

MEMO

DATE: June 10, 2010

TO: County Judge and Commissioners

FROM: Dee Oliver
Aransas County Treasurer

Attached are the following:

1. May 2010 - County Indigent Health Care Program Monthly Financial Report
2. May 25, 2010 letter from Texas Department of State Health Services notifying the County that the review was completed and results were mailed. Also, that eligible counties complying with CIHCP standards will be reimbursed at 100 percent after the 8 percent expenditure level is reached.
3. May 20 – 21, 2010 Audit results from the Texas Department of State Health Services 6% Eligibility System Review of Aransas County's indigent Health Care Program (CIHCP) medical cases.

We provided a list of 274 paid medical claim cases covering period of September 2009 – April 28, 2010. Based on the Department of State Health Services sampling process, 77 cases were reviewed. Of the 77 cases reviewed, three (3) cases had a total of \$71.05 claim payment error which is being corrected on the May report (Item #13).

IHC will be presenting bills to be paid in Commissioners Court June 14, 2010 of approximately \$55,664.00 which will bring us close to 8% of GRTL and feel we will reach it by the end of June.

Thanks,



Dee Oliver

**COUNTY INDIGENT HEALTH CARE PROGRAM
MONTHLY FINANCIAL REPORT**

County Name Aransas Report for (Month/Year) May, 2010
 or
 Amendment of the Report for (Month/Year) _____

I. REIMBURSABLE EXPENDITURES during This Report Month

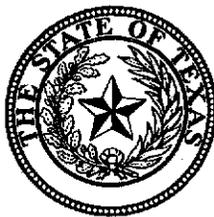
Physician Services	1.	8,920.95	
Prescription Drugs	2.	8,643.31	
Hospital, Inpatient Services	3.	26,324.32	
Hospital, Outpatient Services	4.	11,853.64	
Laboratory/X-Ray Services	5.	9,738.21	
Skilled Nursing Facility Services	6.	0.00	
Family Planning Services	7.	0.00	
Rural Health Clinic Services	8.	0.00	
State Hospital Contracts	9.	0.00	
Optional Health Care Services	10.	2,414.93	
Total Expenditures (Add #1 through #10.)			11. 67,895.36
Reimbursements Received (Do not include State Assistance.)	12.	(1,083.37)	
6% Eligibility System Review Findings (\$ In error)	13.	(71.05)	
Total to be Deducted (Add #12 + #13.)			14. (1,154.42)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15. 66,740.94

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31)	\$	<u>541,707.34</u>
GRTL	\$	<u>7,729,257.00</u>
6% of GRTL	\$	<u>463,755.42</u>
8% of GRTL	\$	<u>618,340.56</u>


 Signature of Person Submitting Form 105
 Dee Oliver - Indigent Health Care Director

06-07-10
 Date



DAVID L. LAKEY, M.D.
COMMISSIONER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES **REASURER'S OFFICE**

RECEIVED
JUN 01 2010

PO Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

May 25, 2010

Ms. Dee Oliver
Aransas County Indigent Health Care Program
301 N Live Oak St.
Rockport, Texas 78382

Dear Ms. Oliver:

This confirms that Aransas County's 6 percent eligibility review was completed, and a review report was mailed to you on May 25, 2010. The county is responsible for making the needed revisions to Form 105, based on the review report and to contact us when Aransas County expends \$618,340.56, which is 8 percent of the General Revenue Tax Levy (GRTL).

Please follow the instructions in the CIHCP Handbook, Section 5, Pages 1 and 2 to seek reimbursement from the state assistance funds. Contact us to discuss the state assistance funds available for Aransas County when you reach the 8 percent expenditure level.

In FY 10, eligible counties complying with CIHCP standards will be reimbursed at 100 percent after the 8 percent expenditure level is reached. Counties will be required to complete the CIHCP Handbook Form 500-A in order to receive state assistance funds.

If you have any questions, please feel free to contact me at (512) 458-7111, ext. 6631 or via email at tiffany.ford@dshs.state.tx.us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tiffany Ford".

Tiffany Ford
Primary Care Group

cc: The Honorable C.H. Mills, Jr., Aransas County Judge



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1100 West 49th Street • Austin, Texas 78756
P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • www.dshs.state.tx.us
TDD: 1-800-735-2989

DAVID L. LAKEY, M.D.
COMMISSIONER

May 25, 2010

Ms. Dee Oliver, County Treasurer
Aransas County Indigent Health Care Program
301 N. Live Oak
Rockport, Texas 78382

Dear Ms. Oliver:

The following are the findings on the 6% Eligibility System Review of Aransas County's County Indigent Health Care Program (CIHCP).

