

**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 September 30, 2020

Prepared by:



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



Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, Texas 78714-9030

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 ended September 30, 2020. The state of Texas 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 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 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 Texas complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether the state of Texas 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.

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

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.

Our examination does not provide a legal determination on the state of Texas's compliance with federal Medicaid DSH requirements.

In our opinion, the Report on DSH Verifications presents fairly, in all material respects, the state of Texas's compliance with federal Medicaid DSH program requirements addressed by the DSH verifications for the year ending September 30, 2020.

In accordance with *Government Auditing Standards*, we are required to report all deficiencies that are considered to be significant deficiencies or material weaknesses in internal control; fraud and noncompliance with provisions of laws or regulations that have a material effect on the state of Texas's compliance with federal Medicaid DSH program requirements, as it relates to the six DSH verifications set forth in 42 CFR §455.301 and §455.304(d); and any other instances that warrant the attention of those charged with governance; noncompliance with provisions of contracts or grant agreements, and abuse that has a material effect on the state of Texas's compliance with federal Medicaid DSH program requirements. We are also required to obtain and report the views of responsible officials concerning the findings, conclusions and recommendations, as well as any planned corrective actions. We performed our examination to express an opinion on the state of Texas's compliance with federal Medicaid DSH program requirements and not for the purpose of expressing an opinion on the effectiveness of the state of Texas's internal control or on other matters; accordingly we express no such opinion. Our examination disclosed no findings that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Texas Health and Human Services Commission (HHSC), the State Legislature, hospitals participating in the State DSH program, and the Centers for Medicare & 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
Topeka, Kansas
November 15, 2023

State of Texas Disproportionate Share Hospital (DSH)
Report on DSH Verifications
For the Year Ended September 30, 2020

As required by 42 CFR §455.304(d), the state of Texas 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 state of Texas is in compliance with verification 1 as all hospitals that received a DSH payment were allowed to retain that payment. 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, 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. The methodology used to calculate uncompensated care costs is in compliance with Federal guidance.

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 state of Texas is in compliance with verification 3 as 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 Texas Disproportionate Share Hospital (DSH)

Report on DSH Verifications

For the Year Ended September 30, 2020

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: The state of Texas is in compliance with verification 4. 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 Texas is in compliance with verification 5 as it 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 state of Texas is in compliance with verification 6 as 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.

Additional Disclosures

Adjudication Date

The state of Texas uses adjudicated claims date, when available, as the basis for determining the volume of hospital services furnished to Medicaid-eligible patients during the DSH year. This basis of reporting is included in Texas's Medicaid State Plan, which has been approved by CMS.

Investigations and Legal Proceedings

The state of Texas is currently undergoing an audit of its Local Provider Participation Funds (LPPF) by the U.S. Department of Health and Human Services Office of Inspector General. Additionally, the state of Texas is the plaintiff in legal proceedings related to CMS' February 17, 2023 Center for Medicaid and CHIP Services Informational Bulletin that presented CMS' interpretation of 42 CFR §433.68(f), concerning health care-related taxes and hold harmless conditions. Both of these proceedings have potential implications on Texas's LPPF and related provider tax, which is a state funding mechanism for certain Medicaid expenditures. The potential impacts are currently immeasurable and the likelihood of any impact is not yet known, as neither of these proceedings have concluded.

State of Texas
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended September 30, 2020

