

**Report on Disproportionate Share Hospital Verifications
(With Independent Accountant's Report Thereon)**

**State of Connecticut
Department of Social Services
Hartford, Connecticut**

DSH Year Ended September 30, 2014

Prepared by:



**MYERS AND
STAUFFER^{LC}**
CERTIFIED PUBLIC ACCOUNTANTS

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**Independent Accountant's Report
and
Report on DSH Verifications**



**MYERS AND
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CERTIFIED PUBLIC ACCOUNTANTS

Connecticut Department of Social Services
Hartford, Connecticut

Independent Accountant's Report

We have examined the state of Connecticut's compliance with Disproportionate Share Hospitals (DSH) payment requirements listed in the Report on DSH Verifications as required by 42 CFR §455.301 and §455.304(d) for the year ended September 30, 2014. The state of Connecticut is responsible for compliance with federal Medicaid DSH program requirements. Our responsibility is to express an opinion on the state of Connecticut's compliance with federal Medicaid DSH program requirements based on our examination.

Except as discussed in the Schedule of Data Caveats Relating to the DSH Verifications, we conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants, and General DSH Audit and Reporting Protocol as required by 42 CFR §455.301 and §455.304(d). Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the state of Connecticut complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether the state of Connecticut complied with the specified requirements. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination of the state of Connecticut's compliance with federal Medicaid DSH requirements.

Our examination was conducted for the purpose of forming an opinion on the state of Connecticut's compliance with federal Medicaid DSH program requirements included in the Report on DSH Verifications. The Schedule of Annual Reporting Requirements provided in accordance with 42 CFR §447.299 is presented for purposes of additional analysis and is not a required part of the Report on DSH Verifications. Such information has not been subjected to the procedures applied in the examination of the Report on DSH Verifications, and, accordingly, we express no opinion on it.

In our opinion, except for the effect of the items addressed in the Schedule of Data Caveats Relating to the DSH Verifications, the Report on DSH Verifications presents fairly, in all material respects, the state of Connecticut's compliance with federal Medicaid DSH program requirements addressed by the DSH verifications for the year ending September 30, 2014.

This report is intended solely for the information and use of the Connecticut Department of Social Services, the State Legislature, hospitals participating in the State DSH program, and the Centers for Medicare and Medicaid Services (CMS) as required under 42 CFR §455.304 and is not intended to be, and should not be, used by anyone other than these specified parties and for the specified purpose contained in 42 CFR §455.304.

Myers and Stauffer LC

Owings Mills, Maryland
February 2, 2018

State of Connecticut Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended September 30, 2014

As required by 42 CFR §455.304(d) the state of Connecticut must provide an annual independent certified examination report verifying the following items with respect to its disproportionate share hospital (DSH) program.

Verification 1: Each hospital that qualifies for a DSH payment in the State was allowed to retain that payment so that the payment is available to offset its uncompensated care costs for furnishing inpatient hospital and outpatient hospital services during the Medicaid State plan rate year to Medicaid eligible individuals and individuals with no source of third party coverage for the services in order to reflect the total amount of claimed DSH expenditures.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 2: DSH payments made to each qualifying hospital comply with the hospital-specific DSH payment limit. The DSH payments made in the Medicaid State plan rate year must be measured against the actual uncompensated care cost in that same Medicaid State plan rate year. The actual uncompensated care costs for the Medicaid State plan rate year have been calculated and compared to the DSH payments made. Uncompensated care costs for the Medicaid State plan rate year were calculated in accordance with Federal Register/Vol. 73, No. 245, December 19, 2008, Federal Register/Vol. 79, No. 232, December 3, 2014, and Federal Register/Vol. 82, No. 62, April 3, 2017.

Findings: The results of testing performed related to this verification are summarized in the Report on DSH Verifications (table) included with this report.

Verification 3: Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services they received as described in Section 1923(g)(1)(A) of the Act are eligible for inclusion in the calculation of the hospital-specific disproportionate share limit payment limit, as described in Section 1923 (g)(1)(A) of the Act.

Findings: The total uncompensated care costs reflected in the Report on DSH Verifications (table) reflects the uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage for the inpatient and outpatient hospital services received.

State of Connecticut Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended September 30, 2014

Verification 4: For purposes of this hospital-specific limit calculation, any Medicaid payments (including regular Medicaid fee-for-service rate payments, supplemental/enhanced Medicaid payments, and Medicaid managed care organization payments) made to a disproportionate share hospital for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals, which are in excess of the Medicaid incurred costs of such services, are applied against the uncompensated care costs of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third party coverage for such services.

Findings: In calculating the hospital-specific DSH limit represented in the Report on DSH Verifications (table), if a hospital had total Medicaid payments in excess of the calculated Medicaid cost, the excess was used to reduce the total uncompensated care costs.

