

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

**State of Texas
Health and Human Services Commission
Austin, Texas**

DSH Year Ended August 31, 2009

Prepared by:



**MYERS AND
STAUFFER_{L.C.}**
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Accountant's Report
and
Report on DSH Verifications



**MYERS AND
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Texas Health and Human Services Commission
P.O. Box 13247
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Independent Accountant's Report

We have examined the state of Texas'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 ending August 31, 2009. The Texas Health and Human Services Commission's (HHSC) management is responsible for compliance with federal Medicaid DSH program requirements. Our responsibility is to express an opinion on the state of Texas's compliance with federal Medicaid DSH program requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (AICPA), and the standards applicable to attestation engagements contained in Government Auditing Standards, issued by the Comptroller General of the United States, as well as General DSH Audit and Report Protocol as required by 42 CFR §455.301 and §455.304(d), except as discussed in the Schedule of Data Caveats. Based on those standards, our examination included examining on a test basis, evidence about the state of Texas's compliance with those requirements and performing such other procedures we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination of the state of Texas's compliance with federal Medicaid DSH requirements.

Our examination was conducted for the purpose of forming an opinion on the state of Texas'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 accordance with Government Auditing Standards, we have also issued our report dated December 07, 2012, on our consideration of HHSC's internal controls over the DSH program in the state for the period ended August 31, 2009, as it relates to the six verifications set forth in 42 CFR §455.301 and §455.304(d). The purpose of the report is to describe the scope of our testing of internal controls over the DSH program in the State for the period ended August 31, 2009, as it relates to the six verifications

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set forth in the DSH audit rule, and the results of testing, and not to provide an opinion on the internal controls over compliance with the DSH rule. 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.

In our opinion, except for the effect of the items addressed in the Schedule of Data Caveats, the Report on DSH Verifications presents fairly the state of Texas's compliance with federal Medicaid DSH program requirements addressed by the DSH verifications for the year ending August 31, 2009.

Myers and Stauffer LC
December 07, 2012

State of Texas Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended August 31, 2009

As required by 42 CFR §455.304(d) the state of <STATE> 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: 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.

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 reflects the uncompensated care costs of furnishing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no third party coverage.

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, 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 Texas 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.



**MYERS AND
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Texas Health and Human Services Commission
P.O. Box 13247
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Independent Accountant's Report on Internal Control
For the State of Texas Health and Human Services Commission
As it Relates to the Six Verifications Required Under 42 CFR §455
For State Plan Rate Year Ended August 31, 2012

We have examined the assertion of HHSC management that operation of the DSH Program in the State for the period ended August 31, 2012 followed the requirements of the six verifications set forth in 42 CFR §455.304. We conducted our examination in accordance with the attestation standards established by AICPA and the standards applicable to attestation engagements contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about HHSC's compliance with the DSH audit rule, we performed tests of its compliance with certain provisions of laws, regulations, and policies, noncompliance with which could have a direct and material effect on the Report on DSH Verifications. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards, and are described in the Schedule of Data Caveats.

Internal Control over the Required Six Verifications

In planning and performing our examination, we considered HHSC's internal controls over the DSH program, as a basis to determine our examination procedures, for the purpose of expressing our opinion on management's assertion related to the six verifications set forth in the DSH audit rule, but not for the purpose of expressing an opinion on the internal controls over compliance with the DSH rule. Accordingly, we do not express an opinion on the effectiveness of HHSC's internal control over compliance with the DSH rule.

Our consideration of internal controls relating to the six verifications set forth in the DSH audit rule was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies or material weaknesses, and therefore, there can be no assurance that all deficiencies, significant deficiencies, or material weakness have been identified. However, as described in the Schedule of Data Caveats, we identified certain deficiencies in the internal control related to the six

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verifications set forth in the DSH rule that we consider to be material weaknesses and other deficiencies that we consider to be significant deficiencies.

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 of the entity's financial information will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies described in the accompanying Schedule of Data Caveats Relating to the Six Verifications (Finding 1 through Finding 3) to be material weaknesses.

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. We consider the deficiencies described in the accompanying Schedule of Data Caveats Relating to the Six Verifications (Finding 4 through Finding 5) to be significant deficiency.

This report is intended solely for the information and use of HHSC the Texas State Legislature, the hospitals participating in the Texas State DSH program, and CMS and is not intended to be, and should not be, used by anyone other than these specified parties.

Myers and Stauffer LC
December 07, 2012

Finding 1

Criteria:

The Code of Federal Regulations at section 455.301(d)(3), specifies that only uncompensated care costs of furnishing 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 they receive in accordance with Section 1923(g)(1)(A) of the Act are eligible for inclusion in the hospital specific DSH limit.

Condition:

We found that 65 hospitals were unable to satisfactorily document uninsured patient payments received during the DSH year. These payment issues may result in a misstated uncompensated care cost calculation.

We found that 51 hospitals were unable to satisfactorily document all of the services they provided to uninsured patients during the DSH year. Due to the lack of documentation, we were unable to fully test the reasonableness of the hospitals' estimates and the impact of any potential misstatement on their uncompensated care cost calculations.

We found that for 9 of the 10 state-owned and operated psychiatric hospitals we were unable to satisfactorily document the services they provided and payments received from uninsured services and Medicaid-eligible services and payments received other than those included on the state Medicaid paid claims report. We were not able to obtain satisfactory patient listings with charge level detail to calculate uncompensated care cost using Medicare cost report methods, or to test that only uninsured and Medicaid-eligible patients were included in the uncompensated care cost calculations.

Cause:

The process in which hospitals were asked to report their data was significantly different for the 2009 DSH audit report. The hospitals were asked to complete a survey tool that followed the requirements of the DSH audit rule and calculated uncompensated care costs using detailed Medicare cost report mechanics.