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)	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?
THE HOSPITALS OF PROVIDENCE-MEMORIAL	Yes	\$ 8,514,128	\$ 18,998,846	\$ 10,484,718	Yes	Yes	Yes	Yes	Yes
UNITED REGIONAL HEALTH CARE SYSTEM	Yes	\$ 5,880,480	\$ 23,830,890	\$ 17,950,410	Yes	Yes	Yes	Yes	Yes
ST. JOSEPH REGIONAL HEALTH CENTER	Yes	\$ 4,286,802	\$ 31,950,526	\$ 27,663,724	Yes	Yes	Yes	Yes	Yes
DALLAS CO. HOSP. DIST.	Yes	\$ 234,887,458	\$ 545,930,206	\$ 311,042,748	Yes	Yes	Yes	Yes	Yes
THE UNIVERSITY OF TEXAS MEDICAL BR.	Yes	\$ 57,191,650	\$ 75,544,561	\$ 18,352,912	Yes	Yes	Yes	Yes	Yes
BAYLOR UNIVERSITY MEDICAL CTR	Yes	\$ 13,040,980	\$ 100,993,467	\$ 87,952,487	Yes	Yes	Yes	Yes	Yes
CITIZENS MEDICAL CENTER	Yes	\$ 5,496,269	\$ 9,058,743	\$ 3,562,474	Yes	Yes	Yes	Yes	Yes
UNIVERSITY MEDICAL CENTER OF EL PASO	Yes	\$ 41,792,882	\$ 95,628,850	\$ 53,835,968	Yes	Yes	Yes	Yes	Yes
VALLEY BAPTIST MED CNTR BROWNSVILLE	Yes	\$ 5,166,444	\$ 13,026,678	\$ 7,860,234	Yes	Yes	Yes	Yes	Yes
LAREDO MEDICAL CENTER	Yes	\$ 9,134,296	\$ 39,811,295	\$ 30,676,999	Yes	Yes	Yes	Yes	Yes
GOOD SHEPHERD MEDICAL CENTER	Yes	\$ 7,614,270	\$ 55,020,943	\$ 47,406,673	Yes	Yes	Yes	Yes	Yes
VALLEY BAPTIST MEDICAL CENTER	Yes	\$ 7,687,349	\$ 25,166,791	\$ 17,479,442	Yes	Yes	Yes	Yes	Yes
CHRISTUS HOSPITAL	Yes	\$ 6,095,608	\$ 51,060,845	\$ 44,965,237	Yes	Yes	Yes	Yes	Yes
ST JOSEPH MEDICAL CENTER	Yes	\$ 10,831,348	\$ 45,768,877	\$ 34,937,529	Yes	Yes	Yes	Yes	Yes
TCHD D/B/A JPS HEALTH NETWORK	Yes	\$ 116,608,197	\$ 275,737,739	\$ 159,129,542	Yes	Yes	Yes	Yes	Yes
COVENANT MEDICAL CENTER	Yes	\$ 4,807,699	\$ 46,758,303	\$ 41,950,604	Yes	Yes	Yes	Yes	Yes
ASCENSION PROVIDENCE	Yes	\$ 3,673,094	\$ 28,005,245	\$ 24,332,151	Yes	Yes	Yes	Yes	Yes
UT SOUTHWESTERN UNIVERSITY HOSP	Yes	\$ 8,795,651	\$ 77,406,003	\$ 68,610,352	Yes	Yes	Yes	Yes	Yes
CHRISTUS SPOHN HOSP CORPUS CHRISTI	Yes	\$ 36,132,586	\$ 107,355,789	\$ 71,223,203	Yes	Yes	Yes	Yes	Yes
METHODIST DALLAS MEDICAL CENTER	Yes	\$ 10,755,444	\$ 66,980,178	\$ 56,224,734	Yes	Yes	Yes	Yes	Yes
SCOTT AND WHITE MEMORIAL HOSPITAL	Yes	\$ 17,510,656	\$ 60,821,171	\$ 43,310,515	Yes	Yes	Yes	Yes	Yes
ROLLING PLAINS MEMORIAL HOSPITAL	Yes	\$ 1,436,372	\$ 3,018,169	\$ 1,581,797	Yes	Yes	Yes	Yes	Yes