Verification 5: Any information and records of all of its inpatient and outpatient hospital service costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured inpatient and outpatient hospital service costs in determining payment adjustments under this Section; and any payments made on behalf of the uninsured from payment adjustments under this Section have been separately documented and retained by the State.

Findings: The state of Connecticut has retained documentation of costs and payments associated with calculating the hospital-specific DSH limits contained in this report. The state retains cost data through the collection of cost reports; Medicaid expenditure data through the MMIS and other documentation; and uninsured data through the DSH payment calculations and DSH examination.

Verification 6: The information specified in verification 5 above includes a description of the methodology for calculating each hospital's payment limit under Section 1923(g)(1) of the Act. Included in the description of the methodology, the audit report must specify how the State defines incurred inpatient hospital and outpatient hospital costs for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient hospital and outpatient services they received.

Findings: The documentation retained related to the calculation of the hospital-specific DSH limits contained in this report includes a description of the methodology used to calculate each hospital's DSH limit under Section 1923(g)(1) of the Act. For DSH payment purposes, the state defines the hospitals' payment limits in accordance with its state plan. For purposes of this examination, the state defines the hospitals' payment limits in accordance with 42 CFR §455.304.

State of Connecticut
 Report on DSH Verifications (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2014

Verification #1	Verification #2				Verification #3	Verification #4	Verification #5	Verification #6	
Hospital	Was Hospital Allowed to Retain DSH Payment?	DSH Payment for Medicaid State Plan Rate Year (In-State and Out-of-State)	Total Uncompensated Care Costs for Medicaid State Plan Rate Year	DSH Payment Under or <Over> Total Uncompensated Care Costs (UCC)	DSH Payment Complies with the Hospital-Specific DSH Limit	Were only I/P and O/P Hospital Costs to Medicaid eligible and Uninsured Included in UCC?	If Medicaid Payments were in excess of Medicaid cost was the Total UCC reduced by this amount?	Have all claimed expenditures and payments for Medicaid and Uninsured been documented and retained?	Does the retained documentation include a description of the methodology used to calculate the UCC?
BRIDGEPORT HOSPITAL	Yes	23,044	11,192,561	11,169,517	Yes	Yes	Yes	Yes	Yes
CONNECTICUT CHILDRENS MEDICAL CENTER	Yes	27,263,600	43,234,265	15,970,665	Yes	Yes	Yes	Yes	Yes
CONNECTICUT MENTAL HEALTH CENTER	Yes	4,830,432	12,672,350	7,841,918	Yes	Yes	Yes	Yes	Yes
CONNECTICUT VALLEY HOSPITAL	Yes	90,925,406	207,193,850	116,268,444	Yes	Yes	Yes	Yes	Yes
DAY KIMBALL HOSPITAL	Yes	27,083	1,129,441	1,102,358	Yes	Yes	Yes	Yes	Yes
DEPT OF VETERANS AFFAIRS HOSP SERV	Yes	3,638,210	4,205,167	566,957	Yes	Yes	Yes	Yes	Yes
JOHN DEMPSEY HOSPITAL	Yes	19,073,377	10,951,843	(8,121,534)	No	Yes	Yes	Yes	Yes
SOUTHWEST CT MENTAL HEALTH SYSTEM	Yes	9,817,887	25,238,835	15,420,948	Yes	Yes	Yes	Yes	Yes
YALE NEW HAVEN HOSPITAL	Yes	17,685	193,319,858	193,302,173	Yes	Yes	Yes	Yes	Yes

This report is intended solely for the information and use of the Connecticut Department of Social Services, the State Legislature, hospitals participating in the State DSH program, and the Centers for Medicare and Medicaid Services (CMS) as required under 42 CFR §455.304 and is not intended to be, and should not be, used by anyone other than these specified parties and for the specified purpose contained in 42 CFR §455.304.

State of Connecticut Disproportionate Share Hospital (DSH)
Schedule of Data Caveats Relating to the DSH Verifications
For the Year Ended September 30, 2014

During the course of the engagement, the following data issues or other caveats were identified and are being reported in accordance with the requirements of 42 CFR 455.301.

(1) **State Crossover Data**

For one hospital, state supplied Medicare cross over data was used in the calculation of the hospital specific DSH limits. The state cross over data may not be complete in that it does not typically include data that was not billed to the Medicaid program. This could occur in situations where Medicare or the private insurer paid the entire bill. As such, Medicaid uncompensated care cost may not reflect all Medicare cross over payments and cost.

(2) **Uninsured Self Pay Payments**

Four hospitals submitted uninsured self-pay payments based on the accrual basis (i.e., all payments received as of the date the uninsured report was prepared) instead of the cash basis (i.e., payments received during the cost reporting period regardless of the date of service) as required by the DSH rule.

