



# DISPROPORTIONATE SHARE HOSPITAL PAYMENTS PROGRAM (DSH)

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EXAMINATION  
FOR YEAR ENDED JUNE 30, 2021

# DISPROPORTIONATE SHARE HOSPITAL PAYMENTS PROGRAM (DSH)

**REPORT SUMMARY** FOR FISCAL YEAR ENDED JUNE 30, 2021

## BACKGROUND

For states to receive Federal Financial Participation for DSH payments, federal law requires states to submit an independent certified audit and an annual report to the Secretary describing DSH payments made to each DSH hospital. The State Auditor is authorized under 29 Del. C., §2906 to conduct post-audits of all financial transactions of all state agencies.

The State of Delaware, Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA) administers the Disproportionate Share Hospital (DSH) payments to qualifying hospitals that serve a large number of Medicaid eligible and uninsured individuals. This program is regulated by the federal government. The States that receive federal funding must annually certify that the six required verifications are examined to ensure compliance with the program. Management of the Program are responsible for complying with these requirements including design, implementation, and maintenance of internal controls.

This examination engagement was conducted in accordance with federal regulations – 42 CFR, Parts 447 and 455 and the requirements of the State of Delaware’s Medicaid State Plan Section 4.19A.

## KEY INFORMATION AND FINDINGS

It is my pleasure to report that an unqualified (clean) opinion was issued for this examination and Disproportionate Share Hospital (DSH) Payments Program for the Delaware Psychiatric Center and the Saint Francis Hospital facility complied, in all material respects, with the criteria mentioned above.

However, the audit did find a deficiency in internal control over financial reporting resulting in the following:

The St. Francis Hospital (SFH) Disproportionate Share Report incorrectly reported Medicaid inpatient days and total annual inpatient days for SFH. Management was unable to figure out the cause of the data not being both accurate and appropriate and manually reconstructed the report at the Auditor request.

- The errors resulted in a decrease in the Medicaid bed days from 7,296 to 7,189 (as corrected).
- The errors resulted in a decrease in the total annual inpatient days from 22,276 to 22,257 (as corrected).

The St. Francis Hospital (SFH) Disproportionate Share Report incorrectly reported Medicaid inpatient days and total annual inpatient days for SFH. Management was unable to figure out the cause of the data not being both accurate and appropriate and manually reconstructed the report at the Auditor request.



For any questions regarding the attached report, please contact [OAOA\\_Comms@delaware.gov](mailto:OAOA_Comms@delaware.gov).



**State of Delaware Department of  
Health and Social Services**  
Division of Medicaid and Medical Assistance

Independent Accountant's Report on  
Assertions on Compliance with Specified  
Requirements Applicable to the  
Disproportionate Share Hospital Payments  
Program

For the period July 1, 2020 to June 30, 2021

**State of Delaware Department of Health and Social Services Division  
of Medicaid and Medical Assistance  
Independent Accountant's Report on Assertions on Compliance with  
Specified Requirements Applicable to the Disproportionate Share  
Hospital Payments Program**

**Contents**

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Independent Accountant's Report	3-4
<b>Supplementary Material</b>	
Disproportionate Share Report	6
Independent Accountant's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Examination Performed in Accordance With Government Auditing Standards	7-8
Schedule of Findings and Responses	9-10



## Independent Accountant's Report

State of Delaware Department of Health  
and Social Services  
Division of Medicaid and Medical Assistance  
Lewis Building  
Herman Holloway Campus  
1901 N. DuPont Highway  
New Castle, DE 19720

We have examined management's assertion that the State of Delaware, Department of Health and Social Services, Division of Medicaid and Medical Assistance, Disproportionate Share Hospital Payments Program (the "Program") for the period from July 1, 2020 to June 30, 2021, complies with the six verifications required by the Code of Federal Regulations - 42 CFR, Parts 447 and 455 and met the requirements of the State of Delaware's Medicaid State Plan Section 4.19A (the "Requirements"). The Requirements are as follows:

- If applicable, recipient facilities have at least two obstetricians who have staff privileges at the facility and who have agreed to provide obstetric services to individuals who are entitled to medical assistance for such services under such State plan. In addition, a facility that is an Institute for Mental Disease must have a Medicaid inpatient utilization rate (as defined under Social Security Act Section 1923(b)) of not less than 1 percent.
- The Disproportionate Share Hospital ("DSH") payments made to the facilities comply with the hospital-specific DSH payment limit.
- Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals, less the amount paid by the State under the non-disproportionate share hospital payment provisions of the State Plan, and individuals with no third party coverage, less the amount of payments made by these patients, have been included in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Social Security Act.
- For purposes of the 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) received by the facilities for furnishing inpatient hospital and outpatient hospital services to Medicaid eligible individuals, which are in excess of the Medicaid incurred costs for such services, have been applied against the uncompensated care costs ("UCC") of furnishing inpatient hospital and outpatient hospital services to individuals with no source of third party coverage for such services.
- Any information and records of all of its inpatient and outpatient hospital specific costs under the Medicaid program; claimed expenditures under the Medicaid program; uninsured inpatient 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.
- The estimate of the hospital-specific DSH limit has been calculated in accordance with Section 1923(d)(5) of the Social Security Act.



Management of the Program is responsible for complying with these requirements, including the design, implementation, and maintenance of internal control to prevent, or detect and correct, misstatement of the subject matter, due to fraud or error. Our responsibility is to express an opinion on management's assertions about the facilities' compliance for the period from July 1, 2020 to June 30, 2021 based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and Government Auditing Standards. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether management has complied with the Requirements for the period ended June 30, 2021, in all material respects. An examination involves performing procedures to obtain and examine evidence about the Requirements for the period ended June 30, 2021. 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 on the Program's compliance with specified Requirements.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to the engagement.

In our opinion, the State of Delaware, Department of Health and Social Services, Division of Medicaid and Medical Assistance, Disproportionate Share Hospital Payments Program referred to above is in compliance with the Requirement, in all material respects.

The Disproportionate Share Report for the period July 1, 2020 to June 30, 2021 on page 7 is presented for purposes of additional analysis and is not a required part of the examination report. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not examine the information and express no opinion on it.

In accordance with Government Auditing Standards, we also issued our report dated October 11, 2023, on our consideration of the Program's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting and compliance. That report is an integral part of an examination performed in accordance with Government Auditing Standards and should be considered in assessing the results of our examination.

This report is intended solely for the information and use of the State of Delaware Office of Auditor of Accounts, DHSS, Division of Medicaid and Medical Assistance, and is not intended to be and should not be used by anyone other than the specified parties. However, under 29 Del. C. §10002, this report is public record and its distribution is not limited. This report, as required by statute, was provided to the Office of the Governor, Office of the Controller General, the Office of the Attorney General, the General Assembly, and the Office of Management and Budget.

BDO USA, P.C.

Wilmington, DE  
October 11, 2023

## Supplementary Material

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STATE OF DELAWARE  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE  
ANNUAL DISPROPORTIONATE SHARE HOSPITAL REPORT  
PERIOD FROM JULY 1, 2020 TO JUNE 30, 2021