ASCENSION SETON MEDICAL CENTER	Yes	\$ 7,297,981	\$ 39,349,520	\$ 32,051,539	Yes	Yes	Yes	Yes	Yes
BAPTIST HEALTH SYSTEM	Yes	\$ 21,833,909	\$ 67,386,459	\$ 45,552,550	Yes	Yes	Yes	Yes	Yes
MEMORIAL HERMANN TEXAS MEDICAL CNTR	Yes	\$ 34,965,711	\$ 182,117,196	\$ 147,151,485	Yes	Yes	Yes	Yes	Yes
UT MD ANDERSON CANCER CENTER	Yes	\$ 319,278	\$ 23,521,122	\$ 23,201,844	Yes	Yes	Yes	Yes	Yes
TITUS REGIONAL MEDICAL CENTER	Yes	\$ 1,690,396	\$ 5,201,416	\$ 3,511,020	Yes	Yes	Yes	Yes	Yes
CHRISTUS SPOHN HOSPITAL BEEVILLE	Yes	\$ 859,340	\$ 6,443,798	\$ 5,584,458	Yes	Yes	Yes	Yes	Yes
UT HEALTH EAST TEXAS TYLER	Yes	\$ 5,343,895	\$ 39,925,981	\$ 34,582,086	Yes	Yes	Yes	Yes	Yes
NORTH TEXAS MEDICAL CENTER	Yes	\$ 1,646,821	\$ 3,390,669	\$ 1,743,848	Yes	Yes	Yes	Yes	Yes
HCA HOUSTON HEALTHCARE SOUTHEAST	Yes	\$ 9,063,194	\$ 14,580,787	\$ 5,517,593	Yes	Yes	Yes	Yes	Yes
PAMPA REGIONAL MEDICAL CENTER	Yes	\$ 511,527	\$ 4,618	\$ (506,909)	No	Yes	Yes	Yes	Yes
HILLCREST BAPTIST MEDICAL CENTER	Yes	\$ 6,991,819	\$ 21,826,280	\$ 14,834,461	Yes	Yes	Yes	Yes	Yes
CHRISTUS MOTHER FRANCES HOSP-TYLER	Yes	\$ 8,768,460	\$ 58,489,927	\$ 49,721,467	Yes	Yes	Yes	Yes	Yes
LAS PALMAS MEDICAL CENTER	Yes	\$ 15,898,640	\$ 29,380,192	\$ 13,481,552	Yes	Yes	Yes	Yes	Yes
CONNALLY MEMORIAL MEDICAL CENTER	Yes	\$ 797,409	\$ 1,087,930	\$ 290,521	Yes	Yes	Yes	Yes	Yes
SOUTH TEXAS HEALTH SYSTEM	Yes	\$ 16,475,294	\$ 66,127,736	\$ 49,652,442	Yes	Yes	Yes	Yes	Yes
DELL SETON MEDICAL CENTER AT UT	Yes	\$ 31,546,953	\$ 69,728,559	\$ 38,181,606	Yes	Yes	Yes	Yes	Yes
KNAPP MEDICAL CENTER	Yes	\$ 4,422,922	\$ 12,594,367	\$ 8,171,445	Yes	Yes	Yes	Yes	Yes
MEDICAL CENTER HEALTH SYSTEM	Yes	\$ 21,732,405	\$ 34,200,632	\$ 12,468,227	Yes	Yes	Yes	Yes	Yes
MIDLAND MEMORIAL HOSPITAL	Yes	\$ 14,738,754	\$ 34,093,728	\$ 19,354,973	Yes	Yes	Yes	Yes	Yes
TX HLTH HARRIS METHODIST HOSPITAL	Yes	\$ 12,913,629	\$ 85,847,542	\$ 72,933,913	Yes	Yes	Yes	Yes	Yes
BAYLOR ALL SAINTS MEDICAL CENTER	Yes	\$ 6,984,354	\$ 31,720,216	\$ 24,735,862	Yes	Yes	Yes	Yes	Yes
PERMIAN REGIONAL MEDICAL CENTER	Yes	\$ 75,354	\$ 3,516,543	\$ 3,441,189	Yes	Yes	Yes	Yes	Yes
DETAR HEALTHCARE SYSTEMS	Yes	\$ 2,908,053	\$ 14,894,238	\$ 11,986,184	Yes	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended September 30, 2020