In many cases the hospitals could not provide the date of collection and/or reported the payments on an accrual basis instead of the required cash basis. Other hospitals were unable to provide any payments, only provided a partial year of payments, or did not include insured self pay payments limiting our testing of the uninsured services.

These undocumented services were either excluded resulting in a potentially understated uncompensated care calculation or hospitals were able to estimate the uninsured services provided and payments received using hospital records.

Recommendation:

We would recommend that HHSC continue to provide education to the providers along with the DSH audit process to educate the hospitals on the proper gathering and reporting of uninsured data. We also recognize that these difficulties were most often related to the time period between the patient service dates and/or cash receipt dates (DSH year 2009) and the timing of the DSH examination (Calendar 2012) and not necessarily due to inaction or lack of cooperation by the hospitals listed. We would recommend that through the education process HHSC work with hospitals to reinforce the necessity of this data and the timing of the DSH audit as mandated by the DSH audit rule.

Finding 2

Criteria:

The Code of Federal Regulations at section 455.301, specifies that the hospital specific DSH limit should be inclusive of not only fee-for-service Medicaid claims, but also include Managed Care Medicaid claims, out-of-state Medicaid claims, and Medicaid crossover claims. In addition to the Medicaid claims, the DSH audit rule also specifies at section 455.301(d)(3) that the uncompensated costs of providing inpatient and outpatient hospital services to the uninsured should also be included.

Condition:

We found that 26 hospitals did not provide the full period of internal data for the examination. The lack of uninsured, out-of-state, and other hospital services supporting documentation results in a potentially misstated uncompensated care cost calculation.

Cause:

The state's Medicaid MMIS data was used to calculate a full Medicaid uncompensated care cost limit for the periods not submitted. Whenever possible, estimates were used to calculate a full uninsured uncompensated care cost limit for the periods not submitted.

Recommendation:

We recommend that HHSC continue to provide education to the hospitals on the proper completion of the survey tool. The education should stress the importance of completing the survey in the format requested with the necessary supporting data for the appropriate time periods.

Finding 3

Criteria:

The Code of Federal Regulations at section 455.304(b), specifies that the state must submit to CMS a DSH audit report by December 31st each year for the Medicaid State Plan rate year ending during the calendar year three years prior to that date.

Condition:

We found that 2 hospitals did not submit the DSH examination documentation timely; therefore, the scope of the examination was limited and did not include all examination procedures normally followed. The uncompensated care cost impact of this scope limitation is unknown.

We found that 8 hospitals did not submit the DSH examination documentation requested; therefore, the scope of the examination was limited to include only the uncompensated care costs of Medicaid services included in the state's Medicaid MMIS data. The uncompensated care cost impact of this scope limitation is unknown.

Hospitals were requested to sign attestation statements related to the data they provided to us during our examination. We found that of the hospitals that submitted DSH examination data 4 hospital did not sign the requested attestation statements.

Cause:

The data collection process for the Medicaid State Plan year 2009 audit was significantly different from the process used in the previous DSH audits. Texas HHSC along with Myers and Stauffer provided education to the providers on the proper completion of the survey tool, and required documentation to be submitted with the survey. Some hospitals, despite these efforts found it difficult to meet the timelines necessary to provide a DSH audit report to HHSC in accordance with the federal rules.

Hospitals that did not sign attestation statements indicated that their unwillingness to sign was due to questions regarding the validity of the state's Medicaid MMIS data. One hospital also questioned the validity of the inclusion of commercially insured Medicaid-eligible services and payments in the UCC calculation as their rationale for not signing the attestation statement.

Recommendation:

We recommend that HHSC continue the education process related to the survey tool and supporting documentation. We also recommend that the survey process be started much earlier in the year which will allow additional time for follow up with hospitals that did not complete the surveys properly, or did not submit the required supporting documentation.

Finding 4

Criteria:

The Centers for Medicare and Medicaid Services (CMS) published proposed rules dated January 18, 2012 which provided additional guidance to states on the definition of uninsured services when dealing with exhausted or non-covered services from a third party insurer. The expectation was that this rule would be finalized prior to issuing the Medicaid State Plan year 2009 DSH audit report and data was requested from hospitals that complied with this rule.

Condition:

We found that uncompensated care costs include uninsured services to patients with third party coverage that is either exhausted or was not covered (but would otherwise have been covered by Medicaid.

We were not able to satisfactorily determine if uninsured services for state-owned and operated psychiatric hospitals included court-ordered patients in the uncompensated care cost calculation.

Cause:

Uncompensated care costs for patients with no third party coverage were calculated based on the definitions from the Federal Register/Vol. 77, No. 11, Wednesday, January 18, 2012 / Proposed Rules.

In accordance with CMS guidance, prisoners were excluded from the uninsured category as presented in this report. 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 may be included in the uncompensated care cost calculations presented in this report.

Recommendation:

We recommend that HHSC continue to monitor the status of the proposed rule referenced above. If additional guidance is provided by CMS that alters the data elements to be collected, the survey tool should be modified to comply with the guidance and additional education should be provided to the hospitals prior to the next survey being completed. If the treatment of these items remains as written in the proposed rule we would recommend reinforcing the education already provided related to the proper reporting of uninsured data.

Finding 5

Criteria:

The Code of Federal Regulations at section 455.301, specifies that the hospital specific DSH limit should be inclusive of not only fee-for-service Medicaid claims, but also include Managed Care Medicaid claims, out-of-state Medicaid claims, and Medicaid crossover claims.

Condition:

We found that the majority of hospitals did not rely upon the Texas MMIS generated Medicaid managed care data for the services provided and payments received.

For the majority of hospitals we relied upon estimates of the Medicare payments on dual eligible services using the cost report to calculate the Medicare overall payment percentage.