SECTION I. INTRODUCTION AND BACKGROUND

On April 26, 2010, Ms. Dee Oliver, Aransas County Treasurer, notified the Texas Department of State Health Services (DSHS) that Aransas County would be spending and exceeding the 6% of their general revenue tax levy (GRTL) for CIHCP medical expenses. As stipulated in the DSHS program's procedures, Aransas County was scheduled for the 6% Eligibility System Review of the county's medical cases. On May 20 – 21, 2010, Ms. Tiffany Ford and Ms. Stephanie Atkins conducted the 6% Eligibility System Review.

Prior to the review, Ms. Oliver explained the financial reporting, the auditing procedures, and the county's SSI Medicaid Reimbursement process. Ms. Oliver explained that upon receipt of the claims, their office determines the allowable payment amounts and then enters the information on the Form 104. A report is then generated that provides the totals of the paid claims onto Form 105. Ms. Oliver also stated that an annual external audit is conducted. Aransas County submits reimbursement request to DSHS-IHC Division along with Forms 112 and 113. Upon receipt of the reimbursement checks, the amounts of the reimbursements are deducted from the GRTL expenditures on Form 105 in the month of receipt and are coded along with notation of reason for reimbursement.

SECTION II. SCOPE AND METHODOLOGY

The purpose of the review is to examine Aransas County's CIHCP medical cases in order to determine Aransas County's eligibility to receive state assistance funds. The review process and procedures are described below.

- A. ELIGIBILITY:** Aransas County provided a list of 274 paid medical claim cases covering the period of September 2009 – April 28, 2010. Based on the DSHS CIHCP sampling process, 77 cases were reviewed. The eligibility review includes: residence, household, potential Medicaid status, resources, income, and the appropriate use of forms.
- B. CLAIM PAYMENT:** As stipulated by the DSHS process and procedures, the largest claim per case is selected for review. The claim payment review includes: claim received in 95 days, Form HCFA-1500/UB-92 or Medically Necessary Statement, basic or approved optional services, date of service within client eligibility period, third party payer, and correct payment amount.

SECTION III. DETAILED FINDINGS

- A. ELIGIBILITY:** Of the 77 cases reviewed, there were no errors that would affect eligibility.
- B. CLAIM PAYMENT:** Of the 77 claims reviewed for the claim payment process, three cases (#92895, #94265 and #94552J) had a total of \$71.05 claim payment error.

Technical assistance was provided to Ms. Oliver and the department staff around the following items:

- Ensure that claims paid on SSI applicants are not included in the GRTL expenditures for CIHCP.
- Reference CIHCP Handbook, Section Four, Pages 5 and 37 – 39.

Ms. Oliver stated she understands these policies and procedures.

SECTION IV. EXIT INTERVIEW

On May 21, 2010, Ms. Ford and Ms. Atkins conducted an exit interview with Ms. Dee Oliver, County Treasurer, Ms. Brenda Rodriguez, Ms. Barbara Atkinson, and Ms. Julie Gifford to discuss the 6% Eligibility System Review findings. County Judge C.H. "Burt" Mills, Jr. was not present at the time of the exit interview. Ms. Oliver and the entire department were commended for the documentation and organization in the case files. The cases are in excellent order and easy to read. There were three claim payment errors in the cases sampled. The county treasurer stated that she understood the findings. The county may be able to apply for SFY 2010 state assistance funds upon exceeding the 8% GRTL threshold.

SECTION V. ACTIONS TO BE TAKEN

It is the county's responsibility to ensure the following actions are completed:

- Deduct the total un-reimbursable expenditures of \$71.05;
- Re-submit Form 105 with corrections.

Aransas County Review
May 25, 2010
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If there are any questions that you have in regards to this review, please contact me at
512/458-7706, Ext. 3529.

Sincerely,



Stephanie Atkins
Program Specialist

cc: The Honorable C.H. "Burt" Mills, Jr., Aransas County Judge
Mrs. Dee Oliver, Aransas County Treasurer
Patrick Gillies, Community Health Services Section Director, Austin
Jan Maberry, Primary Care Group Manager, Austin

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