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)	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?
ADVENTHEALTH CENTRAL TEXAS	Yes	\$ 3,191,653	\$ 15,710,461	\$ 12,518,808	Yes	Yes	Yes	Yes	Yes
VAL VERDE REGIONAL MEDICAL CENTER	Yes	\$ 2,403,939	\$ 6,763,878	\$ 4,359,939	Yes	Yes	Yes	Yes	Yes
HEREFORD REGIONAL MEDICAL CTR	Yes	\$ 1,349,097	\$ 804,281	\$ (544,816)	No	Yes	Yes	Yes	Yes
CHRISTUS SPOHN KLEBERG MEMORIAL HOSP	Yes	\$ 996,957	\$ 4,203,928	\$ 3,206,971	Yes	Yes	Yes	Yes	Yes
MISSION REGIONAL MEDICAL CENTER	Yes	\$ 5,135,219	\$ 8,371,555	\$ 3,236,336	Yes	Yes	Yes	Yes	Yes
MEMORIAL HERMANN HOSPITAL SYSTEM	Yes	\$ 32,021,620	\$ 205,500,696	\$ 173,479,076	Yes	Yes	Yes	Yes	Yes
SCOTT & WHITE HOSPITAL BRENHAM	Yes	\$ 729,094	\$ (980,162)	\$ (729,094)	No	Yes	Yes	Yes	Yes
UT HEALTH EAST TEXAS JACKSONVILLE	Yes	\$ 693,253	\$ (874,229)	\$ (693,253)	No	Yes	Yes	Yes	Yes
PARIS REGIONAL MEDICAL CENTER	Yes	\$ 2,114,881	\$ 3,074,562	\$ 959,681	Yes	Yes	Yes	Yes	Yes
WADLEY REGIONAL MEDICAL CENTER	Yes	\$ 3,549,038	\$ 10,690,196	\$ 7,141,158	Yes	Yes	Yes	Yes	Yes
NORTHWEST TEXAS HOSPITAL	Yes	\$ 12,154,335	\$ 31,496,557	\$ 19,342,222	Yes	Yes	Yes	Yes	Yes
UNIVERSITY HEALTH SYSTEM	Yes	\$ 105,994,214	\$ 224,772,110	\$ 118,777,895	Yes	Yes	Yes	Yes	Yes
HENDRICK MEDICAL CENTER	Yes	\$ 6,150,466	\$ 56,882,906	\$ 50,732,440	Yes	Yes	Yes	Yes	Yes
BAPTIST SAINT ANTHONYS HOSPITAL	Yes	\$ 4,528,836	\$ 25,548,328	\$ 21,019,492	Yes	Yes	Yes	Yes	Yes
GONZALES HEALTHCARE SYSTEMS	Yes	\$ 1,414,280	\$ 2,653,616	\$ 1,239,336	Yes	Yes	Yes	Yes	Yes
CHRISTUS MF - SULPHUR SPRINGS	Yes	\$ 1,054,854	\$ 7,097,221	\$ 6,042,367	Yes	Yes	Yes	Yes	Yes
FAITH COMMUNITY HOSPITAL	Yes	\$ 767,340	\$ 2,711,327	\$ 1,943,987	Yes	Yes	Yes	Yes	Yes
CENTRAL TEXAS MEDICAL CENTER	Yes	\$ 1,837,722	\$ 10,752,040	\$ 8,914,318	Yes	Yes	Yes	Yes	Yes
HARRIS HEALTH SYSTEM	Yes	\$ 182,396,132	\$ 614,963,719	\$ 432,567,587	Yes	Yes	Yes	Yes	Yes
TEXOMA MEDICAL CENTER	Yes	\$ 5,202,083	\$ 32,337,566	\$ 27,135,483	Yes	Yes	Yes	Yes	Yes
SAN ANGELO COMMUNITY MEDICAL CENTER	Yes	\$ 1,319,141	\$ 8,582,675	\$ 7,263,534	Yes	Yes	Yes	Yes	Yes
BAPTIST BEAUMONT HOSPITAL	Yes	\$ 6,785,846	\$ 34,946,857	\$ 28,161,011	Yes	Yes	Yes	Yes	Yes
