

**ST. TAMMANY PARISH HOSPITAL
SERVICE DISTRICT NO. 2**

d/b/a SLIDELL MEMORIAL HOSPITAL

Financial Statements

December 31, 2022 and 2021



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**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Management's Discussion and Analysis

This section of St. Tammany Parish Hospital Service District No. 2's (Slidell Memorial Hospital, or SMH, or the Hospital) annual financial report presents background information and management's analysis of the Hospital's financial performance during the fiscal year that ended on December 31, 2022. This should be read in conjunction with the financial statements in this report.

Executive Summary

In 2022, Slidell Memorial Hospital continued to make strategic investments in physician alignment, service growth, and quality improvement to position the facility for the future. The SMH Physician Network has a complement of 45 practitioners. Management and the Board of Commissioners are committed to a strategy of improving quality and cost through reducing variation in medical practice patterns and increasing access to primary care in the marketplace. Fiscal year 2022 proved to be difficult dealing with nationwide nursing shortage and increased expenses from the utilization of contract agency nursing. Despite these challenges and with a positive 3.96% EBIDA in 2022, these strategies are in keeping with the Mission: To Improve the Quality of Life in Our Community.

SMH signed a 20-year Joint Operating Agreement (JOA) with Ochsner Health System (OHS), effective January 1, 2016. The JOA creates collaboration between SMH and OHS to achieve more effective and efficient operations by maximizing the utility of our combined assets. The two organizations retain ownership and ultimate control of their assets, but contractual, clinical, and financial integration align incentives to become dispassionate about the location of services. The JOA is managed by a consolidated management team in order to establish a single culture and an enterprise mindset in decision making. The JOA creates a Strategy and Oversight Committee (SOC) with equal representation from SMH's Board of Commissioners and from OHS. The SOC represents the group through which the two organizations will collaborate on things like what services are delivered in the division, where those services are delivered, physician recruitment, and other strategic objectives. The JOA not only creates opportunity for significant cost reduction, but with critical mass in some services, the JOA becomes a quality improvement and growth strategy as well.

SMH Regional Cancer Center provides a comprehensive, disciplinary coordinated care model with services ranging from an appearance center, library, laboratory, pharmacy, outpatient chemotherapy and infusion service, and radiation oncology. The board-certified medical oncologists are providing care to the region. The provision of services allows patients to remain close to home with the support of family and the community. SMH's cancer program has been accredited by the American College of Surgeons Commission on Cancer since 1992. The Radiation Oncology Department has been accredited by the American College of Radiation Oncology since 2012.

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Management's Discussion and Analysis

Slidell Memorial Hospital is no different than most other community hospitals in the United States in struggling with the transformation of the healthcare delivery system from fee-for-service to fee-for-value. Without significant capital on the balance sheet, it is precarious to under-shoot or over-shoot the unknown glide-path of change. Moving too fast will erode revenues while increasing expenses associated with infrastructure to manage for value. Moving too slow will expose the organization on the backside of the conversion to risk of massive market share loss to early adopters of the transition to managing population utilization and cost. Here again, the JOA with OHS provides a partner with existing infrastructure and scale to be much more effective in this area as we align around the commitment to improving quality, improving access, lowering costs, and growing local services.

Financial Highlights

Net patient service revenue increased by 13% from the prior year. Acute admissions were down 2% from prior year and observation admits were up 6%. Cardiac catheterization patients were up 9% over prior year. Compared to prior year, emergency room visits were up 8%, surgeries were up 7%, infusion therapy visits were up 14%, and physician clinic visits were up 1%. Payor mix stayed relatively the same as prior year.

In 2022, operating expenses before depreciation and amortization increased 13% from the prior year. This increase is primarily due to premium pay salary, contract agency usage, and purchased services for Emergency Room coverage.

The Hospital's total net position increased by \$4.5 million in 2022. The assets of the Hospital exceeded liabilities at the close of the 2022 fiscal year by \$141.2 million. Of this amount, \$73.6 million (unrestricted net position) may be used to meet ongoing obligations to the Hospital's patients and creditors, and \$58.9 million is net investment in capital assets.

Overview of the Financial Statements

This annual report consists of four components - management's discussion and analysis (this section), the independent auditor's report, the financial statements, and supplementary information.

The financial statements of Slidell Memorial Hospital report the financial position of the Hospital and the results of its operations and its cash flows. The financial statements are prepared on the accrual basis of accounting. These statements offer short-term and long-term financial information about the Hospital's activities.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

The *statements of net position* include all the Hospital's assets, deferred outflows, and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Hospital's creditors (liabilities) for both the current year and the prior year. They also provide the basis for evaluating the capital structure of the Hospital and assessing the liquidity and financial flexibility of the Hospital.

The current year's revenues and expenses are accounted for in the *statements of revenues, expenses, and changes in net position*. This statement measures the performance of the Hospital's operations over the past two years and can be used to determine whether the Hospital has been able to recover all its costs through its patient service revenue and other revenue sources.

The primary purpose of the *statements of cash flows* is to provide information about the Hospital's cash from operations, investing, and financing activities. The cash flow statement outlines where the cash comes from, what the cash is used for, and the change in the cash balance during the reporting period.

The annual report also includes notes to financial statements that are essential to gain a full understanding of the data provided in the financial statements. The notes to the financial statements can be found immediately following the basic financial statements in this report.

Financial Analysis of the Hospital

The *statements of net position* and the *statements of revenue, expenses, and changes in net position* report information about the Hospital's activities. These two statements report the net position of the Hospital and changes in them. Increases or improvements, as well as decreases or declines in net position, are one indicator of the financial state of the Hospital. Other non-financial factors that should also be considered include changes in economic conditions (including uninsured and working poor) and population growth.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Management's Discussion and Analysis

Net Position

A summary of the Hospital's statements of net position is presented in the following table:

	Fiscal Year 2022	Fiscal Year 2021, Restated	Fiscal Year 2020
	(In Thousands)		
Current and Other Assets	\$ 155,474	\$ 161,456	\$ 141,158
Capital and ROU Assets, Net	95,063	90,982	91,081
Deferred Outflows of Resources	514	605	401
Total Assets and Deferred Outflows of Resources	\$ 251,051	\$ 253,043	\$ 232,640
Long-Term Debt Outstanding	\$ 56,727	\$ 63,672	\$ 41,755
Other Liabilities	51,203	50,770	57,672
Deferred Inflows of Resources	1,906	1,961	-
Total Liabilities	\$ 109,836	\$ 116,403	\$ 99,427
Net Investment in Capital Assets	\$ 58,932	\$ 47,788	\$ 44,352
Restricted	8,678	10,056	8,814
Unrestricted	73,605	78,796	80,047
Total Net Position	\$ 141,215	\$ 136,640	\$ 133,213

December 31, 2022

Long-term debt decreased \$6.9 million in 2022 reflecting the effect of scheduled payments.

December 31, 2021

Long-term debt increased \$21.9 million in 2021 reflecting the effect of issuance of a new hospital indebtedness.

December 31, 2020

Long-term debt decreased \$5.3 million in 2020 reflecting the effect of scheduled payments.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Management's Discussion and Analysis

Summary of Revenues, Expenses, and Changes in Net Position

The following table presents a summary of the Hospital's historical revenues and expenses for each of the fiscal years ended December 31, 2022, 2021, and 2020:

	Fiscal Year 2022	Fiscal Year 2021, Restated	Fiscal Year 2020
	(In Thousands)		
Net Patient Service Revenue	\$ 236,988	\$ 209,835	\$ 188,357
Other Operating Revenue Excluding Interest Income	16,695	14,310	11,346
Total Operating Revenues	253,683	224,145	199,703
Operating Expenses before Depreciation/Amortization	243,626	216,238	207,617
Earnings before Interest, Depreciation, and Amortization (EBIDA) and Non-Operating Revenues (Expenses)	10,057	7,907	(7,914)
Depreciation and Amortization Expense	10,724	9,842	10,644
Operating Net (Loss) Income	(667)	(1,935)	(18,558)
Non-Operating Revenues (Expenses)			
Interest Income	1,840	234	445
Interest Expense	(1,728)	(1,559)	(1,520)
Bond Issuance Costs	(12)	(701)	(45)
Property Tax Revenue	4,961	5,697	4,696
CARES Act Funding	-	2,224	26,060
Other Expenses, Net	181	(533)	(513)
Change in Net Position	4,575	3,427	10,565
Total Net Position - Beginning of Year	136,640	133,213	122,648
Total Net Position - End of Year	\$ 141,215	\$ 136,640	\$ 133,213

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management’s Discussion and Analysis

The following table represents the relative percentage of gross charges billed for patient services by payer for the fiscal years ended December 31, 2022, 2021, and 2020:

	Fiscal Year 2022	Fiscal Year 2021	Fiscal Year 2020
Medicare and Medicare HMO	56%	54%	57%
Medicaid	15%	17%	15%
Managed Care and Commercial Insurance	27%	27%	26%
Uninsured Patients	2%	2%	2%
Total Gross Charges	100%	100%	100%

Operating and Financial Performance

The following summarizes the Hospital’s statements of revenues, expenses, and changes in net position between 2022, 2021, and 2020:

- During 2022, the Hospital had 8,693 acute inpatient admissions. This is a decrease of 2% from fiscal year 2021. In 2021, the Hospital had 8,880 acute inpatient admissions. This is an increase of 11% from fiscal year 2020.
- Emergency Room visits were 40,190 and 37,277 in 2022 and 2021, respectively, representing an increase of 8% in 2022 over 2021 and an increase of 17% in 2021 over 2020.
- Cardiac catheterization patient volume increased 9% from fiscal year 2022. There was a increase of 17% from fiscal year 2021.
- During 2022, net patient service revenue increased \$27.1 million, or 13%, from 2021. During 2021, net patient service revenue increased \$21.5 million, or 11%, from 2020. This increase is a result of increased volume.
- During 2022, salaries, wages, and benefits increased 11% from prior year due to increased premium pay and contract agency usage. In 2021, salaries, wages, and benefits increased 8% from prior year due to increased premium pay and contract agency usage.
- During 2022, supplies and materials increased approximately 5% compared to 2021, primarily due to volume increases. In 2021, supplies and materials increased 10%, primarily due to inpatient and outpatient volume increases.
- In 2022, purchased services increased 12% from the prior year, due to increased emergency department, housekeeping, ICU and contracted services expenses.
- In 2022, other direct expenses increased 27% from prior year, as a result of increased Inter-government Transfer payments.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Performance Against Budget

