Financial Report

December 31, 2001



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Board of Directors Fayette County Memorial Hospital

We have reviewed the Independent Auditor's Report of the Fayette County Memorial Hospital, Fayette County, prepared by Plante & Moran, LLP for the audit period January 1, 2001 through December 31, 2001. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Fayette County Memorial Hospital is responsible for compliance with these laws and regulations.

JIM PETRO Auditor of State

June 5, 2002



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Independent Auditor's Report

To the Board of Directors Fayette County Memorial Hospital

We have audited the accompanying balance sheet of Fayette County Memorial Hospital (a component unit of Fayette County, Ohio), as of December 31, 2001 and 2000, and the related statements of revenue and expenses, changes in fund balances and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fayette County Memorial Hospital at December 31, 2001 and 2000, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated February 14, 2002, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

Plante & Moran, LLP

Balance Sheet

	December 31		
	2001	2000	
Assets			
Current Assets			
Cash and cash equivalents (Note 2) Patient accounts receivable (Note 3) Current portion of notes receivable (Note 4) Inventories Prepaid expenses and other current assets Third-party settlements (Note 5)	\$ 4,117,491 4,006,413 40,335 248,200 591,709 38,456	\$ 2,934,733 3,849,834 49,470 221,260 108,214 100,000	
Total current assets	9,042,604	7,263,511	
Notes Receivable (Note 4)	327,366	132,943	
Investments (Note 2)	10,694	21,548	
Assets Limited as to Use (Note 2)	214,013	214,013	
Property and Equipment (Note 6)	9,118,684	9,507,063	
Total assets	<u>\$ 18,713,361</u>	\$ 17,139,078	
Liabilities and Fund Balance			
Current Liabilities Current portion of long-term debt (Note 7) Accounts payable Accrued payroll and related benefits	\$ 122,291 806,699 1,167,547	\$ 156,780 605,934 1,141,524	
Total current liabilities	2,096,537	1,904,238	
Long-term Debt (Note 7)	376,180	498,471	
Fund Balance Unrestricted Restricted (Note 2) Total fund balance	16,026,631 214,013 16,240,644	14,522,356 214,013 14,736,369	
Total liabilities and fund balance	<u>\$ 18,713,361</u>	\$ 17,139,078	

Statement of Revenues and Expenses

	Year Ended	Year Ended December 31			
	2001	2000			
Operating Revenue					
Net patient service revenue (Note 8)	\$ 23,958,738	\$ 20,653,839			
Other operating revenue	65,727	72,333			
Total revenue	24,024,465	20,726,172			
Operating Expenses					
Salaries and wages	8,438,879	7,603,562			
Benefits	2,567,851	1,903,757			
Physician fees	1,367,871	1,155,440			
Other fees	2,055,836	1,767,408			
Supplies	3,462,875	3,280,967			
Utilities	497,281	462,386			
Maintenance and repairs	638,014	562,160			
Leases and rentals	128,360	133,083			
Insurance	133,787	123,946			
Interest expense	29,709	15,880			
Depreciation and amortization	1,057,289	1,015,218			
Provision for bad debts	1,895,703	1,714,101			
Other expenses	491,972	781,408			
Total operating expenses	22,765,427	20,519,316			
Income from Operations	1,259,038	206,856			
Nonoperating Gains - Net (Note 9)	245,237	566,199			
Excess of Revenue Over Expenses	\$ 1,504,275	\$ 773,055			

Statement of Changes in Fund Balances

	Year Ended December 31				
		2001		2000	
General Fund					
Balance - Beginning of year	\$	14,522,356	\$	13,749,301	
Excess of revenue over expenses		1,504,275		773,055	
Balance - End of year	<u>\$ 1</u>	6,026,631	\$	14,522,356	
Restricted Fund					
Balance - Beginning of year	\$	214,013	\$	199,489	
Income from investments		5,000		14,524	
Patient care expenses		(5,000)		-	
Balance - End of year	\$	214,013	\$	214,013	

