AN EXAMINATION OF THE IOWA MEDICAL ASSISTANCE DISPROPORTIONATE SHARE HOSPITAL PAYMENTS PROGRAM ADMINISTERED BY THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR THE YEAR ENDED JUNE 30, 2021



OFFICE OF AUDITOR OF STATE

STATE OF IOWA

Rob Sand Auditor of State

State Capitol Building
Des Moines, Iowa 50319-0006
Telephone (515) 281-5834

December 30, 2024

Iowa Department of Health and Human Services Des Moines, Iowa

To the Members of the Iowa Department of Health and Human Services:

I am pleased to submit to you the examination report for the Iowa Department of Health and Human Services for the year ended June 30, 2021. The examination was performed in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards for attestation engagements contained in <u>Government Auditing Standards</u>.

I appreciate the cooperation and courtesy extended by the officials and employees of the Iowa Department of Health and Human Services throughout the examination. If I or this office can be of any further assistance, please contact me or my staff at 515-281-5834.

Sincerely,

Rob Sand Auditor of State

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<u>Auditor of State's Independent Report</u>

To Kelly K. Garcia, Director of the Iowa Department of Health and Human Services:

We have examined the Iowa Medical Assistance Disproportionate Share Hospital Payments Program (the Program) and the accompanying schedule identified as Schedule 1 for the Iowa Department of Health and Human Services (Department) for the year ended June 30, 2021. The Department's management is responsible for complying with the six verifications required by the Code of Federal Regulations – 42 CFR, Parts 447 and 455. Our responsibility is to express an opinion on the Program's six verifications based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States. Those standards require we plan and perform the examination to obtain reasonable assurance about whether the Department is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the Program. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material non-compliance with the criteria, whether due to fraud or error. We believe the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent of the Iowa Department of Health and Human Services and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Our examination disclosed one finding which is identified following the listing of required verifications.

In our opinion, except for the finding noted in the preceding paragraph, the Iowa Medical Assistance Disproportionate Share Hospital Payments Program and the accompanying schedule referred to above are in compliance, in all material respects, with the six verifications required by the Code of Federal Regulations – 42 CFR, Parts 447 and 455, for the year ended June 30, 2021.

This report, a public record by law, is intended solely for the information and use of the Iowa Department of Health and Human Services and other parties to whom the Iowa Department of Health and Human Services may report. This report is not intended to be and should not be used by anyone other than these specified parties.

Brian R. Brustkern, CPA Deputy Auditor of State

Biz R. B.

December 30, 2024

Required Verifications

We evaluated the Iowa Medical Assistance Disproportionate Share Hospital (DSH) Payments Program to determine compliance with each of the following verifications:

- (1) Each hospital qualifying for a DSH payment in the State is allowed to retain the payment, so it is available to offset the hospital's 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.
- (2) DSH payments made to each qualifying hospital comply with the hospital specific DSH payment limit and are measured against actual uncompensated care cost in the same audited Medicaid State plan rate year.
- (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 hospital and outpatient hospital services they received are eligible for inclusion in the calculation of the hospital specific DSH payment limit.
- (4) For purposes of the hospital specific DSH payment limit calculation, any Medicaid payments made to a disproportionate share hospital 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.
- (5) Information and records of all of its inpatient hospital and outpatient hospital service costs under the Medicaid program, claimed expenditures under the Medicaid program, uninsured inpatient hospital and outpatient hospital service costs in determining payment adjustments and any payments made on behalf of the uninsured from payment adjustments have been separately documented and retained by the State.
- (6) The information in (5) above includes a description of the methodology for calculating each hospital's DSH payment limit. The disproportionate share data shown in the accompanying schedule describes how the Iowa Department of Health and Human Services 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 hospital services they received.

Finding and Recommendation

- (1) <u>Computer Match Uninsured Costs</u> A computer match of claims data was performed for recipients of medical care classified as both Medicaid eligible and uninsured. For fiscal year 2021, we reviewed 25 recipients of medical care from Broadlawns Medical Center, 25 recipients of medical care from Iowa Methodist Medical Center, 25 recipients of medical care from the University of Iowa Hospitals and Clinics and 25 recipients of medical care from Mercy Medical Center who were included in both the Medicaid population and the uninsured population. The following were noted:
 - a. Of the 25 recipients reviewed for Broadlawns Medical Center, two recipients were classified as both Medicaid eligible and uninsured for the same month of service.
 - b. Of the 25 recipients reviewed for Iowa Methodist Medical Center, one recipient was classified as both Medicaid eligible and uninsured for the same month of service.
 - c. Of the 25 recipients reviewed for Mercy Medical Center, two recipients were classified as both Medicaid eligible and uninsured for the same month of service.