	FY 2022 Budget	FY 2022 Actual	Favorable (Unfavorable) Variance
	(In Thousands)		
Revenues			
Net Patient Service Revenue	\$ 220,766	\$ 236,988	\$ 16,222
Other Operating Revenue	12,131	16,695	4,564
Total Revenues	232,897	253,683	20,786
Operating Expenses			
Salaries, Wages, and Benefits	105,086	116,172	(11,086)
Supplies and Other	100,462	106,732	(6,270)
Professional and Contractual Services	18,586	20,723	(2,137)
Total Operating Expenses before Depreciation/Amortization and Non-Operating Revenues (Expenses)	224,134	243,627	(19,493)
EBIDA	8,763	10,056	1,293
Interest Income	288	1,840	1,552
Interest Expense	(1,654)	(1,728)	(74)
Bond Issuance Costs	-	(12)	(12)
Depreciation and Amortization	(10,755)	(10,724)	31
Property Tax Revenue	4,925	4,961	36
Other Expenses, Net	(77)	181	258
Excess of Revenues Over Expenses	1,490	4,574	3,084
Increase in Net Position	\$ 1,490	\$ 4,574	\$ 3,084

- Net patient service revenue was over budget for 2022 by 7%, as a result of increases in outpatient volume and the commencement of the Medicaid Directed Payment Program.
- Operating expenses were over budget for 2022 by 9%, as a result of increase in premium pay and contracted labor usage.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Capital Assets

	Fiscal Year 2022	Fiscal Year 2021	Dollar Change	Percent Change
	(In Thousands)			
Land and Land Improvements	\$ 9,127	\$ 9,127	\$ -	0%
Building and Leasehold Improvements	141,645	138,180	3,465	3%
Equipment	99,266	102,357	(3,091)	-3%
Construction in Progress	5,913	3,012	2,901	96%
Subtotal	255,951	252,676	3,275	1%
Less: Accumulated Depreciation	(162,352)	(163,240)	888	-1%
Net Capital Assets	\$ 93,599	\$ 89,436	\$ 4,163	5%

Economic Factors and Next Year's Budget

The Hospital's Board and Management considered many factors when setting the fiscal year 2023 budget. Management will continue to focus on recruiting employed physicians in the primary care and specialty areas. In addition, the broad economy is significantly important in setting the 2023 budget, which takes into account market forces and environmental factors such as:

- The effect of general weakness in the broad economy signaling changes in employment, employment-related benefits, and ultimately managed care tightness on utilization and rates.
- Continuing federal budget deficit related cuts threatening critical programs that ensure services in the local community such as the 340B drug program.
- The State of Louisiana continues to face deficits that place Medicaid rates and other reimbursement methods at risk.
- SMH will continue investment in physician alignment and information systems that will be a key part of long-term success, if not survivability of hospitals, in an era of pay for performance, bundled payment, and/or accountable care organizations.
- The industry will continue to face growing utilization of costly technology without adequate reimbursement.
- The industry will continue to face the growing number of high-cost drugs, such as chemotherapy agents and new genetic custom specialty drugs, without adequate reimbursement.
- The industry will continue to face increased compliance costs due to pay for performance, HIPAA, and other regulations.

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Management's Discussion and Analysis

Contacting the Hospital's Financial Manager

This financial report is designed to provide our citizens, customers, and creditors with a general overview of the Hospital's finances. If you have any questions about this report or need additional financial information, please contact the Chief Financial Officer, Slidell Memorial Hospital, 1001 Gause Blvd., Slidell, LA 70458.

Independent Auditor's Report

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, Louisiana

Report on the Audits of the Financial Statements

Opinions

We have audited the accompanying financial statements of the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital (the Organization) as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Organization's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital, as of December 31, 2022 and 2021, and the respective changes in its financial position and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization, and to meet our other ethical responsibilities, in accordance with the 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 audit opinions.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Organization adopted Governmental Accounting Standards Board Statement No. 87, *Leases*, for the year ended December 31, 2022. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibility 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 auditor's report that includes our opinions. 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 and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

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

We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Organization's basic financial statements. The schedule of compensation paid to board of commissioners is presented for the purposes of additional analysis and is not a required part of the basic 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 basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of compensation paid to board of commissioners is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 27, 2023 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, 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 Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



A Professional Accounting Corporation

Covington, LA
June 27, 2023

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Net Position
December 31, 2022 and 2021

	2022	2021
Assets and Deferred Outflows of Resources		
Current Assets		
Cash and Cash Equivalents	\$ 71,252,979	\$ 74,394,650
Patient Accounts Receivable, Net of Allowances for Uncollectible Accounts of \$6,479,617 and \$7,164,340 in 2022 and 2021, Respectively	14,236,921	13,450,666
Assets Whose Use is Limited, Required for Current Liabilities	6,072,724	6,221,468
Inventories	5,639,081	4,849,997
Prepaid Expenses and Other Receivables	5,397,076	8,751,032
Total Current Assets	102,598,781	107,667,813
Assets Whose Use is Limited or Restricted		
Under Agreements for Capital Improvements and Debt Service	29,926,109	30,747,697
By Board for Master Facility Project	20,000,000	20,000,000
By State Department of Workers' Compensation	700,000	700,000
By Board Direction	153,122	143,145
Total Assets Whose Use is Limited or Restricted	50,779,231	51,590,842
Capital Assets		
Land and Improvements	9,127,212	9,127,212
Buildings and Improvements	141,644,731	138,179,555
Equipment	99,265,859	102,357,183
Construction in Progress	5,913,060	3,012,448
	255,950,861	252,676,398
Less: Accumulated Depreciation	(162,351,827)	(163,240,369)
Capital Assets, Net	93,599,034	89,436,029
Right-of-Use Assets	1,464,172	1,546,079
Long-Term Lease Receivable	1,162,562	1,111,338
Other Assets, Net	932,856	1,085,867
Total Assets	250,536,637	252,437,968
Deferred Outflows of Resources	514,206	604,656
Total Assets and Deferred Outflows of Resources	\$ 251,050,842	\$ 253,042,624

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

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Net Position (Continued)
December 31, 2022 and 2021

	2022	2021
Liabilities, Deferred Inflows of Resources, and Net Position		
Current Liabilities		
Trade Accounts Payable	\$ 3,288,640	\$ 2,706,206
Salaries, Wages, and Benefits Payable	3,402,978	4,104,845
Accrued Paid Time Off Payable	4,050,462	3,680,452
Accrued Interest and Other Expenses	32,512,850	21,936,557
Medicare Advanced Payments	-	10,601,858
Current Portion of Lease Obligation	489,666	403,997
Amounts Due Within One Year on Bonds Payable	4,585,000	4,370,000
Amounts Due Within One Year on Hospital Indebtedness	1,890,000	1,840,000
Total Current Liabilities	50,219,596	49,643,915
Hospital Indebtedness, Less Amounts Due Within One Year	8,500,000	10,390,000
Lease Obligation, Less Amounts Due Within One Year	983,581	1,125,726
Bonds Payable, Less Amounts Due Within One Year	48,226,915	53,281,591
Total Liabilities	107,930,092	114,441,232
Deferred Inflows of Resources	1,906,149	1,960,741
Net Position		
Net Investment in Capital Assets	58,932,498	47,788,260
Restricted for:		
Debt Service	7,977,660	9,356,355
Workers' Compensation	700,000	700,000
Unrestricted	73,604,443	78,796,036
Total Net Position	141,214,601	136,640,651
Total Liabilities, Deferred Inflows of Resources, and Net Position	\$ 251,050,842	\$ 253,042,624

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

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Revenues, Expenses, and Changes in Net Position
For the Years Ended December 31, 2022 and 2021

	2022	2021
Revenues		
Net Patient Service Revenue	\$ 236,988,058	\$ 209,834,606
Other Revenue	16,695,255	14,309,749
Total Revenues	253,683,313	224,144,355
Operating Expenses		
Salaries and Wages	101,382,639	89,864,153
Employee Benefits	14,789,476	14,861,071
Supplies and Materials	51,591,812	49,258,852
Other Direct Expenses	55,139,796	43,287,206
Professional Fees	2,856,678	3,052,421
Purchased Services	17,866,270	15,913,863
Depreciation and Amortization	10,724,003	9,841,667
Total Operating Expenses	254,350,674	226,079,233
Operating Loss	(667,361)	(1,934,878)
Non-Operating Revenues (Expenses)		
Interest Income	1,839,813	234,180
Interest Expense	(1,728,451)	(1,558,614)
Bond Issuance Costs	(12,470)	(700,848)
Property Tax Revenue	4,960,980	5,696,680
CARES Act Funding	-	2,224,073
Other Expenses, Net	181,439	(533,453)
Total Non-Operating Revenues, Net	5,241,311	5,362,018
Change in Net Position	4,573,950	3,427,140
Net Position, Beginning of Year	136,640,651	133,213,511
Net Position, End of Year	\$ 141,214,601	\$ 136,640,651

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

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Cash Flows
For the Years Ended December 31, 2022 and 2021

	2022	2021
Cash Flows from Operating Activities		
Cash Received from Patient Services	\$ 226,863,065	\$ 194,350,327
Cash Paid to or on Behalf of Employees	(113,846,367)	(107,674,920)
Cash Paid for Supplies and Services	(118,567,290)	(109,066,518)
Cash Received from Federal and State Programs	18,049,830	25,193,763
Net Cash Provided by Operating Activities	12,499,238	2,802,652
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(14,805,100)	(8,196,884)
Bond Premium	-	4,794,017
Proceeds from Issuance of Bonds	-	33,265,000
Principal Payments on Long-Term Debt	(6,210,000)	(5,572,426)
Payments to Refund Bonds	-	(10,020,242)
Costs of Bond Issuance	(12,470)	(700,848)
Dedicated Property Tax Revenue Received	5,077,540	4,344,522
CARES Act Proceeds	-	2,224,073
Interest Payments	(2,527,497)	(1,489,229)
Net Cash (used in) Provided by Capital and Related Financing Activities	(18,477,526)	18,647,983
Cash Flows from Investing Activities		
Investment in Joint Venture	153,011	(787,810)
Interest Earned on Investments	1,839,813	214,135
Net Cash Provided by (Used in) Investing Activities	1,992,824	(573,675)
Increase in Cash and Cash Equivalents	(3,985,465)	20,876,960
Cash and Cash Equivalents, Beginning of Year	125,520,402	104,643,442
Cash and Cash Equivalents, End of Year	\$ 121,534,937	\$ 125,520,402
Reconciliation to Statement of Net Position		
Cash and Cash Equivalents	\$ 71,252,979	\$ 74,394,650
Cash and Cash Equivalents included in Assets Whose Use is Limited, Required for Current Liabilities	30,128,836	30,982,607
Cash and Cash Equivalents included in Assets Whose Use is Limited or Restricted	20,153,122	20,143,145
Total Cash and Cash Equivalents	\$ 121,534,937	\$ 125,520,402

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

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Cash Flows (Continued)
For the Years Ended December 31, 2022 and 2021

	2022	2021
Reconciliation of Operating Loss to Net Cash		
Provided by Operating Activities		
Operating Loss	\$ (667,361)	\$ (1,934,878)
Adjustments to Reconcile Operating Loss to Net		
Cash Provided by Operating Activities		
Depreciation and Amortization	10,724,003	9,841,667
Provisions for Bad Debts	15,065,914	13,822,401
Changes in Operating Assets and Liabilities		
Patient Accounts Receivable	(15,852,169)	(12,657,262)
Inventories and Other Operating Assets	2,616,096	2,472,329
Accounts Payable and Accrued Expenses	11,214,613	(2,540,866)
Medicare Advanced Payments	(10,601,858)	(6,200,739)
Net Cash Provided by Operating Activities	\$ 12,499,238	\$ 2,802,652

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

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies

Organization and Nature of Operations

Slidell Memorial Hospital (the Hospital) is a non-profit corporation organized as St. Tammany Parish Hospital Service District No. 2 (the District), a political subdivision of the State of Louisiana as established in Act 180 of the 1984 Regular Session of the Legislature, as amended, and is exempt from federal and state income taxes. The governing authority of the District is the St. Tammany Parish Hospital Service District No. 2 Board of Commissioners (the Board), which are appointed by a cross-section of representatives of city, parish, and state government bodies. The Board is authorized to oversee the assets and govern the operations of the District. The Hospital operates a full service acute care community hospital located in Slidell, Louisiana.

