

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**UTAH CORRECTLY CLAIMED MOST OF
ITS MEDICAID SUPPLEMENTAL
PHYSICIANS' PAYMENTS**

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**Patrick J. Cogley
Regional Inspector General
for Audit Services**

**September 2015
A-07-14-01149**

Office of Inspector General

<http://oig.hhs.gov/>

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EXECUTIVE SUMMARY

Utah correctly calculated and claimed most of its Medicaid supplemental payments; however, Utah incorrectly claimed \$370,000 in net overpayments for State fiscal year 2013.

WHY WE DID THIS REVIEW

State Medicaid agencies make supplemental payments to physicians in order to increase payment rates for services provided to Medicaid recipients to rates that are commensurate with the average payment rates for services provided to patients with commercial insurance. For State fiscal year (SFY) 2013 (July 1, 2012, through June 30, 2013), the Utah Department of Health, Division of Medicaid and Health Financing (State agency), reported approximately \$22.4 million of Medicaid supplemental payments (supplemental payments) paid to the University of Utah Medical Group (UUMG). Previous Office of Inspector General reports found that some States did not always correctly claim Federal reimbursement for supplemental payments.

The objective of this review was to determine whether the State agency calculated and claimed supplemental payments made to UUMG for SFY 2013 in accordance with Federal requirements.

BACKGROUND

A Utah State plan amendment (SPA) provided for supplemental payments to UUMG, which comprises the State's university hospital as well as associated hospitals and clinics in various locations across the State of Utah and which includes over 1,100 physicians. For SFY 2013, the State agency had two contracts with UUMG:

- one contract, referred to by the State agency as "Physicians," was associated with Medicaid fee-for-service payments and charges, and
- the other contract, referred to by the State agency as "Healthy U," was associated with Medicaid cost-based managed care payments and charges.

The SPA required the State agency to calculate a rate, referred to by the State agency as the "rate differential," based on amounts that commercial carriers would have paid to provide services to Medicaid recipients. The State agency calculated the rate differential by comparing (1) a ratio of payments to charges for services provided by UUMG to patients with commercial insurance to (2) a ratio of payments to charges for services provided by UUMG to Medicaid recipients. For supplemental payments made to UUMG for SFY 2013, the SPA required the State agency to use payments and charges on paid claims for service dates in calendar year (CY) 2011 in its calculations. We refer to the time context of this requirement as "data timeframe."

To calculate the supplemental payments, the rate differential was multiplied by the total of all payments already made for Medicaid services provided during the quarter. The resulting amount, less the total of Medicaid payments already made for those services, constituted the supplemental payments for that quarter.

Because the State agency had two contracts with UUMG, it made separate calculations and, thus, separate supplemental payments for Physicians and for Healthy U each quarter. For these calculations, the data on patients with commercial insurance were the same for both Physicians and Healthy U. However, for Medicaid recipients the State agency had to use separate data sources in order to perform one set of calculations for Physicians and a separate set of calculations for Healthy U.

WHAT WE FOUND

The State agency did not always calculate and claim supplemental payments made to UUMG for SFY 2013, for both Physicians and Healthy U, in accordance with Federal requirements. The State agency used an incorrect data timeframe to calculate the rate differentials for both Physicians and Healthy U. Specifically, the State agency used commercial insurance payments and charges for service dates of May 1, 2011, through April 30, 2012, instead of using service dates in CY 2011 as specified in the SPA. The State agency made a second error in the way that it calculated the rate differential for Healthy U because it used the Medicaid payments and charges for Physicians in those calculations. Because the State agency incorrectly calculated the rate differentials, its calculations of the supplemental payments were also incorrect.

As a result of these errors, the State agency made net overpayments to UUMG totaling \$531,984 and incorrectly claimed \$370,314 in Federal reimbursement.