Per hospital officials, this was primarily due to individuals becoming eligible for Medicaid after initially being classified as uninsured. As a result, total eligible uncompensated care costs could not be verified for these hospitals.

<u>Recommendation</u> – The Department should implement procedures to ensure uninsured, uncompensated care costs used for the hospital-specific DSH payment limit do not contain costs for Medicaid eligible recipients.

<u>Response</u> – The Department will review that uncompensated care is correctly reported on the submitted DSH survey and supporting documentation.

<u>Conclusion</u> – Response accepted.

Iowa Medical Assistance Disproportionate Share Hospital Payments Program

Medicaid State Plan Rate Year Ended June 30, 2021

Definition of Uncompensated Care: The Iowa Department of Health and Human Services, for the purpose of the Medical Assistance Disproportionate Share Hospital Payments Program, defines Medicaid uncompensated care as the cost of services to Medicaid patients, less the amount paid by the State under the non-disproportionate share hospital payment provisions of the State Plan. Uninsured uncompensated care is defined as the cost of services to uninsured patients (those who have no health insurance or source of third party payments) less the amount of payments made by these patients.

A	В	С	D	E	F	G	Н	I
	State Estimated			State- Defined		IP/OP	Supplemental/ Enhanced	Total
	Hospital-	Medicaid IP	Low-Income	DSH	Regular IP/OP	Medicaid	IP/OP	Medicaid
	Specific DSH	Utilization	Utilization	Eligibility	Medicaid FFS	MCO	Medicaid	IP/OP
Hospital Name	Limit	Rate	Rate	Statistic	Rate Payments	Payments	Payments	Payments
							.,	
MercyOne Newton Medical Center	\$ 3,109,492	32.69%	18.35%	N/A	\$ 146,532	5,700,947	-	5,847,479
UnityPoint Health - St. Luke's								
Regional Medical Center	343,820	41.81%	26.51%	N/A	4,458,197	35,476,053	443,297	40,377,547
UnityPoint Health - Trinity								
Muscatine	4,166,487	23.04%	16.84%	N/A	383,989	6,564,073	-	6,948,062
CHI Health-Mercy Council Bluffs	8,365,518	45.19%	30.67%	N/A	1,113,640	24,839,942	-	25,953,582
UnityPoint Health - St. Luke's								
Hospital	6,719,083	43.58%	19.03%	N/A	3,016,814	57,180,746	303,167	60,500,727
Methodist Jennie Edmundson	2,312,773	35.71%	23.27%	N/A	1,345,941	21,659,078	12,480	23,017,499
Great River Health System	7,640,272	35.91%	12.50%	N/A	1,775,115	19,061,399	-	20,836,514
University of Iowa Hospitals and								
Clinics	69,655,495	41.45%	14.62%	EDSH	21,459,805	255,041,066	67,650,572	344,151,443
MercyOne Waterloo Medical								
Center	4,984,235	50.63%	20.82%	N/A	3,565,982	51,575,585	341,204	55,482,771
UnityPoint Health - Iowa								
Methodist Medical Center - Blank				Children's				
Children's Hospital	30,445,544	36.44%	17.30%	Hospital	8,008,676	120,826,823	2,568,541	131,404,040
				Children's				
Mercy Medical Center	22,861,106	30.22%	19.60%	Hospital	10,175,761	108,063,365	1,592,361	119,831,487
Broadlawns Medical Center	11,330,170	59.95%	58.16%	EDSH	3,164,691	46,924,264	954,966	51,043,921
UnityPoint Health - Allen Hospital	10,303,255	38.87%	14.17%	N/A	2,888,051	30,143,784	274,334	33,306,169
Spencer Hospital	3,098,820	45.91%	10.09%	N/A	475,413	9,222,023	-	9,697,436
UnityPoint Health - Finley				·				
Hospital	4,219,703	35.27%	16.28%	N/A	1,117,081	15,735,978	-	16,853,059
UnityPoint Health - Trinity								
Bettendorf	3,890,430	29.61%	19.33%	N/A	1,256,649	12,763,379	56,454	14,076,482