We found that the majority of hospitals were unable to obtain Medicaid out-of-state paid claims reports to satisfactorily document the out-of-state services provided and payments received.

Cause:

Texas Medicaid managed care patient services are included in the uncompensated care cost calculations based on the hospitals' internal data or a combination of hospital and state data.

Medicare payment data required for dual-eligible patients (patients with both Medicare and Medicaid) and provided by the state's fiscal intermediary could not be validated to include all Medicare payments such as Medicare Graduate Medical Education. These estimates do not consider differences in case-mix or services provided to dual-eligible patients compared to the hospitals' entire Medicare patient population.

Out-of-state (non-Texas) Medicaid services are included in the uncompensated care cost calculation for hospitals that were able to provide their own internal data. Several hospitals did not report any out-of-state Medicaid services or only reported a limited amount of out-of-state Medicaid services.

Recommendation:

We recommend that HHSC continue to refine the reporting necessary to provide paid claims summaries related to managed care and Medicaid cross-over claims. We also recognize that the difficulties in obtaining out-of-state documentation were predominately due to the hospitals' historical requests to out-of-state Medicaid agencies not being responded to timely, and are not necessarily due to inaction or a lack of cooperation by the hospitals. We recommend that HHSC continue to work with the hospitals through additional education related to the completion of the survey to obtain these reports when possible.

State of Texas
Report on DSH Verifications
For the Medicaid State Plan Rate Year Ended 2009

Hospital	Verification #1	Verification #2		Verification #3	Verification #4	Verification #5	Verification #6	
	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)	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?
ANGLETON-DANBURY MEDICAL CENTER	Yes	871,695	4,457,668	3,585,973	Yes	Yes	Yes	Yes
AUSTIN STATE HOSPITAL	Yes	34,137,800	40,047,357	5,909,557	Yes	Yes	Yes	Yes
BAPTIST HEALTH SYSTEM	Yes	20,769,746	11,512,765	(9,256,981)	Yes	Yes	Yes	Yes
BAPTIST ST. ANTHONY S HOSPITAL	Yes	3,237,948	26,632,792	23,394,844	Yes	Yes	Yes	Yes
BAYLOR COUNTY HOSPITAL DISTRICT	Yes	176,875	(4,654)	(176,875)	Yes	Yes	Yes	Yes
BAYLOR UNIVERSITY MEDICAL CTR	Yes	13,418,562	28,329,488	14,910,926	Yes	Yes	Yes	Yes
BAYSHORE MEDICAL CENTER	Yes	10,247,001	18,691,496	8,444,495	Yes	Yes	Yes	Yes
BAYSIDE COMMUNITY HOSPITAL	Yes	92,027	1,029,807	937,780	Yes	Yes	Yes	Yes
BIG BEND REGIONAL MED CTR	Yes	406,107	946,284	540,177	Yes	Yes	Yes	Yes
BIG SPRING STATE HOSPITAL	Yes	23,805,498	29,489,080	5,683,582	Yes	Yes	Yes	Yes
BRACKENRIDGE HOSPITAL	Yes	45,161,487	10,934,536	(34,226,951)	Yes	Yes	Yes	Yes
BROWNFIELD REGIONAL MEDICAL CENTER	Yes	731,774	886,095	154,321	Yes	Yes	Yes	Yes
BROWNWOOD REGIONAL MEDICAL CENTER	Yes	2,384,062	5,140,332	2,756,270	Yes	Yes	Yes	Yes
Cedar Crest Hosp.	Yes	2,724,360	1,792,224	(932,136)	Yes	Yes	Yes	Yes
CENTRAL TEXAS MEDICAL CENTER	Yes	1,642,571	8,893,230	7,250,659	Yes	Yes	Yes	Yes
CHILDREN S MEDICAL CENTER OF DALLAS	Yes	23,908,845	55,423,321	31,514,476	Yes	Yes	Yes	Yes
CHILDRESS REGIONAL MEDICAL CENTER	Yes	662,317	857,631	195,314	Yes	Yes	Yes	Yes
CHILLICOTHE HOSPITAL DISTRICT	Yes	15,102	294,768	279,666	Yes	Yes	Yes	Yes
CHRISTUS HOSPITAL	Yes	7,050,024	20,803,345	13,753,321	Yes	Yes	Yes	Yes
CHRISTUS SPOHN ALICE	Yes	3,216,286	2,684,476	(531,810)	Yes	Yes	Yes	Yes
CHRISTUS SPOHN BEE HOSPITAL	Yes	1,323,129	3,374,738	2,051,609	Yes	Yes	Yes	Yes
CHRISTUS SPOHN KLEBERG MEMORIAL HOSP	Yes	2,476,250	4,986,656	2,510,406	Yes	Yes	Yes	Yes
CHRISTUS ST MICHAEL	Yes	3,838,123	17,729,472	13,891,349	Yes	Yes	Yes	Yes
Clarity Child Guidance Center	Yes	1,273,503	1,108,510	(164,993)	Yes	Yes	Yes	Yes
COLEMAN COUNTY MEDICAL CENTER	Yes	243,277	870,473	627,196	Yes	Yes	Yes	Yes
COLUMBUS COMMUNITY HOSPITAL	Yes	357,919	966,275	608,356	Yes	Yes	Yes	Yes
COMANCHE COUNTY HOSPITAL DISTRICT	Yes	425,627	868,923	443,296	Yes	Yes	Yes	Yes
CONCHO COUNTY HOSPITAL	Yes	82,994	11,229	(71,765)	Yes	Yes	Yes	Yes
CONNALLY MEMORIAL MEDICAL CENTER	Yes	284,131	572,009	287,878	Yes	Yes	Yes	Yes
COOK CHILDREN S MEDICAL CENTER	Yes	18,709,848	(4,734,345)	(18,709,848)	Yes	Yes	Yes	Yes
COON MEMORIAL HOSPITAL	Yes	238,207	43,450	(194,757)	Yes	Yes	Yes	Yes
COVENANT HEALTH SYSTEM	Yes	7,417,889	203,228	(7,214,661)	Yes	Yes	Yes	Yes
COVENANT HOSPITAL LEVELLAND	Yes	662,423	298,547	(363,876)	Yes	Yes	Yes	Yes
COVENANT HOSPITAL PLAINVIEW	Yes	1,394,971	(4,204,900)	(1,394,971)	Yes	Yes	Yes	Yes
CUERO COMMUNITY HOSPITAL	Yes	1,241,104	1,636,635	395,531	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications
For the Medicaid State Plan Rate Year Ended 2009