These errors occurred because the State agency did not have adequate internal controls to ensure that it followed all of its SPA provisions when calculating UUMG supplemental payments.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund \$370,314 to the Federal Government,
- determine whether it incorrectly calculated and claimed any supplemental payments made to UUMG after our audit period and refund any overpayments to the Federal Government, and
- strengthen internal controls by developing and implementing formal policies and procedures to ensure that it complies with all SPA provisions for calculating UUMG supplemental payments.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with all of our recommendations and stated that it would refund the Federal share of overpayments and strengthen its internal controls.

TABLE OF CONTENTS

INTRODUCTION	1
Why We Did This Review	1
Objective	1
Background	1
Medicaid Program	1
Utah Medicaid Program	1
University of Utah Medical Group Medicaid Supplemental Payments.....	2
Supplemental Payment Calculations.....	2
How We Conducted This Review.....	3
FINDINGS	3
Incorrectly Calculated University of Utah Medical Group Medicaid Supplemental Payments	4
Inadequate Internal Controls.....	5
RECOMMENDATIONS	5
STATE AGENCY COMMENTS.....	5
APPENDIXES	
A: Related Office of Inspector General Reports.....	6
B: Audit Scope and Methodology	7
C: State Agency Calculations and Our Recalculations of State Fiscal Year 2013 Physicians and Healthy U Supplemental Payments.....	9
D: State Agency Comments.....	12

INTRODUCTION

WHY WE DID THIS REVIEW

State Medicaid agencies make supplemental payments to physicians in order to increase payment rates for services provided to Medicaid recipients to rates that are commensurate with the average payment rates for services provided to patients with commercial insurance. For State fiscal year (SFY) 2013 (July 1, 2012, through June 30, 2013), the Utah Department of Health, Division of Medicaid and Health Financing (State agency), reported approximately \$22.4 million of Medicaid supplemental payments (supplemental payments) paid to the University of Utah Medical Group (UUMG). Previous Office of Inspector General reports (Appendix A) found that some States did not always correctly claim Federal reimbursement for supplemental payments.

OBJECTIVE

Our objective was to determine whether the State agency correctly calculated and claimed supplemental payments made to UUMG for SFY 2013 in accordance with Federal requirements.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

States use the standard Form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program (CMS-64 report), to report actual Medicaid expenditures for each quarter. CMS uses the CMS-64 reports to reimburse States for the Federal share of Medicaid expenditures. The amounts that States report on the CMS-64 report and its attachments must be actual expenditures with supporting documentation.

Utah Medicaid Program

In Utah, the State agency is responsible for administering the Medicaid program. The amount that the Federal Government reimburses to the State agency, known as Federal financial participation (FFP) or Federal share, is determined by the Federal medical assistance percentage (FMAP), which varies based on a State's relative per capita income.¹

¹ For the supplemental payments that we reviewed, the State agency claimed Federal reimbursement at an FMAP rate of 69.61 percent.

University of Utah Medical Group Medicaid Supplemental Payments

Federal requirements permit State Medicaid agencies to make supplemental payments to physicians.² UUMG, based in Salt Lake City, Utah, comprises the State's university hospital as well as associated hospitals and clinics in various locations across the State of Utah and includes over 1,100 physicians.

CMS approved the State agency's SFY 2013 SPA for calculating and making supplemental payments to UUMG. For SFY 2013, the State agency had two contracts with UUMG:

- one contract, referred to by the State agency as "Physicians," was associated with Medicaid fee-for-service payments and charges, and
- the other contract, referred to by the State agency as "Healthy U," was associated with Medicaid cost-based managed care payments and charges.

Supplemental Payment Calculations

The SPA described the methodology under which the State agency calculated the supplemental payments. The SPA required the State agency to calculate a rate, referred to by the State agency as the "rate differential," based on amounts that commercial carriers would have paid to provide services to Medicaid recipients. The State agency calculated the rate differential by comparing (1) a ratio of payments to charges for services provided by UUMG to patients with commercial insurance (commercial ratio) to (2) a ratio of payments to charges for services provided by UUMG to Medicaid recipients (Medicaid ratio). For supplemental payments made to UUMG for SFY 2013, the SPA required the State agency to use payments and charges on paid claims for service dates in calendar year (CY) 2011 in its calculations. We refer to the time context of this requirement as "data timeframe."