HUNTSVILLE MEMORIAL	Yes	\$ 1,954,419	\$ 8,869,304	\$ 6,914,885	Yes	Yes	Yes	Yes	Yes
HUNT REGIONAL MEDICAL CENTER	Yes	\$ 9,797,778	\$ 19,635,335	\$ 9,837,557	Yes	Yes	Yes	Yes	Yes
CHILDRESS REGIONAL MEDICAL CENTER	Yes	\$ 532,580	\$ 1,325,668	\$ 793,088	Yes	Yes	Yes	Yes	Yes
COLUMBUS COMMUNITY HOSPITAL	Yes	\$ 78,105	\$ 1,214,100	\$ 1,135,995	Yes	Yes	Yes	Yes	Yes
METHODIST HOSPITAL	Yes	\$ 38,790,845	\$ 124,661,772	\$ 85,870,927	Yes	Yes	Yes	Yes	Yes
UT HEALTH ATHENS	Yes	\$ 2,100,356	\$ 12,592,287	\$ 10,491,931	Yes	Yes	Yes	Yes	Yes
BROWNFIELD REGIONAL MEDICAL CENTER	Yes	\$ 845,129	\$ 1,266,076	\$ 420,947	Yes	Yes	Yes	Yes	Yes
ST. DAVIDS MEDICAL CENTER	Yes	\$ 12,677,095	\$ 18,411,386	\$ 5,734,291	Yes	Yes	Yes	Yes	Yes
NAVARRO REGIONAL HOSPITAL	Yes	\$ 888,029	\$ 1,678,892	\$ 790,863	Yes	Yes	Yes	Yes	Yes
TYLER COUNTY HOSPITAL	Yes	\$ 349,302	\$ 1,034,975	\$ 685,673	Yes	Yes	Yes	Yes	Yes
TEXAS HEALTH DALLAS	Yes	\$ 9,827,318	\$ 67,280,782	\$ 57,453,464	Yes	Yes	Yes	Yes	Yes
MATAGORDA REGIONAL MEDICAL CENTER	Yes	\$ 3,783,473	\$ 5,201,623	\$ 1,418,150	Yes	Yes	Yes	Yes	Yes
WILSON N JONES REGIONAL MEDICAL CTR	Yes	\$ 1,166,569	\$ 10,466,795	\$ 9,300,226	Yes	Yes	Yes	Yes	Yes
UT HEALTH EAST TEXAS HENDERSON HOSPITAL	Yes	\$ 607,186	\$ (181,022)	\$ (607,186)	No	Yes	Yes	Yes	Yes
WOODLAND HEIGHTS MED CENTER	Yes	\$ 1,268,014	\$ 2,762,627	\$ 1,494,613	Yes	Yes	Yes	Yes	Yes
MEDICAL ARTS HOSPITAL	Yes	\$ 714,652	\$ 1,030,076	\$ 315,424	Yes	Yes	Yes	Yes	Yes
NACOGDOCHES MEMORIAL HOSPITAL	Yes	\$ 4,656,625	\$ 4,290,299	\$ (366,326)	No	Yes	Yes	Yes	Yes
THE MEDICAL CTR OF SOUTHEAST TEXAS	Yes	\$ 3,653,912	\$ 20,840,076	\$ 17,186,165	Yes	Yes	Yes	Yes	Yes
COVENANT HOSPITAL PLAINVIEW	Yes	\$ 614,016	\$ 4,666,063	\$ 4,052,047	Yes	Yes	Yes	Yes	Yes
PALO PINTO GENERAL HOSPITAL	Yes	\$ 1,777,629	\$ 6,710,712	\$ 4,933,083	Yes	Yes	Yes	Yes	Yes
SHANNON MEDICAL CENTER	Yes	\$ 4,660,035	\$ 24,579,407	\$ 19,919,372	Yes	Yes	Yes	Yes	Yes
BAYLOR COUNTY HOSPITAL DISTRICT	Yes	\$ 345,493	\$ 1,296,739	\$ 951,246	Yes	Yes	Yes	Yes	Yes
BROWNWOOD REGIONAL MEDICAL CENTER	Yes	\$ 1,106,655	\$ 4,242,865	\$ 3,136,210	Yes	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended September 30, 2020