Hospital	Verification #1	Verification #2			Verification #3	Verification #4	Verification #5	Verification #6
	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)	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?
D.M. COGDELL MEMORIAL HOSPITAL	Yes	971,784	1,624,470	652,686	Yes	Yes	Yes	Yes
DALLAS COUNTY HOSPITAL DISTRICT	Yes	187,965,424	194,762,945	6,797,521	Yes	Yes	Yes	Yes
DEL SOL MEDICAL CENTER	Yes	7,317,195	(4,492,563)	(7,317,195)	Yes	Yes	Yes	Yes
DELL CHILDRENS MEDICAL CENTER	Yes	2,845,242	14,092,587	11,247,345	Yes	Yes	Yes	Yes
DETAR HEALTHCARE SYSTEMS	Yes	3,194,682	(1,543,394)	(3,194,682)	Yes	Yes	Yes	Yes
DIMITT MEMORIAL HOSPITAL	Yes	1,048,368	(705,250)	(1,048,368)	Yes	Yes	Yes	Yes
DOCTORS HOSPITAL OF LAREDO	Yes	5,254,942	(296,671)	(5,254,942)	Yes	Yes	Yes	Yes
DOCTORS HOSPITAL TIDWELL	Yes	4,854,880	7,561,599	2,706,719	Yes	Yes	Yes	Yes
DRISCOLL CHILDREN S HOSPITAL	Yes	11,169,803	8,247,821	(2,921,982)	Yes	Yes	Yes	Yes
EL PASO PSYCHIATRIC CENTER	Yes	11,079,149	14,711,791	3,632,642	Yes	Yes	Yes	Yes
ELECTRA MEMORIAL HOSPITAL	Yes	70,714	313,626	242,912	Yes	Yes	Yes	Yes
ENNIS REGIONAL MEDICAL CENTER	Yes	584,841	3,369,075	2,784,234	Yes	Yes	Yes	Yes
ETMC CARTHAGE	Yes	443,775	737,916	294,141	Yes	Yes	Yes	Yes
ETMC CROCKETT	Yes	756,938	805,537	48,599	Yes	Yes	Yes	Yes
ETMC JACKSONVILLE	Yes	1,136,404	3,140,669	2,004,265	Yes	Yes	Yes	Yes
ETMC- TYLER	Yes	5,293,083	14,118,403	8,825,320	Yes	Yes	Yes	Yes
FAITH COMMUNITY HOSPITAL	Yes	119,709	292,743	173,034	Yes	Yes	Yes	Yes
FALLS COMMUNITY HOSPITAL AND CLINIC	Yes	406,676	1,322,632	915,956	Yes	Yes	Yes	Yes
FORT DUNCAN MEDICAL CENTER	Yes	3,293,383	945,410	(2,347,973)	Yes	Yes	Yes	Yes
FRIO REGIONAL HOSPITAL	Yes	550,217	1,356,729	806,512	Yes	Yes	Yes	Yes
GLEN OAKS HOSPITAL	Yes	345,290	(905,211)	(345,290)	Yes	Yes	Yes	Yes
GOLDEN PLAINS COMMUNITY HOSPITAL	Yes	526,106	1,275,311	749,205	Yes	Yes	Yes	Yes
GONZALES HEALTHCARE SYSTEMS	Yes	934,509	743,531	(190,978)	Yes	Yes	Yes	Yes
GOOD SHEPHERD MEDICAL CENTER	Yes	6,110,922	23,739,693	17,628,771	Yes	Yes	Yes	Yes
GOOD SHEPHERD MEDICAL CTR - LINDEN	Yes	281,770	388,892	107,122	Yes	Yes	Yes	Yes
GRAHAM REGIONAL MEDICAL CENTER	Yes	561,977	1,166,476	604,499	Yes	Yes	Yes	Yes
GULF COAST MEDICAL CENTER	Yes	1,155,283	799,108	(356,175)	Yes	Yes	Yes	Yes
HAMLIN MEMORIAL HOSPITAL	Yes	97,599	268,627	171,028	Yes	Yes	Yes	Yes
HARRIS CO PSYCHIATRIC CENTER	Yes	5,690,129	16,648,022	10,957,893	Yes	Yes	Yes	Yes
HARRIS COUNTY HOSPITAL DISTRICT	Yes	199,427,103	293,595,529	94,168,426	Yes	Yes	Yes	Yes
HARRIS METHODIST FORT WORTH	Yes	14,269,979	65,362,628	51,092,649	Yes	Yes	Yes	Yes
Healthbridge Children's Hospital	Yes	1,085,105	281,936	(803,169)	Yes	Yes	Yes	Yes
HENDERSON MEMORIAL HOSPITAL	Yes	1,640,159	1,610,407	(29,752)	Yes	Yes	Yes	Yes
HENDRICK MEDICAL CENTER	Yes	4,238,557	8,895,326	4,656,769	Yes	Yes	Yes	Yes
HEREFORD REGIONAL MEDICAL CTR	Yes	916,418	1,179,600	263,182	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications
For the Medicaid State Plan Rate Year Ended 2009