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Hospital Name	Estimated Annual Specific DSH Limit	Medicaid IP Utilization Rate	Low-Utilization Rate	Defined DSH Qualification Criteria	Regular IP/OP Base Rate Payments	IP/OP Medicaid WCO Payments	Supplemental/ IP/OP Medicaid Payments	Total Medicaid IP/OP Payments	Total Cost of Care - Medicaid IP/OP Services	Total Medicaid Uncompensated Care	Uninsured IP/OP Revenue	Total Medicaid Section 1011 Payments	Total cost of IP/OP Care for the Uninsured	Total Uninsured Care Cost	Total Annual Uncompensated Care Costs	Disproportionate Share Hospital Payments	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
St. Francis Hospital, as filed (2)	\$ 7,924,683	32.30%	50.44%	(1)	\$ 2,779,827	\$ 42,572,331	\$ -	\$ 45,352,158	\$ 43,664,985	\$ (1,687,173)	\$ 361,464	\$ -	\$ 9,973,320	\$ 9,611,856	\$ 7,924,683	\$ 7,924,683	1295738896	08-0003	\$ 164,816,429
St. Francis Hospital, as adjusted (3)	\$ 7,924,683	32.75%	50.44%	(1)	\$ 2,779,827	\$ 42,572,331	\$ -	\$ 45,352,158	\$ 43,664,985	\$ (1,687,173)	\$ 361,464	\$ -	\$ 9,973,320	\$ 9,611,856	\$ 7,924,683	\$ 7,924,683	1295738896	08-0003	\$ 164,816,429
Institutes for Mental Disease																			
Delaware Psychiatric Center, as filed (5)	\$ 14,664,389	21.17%	46.72%	(4)	\$3,542,350	\$ -	\$ -	\$ 3,542,350	\$ 3,789,625	\$ 2,247,075	\$ 337,324	\$ -	\$12,417,315	\$12,059,991	\$ 14,664,389	\$ 3,542,350	1356482970	08-4001	\$ 33,736,701

(1) State defined Disproportionate Share Hospital criteria, Acute General Care Hospitals:

- Comply with requirements of Social Security Act Section 1923 (d) and (b)
- Is a not-for-profit hospital categorized as an acute care general hospital
- Has an inpatient facility located within an incorporated city in Delaware with population > 50,000 and provides obstetric services at all facility to the general population
- Is an enrolled provider with all participating DE Medicaid/CHIP managed care organizations
- Has a low income utilization rate > 15%

(2) The Annual Disproportionate Share Hospital Report for St. Francis Hospital is based on financial and organization data for the year January 1, 2019 to December 31, 2019.

(3) Please see finding 2021-01

(4) State defined Disproportionate Share Hospital Qualification Criteria, Institutes for Mental Disease

- a. Comply with requirements of Social Security Act Section 1923 (d) and (b)
- b. Is a public psychiatric hospital (owned or operated by an agency of DE state government)
- c. Has service revenue attributable to public funds (including Medicare and Medicaid), bad debts, or free care of > 60%

(5) Delaware Psychiatric Center, as filed (5) is based on financial and organization data for the period July 1, 2020 through December 31, 2020. On March 23, 2023, Delaware Psychiatric Center submitted a revised report based on financial and organization data for the period July 1, 2020 to June 30, 2021. The data above is reflective of the revised report.





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## **Independent Accountant’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Examination Performed in Accordance With *Government Auditing Standards***

State of Delaware Department of Health  
and Social Services  
Division of Medicaid and Medical Assistance  
Lewis Building  
Herman Holloway Campus  
1901 N. DuPont Highway  
New Castle, DE 19720

We have examined management’s assertion that the State of Delaware, Department of Health and Social Services, Division of Medicaid and Medical Assistance, Disproportionate Share Hospital Payments Program (the “Program”) for the period from July 1, 2020 to June 30, 2021, complies with the six verifications required by the Code of Federal Regulations - 42 CFR, Parts 447 and 455 and met the requirements of the State of Delaware’s Medicaid State Plan Section 4.19A (the “Requirements”). We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to financial examinations contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America and have issued our report thereon dated October 11, 2023.

### **Report on Internal Control Over Financial Reporting**

In planning and performing our examination, we considered the Program’s internal control over financial reporting (internal control) as a basis for designing examination procedures that are appropriate in the circumstances for the purpose of expressing our opinions on management’s assertions, but not for the purpose of expressing an opinion on the effectiveness of the Program’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Program’s internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.



Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify a deficiency in internal control, described in the accompanying Schedule of Findings and Responses as item 2021-001 that we consider to be a control deficiency.

#### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Program's financial reports are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of the reported amounts. However, providing an opinion on compliance with those provisions was not an objective of our examination, and accordingly, we do not express such an opinion. The results of our tests disclosed an instance of noncompliance that is required to be reported under Government Auditing Standards and which is described in the accompanying Schedule of Findings and Responses as item 2021-001.

#### **Program's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Program's response to the findings identified in our examination and described in the accompanying schedule of findings and responses. The Program's response was not subjected to the other auditing procedures applied in the examination and, accordingly, we express no opinion on the response.

#### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Program's internal control or on compliance. This report is an integral part of an examination performed in accordance with *Government Auditing Standards* in considering the Program's internal control and compliance. This report is intended solely for the information and use of the State of Delaware Office of Auditor of Accounts, DHSS, Division of Medicaid and Medical Assistance, and is not intended to be and should not be used by anyone other than the specified parties. However, under 29 Del. C. §10002, this report is public record and its distribution is not limited. This report, as required by statute, was provided to the Office of the Governor, Office of the Controller General, the Office of the Attorney General, the General Assembly, and the Office of Management and Budget.

BDO USA, P.C.

October 11, 2023

State of Delaware, Department of Health and Social Services,  
Division of Medicaid and Medical Assistance, Disproportionate  
Share Hospital Payments Program

Schedule of Findings and Responses  
June 30, 2021

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CURRENT YEAR CONDITIONS

CONDITION 2021-001

Condition: During testing of patient eligibility for the St. Francis Hospital (“SFH”), we noted that the Disproportionate Share Report incorrectly reported the Medicaid inpatient days and total annual inpatient days.

Criteria: Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals, less the amount paid by the State under the non-disproportionate share hospital payment provisions of the State Plan, and individuals with no third party coverage, less the amount of payments made by these patients, should be included in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Social Security Act.

Cause: SFH management was unable to determine the cause of this error, and manually reconstructed the report at our request.

Effect: The resulting difference was a decrease in Medicaid bed days from 7,296 as originally reported to 7,189 as corrected and a decrease in total annual inpatient days from 22,276 as originally reported to 22,257 as corrected. The UCC reported was correctly stated based on financial and organization data using the correct census days, therefore no adjustment was proposed.

Suggestion: Facility management should ensure that all data used to prepare the report is accurate and appropriate.

Management’s  
Response: None provided.

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**State of Delaware, Department of Health and Social Services,  
Division of Medicaid and Medical Assistance, Disproportionate  
Share Hospital Payments Program**

**Schedule of Findings and Responses  
June 30, 2021**

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**PRIOR YEAR CONDITIONS**

**CONDITION 2020-001**

**Condition:** During testing of patient eligibility for the Delaware Psychiatric Center (“DPC”), we noted that the report used to calculate the Medicaid inpatient days contained patients that were not present at the facility during the time period covered by the report and annual inpatient days were understated.

**Criteria:** Only uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals, less the amount paid by the State under the non-disproportionate share hospital payment provisions of the State Plan, and individuals with no third party coverage, less the amount of payments made by these patients, should be included in the calculation of the hospital-specific disproportionate share payment limit, as described in Section 1923(g)(1)(A) of the Social Security Act.

**Cause:** The report used by DPC to calculate Medicaid inpatient days contained patients that were not present at the facility during the time period covered by the report. DPC management was unable to determine the cause of this error, and manually reconstructed the report at our request.

**Effect:** The resulting difference was a decrease in Medicaid bed days from 9,076 as originally reported to 8,863 as corrected and an increase in total annual inpatient days from 28,321 as originally reported to 28,501 as corrected. This caused a decrease in the utilization rate from 32.05% as reported to 31.10%, and an increase in UCC from \$26.5 million to \$27.0 million. As the adjusted amount of UCC was still greater than the amount received, no adjustment was proposed.

**Suggestion:** Facility management should ensure that all data used to prepare the report is accurate and appropriate.

**Management’s**

**Response:** Management will review processes and procedures to ensure that records are properly maintained and reported.

**CURRENT STATUS OF PRIOR YEAR CONDITION**

The conditions have been corrected as of June 30, 2021.

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