Reporting Entity

The basic financial statements present the Hospital, collectively referred to as the Organization. There are no other organizations or agencies whose financial statements should be included and presented with these financial statements.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated non-exchange transactions (principally, government grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated non-exchange transactions. Government-mandated non-exchange transactions that are not program specific, investment income, and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Organization first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position is available. All significant inter-entity accounts have been eliminated in the accompanying financial statements.

Use of Estimates

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

The determination of the allowance for uncollectible accounts receivable and amounts estimated to be recovered from third-party payors are particularly sensitive estimates and are subject to change.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents are recorded at fair value. The Organization reports short-term, highly liquid investments whose use is not limited (that are both readily convertible to known amounts of cash and mature within three months or less from date of purchase) as cash equivalents.

Inventories

Inventories, which consist primarily of drugs and supplies, are valued at the lower of cost (first-in, first-out method) or market.

Capital Assets

Land, buildings, and equipment acquisitions are recorded at historical cost except for assets donated to the Organization. Donated assets are recorded at fair value on the date of donation. Depreciation of buildings and equipment is computed using the straight-line method in amounts sufficient to amortize the cost of these assets over their estimated useful lives.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted consist of cash and investments reported at fair value with gains and losses included in the statements of revenues, expenses, and changes in net position.

Impairment of Long-Lived Assets

The Organization reviews long-lived assets, consisting of property and equipment and cost in excess of net assets acquired, for impairment and determines whether an event or change in facts and circumstances indicates that their carrying amount may not be recoverable. The Organization determines recoverability of the assets by comparing the carrying value of the asset to net future undiscounted cash flows that the asset is expected to generate. The impairment recognized is the amount by which the carrying amount exceeds the fair market value of the asset. There were no asset impairments recorded during 2022 and 2021.

Right-of-Use Assets

The Organization has recorded right-of-use lease assets as a result of implementing Governmental Accounting Standards Board (GASB) Statement No. 87. The right-of-use lease assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The right-of-use lease assets are amortized on a straight-line basis over the life of the related lease.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Deferred Inflows of Resources

The deferred inflows of resources associated with leases is recorded in an amount equal to the corresponding lease receivable plus certain additional amounts received from the lessee at or before the commencement of the lease term that relate to future periods, less any lease incentives paid to, or on behalf of, the lessee at or before the commencement of the lease term. The inflow is recognized in a systematic and rational manner over the term of the lease.

Joint Venture Agreement

During August of 2018, the Organization entered into a joint venture agreement with St. Tammany Parish Hospital, Ochsner Clinic Foundation, and Hospital Holdings Corporation to join a newly established entity, NSR Louisiana, LLC, that will provide inpatient rehabilitation services at a facility located in Lacombe, Louisiana. Under the terms of the agreement, the Organization will have a 30% ownership interest in NSR Louisiana, LLC. The initial cash contribution to capital of the Organization was \$237,000. The Organization's ownership interest of \$932,856 and \$1,085,867 as of December 31, 2022 and 2021, respectively, is included in other assets, net on the statements of net position.

During July of 2019, the Organization entered into a joint venture agreement with St. Tammany Parish Hospital, Ochsner Clinic Foundation, and Louisiana Health Care Group, LLC to establish a new entity, Northshore Extended Care Hospital, LLC, that will provide skilled nursing services at a facility in Lacombe, Louisiana. The Organization was required to fund an initial capital contribution of \$317,400 which resulted in a 16% ownership interest. The Organization's ownership interest of \$-0- and \$-0- as of December 31, 2022 and 2021, respectively, is included in other assets, net, on the statements of net position.

Net Patient Service Revenue and Related Receivables

Net patient service revenue and the related accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. The Organization provides care to patients even though they may lack adequate insurance or may be covered under contractual arrangements that do not pay full charges. As a result, the Organization is exposed to certain credit risks. The Organization manages such risk by regularly reviewing its accounts and contracts, and by providing appropriate allowances. Provisions for bad debts are reported as offsets to net patient service revenues consistent with reporting practices for governmental entities.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Medicare and Medicaid Reimbursement Programs

The Hospital is reimbursed under the Medicare Prospective Payment System for acute care inpatient services provided to Medicare beneficiaries and is paid a predetermined amount for these services based, for the most part, on the Diagnosis Related Group (DRG) assigned to the patient. In addition, the Hospital is paid prospectively for Medicare inpatient capital costs based on the federal specific rate. The Hospital qualifies as a disproportionate share provider under the Medicare regulations. As such, the Hospital receives an additional payment for Medicare inpatients served. Except for Medicare disproportionate share reimbursement and Medicare bad debts, there is no retroactive settlement for inpatient costs under the Medicare inpatient prospective payment methodology.

The Hospital is paid a prospective per diem rate for Medicaid inpatients. The per diem rate is based on a peer grouping methodology, which assigns a per diem rate to each hospital in the peer group.

Medicare outpatient services (excluding clinical lab and outpatient therapy) are reimbursed by the Outpatient Prospective Payment System (OPPS), which establishes a number of Ambulatory Payment Classifications (APC) for outpatient procedures in which the Hospital is paid a predetermined amount per procedure. Medicaid outpatient services (excluding ambulatory surgery, therapy, and clinical lab) were reimbursed at 85.84% of the lower of cost or charges as of December 31, 2022 and 2021. Medicare and Medicaid outpatient clinical lab and Medicaid ambulatory surgery and outpatient therapy services are reimbursed based upon the respective fee schedules.

Effective January 1, 2019, the Organization entered into an agreement with the Quality and Outcome Improvement Network (QOIN) to facilitate payments to these entities under the State of Louisiana's Medicaid Managed Care Quality Incentive Program (Program). The Louisiana Department of Health (LDH) amended its agreements with its contracted Managed Care Organizations (MCOs) to include quality-based performance measures and quality-based outcomes. With the expected achievement of the defined quality measures, LDH will fund the MCOs, who in turn will fund the network that the hospitals contract with for this Managed Care Incentive Payment (MCIP). For each measurement year, LDH will evaluate the performance relative to the specific quality measures. In the event LDH finds a deficiency in the accomplishment of those performance measures, there is the potential for recoupment of the MCIPs. Under the terms of the agreement with the QOIN, the Organization recognized approximately \$3.9 million and \$3.4 million of estimated incentive payments for the years ended December 31, 2022 and 2021, respectively, which is included within other revenue.

Retroactive cost settlements, based upon annual cost reports, are estimated for those programs subject to retroactive settlement and recorded in the financial statements. Final determination of retroactive cost settlements to be received under the Medicare and Medicaid regulations is subject to review by program representatives.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Medicare and Medicaid Reimbursement Programs (Continued)

The difference between a final settlement and an estimated settlement in any year is reported as an adjustment of net patient service revenue in the year the final settlement is made. Adjustments to estimated settlements resulted in an increase to net patient service revenue of approximately \$510,000 in 2022, and an increase to net patient service revenue of approximately \$196,000 in 2021. See Note 3 for further information.

Grants and Contributions

From time to time, the Hospital and the Foundation receive grants from the state of Louisiana, 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 for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

Coronavirus Aid, Relief, and Economic Security Act

In response to the economic impact of COVID-19, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted by Congress and was subsequently signed into law on March 27, 2020. The CARES Act included a variety of economic assistance provisions for businesses and individuals. The District suspended non-emergent or non-critical surgeries, procedures and appointments beginning in mid-March through early-May in 2020 due to COVID-19. The CARES Act established a Provider Relief Fund to be used for economic support of healthcare entities in connection with health care-related expenses or lost revenues attributable to COVID-19 and treatment of uninsured COVID-19 patients. Health care entities such as the District would recognize these funds as subsidies that are subject to eligibility requirements. For the years ended December 31, 2022 and 2021, respectively, the District received approximately \$0- and \$2.2 million through the Provider Relief Fund program. Based on the terms of the Provider Relief Fund program and the guidance provided by the United States Department of Health and Human Services (HHS), the District recognized this funding as revenue for the years ended December 31, 2022 and 2021. In accordance with GASB Technical Bulletin 2020-1, this amount is recognized as non-operating revenue in the statement of revenues, expenses, and changes in net position. HHS continues to issue new reporting requirements for the Provider Relief Fund program, which may impact the recognition of these funds in future periods.

Under the CARES Act, the District also received \$16,802,597 in advances under the Medicare Accelerated and Advance Payments Program (AAPP) in April 2020. Through the Continuing Appropriations Act, 2021 and Other Extensions Act (the CA Act) that was enacted October 1, 2020, the District will not be subject to recoupment of its Medicare payments for a period of one year from the date it received its AAPP payments. Starting on the date that is one year from its receipt of the AAPP payments, repayment will be made out of the District's future Medicare payments.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Restricted Resources

When the Organization has both restricted and unrestricted resources available to finance a particular program, it is the Organization's policy to use restricted resources before unrestricted resources.

Net Position

In accordance with GASB Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, as amended, net position is classified into three components: net investment in capital assets, restricted, and unrestricted. These classifications are defined as follows:

Net Investment in Capital Assets

This component of net position consists of the historical cost of capital assets, including any restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets, plus deferred outflows of resources less deferred inflows of resources related to those assets.

Restricted

This component of net position consists of assets that have constraints that are externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted

All other net position is reported in this category.

Employee Health and Workers' Compensation Insurance

The Organization is self-insured for hospitalization and workers' compensation claims. Estimated amounts for claims incurred but not reported are calculated based on claims experience and, together with unpaid claims, are included in accrued interest and other expenses on the statements of net position.