Hospital	Verification #1	Verification #2			Verification #3	Verification #4	Verification #5	Verification #6
	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)	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?
HILL REGIONAL HOSPITAL	Yes	899,958	1,988,427	1,088,469	Yes	Yes	Yes	Yes
HILLCREST BAPTIST MEDICAL CENTER	Yes	5,440,263	22,415,284	16,975,021	Yes	Yes	Yes	Yes
HOPKINS COUNTY MEMORIAL HOSPITAL	Yes	1,744,397	4,717,417	2,973,020	Yes	Yes	Yes	Yes
HUNT REGIONAL MEDICAL CENTER	Yes	2,578,103	8,093,157	5,515,054	Yes	Yes	Yes	Yes
INTRACARE MEDICAL CENTER HOSPITAL	Yes	7,857	(290,161)	(7,857)	Yes	Yes	Yes	Yes
INTRACARE NORTH HOSPITAL	Yes	12,340	(301,787)	(12,340)	Yes	Yes	Yes	Yes
JACKSON COUNTY HOSPITAL	Yes	289,479	866,368	576,889	Yes	Yes	Yes	Yes
JASPER MEMORIAL HOSPITAL	Yes	1,435,582	2,342,763	907,181	Yes	Yes	Yes	Yes
KERRVILLE STATE HOSPITAL	Yes	23,619,019	8,171,077	(15,447,942)	Yes	Yes	Yes	Yes
KNAPP MEDICAL CENTER	Yes	5,507,532	39,351,392	33,843,860	Yes	Yes	Yes	Yes
KNOX COUNTY HOSPITAL	Yes	134,619	88,367	(46,252)	Yes	Yes	Yes	Yes
LAKE GRANBURY MEDICAL CENTER	Yes	840,511	1,250,625	410,114	Yes	Yes	Yes	Yes
LAMB HEALTHCARE CENTER	Yes	488,024	802,523	314,499	Yes	Yes	Yes	Yes
LAREDO MEDICAL CENTER	Yes	8,663,583	(4,897,101)	(8,663,583)	Yes	Yes	Yes	Yes
LAS PALMAS MEDICAL CENTER	Yes	5,396,373	(11,438,145)	(5,396,373)	Yes	Yes	Yes	Yes
LAUREL RIDGE	Yes	365,018	(1,095,446)	(365,018)	Yes	Yes	Yes	Yes
LILLIAN M. HUDSPETH MEMORIAL HOSP.	Yes	151,712	413,538	261,826	Yes	Yes	Yes	Yes
LLANO MEMORIAL HOSPITAL	Yes	554,581	1,251,153	696,572	Yes	Yes	Yes	Yes
MARSHALL REGIONAL MEDICAL CENTER	Yes	1,660,379	5,182,104	3,521,725	Yes	Yes	Yes	Yes
MARTIN COUNTY HOSPITAL	Yes	292,139	811,777	519,638	Yes	Yes	Yes	Yes
MATAGORDA GENERAL HOSPITAL	Yes	1,190,772	1,303,703	112,931	Yes	Yes	Yes	Yes
MCCULLOCH COUNTY HOSPITAL DISTRICT	Yes	146,945	(17,044)	(146,945)	Yes	Yes	Yes	Yes
MEDICAL ARTS HOSPITAL	Yes	352,963	774,261	421,298	Yes	Yes	Yes	Yes
MEDICAL CENTER HOSPITAL	Yes	16,117,430	12,967,044	(3,150,386)	Yes	Yes	Yes	Yes
MEDINA COMMUNITY HOSPITAL	Yes	356,201	2,296,438	1,940,237	Yes	Yes	Yes	Yes
MEMORIAL HERMANN HOSPITAL SYS	Yes	20,717,921	64,765,691	44,047,770	Yes	Yes	Yes	Yes
MEMORIAL HERMANN BAPTIST ORANGE	Yes	1,905,465	2,275,055	369,590	Yes	Yes	Yes	Yes
MEMORIAL HERMANN TEXAS MEDICAL CNTR	Yes	26,807,587	36,799,479	9,991,892	Yes	Yes	Yes	Yes
MEMORIAL HOSPITAL	Yes	174,294	129,932	(44,362)	Yes	Yes	Yes	Yes
MEMORIAL HOSPITAL-SEMINOLE	Yes	517,815	1,719,188	1,201,373	Yes	Yes	Yes	Yes
MEMORIAL MEDICAL CENTER	Yes	448,437	1,001,316	552,879	Yes	Yes	Yes	Yes
Methodist Children's Hospital dba Covenant Children's Hospital Lubbock	Yes	4,099,591	522,932	(3,576,659)	Yes	Yes	Yes	Yes
METHODIST DALLAS MEDICAL CENTER	Yes	11,748,064	18,876,133	7,128,069	Yes	Yes	Yes	Yes
METHODIST HOSPITAL	Yes	31,101,069	40,627,594	9,526,525	Yes	Yes	Yes	Yes
MIDLAND MEMORIAL HOSPITAL	Yes	3,770,864	13,322,894	9,552,030	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications
For the Medicaid State Plan Rate Year Ended 2009