Statement of Cash Flows

	Year Ended December 31			
		2001		2000
Cash Flows from Operating and Nonoperating Activities				
Cash received from patients and third-party payors	\$	21,968,000	\$	19,760,582
Cash payments to suppliers for services and goods		(9,085,666)		(8,288,588)
Cash payments to employees for services	((10,935,757)		(9,322,694)
Other operating revenue received		68,286		122,031
Interest paid		(29,709)		(15,880)
Net cash provided by operating and nonoperating activities		1,985,154		2,255,451
Cash Flows from Noncapital Related Financing Activities				
Donations and other		104,434		414,998
Cash Flows from Capital and Related Financing Activities				
Acquisition and construction of capital assets		(671,469)		(1,205,225)
Principal payments on long-term debt		(156,780)		(88,604)
Net cash used in capital and related financing activities		(828,249)		(1,293,829)
Cash Flows from Investing Activities				
Proceeds from physician loan repayments		30,965		88,264
Proceeds from sale of investments		10,854		27,023
Interest received on investments		140,803		165,726
Advances to physicians		(261,203)		(42,120)
Net cash (used in) provided by investing activities		(78,581)	_	238,893
Net Increase in Cash and Cash Equivalents		1,182,758		1,615,513
Cash and Cash Equivalents - Beginning of year		3,148,746		1,533,233
Cash and Cash Equivalents - End of year	\$	4,331,504	\$	3,148,746
Supplemental Cash Flow Information:				
Assets acquired via capital lease	\$	-	\$	437,028

Statement of Cash Flows (Cont.)

The composition of cash and cash equivalents at December 31 is as follows:

	2001	2000
Current assets Assets limited as to use	\$ 4,117,491 214,013	\$ 2,934,733 214,013
Total	\$ 4,331,504	\$ 3,148,746

A reconciliation of income from operations to net cash from operating and non-operating activities is as follows:

	Year Ended December 31			
		2001		2000
Income from operations	\$	1,259,038	\$	206,856
Adjustments to reconcile income from operations to net				
cash provided by operating and nonoperating activities:				
Bad debt expense		1,895,703		1,714,101
Depreciation and amortization		1,057,289		1,015,218
Forgiveness of physician loans		44,950		27,532
Loss of disposal of equipment		2,559		49,698
(Increase) decrease in assets:				
Patient accounts receivable		(2,052,282)		(793,257)
Inventories		(26,940)		(19,590)
Prepaid expenses and other current assets		(483,495)		(47,249)
Third-party settlements		61,544		(100,000)
Increase (decrease) in liabilities:				
Accounts payable		200,765		45,049
Accrued payroll and related benefits		26,023		157,093
Net cash provided by operating and				
nonoperating activities	\$	1,985,154	\$	2,255,451

Notes to Financial Statements December 31, 2001 and 2000

Note 1 - Nature of Business and Significant Accounting Policies

Reporting Entity - Fayette County Memorial Hospital ("the Hospital") is a 70-bed, general short-term acute care facility, owned by Fayette County, Ohio, and operated by a Board of Directors. The Hospital is a component unit of Fayette County. Members of the Board of Directors are appointed by the County Commissioners, the Probate Court Judge, and the Common Pleas Judge. Quorum Health Resources, Inc., under a contract expiring in July, 2002, manages the Hospital. The agreement provides that Quorum Health Resources, Inc., will provide a management team to oversee the operations of the Hospital. This contract has not been renewed by the Board of Directors and thus, Quorum Health Resources, Inc., will no longer manage the Hospital as of July, 2002.

Proprietary Fund Accounting - The Hospital utilizes the proprietary fund method of accounting, whereby revenue and expenses are recognized on the accrual basis. Substantially all revenue and expenses are subject to accrual. Governmental accounting standards apply to the Hospital.

Cash and Cash Equivalents - Cash and cash equivalents include cash and investments in highly liquid investments purchased with a maturity of three months or less.

Inventories - Inventories, consisting of medical and office supplies and pharmaceutical products, are stated at cost, determined by the first-in, first-out method.

Investments - Investments consist of municipal bonds, carried at market value, as determined by quoted market prices.

Assets Limited as to Use - Assets limited as to use include assets temporarily restricted by donor.

Property and Equipment - Property and equipment are recorded at cost. Depreciation is computed principally on the straight-line basis over the estimated useful lives of the assets. Equipment under capital leases is amortized on the straight-line method over the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Costs of maintenance and repairs are charged to expense when incurred.

Compensated Absences - Vacation is charged to operations when earned. Unused and earned benefits are recorded as a current liability in the financial statements.