Statements of Revenues, Expenses, and Changes in Net Position

All revenues and expenses directly related to the delivery of health care services are included in operating revenues and expenses in the statements of revenues, expenses, and changes in net position. Non-operating revenues and expenses consist of revenues and expenses related to financing and investing type activities and result from non-exchange transactions or investment income.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Property Tax Revenues

The Hospital receives dedicated property tax revenues in amounts sufficient to fund annual debt maturities of the general obligation bonds and related interest costs (see Note 7). Such revenues are considered non-operating in the accompanying statements of revenues, expenses, and changes in net position. Unexpended property tax revenues are accumulated in a restricted fund held in trust and are exclusive of governmental debt service.

Compensated Absences

The Organization's employees earn paid time off at varying rates depending on years of service. The estimated amount of paid time off as termination payments is reported as a component of the current liability for salaries, wages, and benefits payable in both 2022 and 2021.

Recently Issued Accounting Principles - Adopted

Effective with the fiscal year ended December 31, 2022, the District has implemented GASB Statement No. 87, *Leases*. The objective of GASB 87 is to better meet the information needs of the financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that were previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. As a result, net position as of December 31, 2021 has been restated by \$20,045 as shown on the statement of activities. The December 31, 2021 increase in net position of \$3,407,095 as previously reported, increased by \$20,045 to \$3,427,140 as a result of recognition of additional lease income and expense.

The transition adjustment for the lessee leases in existence as of January 1, 2021 resulted in a right-of-use asset of \$509,852, and a lease liability of \$509,852, and the lessor leases in existence as of January 1, 2021 resulted in lease receivable of \$1,311,169 and deferred inflow of resources of \$1,311,169.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Recently Issued Accounting Principles - Not Yet Adopted

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements*. The objective of GASB 96 is to better meet the information needs of the financial statement users by improving accounting and financial reporting for these arrangements. This Statement establishes uniform accounting and financial reporting requirements for these arrangements, improves the comparability of financial statements among governments that have entered into such arrangements, and enhances the understandability, reliability, relevant and consistency of information about such arrangements. Management is evaluating the potential impact of adoption on the Organization's financial statements. The requirements of this Statement are effective for reporting periods beginning after June 15, 2022.

Note 2. Cash and Assets Whose Use is Limited or Restricted

Custodial Credit Risk - Deposits: Statutes authorize the Organization to invest in direct obligations of the U.S. Government, certificates of deposit of state banks and national banks having their principal office in the State of Louisiana, and any other federally insured investments, guaranteed investment contracts issued by a financial institution having one of the two highest rating categories published by Standard & Poor's or Moody's, and mutual or trust fund institutions registered with the Securities and Exchange Commission (provided the underlying investments of these funds meet certain restrictions). The Organization's cash, cash equivalents, and certificates of deposit included in cash and cash equivalents and assets whose use is limited on its statements of net position, as of December 31, 2022 and 2021, were entirely covered by federal depository insurance or collateralized with securities held by the pledging financial institution's trust department or agent in the Organization's name.

Concentration of Credit Risk: As required under GASB Statement No. 40, *Deposit and Investment Risk Disclosures*, an Amendment of GASB Statement No. 3, concentration of credit risk is defined as the risk of loss attributed to the magnitude of a government's investment in a single issuer. GASB 40 further defines an at-risk investment to be one that represents more than five percent (5%) of the fair value of the total investment portfolio and requires disclosure of such at-risk investments. GASB 40 specifically excludes investments issued or explicitly guaranteed by the U.S. government and investments in mutual funds, external investment pools, and other pooled investments from the disclosure requirement. At December 31, 2022 and 2021, the Organization had no investments requiring concentration of credit risk disclosure.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 2. Cash and Assets Whose Use is Limited or Restricted (Continued)

Assets Whose Use is Limited or Restricted: The terms of the Organization's bond issues require certain funds to be maintained on deposit with the trustee. The funds on deposit with the trustee, funds designated by the Board for capital improvements, and donated funds restricted by donor stipulations, as of December 31, 2022 and 2021, were as follows:

	2022	2021
Current Assets		
Dedicated Property Tax Revenue, Under Bond Indenture	\$ 6,072,724	\$ 6,221,468
Total	\$ 6,072,724	\$ 6,221,468
Non-Current Assets		
Dedicated Property Tax Revenue and Amounts Under Bond Indenture	\$ 29,926,109	\$ 30,747,697
By Board for Master Facility Project	20,000,000	20,000,000
By State Department of Workers' Compensation	700,000	700,000
By Board Direction	153,122	143,145
Total	\$ 50,779,231	\$ 51,590,842

Note 3. Third-Party Payor Arrangements

The Hospital participates in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. During both of the years ended December 31, 2022 and 2021, approximately 72% of the Hospital's gross patient service charges were derived from services provided to Medicare and Medicaid program beneficiaries. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3. Third-Party Payor Arrangements (Continued)

Revenue derived from the Medicare program is subject to audit and adjustment by the fiscal intermediary and must be accepted by the United States Department of Health and Human Services before settlement amounts become final. Revenue derived from the Medicaid program is subject to audit and adjustment and must be accepted by the State of Louisiana, Department of Health before the settlement amount becomes final. The fiscal intermediary has completed its review of estimated Medicare settlements for fiscal years ended through December 31, 2018. The fiscal intermediary has completed its review of estimated Medicaid settlements for fiscal years ended through December 31, 2017. Annually, management evaluates the recorded estimated settlements and adjusts these balances based upon the results of the intermediary's audit of filed cost reports and additional information becoming available. Although the fiscal intermediary has not completed its audits (or reopened the review) of the estimated settlements for the years ended December 31, 2019 through December 31, 2021 for Medicare and for the years ended December 31, 2018 through December 31, 2021 for Medicaid, the Hospital does not anticipate significant adverse adjustments to the recorded settlements for those years.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and managed care organizations. The basis for payment to the Hospital under these arrangements includes prospectively determined daily rates and discounts from established charges.

Estimated settlements due from third-party payors are approximately \$927,000 and \$38,000 for the years ended December 31, 2022 and 2021, respectively, and are included in accrued interest and other expenses on the statements of net position.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 4. Net Patient Service Revenue

Net patient service revenue for the years ended December 31, 2022 and 2021 was as follows:

	2022	2021
Gross Patient Service Revenue		
Medicare	\$ 344,930,279	\$ 340,822,780
Medicaid	222,761,713	235,770,859
Medicare HMO	492,954,805	438,869,806
Managed Care/Commercial	397,308,658	374,107,931
Self Pay/Uninsured	23,088,433	21,667,224
	<hr/>	
Total	1,481,043,888	1,411,238,600
Contractual Adjustments	(1,210,033,156)	(1,173,347,760)
Charity Care	(18,956,760)	(14,233,833)
Provisions for Bad Debts	(15,065,914)	(13,822,401)
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Total	\$ 236,988,058	\$ 209,834,606
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Note 5. Community Benefits

As a community health care provider, the Hospital's stated mission is "To Improve the Quality of Life in our Community." As such, total revenue includes that revenue generated from direct patient care, rentals from various medical office buildings, and sundry revenue related to the operation of the Hospital and its member organizations.

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. As shown in Note 4, charity care provided during the years ended December 31, 2022 and 2021 measured at established rates totaled \$18,956,760 and \$14,233,832, respectively.

The Hospital has also entered into a series of agreements related to funding healthcare for low-income populations which are detailed in Note 12.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 5. Community Benefits (Continued)

The Hospital also sponsors or participates in numerous activities to benefit the community. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Annually, the Hospital sponsors several health fairs and programs regarding such issues as diabetes, breast cancer, smoking cessation, nutrition, exercise, cardiology, women's health, parenting skills, development topics, etc., to provide the community access to health-related information. Also, the Hospital provides health screenings at no cost, or a reduced cost, to the community. These include prostate cancer, cholesterol, colorectal, skin cancer, glucose, and thyroid screenings.

During 2022, the SMH Community Outreach Center held 25 free or low-cost health education programs with 397 attendees. Also, during 2022, SMH performed free or low-cost health screens for 2,449 people. The total lives touched through community outreach programs, classes, and events was 53,729.

During 2021, the SMH Community Outreach Center held 37 free or low-cost health education programs with 345 attendees. Also, during 2021, SMH performed free or low-cost health screens for 1,362 people. The total lives touched through community outreach programs, classes, and events was 24,008.

The Hospital encourages its employees to volunteer for charitable organizations and to participate in fundraising activities and, in some cases, pays employees to perform public services such as health screenings and health works educational events. During the Covid-19 Pandemic, the Community Outreach team assisted with temperature checks at local schools and community events, as needed.

The Hospital encourages its employees to volunteer for charitable organizations and to participate in fundraising activities and, in some cases, pays employees to perform public services such as health screenings.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6. Leases

The District as Lessee

The District, as a lessee, has entered into lease agreements for equipment and office space. The total costs of the District's lease assets were \$2,222,166 and \$1,767,387, at December 31, 2022 and 2021, respectively, less accumulated amortization of \$757,994 and \$221,308.

The following is a summary of the lease obligation as of December 31st:

Payable at December 31, 2022	Due Within One Year
\$ 1,473,247	\$ 489,666
Payable at December 31, 2021	Due Within One Year
\$ 1,529,723	\$ 403,997

The future lease payments under the lease agreement are as follows:

Year Ending December 31,	Principal	Interest
2023	\$ 489,666	\$ 61,782
2024	345,005	41,377
2025	252,486	25,938
2026	243,265	13,576
2027	142,825	2,671.00
Total	<u>\$ 1,473,247</u>	<u>\$ 145,344</u>

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 6. Leases (Continued)

The District as Lessor

The District, as lessor, has entered into lease agreements involving certain office space, expiring at various intervals through 2027.