Hospital	Verification #1	Verification #2			Verification #3	Verification #4	Verification #5	Verification #6
	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)	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?
MISSION HOSPITAL	Yes	8,062,662	5,670,060	(2,392,602)	Yes	Yes	Yes	Yes
MOORE COUNTY HOSP. DBA DUMAS MEM HOS	Yes	794,964	1,138,470	343,506	Yes	Yes	Yes	Yes
MOTHER FRANCES HOSPITAL	Yes	5,734,631	7,866,111	2,131,480	Yes	Yes	Yes	Yes
MULESHOE AREA HOSPITAL DISTRICT	Yes	289,485	305,868	16,383	Yes	Yes	Yes	Yes
NACOGDOCHES MEMORIAL HOSPITAL	Yes	3,824,369	7,096,132	3,271,763	Yes	Yes	Yes	Yes
NAVARRO REGIONAL HOSPITAL	Yes	1,329,522	3,539,561	2,210,039	Yes	Yes	Yes	Yes
NORTH TEXAS MEDICAL CENTER	Yes	1,450,726	3,190,397	1,739,671	Yes	Yes	Yes	Yes
NORTH TEXAS STATE HOSPITAL	Yes	62,215,917	40,949,573	(21,266,344)	Yes	Yes	Yes	Yes
NORTHWEST TEXAS HOSPITAL	Yes	11,312,981	10,295,143	(1,017,838)	Yes	Yes	Yes	Yes
OAKBEND MEDICAL CENTER	Yes	2,250,027	12,450,935	10,200,908	Yes	Yes	Yes	Yes
OCHILTREE GENERAL HOSPITAL	Yes	427,100	(306,246)	(427,100)	Yes	Yes	Yes	Yes
OLNEY HAMILTON HOSPITAL DISTRICT	Yes	362,010	49,697	(312,313)	Yes	Yes	Yes	Yes
OUR CHILDREN S HOUSE	Yes	2,187,239	128,254	(2,058,985)	Yes	Yes	Yes	Yes
PADRE BEHAVIORAL HEALTH SYSTEM	Yes	1,296,079	(1,258,308)	(1,296,079)	Yes	Yes	Yes	Yes
PALESTINE REGIONAL MEDICAL CENTER	Yes	1,480,338	5,999,654	4,519,316	Yes	Yes	Yes	Yes
PALO PINTO GENERAL HOSPITAL	Yes	1,382,455	2,465,858	1,083,403	Yes	Yes	Yes	Yes
PAMPA REGIONAL MEDICAL CENTER	Yes	1,099,921	(585,193)	(1,099,921)	Yes	Yes	Yes	Yes
PARKVIEW HOSPITAL	Yes	116,678	397,214	280,536	Yes	Yes	Yes	Yes
PARMER COUNTY COMMUNITY HOSPT. INC.	Yes	80,291	77,635	(2,656)	Yes	Yes	Yes	Yes
PECOS COUNTY MEMORIAL HOSPITAL	Yes	870,036	1,577,780	707,744	Yes	Yes	Yes	Yes
PERMIAN REGIONAL MEDICAL CENTER	Yes	967,868	1,389,308	421,440	Yes	Yes	Yes	Yes
PHC D/B/A/ DEPAUL CENTER	Yes	759,700	2,434,396	1,674,696	Yes	Yes	Yes	Yes
PLAINS MEMORIAL HOSPITAL	Yes	374,940	338,179	(36,761)	Yes	Yes	Yes	Yes
PROVIDENCE MEMORIAL HOSPITAL	Yes	11,715,769	7,811,089	(3,904,680)	Yes	Yes	Yes	Yes
R.E. THOMASON HOSPITAL	Yes	38,457,399	46,474,437	8,017,038	Yes	Yes	Yes	Yes
REFUGIO MEMORIAL HOSPITAL	Yes	90,156	94,133	3,977	Yes	Yes	Yes	Yes
RICE MEDICAL CENTER	Yes	221,730	(43,784)	(221,730)	Yes	Yes	Yes	Yes
RIO GRANDE REGIONAL HOSPITAL	Yes	11,484,766	17,131,317	5,646,551	Yes	Yes	Yes	Yes
RIO GRANDE STATE CENTER	Yes	8,806,043	8,848,875	42,832	Yes	Yes	Yes	Yes
RIVER CREST HOSPITAL	Yes	1,114,520	(295,618)	(1,114,520)	Yes	Yes	Yes	Yes
RIVERSIDE GENERAL HOSPITAL	Yes	2,980,492	2,242,982	(737,510)	Yes	Yes	Yes	Yes
ROLLING PLAINS MEMORIAL HOSPITAL	Yes	887,479	2,024,230	1,136,751	Yes	Yes	Yes	Yes
RUSK STATE HOSPITAL	Yes	36,718,117	24,977,624	(11,740,493)	Yes	Yes	Yes	Yes
SAN ANTONIO STATE HOSP	Yes	35,785,386	32,086,131	(3,699,255)	Yes	Yes	Yes	Yes
SANTA ROSA HEALTH CARE	Yes	19,611,580	17,249,447	(2,362,133)	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications
For the Medicaid State Plan Rate Year Ended 2009

