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# 2007 Georgia DSH Survey and Validation

# Survey Form

- Survey was developed to gather data not readily available from another source:
  - Out-of State Data
  - “Other” Medicaid Eligible Days
  - Cash Subsidies for Patient Services
  - Charges and Payments for the “Uninsured”
  - Calculation of Net Hospital Revenue
  - Medicaid Cost-to-Charge Ratio

# Survey Form

- Utilized the same survey as 2006 with some enhancements:
  - FAQ's were addressed in the instructions
  - HS&R Summary worksheet added
  - Out-of-State I/P & O/P Charges/Payments separated
  - Section G – Medicaid CCR added

# Desk Review Process

- Submitted surveys imported into database
- Data was analytically reviewed
- Selection criteria were developed to select providers for further review
- 66 out of 152 (43%) were selected for desk review

# Desk Review Selection

- 1) Percentage of “Other” Medicaid eligible days to Total I/P days  $> 5\%$
- 2) Difference between O/S payments as a % of charges and GA Medicaid payments as a % of Charges  $> 15\%$  with at least \$50,000 in O/S charges

# Desk Review Selection (Cont)

- 3) % of Uninsured Payments to Charges at hospital compared to industry average.
  - a) Industry avg. was 5.7%
  - b) If hospitals collection differed by  $> 5\%$  they were selected
- 4) Change in '07 Uninsured Charges from '06 Charges was greater than 15% and \$1M

# Desk Review Selection (Cont)

- 5) If uninsured charges as % of total charges increased from '06 to '07 by greater than 1%.
- Selected hospitals were sent a request letter for documentation of selected items
  - Review procedures were performed on data to determine if adjustments are necessary

# Adjustment Areas (Desk)

- Survey not in agreement with documentation
- Professional fees were included
- Service dates outside of cost report period
- Duplicate claims in claim's summary
- SSI days were used for "other" eligible days

# Desk Review Adjustment Results

## “Other” Eligible Days

As-Filed	41,434
Adjustment	(24,077)
Allowed	17,357
Error Rate	(58.11%)

# Desk Review Adjustment Results

## I/P Uninsured Charges

As-Filed	300,272,761
Adjustment	(13,843,691)
Allowed	286,429,070
Error Rate	(4.61%)

# Desk Review Adjustment Results

## I/P Uninsured Payments

As-Filed	9,604,632
Adjustment	(1,308,382)
Allowed	8,296,250
Error Rate	(13.62%)

# Desk Review Adjustment Results

## O/P Uninsured Charges

As-Filed	353,640,442
Adjustment	(6,730,689)
Allowed	346,909,753
Error Rate	(1.90%)

# Desk Review Adjustment Results

## O/P Uninsured Payments

As-Filed	22,865,152
Adjustment	(1,344,136)
Allowed	21,521,016
Error Rate	(5.88%)

# On-Site Reviews

- Performed after the desk reviews, and after preliminary DSH calculations were performed
- In total 15 hospitals were selected for further verification through an on-site review

# Criteria for On-Site Selection

- Facilities were separated into the various DSH eligibility categories
- Facilities with large changes in their estimated DSH payments from '06 to '07 within the eligibility categories were selected

# Criteria for On-Site Selection

- Facilities with large changes in their facility specific DSH limit from '06 to '07
  - Changes in Medicaid Shortfall/Longfall
  - Changes in net Costs of the Uninsured

# Adjustment Areas (On-Site)

- 1) Survey did not agree to documentation
- 2) Service dates outside of reporting period
- 3) Claims related to another facility were on the hospitals claim summary
- 4) SSI days used to support “other” eligible days

# Adjustment Areas (On-Site)

- 5) Professional fees were noted in the patient claim detail
- 6) Claims related to prisoners were noted in the claim detail
- 7) Claims related to babies covered under mothers insurance were identified

# Adjustment Areas (On-Site)

- 8) Claims with actual commercial insurance or 3<sup>rd</sup> party coverage were identified
- 9) Additional payments were noted in patient file detail that were not on survey
- 10) CCR's or Per Diems on Section G did not agree to C/R

# Adjustment Areas (On-Site)

- 11) Charges in Section G did not agree to the HS&R that was supplied
- 12) Reported grouping of charges did not properly match charges to expenses

# On-Site Review Adjustment Results

## “Other” Eligible Days

As-Filed	19,125
Adjustment	(3,208)
Allowed	15,917
Error Rate	(16.77%)

# On-Site Review Adjustment Results

## I/P Uninsured Charges

As-Filed	371,575,932
Adjustment	(11,862,091)
Allowed	359,713,841
Error Rate	(3.19%)

# On-Site Review Adjustment Results

## I/P Uninsured Payments

As-Filed	5,364,480
Adjustment	(1,800,851)
Allowed	3,563,629
Error Rate	(33.57%)

# On-Site Review Adjustment Results

## O/P Uninsured Charges

As-Filed	361,858,708
Adjustment	(9,950,338)
Allowed	351,908,370
Error Rate	(2.75%)

# On-Site Review Adjustment Results

## O/P Uninsured Payments

As-Filed	15,603,708
Adjustment	(2,372,737)
Allowed	13,231,010
Error Rate	(15.21%)

# Summary Adjustment Results

- 36 of the 66 (55%) facilities subject to Desk procedures were adjusted
- 13 of the 15 (87%) facilities subject to On-Site procedures were adjusted