The following is a summary of the balances associated with the lessee transactions recorded at December 31st:

	December 31, 2022	December 31, 2021
Lease Receivable		
Current	\$ 743,587	\$ 849,403
Non-Current	1,162,562	1,111,338
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Total Lease Receivable	\$ 1,906,149	\$ 1,960,741
	<hr/> <hr/>	<hr/> <hr/>
Deferred Inflows - Leases	\$ 1,906,149	\$ 1,960,741
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Note 7. Long-Term Debt

A summary of the Hospital's long-term debt outstanding is as follows:

	2022	2021
General Obligation Bonds	\$ 52,811,915	\$ 57,651,591
Hospital Indebtedness	10,390,000	12,230,000
	<hr/>	<hr/>
Total Long-Term Debt	\$ 63,201,915	\$ 69,881,591
	<hr/> <hr/>	<hr/> <hr/>

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

The following table, for the years ended December 31, 2022 and 2021, summarizes the changes in long-term debt:

	2022	2021
Balance of Long-Term Debt at January 1,	\$ 69,881,591	\$ 47,130,000
Less: Refunding of Bonds	-	(9,735,000)
Less: Repayment of Bonds and Notes Payable	(6,210,000)	(5,375,000)
Less: Amortization of Bond Premium	(469,676)	-
Plus: Bond Premium	-	4,596,591
Plus: 2021 General Obligation Refinancing	-	10,155,000
Plus: General Obligation Refunding Bonds, Series 2021	-	23,110,000
Balance of Long-Term Debt at December 31,	\$ 63,201,915	\$ 69,881,591

The details and balances of long-term debt at December 31, 2022 and 2021 are presented in the following table:

	2022	2021
General Obligation Bonds, Series 2012	\$ -	\$ 780,000
General Obligation Refunding Bonds, Series 2012	1,285,000	1,910,000
Hospital Indebtedness, Series 2013	1,390,000	2,730,000
Refunding Taxable Bonds, Series 2014	185,000	270,000
Refunding Tax Exempt Bonds, Series 2014	1,195,000	2,070,000
Hospital Indebtedness, Series 2018	9,000,000	9,500,000
General Obligation Refunding Bonds, Series 2019 #1	6,120,000	7,020,000
General Obligation Refunding Bonds, Series 2019 #2	7,340,000	7,740,000
General Obligation Bonds, Series 2021 Refinancing	10,050,000	10,155,000
General Obligation Bonds, Series 2021	22,510,000	23,110,000
Plus: Unamortized Premium, Net	4,126,915	4,596,591
Total Long-Term Debt	63,201,915	69,881,591
Less: Amounts Due Within One Year	6,475,000	6,210,000
Total, Net of Amounts Due Within One Year	\$ 56,726,915	\$ 63,671,591

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Bonds

The Hospital's general obligation bonds are payable from the annual levy and collection of unlimited ad valorem taxes on all the taxable property located within the boundaries of St. Tammany Hospital Service District No. 2 sufficient to pay such bonds in principal and interest as they mature.

Series 2011 and 2012

On April 30, 2011, the voters of St. Tammany Parish approved a referendum authorizing the Hospital to issue up to \$25 million of general obligation bonds for the purpose of constructing, improving, and expanding its facilities, including new emergency room services, cardiology services, and the conversion of existing semi-private rooms into private rooms.

The Hospital issued the first of this series of general obligation bonds on August 4, 2011, in the amount of \$9.8 million. Scheduled interest rates over the term of the 2011 bonds range from 2% to 4.75%.

The Hospital issued Series 2012 general obligation bonds in the amount of \$15.2 million on March 1, 2012. Scheduled interest rates over the term of the 2012 bonds range from 2% to 3.125%.

Interest on the general obligation bonds is payable semi-annually on March 1st and September 1st each year. The Series 2004 bonds mature in annual installments on March 1st each year until 2024 and can be called for early redemption after March 1, 2014. The Series 2009 bonds mature in annual installments on March 1st each year until 2029 and can be called for early redemption after March 1, 2019. The Series 2011 bonds also mature in annual installments due on March 1st each year from 2013 until 2036 and can be called for redemption in full or in part on or after March 1, 2021. The Series 2012 bonds mature in annual installments due on March 1st each year from 2015 until 2032 and can be called for redemption in full or in part on or after March 1, 2022.

Series 2021

On April 24, 2021, the voters of St. Tammany Parish approved a referendum authorizing the Hospital to issue up to \$23.11 million of general obligation bonds for the purpose of constructing, acquiring, extending and improving advanced surgical suites, intensive care and isolation patient rooms; new technology and cardiology services and related health care facilities of the District; and acquiring equipment and furnishings.

In July 2021, the Hospital issued \$23,110,000 of general obligation bonds, Series 2021. Scheduled interest rates over the term of the 2021 bonds range from 4% to 5%.

All of the Hospital's general obligation bonds are secured by a pledge of dedicated property tax millages described in Note 1.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Refunding Bonds

Series 2012

On May 30, 2012, the Hospital issued \$5,980,000 of general obligation refunding bonds, Series 2012. The bonds were issued for the purpose of refunding a portion of the Hospital's outstanding Series 2004B general obligation bonds. The refunding bonds bear interest at a rate of 2.20%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2024. The bonds are not callable for early redemption.

The loss incurred in connection with the advanced refunding of the Hospital's Series 2004B general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$41,815 at December 31, 2022 and 2021. Amortization is included in interest expense.

Series 2014

In January 2014, the Hospital issued \$815,000 of general obligation refunding taxable bonds, Series 2014. The bonds were issued for the purpose of refunding the Hospital's outstanding Series 2004C taxable general obligation bonds. The refunding taxable bonds bear interest at a rate of 3.06%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2024. The bonds are not callable for early redemption.

In January 2014, the Hospital issued \$7,650,000 of general obligation refunding tax-exempt bonds, Series 2014. The bonds were issued for the purpose of refunding the Hospital's outstanding Series 2004A and 2004B general obligation bonds. The refunding tax-exempt bonds bear interest at a rate of 1.86%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2024. The bonds are not callable for early redemption.

The loss incurred in connection with the advanced refunding of the Hospital's Series 2004A, 2004B, and 2004C general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$4,570 at December 31, 2022 and 2021. Amortization is included in interest expense.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Refunding Bonds (Continued)

Series 2019

In January 2019, the Hospital issued \$8,985,000 of general obligation refunding bonds, Series 2019. The bonds were issued for the purpose of advance refunding \$8,750,000 of the Hospital's outstanding Series 2009 general obligation bonds with maturities from 2020 through 2029. The refunding tax-exempt bonds bear interest at a rate of 3.05%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2029. The bonds are not callable for early redemption.

The resources provided by the issuance of the bonds were placed in escrow and the bonds were called for redemption effective March 1, 2019, at which time the refunded bonds were considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 10 years by approximately \$580,000 with an economic gain of approximately \$500,000.

The loss incurred in connection with the advanced refunding of the Series 2009 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$2,085 at December 31, 2022 and 2021. Amortization is included in interest expense.

Series 2019, Taxable

In October 2019, the Hospital issued \$7,910,000 of taxable general obligation refunding bonds, Series 2019. The bonds were issued for the purpose of advance refunding \$7,400,000 of the Hospital's outstanding Series 2011 general obligation bonds with maturities from 2022 through 2036. The refunding bonds bear interest at a rate between 2.00% and 3.44%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2036. The bonds maturing in March 2030 and after are callable for early redemption.

The resources provided by the issuance of the bonds were placed in an irrevocable trust for the purpose of generating resources for all future debt service payments of the refunded debt. The refunded bonds are considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 16 years by approximately \$480,000 with an economic gain of approximately \$370,000.

The loss incurred in connection with the advanced refunding of the Series 2011 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$15,649 at December 31, 2022 and 2021. Amortization is included in interest expense.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Refunding Bonds (Continued)

Series 2021

In March 2021, the Hospital issued \$10,155,000 of general obligation refunding bonds, Series 2021. The bonds were issued for the purpose of advance refunding \$9,735,000 of the Hospital's outstanding Series 2012 general obligation bonds with maturities from 2023 through 2032. The refunding bonds bear interest at a rate between 0.35% and 2.35%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2032. Only the March 2032 bond is callable for early redemption, at any time on or after March 1, 2031.

The resources provided by the issuance of the bonds were placed in escrow and the bonds were called for redemption effective March 1, 2022, at which time the refunded bonds were considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 10 years by approximately \$338,000 with an economic gain of approximately \$300,000.

The loss incurred in connection with the advanced refunding of the Series 2012 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$26,330 and \$17,522 at December 31, 2022 and 2021, respectively. Amortization is included in interest expense.

Hospital Indebtedness Obligations

On November 1, 2013, the Hospital issued \$10 million of hospital indebtedness obligations to finance the cost of constructing, acquiring, and/or improving hospital facilities and equipment for the Hospital. The obligations bear interest at a rate of 2.99% and are payable in annual installments through July 1, 2023. The obligations are not callable for redemption prior to their stated maturity dates. The obligations are secured by a pledge of the net income, revenues, and receipts of the Hospital.

On August 9, 2018, the Hospital issued \$11 million of hospital indebtedness obligations to finance the cost of constructing, acquiring, and/or improving hospital facilities, equipment, and furnishings, including, but not limited to, computer hardware and software upgrades for the Hospital. The obligations bear interest at a rate of 3.7% and are payable in annual installments through July 1, 2028. The obligations are secured by a pledge of the net income, revenues, and receipts of the Hospital.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

Combined Existing Debt Service Commitments

Principal and interest payments due on general obligation bonds and notes payable outstanding as of December 31, 2022 are as follows:

Year Ending December 31,	Principal	Interest
2023	\$ 6,475,000	\$ 1,987,153
2024	5,725,000	1,820,441
2025	4,942,000	1,620,515
2026	5,019,000	1,460,341
2027	4,997,000	1,293,915
2028 - 2032	16,332,000	4,398,859
2033 - 2037	9,180,000	2,150,970
Thereafter	6,405,000	525,300
Total	\$ 59,075,000	\$ 15,257,494

Note 8. Employee Benefits

The Hospital and its member organizations maintain qualified defined contribution retirement and deferred compensation plans which provide benefits for eligible employees. Beginning in April 2002, the Hospital initiated a combined deferred compensation and contributory employee savings plan for full-time employees. Each employee's interest in a previous plan was fully vested and was transferred over to the new plan.

The retirement plan provides a discretionary employer match of participant elective deferrals up to 4%, beginning January 1, 2006, rather than contributions based on salaries. Plan participants who attained age 50 as of September 26, 2005, and were contributing 8% at that time, continue to receive the employer match up to 8% of their elective deferral. Employees are eligible to participate at their date of hire. Participants are immediately vested in their contributions plus actual earnings thereon.

Vesting in the Hospital's contribution is based on years of service. After three years of eligible service, the employee is 100% vested. Prior to that time, the employee is 0.0% vested.

The total eligible payroll for the years ended December 31, 2022 and 2021 was approximately \$81 million and \$83 million, respectively. During the years ended December 31, 2022 and 2021, the Hospital and member organizations made required contributions to the plan of \$2,198,955 and \$2,336,601, respectively.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters

Risk Management

The Hospital participates in the Louisiana Patients' Compensation Trust Fund (PCF) for insurance coverage on professional liability (medical malpractice) claims. As a participant, the Hospital has a statutory limitation of liability which provides that no award can be rendered against it in excess of \$500,000, plus interest and costs. The PCF provides coverage on a claims occurrence basis for claims over \$100,000 and up to the \$500,000 statutory limitation. The Hospital is self-insured with respect to the first \$100,000 of each claim.

The Hospital also participates in the Louisiana Hospital Association Trust Fund (LHA Trust Fund), which provides general liability coverage up to \$1,000,000 per claim. The LHA Trust Fund also insures excess general liability claims in excess of \$1,000,000, but limited to \$9,500,000 per claim. The Hospital's insurance coverage under the LHA Trust Fund is subject to a deductible of \$100,000 on a claims-made basis.