Hospital	Verification #1	Verification #2			Verification #3	Verification #4	Verification #5	Verification #6
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SCENIC MT REGIONAL	Yes	1,177,651	1,517,090	339,439	Yes	Yes	Yes	Yes
SCHLEICHER COUNTY HOSPITAL	Yes	49,231	50,676	1,445	Yes	Yes	Yes	Yes
SCOTT AND WHITE MEMORIAL HOSPITAL	Yes	7,805,070	47,903,343	40,098,273	Yes	Yes	Yes	Yes
SHANNON MEDICAL CENTER	Yes	3,468,320	5,779,542	2,311,222	Yes	Yes	Yes	Yes
SOUTH TEXAS HEALTH SYSTEM	Yes	28,423,569	26,921,555	(1,502,014)	Yes	Yes	Yes	Yes
SOUTH TEXAS MEDICAL CENTER	Yes	898,985	1,628,602	729,617	Yes	Yes	Yes	Yes
SOUTHWEST GENERAL HOSPITAL	Yes	7,541,832	3,812,973	(3,728,859)	Yes	Yes	Yes	Yes
ST. DAVID S MEDICAL CENTER	Yes	11,342,688	3,226,428	(8,116,260)	Yes	Yes	Yes	Yes
ST. JOSEPH MEDICAL CENTER	Yes	9,938,537	17,938,240	7,999,703	Yes	Yes	Yes	Yes
ST. JOSEPH REGIONAL HEALTH CENTER	Yes	3,609,106	21,323,035	17,713,929	Yes	Yes	Yes	Yes
ST. MARKS MEDICAL CENTER	Yes	749,128	1,084,329	335,201	Yes	Yes	Yes	Yes
STARR COUNTY MEMORIAL HOSPITAL	Yes	2,018,114	8,797,192	6,779,078	Yes	Yes	Yes	Yes
TCHD D/B/A JPS HEALTH NETWORK	Yes	78,346,291	62,648,872	(15,697,419)	Yes	Yes	Yes	Yes
TERRELL STATE HOSPITAL	Yes	35,372,114	38,072,827	2,700,713	Yes	Yes	Yes	Yes
TEXAS CENTER FOR INFECTIOUS DISEASE	Yes	12,240,516	8,434,820	(3,805,696)	Yes	Yes	Yes	Yes
TEXAS CHILDREN S HOSPITAL	Yes	36,586,557	153,738	(36,432,819)	Yes	Yes	Yes	Yes
THE DEVEREUX HOSPITAL	Yes	507,133	(433,933)	(507,133)	Yes	Yes	Yes	Yes
THE UNIVERSITY OF TEXAS MEDICAL BR.	Yes	34,845,143	29,121,258	(5,723,885)	Yes	Yes	Yes	Yes
TIMBERLAWN HOSPITAL	Yes	1,781,690	(2,148,774)	(1,781,690)	Yes	Yes	Yes	Yes
TITUS REGIONAL MEDICAL CENTER	Yes	2,495,650	1,281,520	(1,214,130)	Yes	Yes	Yes	Yes
TRINITY MEDICAL CENTER	Yes	963,468	2,244,150	1,280,682	Yes	Yes	Yes	Yes
UNITED REGIONAL HEALTH CARE SYSTEM	Yes	4,016,964	22,655,463	18,638,499	Yes	Yes	Yes	Yes
UNIVERSITY HEALTH SYSTEM	Yes	77,686,167	96,423,842	18,737,675	Yes	Yes	Yes	Yes
UNIVERSITY MEDICAL CENTER	Yes	27,470,357	11,289,393	(16,180,964)	Yes	Yes	Yes	Yes
UT HEALTH CENTER AT TYLER	Yes	3,488,425	3,260,609	(227,816)	Yes	Yes	Yes	Yes
UT MD ANDERSON CANCER CENTER	Yes	11,498,745	13,570,329	2,071,584	Yes	Yes	Yes	Yes
UVALDE MEMORIAL HOSPITAL	Yes	1,462,404	3,508,680	2,046,276	Yes	Yes	Yes	Yes
VAL VERDE REGIONAL MEDICAL CENTER	Yes	1,610,175	7,808,866	6,198,691	Yes	Yes	Yes	Yes
VALLEY BAPTIST MED CNTR BROWN	Yes	6,650,572	21,509,216	14,858,644	Yes	Yes	Yes	Yes
VALLEY BAPTIST MEDICAL CENTER	Yes	11,712,048	19,980,145	8,268,097	Yes	Yes	Yes	Yes
VALLEY REGIONAL MEDICAL CENTER	Yes	7,229,813	10,101,512	2,871,699	Yes	Yes	Yes	Yes
W.J. MANGOLD MEMORIAL HOSPITAL	Yes	284,738	688,225	403,487	Yes	Yes	Yes	Yes
WADLEY REGIONAL MEDICAL CENTER	Yes	3,046,682	11,123,913	8,077,231	Yes	Yes	Yes	Yes
WEST OAKS HOSPITAL	Yes	658,363	(1,154,380)	(658,363)	Yes	Yes	Yes	Yes
WOMAN S HOSPITAL OF TEXAS	Yes	775,693	(20,802,247)	(775,693)	Yes	Yes	Yes	Yes
YOAKUM COMMUNITY HOSPITAL	Yes	391,388	741,747	350,359	Yes	Yes	Yes	Yes
YOAKUM COUNTY HOSPITAL	Yes	520,236	1,280,785	760,549	Yes	Yes	Yes	Yes
		1,615,011,423	1,990,231,762	437,175,494				

A: North Texas State Hospital represents two campuses: Wichita Falls and Vernon. Each campus received DSH Payments of \$28,573,991 and \$33,641,926 respectively. These campuses share a common financial system and are combined for the purposes of this report.

Schedule of Annual Reporting Requirements

State of Texas
 Schedule of Annual Reporting Requirements
 For the Medicaid State Plan Rate Year Ended 2009