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)	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?
CUERO COMMUNITY HOSPITAL	Yes	\$ 823,084	\$ 2,232,847	\$ 1,409,763	Yes	Yes	Yes	Yes	Yes
CLEAR LAKE REG MED CTR	Yes	\$ 11,749,734	\$ 27,057,633	\$ 15,307,899	Yes	Yes	Yes	Yes	Yes
HOUSTON NORTHWEST MEDICAL CENTER	Yes	\$ 9,569,802	\$ 50,694,209	\$ 41,124,407	Yes	Yes	Yes	Yes	Yes
DOCTORS HOSPITAL OF LAREDO	Yes	\$ 4,117,790	\$ 16,487,199	\$ 12,369,409	Yes	Yes	Yes	Yes	Yes
HCA HOUSTON HEALTHCARE WEST	Yes	\$ 6,533,332	\$ 20,372,349	\$ 13,839,018	Yes	Yes	Yes	Yes	Yes
MEDICAL CITY DALLAS	Yes	\$ 17,725,762	\$ 29,608,542	\$ 11,882,780	Yes	Yes	Yes	Yes	Yes
MEDICAL CITY PLANO	Yes	\$ 9,569,526	\$ 40,237,615	\$ 30,668,089	Yes	Yes	Yes	Yes	Yes
STARR COUNTY MEMORIAL HOSPITAL	Yes	\$ 1,081,382	\$ 7,074,531	\$ 5,993,149	Yes	Yes	Yes	Yes	Yes
NACOGDOCHES MEDICAL CENTER	Yes	\$ 892,256	\$ (135,031)	\$ (892,256)	No	Yes	Yes	Yes	Yes
ODESSA REGIONAL HOSPITAL	Yes	\$ 4,437,736	\$ 13,293,708	\$ 8,855,972	Yes	Yes	Yes	Yes	Yes
VALLEY REGIONAL MEDICAL CENTER	Yes	\$ 5,799,044	\$ 17,493,696	\$ 11,694,652	Yes	Yes	Yes	Yes	Yes
MEDICAL CITY ARLINGTON	Yes	\$ 10,313,500	\$ 37,377,706	\$ 27,064,206	Yes	Yes	Yes	Yes	Yes
UNIVERSITY MEDICAL CENTER	Yes	\$ 38,072,988	\$ 93,997,758	\$ 55,924,770	Yes	Yes	Yes	Yes	Yes
UT HEALTH CENTER AT TYLER	Yes	\$ 27,550,910	\$ 18,343,769	\$ (9,207,141)	No	Yes	Yes	Yes	Yes
SOUTHWEST GENERAL HOSPITAL	Yes	\$ 6,131,339	\$ 26,755,891	\$ 20,624,552	Yes	Yes	Yes	Yes	Yes
LAMB HEALTHCARE CENTER	Yes	\$ 731,650	\$ 1,916,226	\$ 1,184,576	Yes	Yes	Yes	Yes	Yes
LONGVIEW REGIONAL MEDICAL CENTER	Yes	\$ 4,152,102	\$ 15,953,017	\$ 11,800,915	Yes	Yes	Yes	Yes	Yes
RIO GRANDE REGIONAL HOSPITAL	Yes	\$ 8,890,146	\$ 17,237,477	\$ 8,347,332	Yes	Yes	Yes	Yes	Yes
BAYLOR SCOTT & WHITE-LAKE POINTE	Yes	\$ 2,139,840	\$ 16,131,910	\$ 13,992,070	Yes	Yes	Yes	Yes	Yes
COVENANT HOSPITAL LEVELLAND	Yes	\$ 389,840	\$ 2,889,896	\$ 2,500,056	Yes	Yes	Yes	Yes	Yes
HCA HOUSTON HEALTHCARE KINGWOOD	Yes	\$ 8,830,417	\$ 50,885,887	\$ 42,055,470	Yes	Yes	Yes	Yes	Yes
CORPUS CHRISTI MEDICAL CENTER	Yes	\$ 11,090,279	\$ 35,553,403	\$ 24,463,124	Yes	Yes	Yes	Yes	Yes
CHRISTUS ST MICHAEL	Yes	\$ 6,449,367	\$ 35,326,201	\$ 28,876,834	Yes	Yes	Yes	Yes	Yes
NORTH AUSTIN MEDICAL CENTER	Yes	\$ 10,617,748	\$ 17,110,755	\$ 6,493,007	Yes	Yes	Yes	Yes	Yes
CHRISTUS SPOHN ALICE	Yes	\$ 942,844	\$ 5,680,294	\$ 4,737,450	Yes	Yes	Yes	Yes	Yes
HARLINGEN MEDICAL CENTER	Yes	\$ 1,702,366	\$ 10,669,629	\$ 8,967,263	Yes	Yes	Yes	Yes	Yes
DOCTORS HOSPITAL AT RENAISSANCE	Yes	\$ 20,831,234	\$ 74,236,779	\$ 53,405,546	Yes	Yes	Yes	Yes	Yes
LIMESTONE MEDICAL CENTER	Yes	\$ 310,841	\$ 522,975	\$ 212,134	Yes	Yes	Yes	Yes	Yes
SCHLEICHER COUNTY MEDICAL CENTER	Yes	\$ 15,012	\$ 357,344	\$ 342,332	Yes	Yes	Yes	Yes	Yes
YOAKUM COUNTY HOSPITAL	Yes	\$ 918,803	\$ 2,951,975	\$ 2,033,172	Yes	Yes	Yes	Yes	Yes
RICE MEDICAL CENTER	Yes	\$ 51,338	\$ 527,872	\$ 476,534	Yes	Yes	Yes	Yes	Yes
FISHER COUNTY HOSPITAL DISTRICT	Yes	\$ 116,598	\$ 355,638	\$ 239,040	Yes	Yes	Yes	Yes	Yes
REFUGIO MEMORIAL HOSPITAL	Yes	\$ 284,637	\$ 720,565	\$ 435,928	Yes	Yes	Yes	Yes	Yes
STONEWALL MEMORIAL HOSPITAL	Yes	\$ 2,735	\$ 384,076	\$ 381,341	Yes	Yes	Yes	Yes	Yes
LILLIAN M. HUDSPETH MEMORIAL HOSP.	Yes	\$ 195,847	\$ 831,699	\$ 635,852	Yes	Yes	Yes	Yes	Yes
CONCHO COUNTY HOSPITAL	Yes	\$ 226,359	\$ 955,628	\$ 729,269	Yes	Yes	Yes	Yes	Yes
MEDINA REGIONAL HOSPITAL	Yes	\$ 759,958	\$ 1,731,228	\$ 971,270	Yes	Yes	Yes	Yes	Yes
COON MEMORIAL HOSPITAL	Yes	\$ 604,196	\$ 2,106,927	\$ 1,502,731	Yes	Yes	Yes	Yes	Yes
PARKVIEW HOSPITAL	Yes	\$ 159,313	\$ 342,280	\$ 182,967	Yes	Yes	Yes	Yes	Yes
YOAKUM COMMUNITY HOSPITAL	Yes	\$ 543,745	\$ 2,747,828	\$ 2,204,083	Yes	Yes	Yes	Yes	Yes
COLEMAN COUNTY MEDICAL CENTER	Yes	\$ 270,295	\$ 692,991	\$ 422,696	Yes	Yes	Yes	Yes	Yes
HARDEMAN COUNTY HOSPITAL	Yes	\$ 257,394	\$ 543,306	\$ 285,912	Yes	Yes	Yes	Yes	Yes
OLNEY HAMILTON HOSPITAL DISTRICT	Yes	\$ 385,159	\$ 526,910	\$ 141,751	Yes	Yes	Yes	Yes	Yes
MEMORIAL MEDICAL CENTER	Yes	\$ 323,530	\$ 1,058,461	\$ 734,931	Yes	Yes	Yes	Yes	Yes
MEMORIAL HOSPITAL-SEMINOLE	Yes	\$ 1,504,025	\$ 3,830,472	\$ 2,326,447	Yes	Yes	Yes	Yes	Yes