The Hospital is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Hospital and are currently in various stages of litigation. As of December 31, 2022 and 2021, the Hospital has recorded professional and general liability accruals totaling \$1,913,158 and \$1,725,349, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported.

These provisions are included as a component of accrued interest and other expenses on its statements of net position. Additional claims may be asserted against the Hospital arising from services provided to patients through December 31, 2022, exceeding these coverage limits; however, management believes it has adequately provided for them.

The Hospital is self-insured for workers' compensation up to \$750,000 per claim, and employee health up to \$300,000 per claim. A liability is recorded when it is probable that a loss has been incurred and the amount of that loss can be reasonably estimated. Liabilities for claims incurred are re-evaluated periodically to take into consideration claims incurred but not reported, recently settled claims, frequency of claims, and other economic and social factors. The Hospital carries commercial insurance which provides coverage for workers' compensation and employee health claims in excess of the self-insured limits.

As of December 31, 2022, the Hospital has recorded workers' compensation and employee health accruals totaling \$1,252,497 and \$940,940, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported. These provisions are included as a component of accrued interest and other expenses on its statements of net position.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters (Continued)

Risk Management (Continued)

As of December 31, 2021, the Hospital has recorded workers' compensation and employee health accruals totaling \$1,335,031 and \$707,870, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported. These provisions are included as a component of accrued interest and other expenses on its statements of net position.

Changes in the Hospital's aggregate claims liability for professional, general liability, workers' compensation, and employee health, which are included in accrued interest and other expenses on the accompanying statements of net position, were as follows for the years ended December 31, 2022 and 2021:

Year Ended December 31,	Beginning of Year Liability	Current Year Claims and Changes in Estimates	Claim Payments	Balance at Year End
2022	\$ 3,768,250	\$ 9,294,442	\$ 8,956,097	\$ 4,106,595
2021	\$ 3,583,800	\$ 9,427,724	\$ 9,243,274	\$ 3,768,250

Regulatory Matters

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, and reimbursement for patient services. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Management believes that the Organization is in compliance with fraud and abuse, as well as other applicable government laws and regulations. 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.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters (Continued)

Regulatory Matters (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 so-called Recovery Audit Contractor (RAC) program on a permanent and nationwide basis. 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 reimbursement in an amount estimated to equal the overpayment.

A five-state pilot program concluded in March 2008, with a nationwide rollout of the RAC effort done in phases beginning in 2009. The experiences during the pilot found far more overpayments than underpayments.

Similarly, the CMS created new entities titled Audit Medicaid Integrity Contractors (MIC) in order to continue its efforts to ensure the highest integrity of its healthcare programs. The goal of the provider audits is to identify overpayments and to ultimately decrease the payment of inappropriate Medicaid claims. The MIC is to review claims submitted by all types of Medicaid providers, including all settings of care and types of services, with most audits taking place at staff headquarters and on occasion on-site at a provider's place of business.

The Organization was the subject of ongoing RAC and MIC audits during 2022 and 2021, and deducts from revenue 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. Annual net assessments against the Organization have not been significant through December 31, 2022.

In March 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law. The PPACA has created sweeping changes across the healthcare industry, including how care is provided and paid for. A primary goal of this comprehensive reform legislation is to extend health coverage to uninsured legal U.S. residents through a combination of public program expansion and private sector health insurance reforms. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. Management of the Hospital is studying and evaluating the anticipated effects and developing strategies needed to prepare for implementation and is preparing to work cooperatively with other consultants to optimize available reimbursement.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 10. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of who are local residents and are often insured under third-party payor agreements. The mix of receivables from patients and third-party payors, net of contractual allowances and discounts, at December 31, 2022 and 2021, was as follows:

	2022	2021
Medicare	24%	20%
Medicaid	8%	8%
Medicare HMO	34%	34%
Managed Care and Other Payors	31%	35%
Patients	3%	3%
Total	100%	100%

Note 11. Changes in Capital Assets

Capital asset activity for the fiscal year ended December 31, 2022 was as follows:

	Balance December 31, 2021	Additions	Transfers/ Deletions	Balance December 31, 2022
Capital Assets Not Being Depreciated				
Land	\$ 6,550,100	\$ -	\$ -	\$ 6,550,100
Construction in Process	3,012,449	14,751,033	(11,850,422)	5,913,060
Total Capital Assets Not Being Depreciated	9,562,549	14,751,033	(11,850,422)	12,463,160
Capital Assets Being Depreciated				
Land Improvements	2,577,111	-	-	2,577,111
Buildings	138,179,555	4,247,401	(782,225)	141,644,731
Equipment	102,357,186	7,603,019	(10,694,346)	99,265,859
Total Capital Assets Being Depreciated	243,113,852	11,850,420	(11,476,571)	243,487,701
Less Accumulated Depreciation for:				
Land Improvements	1,980,051	70,577	-	2,050,628
Buildings	85,716,864	3,645,063	-	89,361,927
Equipment	75,543,454	6,512,826	(11,117,008)	70,939,272
Total Accumulated Depreciation	163,240,369	10,228,466	(11,117,008)	162,351,827
Capital Assets Being Depreciated, Net	79,873,483	1,621,954	(359,563)	81,135,874
Total Capital Assets, Net	\$ 89,436,032	\$ 16,372,987	\$ (12,209,985)	\$ 93,599,034

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 11. Changes in Capital Assets (Continued)

Capital asset activity for the fiscal year ended December 31, 2021 was as follows:

	Balance December 31, 2020	Additions	Transfers/ Deletions	Balance December 31, 2021
Capital Assets Not Being Depreciated				
Land	\$ 6,504,181	\$ 45,919	\$ -	\$ 6,550,100
Construction in Process	47,454	3,012,449	(47,454)	3,012,449
Total Capital Assets Not Being Depreciated	6,551,635	3,058,368	(47,454)	9,562,549
Capital Assets Being Depreciated				
Land Improvements	2,577,111	-	-	2,577,111
Buildings	137,795,750	383,805	-	138,179,555
Equipment	99,678,458	4,817,050	(2,138,322)	102,357,186
Total Capital Assets Being Depreciated	240,051,319	5,200,855	(2,138,322)	243,113,852
Less Accumulated Depreciation for:				
Land Improvements	1,906,489	73,562	-	1,980,051
Buildings	82,162,325	3,554,539	-	85,716,864
Equipment	71,453,328	6,213,567	(2,123,441)	75,543,454
Total Accumulated Depreciation	155,522,142	9,841,668	(2,123,441)	163,240,369
Capital Assets Being Depreciated, Net	84,529,177	(4,640,813)	(14,881)	79,873,483
Total Capital Assets, Net	\$ 91,080,812	\$ (1,582,445)	\$ (62,335)	\$ 89,436,032

Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements

The Organization routinely provides a substantial amount of uncompensated care to patients in its service area. For the years ended December 31, 2022 and 2021, management estimated that the total costs associated with providing uncompensated care were in excess of \$18.9 million and \$14.2 million, respectively.

To improve or expand allowable healthcare services for Medicaid beneficiaries or low income, uninsured patients, during 2022 and 2021, the Organization entered into a series of collaborative agreements and cooperative endeavors designed to allow additional Medicaid funds for providing these services in the community.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

**Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements
(Continued)**

These agreements are detailed below:

Upper Payment Limit (UPL) Collaborations: The Organization is collaborating with participating hospital service districts (HSDs) to invoice and receive UPL payments. The Centers for Medicare and Medicaid Services (CMS) have previously approved Medicaid State Plan Amendments (SPA), submitted by the Louisiana Department of Health (LDH), which provides for reimbursement to non-rural, non-state public hospitals up to the Medicare inpatient upper payment limits.

A funding program is established by contributing a portion of the UPL payments that result from SPAs to the other HSDs, including the Organization, for the purpose of ensuring that adequate and essential healthcare services are accessible and available to low-income and/or indigent citizens and medically underserved non-rural populations in Louisiana in a manner defined in the agreement. Funding for each participating hospital service district is based upon a formula utilizing each district's reported Medicaid patient days.

Effective July 1, 2022, the UPL program was replaced with the Full Directed Payment program (also Money Follows the Person or MFP). The Organization accrues MFP payments based on annual estimates provided by the Louisiana Department of Health. Payments received are subject to a reconciliation process based on actual utilization during the contract rating period and will make payment adjustments, as necessary. In 2022, the Organization received approximately \$17.8 million in net proceeds under this program. The funds are included in net patient service revenue in the statements of revenues, expenses, and changes in net position.

Physicians' UPL Agreement with the Louisiana Department of Health (LDH): On December 8, 2011, the Organization entered into an agreement with LDH which was approved by CMS. Under the program, LDH began making payments under the Physician's Supplemental Payment Program for non-state-owned public hospitals for dates of service effective July 1, 2010. The purpose of this program is to enhance payments to physicians employed or contracted by the public hospitals. Slidell Memorial Hospital agreed to transfer funds to LDH to be used as Medicaid matching funds for the purpose of making physician supplemental payments and providing the state with additional resources to assist in the medical costs to the state.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements
(Continued)

Physicians' UPL Agreement with the Louisiana Department of Health (LDH) (Continued):

These matching funds are comprised of (1) an amount to be utilized as the "Non-Federal share" of the supplemental payments for services provided by the identified physician and other healthcare professionals, and (2) the "state retention amount," which is 22.5%, effective September 2016, of the "Non-Federal share", for the state to utilize in delivering healthcare services. In turn, LDH agrees to make supplemental Medicaid payments to the Hospital. The supplemental payments include the "Non-Federal share" and the "Federal funds" generated by the "Non-Federal share" payments. The total amount of the supplemental payments is intended to represent the difference between the Medicaid payments otherwise made to these qualifying providers and the Average Community Rate for these services.

Summary: During 2022, in accordance with the funding provisions of the above agreements, the Organization recognized \$16,249,017 as an offset to Medicaid contractual adjustments resulting in a corresponding increase in net patient service revenue. Payments to LDH were \$3,100,000, \$2,590,091, and \$4,117,796 in conjunction with the Low Income and Needy Care Collaboration Agreement, the Physicians' UPL and the UPL Collaboration, respectively. The payments are being amortized monthly over the effective terms of the agreements with the total amount recognized as other direct expenses during 2022.

During 2021, in accordance with the funding provisions of the above agreements, the Organization recognized \$18,906,859 as an offset to Medicaid contractual adjustments resulting in a corresponding increase in net patient service revenue. Payments to LDH were \$3,000,000, \$4,367,999, and \$3,820,357 in conjunction with the Low Income and Needy Care Collaboration Agreement, the Physicians' UPL and the UPL Collaboration, respectively. The payments are being amortized monthly over the effective terms of the agreements with the total amount recognized as other direct expenses during 2021.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

**Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements
(Continued)**

Physician Rate Enhancement Program

LDH has implemented a supplemental payment program for non-state-owned public hospitals, such as the Organization, to enhance Medicaid fee for service payments to physicians employed by or contracted to provide services at such hospitals. LDH contracts with the Healthy Louisiana Program (formerly known as Bayou Health Program) managed care organizations, including those currently under contract with LDH, specifically, Aetna Better Health of Louisiana, Community Care Health Plan of Louisiana, Inc. (Healthy Blue), AmeriHealth Caritas Louisiana, Inc., Louisiana Healthcare Connections, Inc., and UnitedHealthcare of Louisiana, Inc., to provide core benefits and services for individuals enrolled in the Healthy Louisiana Program (Medicaid enrollees) that are compensated by specified monthly capitation rates on a per member per month (PMPM) basis.