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the final rule (73 Fed. Reg. 77904, December 19, 2008). 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. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the Medicare 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. The cost of services for each of these payment categories was calculated using the appropriate per diems or cost-to-charge ratios from each hospital's Medicare 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	
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 /		Total Medicaid IP/OP Medicaid Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services (J)	Total Medicaid Uncompensated Care Costs (K-J)	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
							Enhanced IP/OP Medicaid Payments	Total Medicaid IP/OP Medicaid Payments										
Institute for Mental Disease																		
AUSTIN STATE HOSPITAL	46,657,243	8.17%	67.13%	1% MIUR	3,441,358	257,445	-	3,698,803	3,727,716	28,913	24,708	-	40,043,152	40,018,444	40,047,357	34,137,800	-	
BIG SPRING STATE HOSPITAL	29,359,490	33.89%	64.68%	1% MIUR	578,827	91,492	-	670,319	11,533,314	10,862,995	28,014	-	18,654,099	18,626,085	29,489,080	23,805,498	-	
Cedar Crest Hosp.	2,789,442	8.21%	36.66%	1% MIUR	1,314,409	5,102	-	1,319,511	963,756	(355,755)	13,864	-	2,161,843	2,147,979	1,792,224	2,724,360	-	
Clarity Child Guidance Center	1,302,506	59.08%	53.39%	1% MIUR	3,599,612	1,025,950	-	4,625,562	5,293,279	667,717	5,846	-	446,639	440,793	1,108,510	1,273,503	-	
EL PASO PSYCHIATRIC CENTER	15,142,233	34.52%	89.04%	1% MIUR	285,834	267,449	-	553,283	6,337,453	5,784,170	280	-	8,927,901	8,927,621	14,711,791	11,079,149	-	
GLEN OAKS HOSPITAL	360,588	28.78%	27.47%	1% MIUR	1,729,059	957,958	-	2,687,017	1,767,714	(919,303)	58,806	-	72,898	14,092	(905,211)	345,290	-	
HARRIS CO PSYCHIATRIC CENTER	7,776,883	5.97%	71.36%	1% MIUR	2,198,884	2,020	-	2,200,904	3,001,957	801,053	33,485	-	15,880,454	15,846,969	16,648,022	5,690,129	-	
INTRACARE MEDICAL CENTER HOSPITAL	94,289	13.44%	12.73%	1% MIUR	124,630	2,134,430	-	2,259,060	1,968,899	(290,161)	-	-	-	-	(290,161)	7,857	-	
INTRACARE NORTH HOSPITAL	148,085	47.05%	50.36%	1% MIUR	1,520,595	2,332,775	-	3,853,370	3,551,583	(301,787)	-	-	-	-	(301,787)	12,340	-	
KERRVILLE STATE HOSPITAL	32,280,882	0.16%	95.45%	1% MIUR	44,211	14,013	-	58,224	60,478	2,254	8,739	-	8,177,562	8,168,823	8,171,077	23,619,019	-	
LAUREL RIDGE	373,330	18.49%	18.39%	1% MIUR	2,696,892	3,397,577	-	6,094,469	4,629,624	(1,464,845)	-	-	369,399	369,399	(1,095,446)	365,018	-	
NORTH TEXAS STATE HOSPITAL	90,682,500	10.85%	84.49%	1% MIUR	8,286,860	675,613	-	8,962,473	10,714,711	1,752,238	6,060	-	39,203,395	39,197,335	40,949,573	62,215,917	-	
PADRE BEHAVIORAL HEALTH SYSTEM	1,325,596	46.10%	51.40%	1% MIUR	4,295,879	1,360,830	-	5,656,709	4,398,401	(1,258,308)	-	-	-	-	(1,258,308)	1,296,079	-	
PHC DB/A/ DEPAUL CENTER	1,748,393	19.05%	47.65%	1% MIUR	1,106,282	-	40,545	1,146,827	1,392,385	245,558	28,145	-	2,216,983	2,188,838	2,434,396	759,700	-	
RIO GRANDE STATE CENTER	12,035,503	19.56%	187.19%	1% MIUR	146,782	31,880	-	178,662	1,828,886	1,650,224	987	-	7,199,638	7,198,651	8,848,875	8,806,043	-	
RIVER CREST HOSPITAL	1,144,014	20.72%	17.45%	1% MIUR	1,082,730	375,793	-	1,458,523	1,198,005	(260,518)	76,807	-	41,707	(35,100)	(295,618)	1,114,520	-	
RUSK STATE HOSPITAL	50,183,843	0.87%	77.68%	1% MIUR	276,489	149,654	-	426,143	443,155	17,012	28,369	-	24,988,981	24,960,612	24,977,624	36,718,117	-	
SAN ANTONIO STATE HOSP	50,177,186	14.60%	92.27%	1% MIUR	3,998,418	926,437	-	4,924,855	7,901,479	2,976,624	1,322	-	29,110,829	29,109,507	32,086,131	35,785,386	-	
TERRELL STATE HOSPITAL	46,167,659	5.59%	80.78%	1% MIUR	2,233,337	145,179	-	2,378,516	3,113,577	735,061	81,475	-	37,419,241	37,337,766	38,072,827	35,372,114	-	
THE DEVEREUX HOSPITAL	535,304	29.99%	1.27%	1% MIUR	4,481,982	161,149	-	4,643,131	4,197,377	(445,754)	-	-	11,821	11,821	(433,933)	507,133	-	
TIMBERLAWN HOSPITAL	1,848,828	29.15%	21.67%	1% MIUR	1,152,567	5,368,189	-	6,520,756	4,566,197	(1,954,559)	495,772	-	301,557	(194,215)	(2,148,774)	1,781,690	-	
WEST OAKS HOSPITAL	673,357	44.88%	40.02%	1% MIUR	2,621,059	6,976,452	-	9,597,511	7,538,761	(2,058,750)	425,031	-	1,329,401	904,370	(1,154,380)	658,363	-	
	392,807,155				47,216,696	26,657,387	40,545	73,914,628	90,128,707	16,214,079	1,317,710	-	236,557,500	235,239,790	251,453,869	288,075,025		
ALL HOSPITALS	3,734,438,038				3,841,863,978	1,331,758,140	1,508,455,910	6,682,078,028	6,341,645,049	(340,432,979)	216,208,208	25,657,470	2,572,530,419	2,330,664,741	1,990,231,762	1,615,011,423		

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Independence Declaration



**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

Myers and Stauffer declares it is independent of the state of Texas and its DSH hospitals for the state plan rate year August 31, 2009.

Myers and Stauffer LC

December 07, 2012