Notes to Financial Statements December 31, 2001 and 2000

Note 1 - Nature of Business and Significant Accounting Policies (Cont.)

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Net Patient Service Revenue - The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others. Retroactive adjustments to these estimated amounts are recorded in future periods as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that it is in compliance with all applicable laws and regulations. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Income from Operations - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

Charity Care - The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Pension Plan - Substantially all of the Hospital's employees are eligible to participate in a defined benefit pension plan sponsored by the Public Employees Retirement System of Ohio (PERS). The Hospital funds pension costs accrued, based on contribution rates determined by PERS.

Contributions - Contributions of cash and other assets, including unconditional promises to give in the future, are reported as revenue when received, measured at fair value. Contributions with donor imposed time or purpose restrictions are reported as restricted support. All other contributions are reported as unrestricted support.

Notes to Financial Statements December 31, 2001 and 2000

Note 2 - Deposits and Investments

The Hospital's deposits and investments are composed of the following:

2001	Cash and C Equivaler		Ir	nvestments	Assets Limited as to Use		
Deposits Municipal bonds	4,117,4	191 -	\$	- 10,694	\$	214,013	
Total	\$ 4,117,4	91	\$	10,694	\$	214,013	
2000							
Deposits Municipal bonds	\$ 2,934,7	733 -	\$	- 21,548	\$	214,013	
Total	\$ 2,934,7	33	\$	21,548	\$	214,013	
Deposits				2001		2000	
Amount of deposits reflected on to of the bank (without recognition of written but not yet cleared or of other transit)	of checks		\$	4,695,851	\$	3,594,197	
Amount of deposits covered by fe depository insurance	deral			314,013		314,013	
Amount of deposits uninsured	I		\$	4,381,838	\$	3,280,184	

Notes to Financial Statements December 31, 2001 and 2000

Note 2 - Deposits and Investments (Cont.)

Investments - The Hospital's investments are categorized below to give an indication of the level of risk assumed by the entity. Risk Category 1 includes those investments that meet any one of the following criteria:

- a. Insured
- b. Registered
- c. Held by the Hospital or its agent

Risk Categories 2 and 3 include investments that are neither insured nor registered. Category 2 includes investments that are held by the counterparty's trust department (or agent) in the Hospital's name. Category 3 includes investments held by:

- a. The counterparty
- b. The counterparty's trust department (or agent) but not in the Hospital's name.

	 (Cate	gory		_	
	1		2	3		Carrying Amount
2001						
Municipal bonds	\$ 10,694	\$	-	\$ -	\$	10,694
2000						
Municipal bonds	\$ 21,548	\$	-	\$ -	\$	21,548

Notes to Financial Statements December 31, 2001 and 2000

Note 2 - Deposits and Investments (Cont.)

Assets Limited as to Use - Assets limited as to use are designated or restricted as follows:

	 2001	2000
Temporarily restricted by donor - for specific purposes	\$ 214,013	\$ 214.013

Note 3 - Patient Accounts Receivable

The details of patient accounts receivable are set forth below:

	2001	2000
Total patient accounts receivable Less allowance for:	\$ 7,937,413	\$ 7,538,834
Uncollectible accounts	(1,352,000)	(1,290,000)
Contractual adjustments	 (2,579,000)	 (2,399,000)
Net patient accounts receivable	\$ 4,006,413	\$ 3,849,834

Note 4 - Notes Receivable

Notes receivable represent loans to physicians under various cash flow support and loan arrangements. These loans are to be repaid in varying monthly installments including interest at rates ranging from 0 percent to 6.5 percent, and are unsecured. A portion of the physician notes receivable are forgiven over time under the terms of the physician loan agreement. A summary of these amounts outstanding is as follows:

Net notes receivable Less: Current portion	<u> </u>	367,701 40,335	Ψ ——	182,413 49,470
Long term portion	\$	327,366	\$	132,943

Notes to Financial Statements December 31, 2001 and 2000

Note 5 - Cost Report Settlements

Approximately 55 percent of the Hospital's revenues from patient services are received from the Medicare and Medicaid programs. The Hospital has agreements with these payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's established rates for services and amounts reimbursed by third-party payors. A summary of the basis of reimbursement with these third-party payors follows.