To ensure uniform reimbursement in the Medicaid program for physician services, provide greater opportunity and incentives for managed care organizations contracted with LDH to provide services to Medicaid beneficiaries to improve recipient health outcomes, add benefits for Medicaid enrollees, and support the health care safety-net for low income and needy patients, LDH increased the PMPM rate for reimbursement of physician services to include the full Medicaid pricing (FMP) component of the Mercer Rate Methodology (enhanced PMPM rate) for safety-net physicians to receive rates more consistent with their fee-for-service payments (referred to herein as Physician Rate Enhancement Funds and the Physician Rate Enhancement Program).

Physician Rate Enhancement Funds can be paid to a hospital political subdivision, such as the Organization, that elects to provide the state match for the federal funding associated with these Physician Rate Enhancement Funds, if an assignment agreement is in place between the hospital and a physician group that has contracted with the hospital to provide inpatient and outpatient physician services and is eligible to receive Physician Rate Enhancement Funds as a result of such services. The Organization obtained assignments from several physician groups that have contracted with the Organization to provide inpatient and outpatient services to the Organization's patients. As a result of these assignments, the Organization received Physician Rate Enhancement Funds from the five managed care organizations participating in the Healthy Louisiana Program, totaling \$5,786,911 and \$9,334,550, which is included in other revenue for the years ended December 31, 2022 and 2021, respectively.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 13. Deferred Outflows of Resources

The Hospital has recorded deferred outflows of resources of \$514,206 and \$604,656 at December 31, 2022 and 2021, respectively, related to deferred bond losses resulting from refunding bond issuances.

Note 14. Joint Operating Agreement

On July 2, 2015, the Organization signed a Joint Operating Agreement (JOA) with Ochsner Clinic Foundation (owners and operators of Ochsner Medical Center - Northshore) and Ochsner Health Systems (collectively, OHS) in order to accomplish over time the following clinical integration and healthcare delivery goals: continuing the charitable and public service missions; optimizing delivery of healthcare beyond what any of the parties can do alone so that community based primary and secondary services can be efficiently performed; reducing costs and improving quality and operational efficiencies beyond what any of the parties can do alone by integrating SMH and OHS clinical and administrative systems; pooling complementary clinical resources to improve quality outcomes and keeping care local and reducing outmigration of care from the community beyond what any of the parties can do alone; and accessing and efficiently utilizing capital.

The parties intend to operate the JOA coordinated operations as a coordinated delivery system, a clinically integrated system, and a financially integrated collaboration. The parties will integrate financially by sharing all financial risk as well as the rewards of their collaboration in accordance with the JOA.

Financial consideration as a result of this agreement is based on a pre-established and pre-defined combined adjusted operating income (SMH and OHS) for the area of service as defined by the agreement.

Beginning January 1, 2016 and for each year thereafter during the term of the agreement, the parties will share all combined adjusted operating income or loss based on pre-established percentages. For the years ended December 31, 2022 and 2021, the Organization recognized expenses of approximately \$12.2 million and \$11.1 million, respectively, as a result of the JOA, which is included in other direct expenses on the statements of revenues, expenses, and changes in net position.

The agreement will continue for a term of twenty years, and will automatically renew for one-year terms thereafter.

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL**

Notes to Financial Statements

Note 15. Subsequent Events

Subsequent to year, the Organization began proceedings to enter into an agreement with Ochsner Clinic Foundation to further integrate services between Slidell Memorial Hospital and Ochsner Medical Center - Northshore. The agreement will integrate clinical operations on both campuses under the Slidell Memorial Hospital name, with administrative and support functions provided by Ochsner Clinic Foundation.

OTHER SUPPLEMENTARY INFORMATION

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Compensation Paid to Board of Commissioners
For the Year Ended December 31, 2022

Commissioner	Current Term	Compensation
Joseph DiGiovanni, Jr., Chairman	7/1/19 - 6/30/23	\$ 6,900
Larry P. Englande, Sr., Vice Chairman	12/19/18 - 6/30/25	4,600
Georgia M. Johnson, RN	7/1/22 - 6/30/26	5,300
Walter J. Lane, PhD	7/1/22 - 6/30/26	3,100
Matthew K. McElveen, MD	1/1/22 - 12/31/22	1,900
Robert C. Mercadel, MD	7/1/22 - 6/30/26	1,800
Tommy C. Morris, PhD	7/1/21 - 6/30/25	4,100
Shawn M. Paretti, CPCU	7/31/19 - 6/30/23	2,000
Kirsten R. Stanley-Wallace, JD, Secretary/Treasurer	7/31/19 - 6/30/23	4,100
Total		\$ 33,800

See independent auditor's report.

**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**

Independent Auditor's Report

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, 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 *Governmental Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital (the Organization) as of and for the year ended December 31, 2022, and the related notes to the financial statements, which collectively comprise the Organization's basic financial statements, and have issued our report thereon dated June 27, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization'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 the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 combination of deficiencies, in internal control such that there is reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

Report on Compliance and Other Matters

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

Purpose of this Report

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

A handwritten signature in cursive script that reads "LaForte".

A Professional Accounting Corporation

Covington, LA
June 27, 2023

Independent Auditor's Report on Supplementary Information

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
Slidell, Louisiana

We have audited the financial statements of the St. Tammany Parish Hospital Service District No. 2 (d/b/a Slidell Memorial Hospital) as of and for the years ended December 31, 2022 and 2021, and have issued our report thereon dated, June 27, 2023, which expressed an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to June 27, 2023.

The accompanying supplementary information is presented for the purpose of additional analysis, as required by Louisiana Revised Statutes, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the comptroller General of the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



A Professional Accounting Corporation

Covington, LA
June 27, 2023

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Compensation, Benefits, and Other Payments to Agency Head
For the Year Ended December 31, 2022

Agency Head
Sandy Badinger, CEO

Purpose	Amount
Salary	\$627,530
Benefits - Insurance	\$13,882
Benefits - Retirement	\$83,600
Benefits - Other	\$35,941
Car Allowance	\$0
Vehicle Provided by Government	\$0
Cell Phone Stipend	\$0
Reimbursements	\$1,698
Travel	\$0
Registration Fees - Conference	\$0
Conference Travel	\$0
Continuing Professional Education Fees	\$0
Housing	\$0
Relocation Expense	\$0
Other	\$0

Louisiana Revised Statute (R.S.) 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 expense, per diem, and registration fees be reported as a supplemental report within the financial statements of local government 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 received public funds shall report only the use of public funds for the expenditures itemized in the supplemental report.

See independent auditor's report on supplementary information.

**ST. TAMMANY PARISH HOSPITAL
SERVICE DISTRICT NO. 2**

d/b/a SLIDELL MEMORIAL HOSPITAL

Single Audit Report

For the Year Ended December 31, 2022



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**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM;
REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND
REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
REQUIRED BY THE UNIFORM GUIDANCE**

Independent Auditor's Report

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, Louisiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital's (the Organization) 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 the Organization's major federal programs for the year ended December 31, 2022. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization 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 December 31, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; 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 Auditor's Responsibilities for the Audit of Compliance section of our report.

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

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization'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 the Organization'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 the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization'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 Auditor's 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.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the Organization as of and for the year ended December 31, 2022, and have issued our report thereon dated June 27, 2023, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying 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 schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

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



A Professional Accounting Corporation

Covington, LA
June 27, 2023

**ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022**

Federal Grantor/Pass- Through Grantor/ Program Title	Assistance Listing Number	Pass-Through Entity's Identifying Number	Expenditures
<u>U.S. Department of Health and Human Services</u>			
COVID - Provider Relief Fund	93.498	None	<u>\$ 2,255,813</u>
Total U.S. Department of Health and Human Services			<u>2,255,813</u>
<u>Department of Homeland Security</u>			
Passed through State of Louisiana - Governor's Office of Homeland Security and Emergency Preparedness			
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	None	<u>959,415</u>
Total Department of Homeland Security			<u>959,415</u>
Total Expenditures of Federal Awards			<u><u>\$ 3,215,228</u></u>

See independent auditor's report and accompany notes to the schedule of expenditures of federal awards.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2022

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended December 31, 2022. The information in the Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the net position, changes in net position, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting.

Note 3. Sub-Recipients

There were no payments to sub-recipients for the fiscal year ended December 31, 2022.

Note 4. Indirect Cost Rate

The Organization did not apply indirect costs to the program.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Notes to Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended December 31, 2022

Note 5. Reconciliation of Provider Relief Fund Revenue Recognized in the Financial Statements to Federal Awards Expended on the Schedule

During the prior fiscal year, the U.S. Department of Health and Human Services (HHS) began providing COVID-19 related funding under Assistance Listing Number 93.498. The funds are to be utilized to offset eligible COVID-19 expenditures and lost revenues related to COVID-19 as defined in the program regulations. The Organization recognized amounts received as the program requirements were met as shown in the table below. The amounts received and expended are reported in the SEFA according to HHS periods of availability (also known as the "period of performance").

Reporting Period	Total Funding Received	Amount Recognized as Revenue in the Statements of Revenues, Expenses, and Changes in Net Position	Amount Recognized as Deferred Revenue	Amount Reported as Federal Expenditure on SEFA
FYE December 31, 2020	\$ 17,374,516	\$ 17,374,516	\$ -	\$ -
FYE December 31, 2021	\$ 2,255,813	\$ 2,255,813	\$ -	\$ 17,375,516
FYE December 31, 2022	\$ -	\$ -	\$ -	\$ 2,255,813

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Summary Schedule of Prior Audit Findings
For the Year Ended December 31, 2022

Section I. Summary of Auditor’s Results

Financial Statements

Type of auditor’s report Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? No
- Significant deficiency (ies) identified? None Reported

Noncompliance material to the financial statements noted? No

Federal Awards

Internal control over major federal programs:

- Material weakness (es) identified? No
- Significant deficiency (ies) identified? None Reported

Type of auditor’s report issued on compliance for major federal programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? No

Identification of major federal programs:

<u>Assistance Listing Number</u>	<u>Name of Federal Program</u>
93.498	Provider Relief Funds
97.036	Disaster Grants – Public Assistance (Presidentially Declared Disasters)

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

Auditee qualified as low-risk auditee? Yes

Section II. Financial Statement Findings

None.

