metairie, LA 70005

**RE: Management's Response to Statewide Agreed-Upon Procedures
Access Health Louisiana**

Dear Sirs:

Access Health Louisiana will ensure that management has documentation reflecting that it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date.

Sincerely,

Peter Torsch,
Chief Financial Officer