N/A - not applicable

IP - Inpatient

OP - Outpatient

EDSH - Hospital qualifies for Enhanced Disproportionate Share payments. To qualify, a hospital must meet one of the following:

- an low state-owned hospital with more than 500 beds having 8 or more separate and distinct residency specialty or subspecialty programs recognized by the American College of Graduate Medical Education.
- a non-state government-owned acute care teaching hospital located in a county with a population over 350,000.
- an Iowa state-owned hospital for persons with mental illness.
- % As explained in Finding (1), certain uninsured, uncompensated care costs are also included in Medicaid uncompensated care costs. The effect on the calculation of eligible uncompensated care costs could not be determined.

See accompanying Auditor of State's independent report.

J	K	L	M	N	0	P	Q	R	S	T
		Total IP/OP	Total							
Total Cost	Total	Indigent	Applicable	Total	Total	Total				
of Care-	Medicaid	Care/Self-	Section	IP/OP	Uninsured	Eligible	Total DSH	Medicaid	Medicare	
Medicaid	Uncompensated	Pay	1011	Uninsured	Uncompensated	Uncompensated	Payments	Provider	Provider	Total Hospital
IP/OP Services	Care Cost	Revenues	Payments	Cost of Care	Care Cost	Care Costs	Received	Number	Number	Cost
0.564.070	0.717.201	116 165		F00.066	200 101	2 100 400	10.611	600001	160020	d 25.720.470
8,564,870	2,717,391	116,165	-	508,266	392,101	3,109,492	10,611	600081	160032	\$ 35,738,478
38,505,960	(1,871,587)	553,104	-	2,768,511	2,215,407	343,820	139,396	600114	160146	144,388,027
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10,490,110	3,542,048	153,254	-	777,693	624,439	4,166,487	51,893	600155	160013	43,832,140
31,752,208	5,798,626	304,598	-	2,871,490	2,566,892	8,365,518	186,899	600288	160028	90,779,405
66,371,219	5,870,492	846,721	-	1,695,312	848,591	6,719,083	188,962	600452	160045	273,278,208
24,247,179	1,229,680	527,597	-	1,610,690	1,083,093	2,312,773	142,401	600478	160047	101,358,810
27,787,419	6,950,905	726,925	-	1,416,292	689,367	7,640,272	69,828	600577	160057	169,020,889
407,571,963	63,420,520	3,773,265		10,008,240	6,234,975	69,655,495	64,818,710	600585	160058	1,507,277,123
407,371,903	03,420,320	3,773,203	-	10,000,240	0,234,973	09,033,493	04,616,710	000363	100038	1,307,277,123
59,938,142	4,455,371	124,592	_	653,456	528,864	4,984,235	191,899	600676	160067	240,174,787
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158,189,914	26,785,874	2,270,534		5,930,204	3,659,670	30,445,544	1,536,711	600825	160082	668,843,741
130,109,914	20,705,674	2,270,554	_	5,930,204	3,039,070	30,443,344	1,550,711	000625	100062	000,043,741
138,096,741	18,265,254	1,764,137	_	6,359,989	4,595,852	22,861,106	1,149,676	600833	160083	583,142,597
57,801,675	6,757,754	1,384,213	-	5,956,629	4,572,416	11,330,170	6,495,102	601013	160101	120,550,777
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42,552,035	9,245,866	380,453	-	1,437,842	1,057,389	10,303,255	115,063	601104	160110	194,197,657
12,453,573	2,756,137	345,553	-	688,236	342,683	3,098,820	17,029	601120	160112	88,308,858
00 150 000	2 200 050	20.151		050 004	000 750	4 010 700	45.004	601170	160115	05.041.005
20,152,009	3,298,950	39,151	-	959,904	920,753	4,219,703	45,804	601179	160117	95,941,307
17,248,197	3,171,715	307,733	_	1,026,448	718,715	3,890,430	52,960	601286	160104	68,707,462