Section III. Federal Award Findings and Questioned Costs

None.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Summary Schedule of Prior Audit Findings
For the Year Ended December 31, 2022

None.

AGREED-UPON PROCEDURES REPORT
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital

Independent Accountant's Report
On Applying Agreed-Upon Procedures

For the Period January 1, 2022 - December 31, 2022

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital,
and the Louisiana Legislative Auditor:

We have performed the procedures enumerated below on the St. Tammany Parish Hospital Service District No. 2's d/b/a Slidell Memorial Hospital (the District) control and compliance (C/C) areas identified in the Louisiana Legislative Auditor's (LLA) Statewide Agreed-Upon Procedures (SAUPs) for the fiscal year January 1, 2022 through December 31, 2022. St. Tammany Parish Hospital Service District No. 2's management is responsible for those C/C areas identified in the SAUPs.

The District has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the engagement, which is to perform specified procedures on the C/C areas identified in the LLA's SAUPs for the fiscal year January 1, 2022 through December 31, 2022. Additionally, the LLA has agreed to and acknowledged that the procedures performed are appropriate for its purposes. 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 meet 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 results are as follows:

1) *Written Policies and Procedures*

- A. Obtain and inspect the entity's written policies and procedures and observe whether they address each of the following categories and subcategories if applicable to public funds and the entity's operations:
- i. **Budgeting**, including preparing, adopting, monitoring, and amending the budget.
 - ii. **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.
 - iii. **Disbursements**, including processing, reviewing, and approving.

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- iv. **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).
- v. **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 rates of pay or approval and maintenance of pay rate schedules.
- vi. **Contracting**, including (1) types of services requiring written contracts, (2) standard terms and conditions, (3) legal review, (4) approval process, and (5) monitoring process.
- vii. **Travel and Expense Reimbursement**, including (1) allowable expenses, (2) dollar thresholds by category of expense, (3) documentation requirements, and (4) required approvers.
- viii. **Credit Cards (and debit cards, fuel cards, purchase 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).
- ix. **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.
- x. **Debt Service**, including (1) debt issuance approval, (2) continuing disclosure/EMMA reporting requirements, (3) debt reserve requirements, and (4) debt service requirements.
- xi. **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.
- xii. **Prevention of Sexual Harassment**, including R.S. 42:342-344 requirements for (1) agency responsibilities and prohibitions, (2) annual employee training, and (3) annual reporting.

Results: No exceptions were found as a result of these procedures.

2) Board or Finance Committee

- A. 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:
 - i. 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.

- ii. For those entities reporting on the governmental accounting model, observe whether 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. *Alternatively, for those entities reporting on the not-for-profit 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.*
- iii. 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.
- iv. Observe whether the board/finance committee received written updates of the progress of resolving audit finding(s), according to management's corrective action plan at each meeting until the findings are considered fully resolved.

Results: No exceptions were found as a result of these procedures.

3) Bank Reconciliations

- A. 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:
 - i. 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);
 - ii. Bank reconciliations include written evidence that a member of management or a 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
 - iii. Management has documentation reflecting it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date, if applicable.

Results: No exceptions were found as a result of these procedures.

4) Collections (excluding electronic funds transfers)

- A. 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).

- B. 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 (e.g., 5 collection locations for 5 deposit sites), obtain and inspect written policies and procedures relating to employee job duties (if there are no written policies or procedures, then 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:
- i. Employees responsible for cash collections do not share cash drawers/registers;
 - ii. Each employee responsible for collecting cash is not also responsible for preparing/making bank deposits, unless another employee/official is responsible for reconciling collection documentation (e.g., pre-numbered receipts) to the deposit;
 - iii. Each employee responsible for collecting cash is not also 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; and
 - iv. The employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers, by revenue source and/or agency fund additions, is (are) not also responsible for collecting cash, unless another employee/official verifies the reconciliation.
- C. 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 in force during the fiscal period.
- D. Randomly select two deposit dates for each of the 5 bank accounts selected for Bank Reconciliations procedure #3A (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). *Alternatively, 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:
- i. Observe that receipts are sequentially pre-numbered.
 - ii. Trace sequentially pre-numbered receipts, system reports, and other related collection documentation to the deposit slip.
 - iii. Trace the deposit slip total to the actual deposit per the bank statement.
 - iv. 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).
 - v. Trace the actual deposit per the bank statement to the general ledger.

Results: No exceptions were found as a result of these procedures.

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

- A. 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).
- B. For each location selected under procedure #5A 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, then inquire of employees about their job duties), and observe that job duties are properly segregated such that:
- i. At least two employees are involved in initiating a purchase request, approving a purchase, and placing an order or making the purchase;
 - ii. At least two employees are involved in processing and approving payments to vendors;
 - iii. 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;
 - iv. 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; and
 - v. Only employees/officials authorized to sign checks approve the electronic disbursement (release) of funds, whether through automated clearinghouse (ACH), electronic funds transfer (EFT), wire transfer, or some other electronic means.
- [Note: Findings related to controls that constrain the legal authority of certain public officials (e.g., mayor of a Lawrason Act municipality) should not be reported.]*
- C. For each location selected under procedure #5A 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:
- i. Observe whether the disbursement, whether by paper or electronic means, matched the related original itemized invoice and supporting documentation indicates that deliverables included on the invoice were received by the entity, and
 - ii. Observe whether the disbursement documentation included evidence (e.g., initial/date, electronic logging) of segregation of duties tested under procedure #5B above, as applicable.
- D. Using the entity's main operating account and the month selected in Bank Reconciliations procedure #3A, randomly select 5 non-payroll-related electronic disbursements (or all electronic disbursements if less than 5) and observe that each electronic disbursement was (a) approved by only those persons authorized to disburse funds (e.g., sign checks) per the entity's policy, and (b) approved by the required number of authorized signers per the entity's policy. Note: If no electronic payments were made from the main operating account during the month selected the practitioner should select an alternative month and/or account for testing that does include electronic disbursements.

Results: No exceptions were found as a result of these procedures.

6) Credit Cards/Debit Cards/Fuel Cards/Purchase Cards (Cards)

- A. Obtain from management a listing of all active credit cards, bank debit cards, fuel cards, and purchase 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.
- B. 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
 - i. Observe whether 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) were reviewed and approved, in writing (or electronically approved) by someone other than the authorized card holder (those instances requiring such approval that may constrain the legal authority of certain public officials, such as the mayor of a Lawrason Act municipality, should not be reported); and
 - ii. Observe that finance charges and late fees were not assessed on the selected statements.
- C. Using the monthly statements or combined statements selected under procedure #6B 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 (e.g., each card should have 10 transactions subject to inspection). 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 observe 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 these procedures.

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

- A. 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 and 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:
 - i. 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);
 - ii. If reimbursed using actual costs, observe that the reimbursement is supported by an original itemized receipt that identifies precisely what was purchased;

- iii. 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 Policies and Procedures procedure #1A(vii); and
- iv. 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 these procedures.

8) Contracts

- A. 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. *Alternatively, 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
 - i. Observe whether the contract was bid in accordance with the Louisiana Public Bid Law (e.g., solicited quotes or bids, advertised), if required by law;
 - ii. Observe whether the contract was approved by the governing body/board, if required by policy or law (e.g., Lawrason Act, Home Rule Charter);
 - iii. 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, the documented approval); and
 - iv. 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 these procedures.

9) Payroll and Personnel

- A. 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.
- B. Randomly select one pay period during the fiscal period. For the 5 employees or officials selected under procedure #9A above, obtain attendance records and leave documentation for the pay period, and
 - i. Observe that all selected employees or officials documented their daily attendance and leave (e.g., vacation, sick, compensatory);
 - ii. Observe whether supervisors approved the attendance and leave of the selected employees or officials;

- iii. Observe that any leave accrued or taken during the pay period is reflected in the entity's cumulative leave records; and
 - iv. Observe whether the rate paid to the employees or officials agrees to the authorized salary/pay rate found within the personnel file.
- C. 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 and obtain related documentation of the hours and pay rates used in management's termination payment calculations and the entity's policy on termination payments. Agree the hours to the employee's or official's cumulative leave records, agree the pay rates to the employee's or official's authorized pay rates in the employee's or official's personnel files, and agree the termination payment to entity policy.
- D. 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 these procedures.

10) Ethics

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A obtain ethics documentation from management, and
- i. Observe whether the documentation demonstrates that each employee/official completed one hour of ethics training during the calendar year as required by R.S. 42:1170; and
 - ii. Observe whether the entity maintains documentation which demonstrates that each employee and official were notified of any changes to the entity's ethics policy during the fiscal period, as applicable.
- B. Inquire and/or observe whether the agency has appointed an ethics designee as required by R.S. 42:1170.

Results: No exceptions were found as a result of these procedures.

11) Debt Service

- A. 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 as required by Article VII, Section 8 of the Louisiana Constitution.

- B. 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: No exceptions were found as a result of these procedures.

12) Fraud Notice

- A. 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 as required by R.S. 24:523.
- B. 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 these procedures.

13) Information Technology Disaster Recovery/Business Continuity

- A. Perform the following procedures, **verbally discuss the results with management, and report "We performed the procedure and discussed the results with management."**
- i. Obtain and inspect the entity's most recent documentation that it has backed up its critical data (if there is no written documentation, then inquire of personnel responsible for backing up critical data) and observe evidence that such backup (a) occurred within the past week, (b) was not stored on the government's local server or network, and (c) was encrypted.
 - ii. Obtain and inspect the entity's most recent documentation that it has tested/verified that its backups can be restored (if there is no written documentation, then inquire of personnel responsible for testing/verifying backup restoration) and observe evidence that the test/verification was successfully performed within the past 3 months.
 - iii. 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.
- B. Randomly select 5 terminated employees (or all terminated employees if less than 5) using the list of terminated employees obtained in procedure #9C. Observe evidence that the selected terminated employees have been removed or disabled from the network.

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

14) Prevention of Sexual Harassment

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A, 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 as required by R.S. 42:343.
- B. 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).
- C. Obtain the entity's annual sexual harassment report for the current fiscal period, observe that the report was dated on or before February 1st, and observe that the report includes the applicable requirements of R.S. 42:344:
 - i. Number and percentage of public servants in the agency who have completed the training requirements;
 - ii. Number of sexual harassment complaints received by the agency;
 - iii. Number of complaints which resulted in a finding that sexual harassment occurred;
 - iv. Number of complaints in which the finding of sexual harassment resulted in discipline or corrective action; and
 - v. Amount of time it took to resolve each complaint.

Results: No exceptions were found as a result of these procedures.

We were engaged by the District to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards*. We were not engaged to and did not conduct 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 District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely to describe the scope of testing on those C/C areas identified in Louisiana Legislative Auditor's Statewide Agreed-Upon Procedures, and the results 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 Louisiana Legislative Auditor as a public document.



A Professional Accounting Corporation

Covington, LA
June 27, 2023