(3) **Prisoners**

In accordance with CMS guidance, prisoners are to be excluded from the uncompensated care cost calculation. However, one state owned and operated psychiatric hospital included court ordered patients in the uncompensated care cost calculation. Federal guidance with respect to a patient's insurance status is unclear when patients have been involuntarily hospitalized under a 72-hour hold, found not-guilty by reason of insanity, admitted to determine their mental competency to stand trial, or previously served a court-ordered sentence but have not been discharged. These individuals were left in the uncompensated care cost calculations presented in this report.

Schedule of Annual Reporting Requirements

State of Connecticut
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2014

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008 and the 79 Fed. Reg. 71679 dated December 3, 2014. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. Total uncompensated care costs represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Fee-for-Service Crossovers, Managed Care Medicaid primary, Managed Care Medicaid Crossover, and Uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diem or cost-to-charge ratios from each hospital's most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided, including any supplemental Medicaid payments and Section 1011 payments where applicable.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Hospital Name	State Estimated Hospital-Specific DSH Limit	Medicaid I/P Utilization Rate	Low-Income Utilization Rate	State-Defined Eligibility Statistic	Regular IP/OP Medicaid FFS Rate Payments	IP/OP Medicaid MCO Payments	Supplemental / Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services	Total Medicaid Uncompensated Care Costs (J-I)	Total IP/OP Indigent Care/Self-Pay Revenues	Total Applicable Section 1011 Payments	Total IP/OP Uninsured Cost of Care	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
BRIDGEPORT HOSPITAL	23,044	43.24%	25.83%	Note 5	130,456,570	22,204	14,794,274	145,273,048	150,510,706	5,237,658	364,923	0	6,914,165	6,549,242	11,786,900	23,044	0	28703, 00722870	070010	399,209,421
CONNECTICUT CHILDRENS MEDICAL CENTER	27,263,600	58.44%	34.37%	Note 1	96,584,032	0	0	96,584,032	139,027,957	42,443,925	203,108	0	993,448	790,340	43,234,265	27,263,600	0	59960, 00415997	073300	250,993,040
DAY KIMBALL HOSPITAL	27,083	42.86%	18.46%	Note 5	24,571,096	0	3,793,182	28,364,278	28,639,951	275,673	236,422	0	1,090,190	853,768	1,129,441	27,083	0	28698, 0040249	070003	92,482,664
DEPT OF VETERANS AFFAIRS HOSP SERV	3,638,210	72.89%	95.57%	Note 3	19,068,981	0	0	19,068,981	20,659,065	1,590,084	83,529	0	2,698,612	2,615,083	4,205,167	3,638,210	0	004111639	072006	28,319,947
JOHN DEMPSEY HOSPITAL	19,073,377	38.86%	18.64%	Note 4, 5	84,932,137	0	0	84,932,137	95,268,292	10,336,155	555,359	0	1,171,047	615,688	10,951,843	19,073,377	0	007228718, 004	070036	314,898,302
YALE NEW HAVEN HOSPITAL	17,685	40.69%	14.82%	Note 5	535,866,092	221,648	14,794,274	550,882,014	724,726,237	173,844,223	2,258,936	0	21,734,571	19,475,635	193,319,858	17,685	0	28708, 00722870	070022	2,233,282,428
Institute for Mental Disease																				
CONNECTICUT VALLEY HOSPITAL	90,925,406	10.57%	4.23%	Note 2	29,231,636	0	0	29,231,636	28,357,083	(874,553)	2,649,933	0	210,718,336	208,068,403	207,193,850	90,925,406	0	004122941, 0040	074003	268,313,310
CONNECTICUT MENTAL HEALTH CENTER	4,830,432	10.85%	5.49%	Note 2	1,791,921	0	0	1,791,921	2,095,554	303,633	671,538	0	13,040,255	12,368,717	12,672,350	4,830,432	0	004064200, 004	074011	19,317,783
SOUTHWEST CT MENTAL HEALTH SYSTEM	9,817,887	18.52%	2.62%	Note 2	2,334,238	0	0	2,334,238	4,985,699	2,651,461	464,735	0	23,052,109	22,587,374	25,238,835	9,817,887	0	004122925, 0040	074012	28,037,778

Out-of-State DSH Hospitals

N/A

- Note 1: State Plan Attachment 4.19A - Private Freestanding short-term Children's General Hospital which provides Uncompensated Care
- Note 2: State Plan Attachment 4.19A - Psychiatric Hospitals Serving Low-Income Persons
- Note 3: State Plan Attachment 4.19A - Public Chronic Disease Hospital that provides Uncompensated Care
- Note 4: State Plan Attachment 4.19A - Public Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act
- Note 5: State Plan Attachment 4.19A - Acute Care Hospitals (short-term General Hospitals) which provide Uncompensated Care under Section 1923 of the Social Security Act

Independence Declaration



**MYERS AND
STAUFFER_{LC}**
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

Myers and Stauffer LC declares it is independent of the state of Connecticut and its DSH hospitals for the Medicaid state plan rate year ending September 30, 2014.

Myers and Stauffer LC

Owings Mills, Maryland
February 2, 2018