

Tips to Prepare for a Healthcare Financial Statement Audit



INTRODUCTION



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FIRM OVERVIEW

McKonly & Asbury is a team of CPAs and Business Advisors serving clients from our offices in Camp Hill, Lancaster, and Bloomsburg.

We provide Advisory & Business Consulting, Audit & Assurance, Entrepreneurial Support & Client Accounting, Internal Audit, Professional Placement, Tax, and Technology services to a variety of industries including:













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AGENDA

- Accounts receivable and revenue data and reporting that auditors will expect to see, assess and evaluate during the course of the audit.
- Key tips for planning and scheduling a successful audit.
- New accounting pronouncements impacting the 2024 audit.
- Common pitfalls and findings in a healthcare audit.





Background:

- Revenue recognition and receivables valuation under U.S. GAAP are inherently complex.
- Impacts several financial statement line items:
 - Patient service revenue and accounts receivable
 - Contract assets and liabilities
 - 3rd party payor settlements and receivables
 - Grants, contributions, and refundable advances, if applicable
 - Various financial statement disclosures
- Pose the highest risk to the fair presentation of the financial statements.



- Key audit procedures performed by Auditors:
 - Review of Accounts Receivable Aging report and Revenue report
 - Sampling patient claims from the intake process through the entire process to tracing payments to the bank statement
 - Review of reserve allowance methodology
 - Reviewing client provided schedule
 - Reviewing subsequent cash receipts on current year and prior year accounts receivable
 - Perform various substantive analytics
 - Control testing over cash receipt cycle
 - Comparison of cash receipts from bank statements to the revenue recognized during the year (cash to revenue)



- What do auditors need from their clients:
 - Workpaper testing support:
 - Detailed accounts receivable and revenue reports that tie out to the year end trial balance and include date of service
 - Reserve methodology calculation report that ties out to the year end trial balance
 - Cash receipts reports that are detailed (patient ID, date of service, date of deposit, deposit amount)
 - Organized patient claim sample file documentation
 - Written cash receipt control policy



- What do auditors need from their clients (cont):
 - Disclosure testing support:
 - Accounts Receivable and revenue payor concentration report
 - If disclosing disaggregation of revenue other than by payor, report is needed
 - If applicable, charity care policy and the amount of charity care provided during the year ended





Be proactive

- Reach out to your auditors about unique accounting treatments, new accounting pronouncements, significant changes in operations, etc. throughout the year
- Ensure all prior year audit recommendations and findings are resolved
- Ensure all accounting policies and procedures are reviewed and being followed
- Ensure any adjustments from the prior year audit have been properly recorded



Be prepared

- Ensure all year end reconciliations are tied out to the trial balance as well as reviewed and approved.
- Review the audit request list during the year end closing process to ensure all documentation will be available.
- Ensure all reports are in detail level and ran for the proper dates or period ended.
- Document unique scenarios that occurred within the year that would be the cause for significant fluctuations between the current and prior year dollar amounts.



Be available

- Ensure agreed upon scheduled audit dates (preliminary and final fieldwork, board meeting) align with everyone's schedule and deadlines.
- Ensure all internal team members understand their roles and responsibilities for the audit as well as the timeline.
- Ensure during the scheduled preliminary and final fieldwork days the necessary individuals are available to have discussions on a daily basis as needed.





- ASC 326, Financial Instruments Credit Losses
 - Effective January 1, 2023
 - Recognition of estimated expected credit losses over the life of a financial instrument
 - Included in scope: Trade receivables, loan receivables, net investments in sales-type and direct financing leases



- ASC 326, Financial Instruments Credit Losses
 - Does anything change with net patient revenue?
 - Implicit Price Concessions versus Provision for Credit Losses (bad debts)
 - Implicit price concession- reduction in revenue and receivables
 - Provision for credit losses- period expense
 - Self Pay-
 - Treating patients without knowing the patient's ability to pay and has a history of accepting less than the full contractual amount = Implicit Price Concession
 - Treating patients with knowing the patient's ability to pay = Provision for credit losses



- Employee Retention Credit (ERC)
 - For-Profit Entities:
 - FASB ASC 958-605, Not-for-Profit Entities: Revenue Recognition
 - International Accounting Standard (IAS) 20, Accounting for Government Grants and Disclosure of Government Assistance
 - If already selected a policy to account for government grants, that policy must be used
 - FASB ASC 450-30, Contingencies: Gain Contingencies
 - Not-for-Profit Entities:
 - FASB ASC 958-605, Not-for-Profit Entities: Revenue Recognition



Employee Retention Credit (ERC)

- FASB ASC 958-605, Not-for-Profit Entities: Revenue Recognition
 - Revenue is recognized when the conditions have been <u>substantially met</u> or explicitly waived by the donor.
 - Substantially met Evidence that most or all performance standards are met.

or

- Waived by donor The statute of limitations expires, and the IRS can no longer require the grantee to return the funds
- Conservative approach: Not recording revenue until the statue of limitations on the IRS's ability to audit the eligibility for the ERC has expired.



Employee Retention Credit (ERC)

- International Accounting Standard (IAS) 20, Accounting for Government Grants and Disclosure of Government Assistance
 - Revenue is recognized when there is <u>reasonable assurance</u>, the entity will comply with the conditions and receive the grant
 - Reasonable Assurance: 1. any conditions attached to the funding will be met and 2. the funding will be received.
 - Conservative approach: Not recording revenue until the statue of limitations on the IRS's ability to audit the eligibility for the ERC has expired.



Employee Retention Credit (ERC)

- FASB ASC 450-30, Contingencies: Gain Contingencies
 - When all related contingencies have been met and the gain is realized or realizable
 - Gain Contingency is realized when cash (or other assets, such as claims to cash) has already been received without expectation of repayment or refund.
 - Therefore, not recording revenue until the statue of limitations on the IRS's ability to audit the eligibility for the ERC has expired.





COMMON PITFALLS AND FINDINGS IN A HEALTHCARE AUDIT.

COMMON PITFALLS AND FINDINGS IN A HEALTHCARE AUDIT

- Reserve on accounts receivable is not reasonably estimated
- Patient claim documentation is not kept on file according to internal policy
- Accounts Receivable balance is not reconciled timely to the accounts receivable aging report
- Cutoff issues with cash posted into patient's account subsequent of when it was received.



COMMON PITFALLS AND FINDINGS IN A HEALTHCARE AUDIT

- Subsequent cash receipts do not support the accounts receivable balance as reasonably stated.
- Lack of support and documentation for third party payor liabilities.
- Failed debt covenant requirements management was not aware of the failure.
- Improper reconciliation of inter-entity, related party accounts or related party transactions.



COMMON PITFALLS AND FINDINGS IN A HEALTHCARE AUDIT

Nonprofit Findings

- Improper tracking of restrictions on net assets.
- Sliding fee scale issues and no income verification.
- Understanding and proper use of grant funds.
- Unrelated business income and the tax consequences.
- Timely filing of the Data Collection Form.



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