State of Texas
Report on DSH Verifications (table)
For the Medicaid State Plan Rate Year Ended September 30, 2020

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)	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?
OCHILTREE GENERAL HOSPITAL	Yes	\$ 796,468	\$ 1,499,693	\$ 703,225	Yes	Yes	Yes	Yes	Yes
JACKSON COUNTY HOSPITAL	Yes	\$ 461,052	\$ 1,460,493	\$ 999,441	Yes	Yes	Yes	Yes	Yes
GOLDEN PLAINS COMMUNITY HOSPITAL	Yes	\$ 299,417	\$ 2,002,675	\$ 1,703,258	Yes	Yes	Yes	Yes	Yes
REEVES COUNTY HOSPITAL	Yes	\$ 1,682,615	\$ 3,614,747	\$ 1,932,132	Yes	Yes	Yes	Yes	Yes
BIG BEND REGIONAL MED CTR	Yes	\$ 186,377	\$ 1,789,882	\$ 1,603,505	Yes	Yes	Yes	Yes	Yes
D.M. COGDELL MEMORIAL HOSPITAL	Yes	\$ 1,662,797	\$ 2,214,460	\$ 551,663	Yes	Yes	Yes	Yes	Yes
GOODALL-WITCHER HOSPITAL AUTHORITY	Yes	\$ 297,744	\$ 1,090,319	\$ 792,575	Yes	Yes	Yes	Yes	Yes
MOORE COUNTY HOSP DBA DUMAS MEM HOSP	Yes	\$ 1,046,384	\$ 1,899,231	\$ 852,847	Yes	Yes	Yes	Yes	Yes
UVALDE MEMORIAL HOSPITAL	Yes	\$ 735,041	\$ 3,371,711	\$ 2,636,669	Yes	Yes	Yes	Yes	Yes
PECOS COUNTY MEMORIAL HOSPITAL	Yes	\$ 1,125,062	\$ 2,401,779	\$ 1,276,717	Yes	Yes	Yes	Yes	Yes
DIMITT REGIONAL HOSPITAL DISTRICT	Yes	\$ 1,713,116	\$ 3,588,260	\$ 1,875,144	Yes	Yes	Yes	Yes	Yes
FRIO REGIONAL HOSPITAL	Yes	\$ 257,250	\$ 2,448,439	\$ 2,191,189	Yes	Yes	Yes	Yes	Yes
KNOX COUNTY HOSPITAL	Yes	\$ 90,098	\$ 634,701	\$ 544,603	Yes	Yes	Yes	Yes	Yes
HILL REGIONAL HOSPITAL	Yes	\$ 411,488	\$ 2,647,332	\$ 2,235,844	Yes	Yes	Yes	Yes	Yes
DRISCOLL CHILDRENS HOSPITAL	Yes	\$ 2,445,693	\$ 21,543,344	\$ 19,097,651	Yes	Yes	Yes	Yes	Yes
COVENANT CHILDRENS HOSPITAL	Yes	\$ 2,151,369	\$ 35,920,836	\$ 33,769,467	Yes	Yes	Yes	Yes	Yes
OUR CHILDRENS HOUSE	Yes	\$ 1,410,749	\$ 5,334,894	\$ 3,924,145	Yes	Yes	Yes	Yes	Yes
HEALTHBRIDGE CHILDRENS HOSPITAL	Yes	\$ 1,142,468	\$ (1,225,163)	\$ (1,142,468)	No	Yes	Yes	Yes	Yes
DELL CHILDRENS MEDICAL CENTER	Yes	\$ 7,680,088	\$ 31,957,212	\$ 24,277,124	Yes	Yes	Yes	Yes	Yes
EL PASO CHILDRENS HOSPITAL	Yes	\$ 5,324,641	\$ 10,616,650	\$ 5,292,009	Yes	Yes	Yes	Yes	Yes
TX SCOTTISH RITE HOSPITAL FOR CHILDREN	Yes	\$ 1,162,607	\$ 28,185,924	\$ 27,023,317	Yes	Yes	Yes	Yes	Yes
CHILDRENS HOSPITAL OF SAN ANTONIO	Yes	\$ 10,099,128	\$ 44,206,570	\$ 34,107,442	Yes	Yes	Yes	Yes	Yes
CLARITY CHILD GUIDANCE CENTER	Yes	\$ 904,543	\$ 1,025,183	\$ 120,640	Yes	Yes	Yes	Yes	Yes
TERRELL STATE HOSPITAL	Yes	\$ 52,535,805	\$ 47,186,783	\$ (5,349,022)	No	Yes	Yes	Yes	Yes
NORTH TEXAS STATE HOSPITAL	Yes	\$ 56,140,226	\$ 106,662,175	\$ 50,521,949	Yes	Yes	Yes	Yes	Yes
SAN ANTONIO STATE HOSPITAL	Yes	\$ 56,700,727	\$ 55,886,737	\$ (813,990)	No	Yes	Yes	Yes	Yes
WEST OAKS HOSPITAL	Yes	\$ 1,978,550	\$ 749,596	\$ (1,228,954)	No	Yes	Yes	Yes	Yes
RIVER CREST HOSPITAL	Yes	\$ 2,281,860	\$ 3,479,355	\$ 1,197,495	Yes	Yes	Yes	Yes	Yes
HARRIS CO PSYCHIATRIC CENTER	Yes	\$ 27,213,263	\$ 30,192,532	\$ 2,979,269	Yes	Yes	Yes	Yes	Yes
AUSTIN STATE HOSPITAL	Yes	\$ 47,309,644	\$ 48,535,410	\$ 1,225,766	Yes	Yes	Yes	Yes	Yes
EL PASO PSYCHIATRIC CENTER	Yes	\$ 13,681,000	\$ 14,122,678	\$ 441,678	Yes	Yes	Yes	Yes	Yes
KINGWOOD PINES HOSPITAL	Yes	\$ 2,927,439	\$ 2,049,026	\$ (878,413)	No	Yes	Yes	Yes	Yes
SAN ANTONIO BEHAVIORAL HEALTHCARE	Yes	\$ 387,245	\$ 862,143	\$ 474,898	Yes	Yes	Yes	Yes	Yes
PALMS BEHAVIORAL HEALTH	Yes	\$ 629,075	\$ 4,177,441	\$ 3,548,366	Yes	Yes	Yes	Yes	Yes
ASCENSION SETON HAYS	Yes	\$ 1,986,607	\$ 18,105,810	\$ 16,119,203	Yes	Yes	Yes	Yes	Yes
BAYLOR SCOTT & WHITE - MARBLE FALLS	Yes	\$ 335,154	\$ (92,327)	\$ (335,154)	No	Yes	Yes	Yes	Yes