Medicare - Inpatient, acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Some outpatient services and defined capital costs related to Medicare beneficiaries are paid based upon a cost reimbursement method. Other outpatient services, including ambulatory surgery, radiology and laboratory services, are reimbursed on an established fee-for-service methodology. Beginning August 1, 2000, reimbursement for all outpatient services are based on the prospectively determined ambulatory payment classification system. However, the Hospital is held harmless until July 31, 2003, under this new outpatient payment system, should it result in less reimbursement than the payment system in place before August 1, 2000.

Medicaid - Inpatient, acute-care services rendered to Medicaid program beneficiaries are also paid at prospectively determined rates per discharge. Capital costs relating to Medicaid inpatients are paid on a cost-reimbursement method. The Hospital is reimbursed for outpatient services on an established fee-for-service methodology.

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit by fiscal intermediaries. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying financial statements.

Notes to Financial Statements December 31, 2001 and 2000

Note 6 - Property and Equipment

Cost of property and equipment and depreciable lives are summarized as follows:

			Depreciable
	2001	2000	Life - Years
Land Land improvements Building Fixed equipment Major movable equipment Construction in progress	\$ 309,750 591,860 8,723,396 1,542,978 7,441,543 151,371	\$ 309,750 591,860 8,324,412 1,533,549 6,365,544 974,500	10-20 15-50 5-20 5-25
Total cost Less accumulated depreciation	18,760,898 9,642,214	18,099,615 8,592,552	
Net carrying amount	\$ 9,118,684	\$ 9,507,063	

Construction in progress at December 31, 2001, consists of renovations to the existing buildings and expenses incurred for possible future expansion.

Notes to Financial Statements December 31, 2001 and 2000

Note 7 - Long-Term Debt

Long-term debt consists of the following:

Obligations under capital leases	\$ 498,471	\$ 655,251
Less: Current portion	122,291	156,780
Long-term portion	<u>\$ 376,180</u>	\$ 498,471

Minimum future lease payments under these capital lease obligations as of December 31, 2001, are as follows:

Net present value	\$ 498,471
Less interest	 58,546
Total	557,017
2006	 16,841
2005	101,046
2004	143,786
2003	147,672
2002	\$ 147,672

The above capital leases are due in monthly installments totaling approximately \$12,300 at December 31, 2001, including imputed interest at rates ranging from 5.32 percent to 7.2 percent. They expire at various times through 2006, and are collateralized by the equipment leased.

Net carrying amount	\$	530,947	\$ 643,076
Cost of equipment under capital lease Less accumulated amortization		910,882 379,935	\$ 910,882 267,806
		2001	 2000

Notes to Financial Statements December 31, 2001 and 2000

Note 8 - Net Patient Service Revenue

Net patient service revenue consists of the following:

	2001	 2000
Revenue: Inpatient services:		
Routine services	\$ 4,636,749	\$ 3,726,865
Ancillary services	7,889,692	6,264,469
Outpatient ancillary services	 24,886,656	 21,424,266
Total patient revenue	37,413,097	31,415,600
Revenue deductions:		
Provision for contractual allowances	12,893,292	10,030,655
Provision for charity care	444,039	549,558
Other allowances	117,028	 181,548
Total revenue deductions	 13,454,359	 10,761,761
Total net patient service revenue	\$ 23,958,738	\$ 20,653,839

Note 9 - Nonoperating Gains

Nonoperating gains consist of the following:

	2001		2000	
Donations, gifts and grants Investment income Other gains	\$	16,424 140,803 88,010	\$	345,717 151,201 69,281
Nonoperating gains - net	\$	245,237	\$	566,199
Nonoperating gains - net	\$	245,237	\$	

Notes to Financial Statements December 31, 2001 and 2000

Note 10 - Defined Benefit Pension Plan

Plan Description - The Hospital contributes to the Public Employees Retirement System of Ohio (PERS), a cost-sharing, multiple-employer defined benefit pension plan administered by the Public Employees Retirement System. PERS provides retirement and disability benefits, annual cost of living adjustments, and death benefits to plan members and beneficiaries. Chapter 145 of the Ohio Revised Code assigns authority to establish and amend benefit provisions to the PERS Board of Trustees. PERS issues a stand-alone financial report available to the public that includes financial statements and required supplementary information for PERS. That report may be obtained by writing to Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642 or by calling 614-466-2085 or 1-800-222-PERS (7377).