A: North Texas State Hospital represents two campuses: Wichita Falls and Vernon. Each campus received DSH payments of \$0 and \$56,140,226 respectively. These campuses share a common financial system and are combined for the purposes of this report.

B: St. Joseph Regional Health Center represents two campuses: St. Joseph Regional Health Center and College Station Medical Center. Each campus received DSH payments of \$4,286,802 and \$0, respectively. These campuses share a common financial system and are combined for the purposes of this report.

This report is intended solely for the information and use of the State of Texas Health and Human Services Commission, 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.

Schedule of Annual Reporting Requirements

State of Texas
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2020

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 77 Fed. Reg. 77904 dated December 19, 2008, the 79 Fed. Reg. 71679 dated December 3, 2014, and the 82 Fed. Reg. 16114 dated April 3, 2017. 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 cross-overs, Managed Care Medicaid primary, Managed Care Medicaid cross-overs, 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 diems 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 (I-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	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
Institutes for Mental Disease																				
CLARITY CHILD GUIDANCE CENTER	904,543	63.29%	61.92%		277,011	11,557,482	0	11,834,493	12,617,405	782,912	8,552	0	250,823	242,271	1,025,183	904,543	8,552	112742503	453323	25,373,275
TERRELL STATE HOSPITAL	55,300,848	15.74%	45.79%		595,280	1,171,408	0	1,766,688	11,077,435	9,310,747	17,398	0	37,893,434	37,876,036	47,186,783	52,535,805	0	137919003	454006	70,319,333
NORTH TEXAS STATE HOSPITAL	59,094,975	10.33%	49.46%		526,386	1,464,043	0	1,990,429	14,664,032	12,673,603	248	0	93,988,820	93,988,572	106,662,175	56,140,226	0	021195501	454008	142,931,671
SAN ANTONIO STATE HOSPITAL	59,684,975	14.17%	63.15%		284,418	347,250	0	631,668	9,660,158	9,028,490	28,224	0	46,886,471	46,858,247	55,886,737	56,700,727	0	138706004	454011	68,904,462
WEST OAKS HOSPITAL	2,071,030	43.15%	35.60%		2,245,764	9,829,125	29,592	12,104,481	11,344,984	(759,497)	36,441	0	1,545,534	1,509,093	749,596	1,978,550	0	121829905	454026	27,552,938
RIVER CREST HOSPITAL	4,096,868	21.78%	49.07%		259,598	1,938,555	27,535	2,225,688	2,265,088	39,400	12,219	0	3,452,174	3,439,955	3,479,355	2,281,860	0	112745802	454064	10,907,314
HARRIS CO PSYCHIATRIC CENTER	30,236,959	3.09%	64.66%		59,261	744,875	609,905	1,414,041	1,731,297	317,256	38,182	0	29,913,458	29,875,276	30,192,532	27,213,263	0	021187203	454076	55,830,359
AUSTIN STATE HOSPITAL	49,799,625	16.51%	47.78%		343,832	1,204,791	0	1,548,623	11,232,838	9,684,215	14,243	0	38,865,438	38,851,195	48,535,410	47,309,644	0	021194801	454084	68,005,691
EL PASO PSYCHIATRIC CENTER	14,401,053	20.53%	42.05%		556,017	306,202	0	862,219	4,129,246	3,267,027	2,914	0	10,858,565	10,855,651	14,122,678	13,681,000	0	112751605	454100	20,135,284
KINGWOOD PINES HOSPITAL	2,986,950	41.22%	42.19%		931,144	5,915,953	6,122	6,853,219	7,238,901	385,682	39,911	0	1,703,255	1,663,344	2,049,026	2,927,439	0	175965601	454103	17,923,341
SAN ANTONIO BEHAVIORAL HEALTHCARE	387,245	24.37%	23.45%		411,993	6,134,443	0	6,546,436	6,210,951	(335,485)	73,683	0	1,271,311	1,197,628	862,143	387,245	0	349059101	454132	26,607,277
PALMS BEHAVIORAL HEALTH	653,891	28.48%	33.27%		393,479	3,071,387	0	3,464,866	3,959,018	494,152	1,881,784	0	5,565,073	3,683,289	4,177,441	629,075	0	371439601	454141	13,369,126

Out-of-State DSH Hospitals

None

A: North Texas State Hospital represents two campuses: Wichita Falls and Vernon. Each campus received DSH payments of \$0 and \$56,140,226 respectively. These campuses share a common financial system and are combined for the purposes of this report.

B: St. Joseph Regional Health Center represents two campuses: St. Joseph Regional Health Center and College Station Medical Center. Each campus received DSH payments of \$4,286,802 and \$0, respectively. These campuses share a common financial system and are combined for the purposes of this report.

Independence Declaration



**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

Myers and Stauffer LC declares it is independent of the Texas Health and Human Services Commission and its DSH hospitals for the Medicaid State plan rate year ending September 30, 2020.

MYERS AND STAUFFER LC
Topeka, Kansas
November 15, 2023