Funding Policy - Plan members are required to contribute 8.50 percent of their annual covered salary, and the Hospital is required to contribute at an actuarially determined rate of annual covered payroll. The rate was 13.55 percent for 2001. The contribution requirement of plan members and the Hospital is established and may be amended by the PERS Board of Trustees. The Hospital's contributions to PERS for the years ended December 31, 2001, 2000, and 1999, were \$1,101,383, \$755,756, and \$898,371, respectively. Required employer contributions are equal to 100% of the dollar amount billed to each employer and must be extracted from the employer's records.

Post-retirement Benefits - Public Employees Retirement System of Ohio provides post-retirement health care coverage to age and service retirees with ten or more years of qualifying Ohio service credit. Health care coverage for disability recipients and primary survivor recipients is available. The health care coverage provided by the retirement system is considered an Other Postemployment Benefit (OPEB), as described in GASB Statement No. 12. A portion of each employer's contribution to PERS is set aside for the funding of postretirement health care. The Ohio Revised Code provides statutory authority for employer contributions. The 2001 employer contribution rate for local government employer units was 13.55 percent of covered payroll. Of this amount, 4.3 percent was the portion that was used to fund health care throughout the year. The portion of the employer's contribution used to fund post-employment benefits was \$353,849.

Notes to Financial Statements December 31, 2001 and 2000

Note 10 - Defined Benefit Pension Plan (Cont.)

The Ohio Revised Code provides the statutory authority requiring public employers to fund post-retirement health care through their contributions to PERS.

OPEBs are financed through employer contributions and investment earnings thereon. The contributions allocated to retiree health care, along with investment income on allocated assets and periodic adjustments in health care provisions, are expected to be sufficient to sustain the program indefinitely.

The number of active contributing participants during 2001 was 411,076. As of December 31, 2000, the actuarial value of the Retirement System's net assets available for OPEB was \$11,736 million. The actuarially accrued liability and the unfunded actuarial accrued liability, based on the actuarial cost method used, were \$14,365 million and \$2,629 million, respectively.

Note 11 - Risk Management

The Hospital is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee injuries (workers' compensation). The Hospital has purchased commercial insurance for malpractice, general liability, employee medical and workers' compensation claims.

The Hospital was insured against medical malpractice claims under a claims-made policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policy, the Hospital bears the risk of the ultimate costs of any individual claim exceeding \$1,000,000 or aggregate claims exceeding \$3,000,000 for claims asserted in the policy year. This policy expired December 31, 2001, and was replaced by an occurrence-based policy, whereby claims are covered if the Hospital was insured during the year that the incident occurred. The Hospital has purchased tail coverage for the previous claims-made policy.

There are several pending claims against the Hospital. There is insurance coverage, but it is possible that the liability for the claims may exceed the aggregate insurance coverage. Management intends to vigorously defend these claims. Presently, it is not possible to determine the resolution of the claims or amount of liability, if any. There were no settlements which exceeded insurance coverage for each of the last three years.

Notes to Financial Statements December 31, 2001 and 2000

Note 12 - Subsequent Events

Subsequent to year-end, the Hospital purchased an adjacent parcel of land for approximately \$400,000. The purchase was funded out of operating cash.



Plante & Moran, LLP

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Report Letter on Compliance with Laws and Regulations and Internal Control – Basic Financial Statements

Board of Directors Fayette County Memorial Hospital Washington Court House, Ohio

We have audited the financial statements of Fayette County Memorial Hospital as of and for the year ended December 31, 2001, and have issued our report thereon dated February 15, 2002. 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.

Compliance

As part of obtaining reasonable assurance about whether Fayette County Memorial Hospital financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. 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 that are required to be reported under *Government Auditing Standards*.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Fayette County Memorial Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses; however, a report was issued to management under separate cover regarding internal control issues and other operational efficiencies which we did not consider to be material weaknesses.

This report is intended solely for the information and use of the Auditor of the State of Ohio, the Board of Directors, and management and others within the organization and is not intended to be and should not be used by anyone other than these specified parties.

February 15, 2002

Alente 1 Moran, LLP



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FAYETTE COUNTY MEMORIAL HOSPITAL FAYETTE COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

CLERK OF THE BUREAU

Susan Babbitt

CERTIFIED JUNE 25, 2002