To calculate the supplemental payments, the rate differential was multiplied by the total of all payments already made for Medicaid services provided during the quarter. The resulting amount, less the total of Medicaid payments already made for those services, constituted the supplemental payments for that quarter.

Because the State agency had two contracts with UUMG, it made separate calculations and, thus, separate supplemental payments for Physicians and for Healthy U each quarter. For these calculations, the data on patients with commercial insurance were the same for both Physicians and Healthy U. However, for Medicaid recipients the State agency had to use separate data

² Specifically, section 1902(a)(30)(A) of the Social Security Act gives CMS the authority to approve State plan amendments (SPAs) and requires that Medicaid payments made under SPAs "... are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."

sources in order to perform one set of calculations for Physicians and a separate set of calculations for Healthy U.

HOW WE CONDUCTED THIS REVIEW

We reviewed \$22,354,366 (\$15,624,098 Federal share) of supplemental payments to UUMG for SFY 2013 for which the State agency claimed Federal reimbursement.³

We obtained CY 2011 paid commercial insurance payments and charges data that UUMG provided to the State agency and CY 2011 paid Medicaid cost-based managed care payments and charges data from the State agency. We used these data to recalculate rate differentials and the SFY 2013 supplemental payments.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix B describes our audit scope and methodology and Appendix C describes the State agency's calculations and our recalculations.

FINDINGS

The State agency did not always calculate and claim supplemental payments made to UUMG for SFY 2013, for both Physicians and Healthy U, in accordance with Federal requirements. The State agency used an incorrect data timeframe to calculate the rate differentials for both Physicians and Healthy U. Specifically, the State agency used commercial insurance payments and charges for service dates of May 1, 2011, through April 30, 2012, instead of using service dates in CY 2011 as specified in the SPA. The State agency made a second error in the way that it calculated the rate differential for Healthy U because it used the Medicaid payments and charges for Physicians in those calculations. Because the State agency incorrectly calculated the rate differentials, its calculations of the supplemental payments were also incorrect.

As a result of these errors, the State agency made net overpayments to UUMG totaling \$531,984 and incorrectly claimed \$370,314 in Federal reimbursement.

These errors occurred because the State agency did not have adequate internal controls to ensure that it followed all of its SPA provisions when calculating UUMG supplemental payments.

³ See Appendix B for additional details on State agency UUMG supplemental payment claimed costs for Federal reimbursement and the dollar amounts we reviewed for SFY 2013.

INCORRECTLY CALCULATED UNIVERSITY OF UTAH MEDICAL GROUP MEDICAID SUPPLEMENTAL PAYMENTS

Attachment 4.19-B of Utah's SPA provides detailed instructions on the methodology to be used in the supplemental payment calculations. These instructions specify that ratios used to calculate the rate differentials for each SFY be based on paid commercial insurance (to develop the commercial ratio) and Medicaid claims (to develop the Medicaid ratios) for service dates in the previous CY. A detailed discussion of these instructions, along with information on the State agency's calculations and our recalculations of the rate differentials, appears in Appendix C.

The State agency did not always calculate and claim supplemental payments made to UUMG for SFY 2013, for both Physicians and Healthy U, in accordance with Federal requirements. Specifically:

- The State agency used a data timeframe that deviated from the provisions of Attachment 4.19-B of the SPA to calculate the commercial ratio, which applied to both the Physicians and Healthy U supplemental payments. Specifically, the State agency calculated the commercial ratio using paid commercial insurance payments and charges data for service dates of May 1, 2011, through April 30, 2012, instead of using paid commercial insurance payments and charges data for service dates in the CY prior to the beginning of the SFY (that is, CY 2011).
- Also, the State agency incorrectly used *one* Medicaid ratio to calculate *both* the Physicians and Healthy U supplemental payments.⁴ Specifically, the Medicaid ratio that the State agency used to calculate the Physicians supplemental payments was correct and conformed to the SPA requirements. However, the State agency incorrectly applied the same Medicaid ratio, calculated using Medicaid fee-for-service paid claims, to its calculations of the Healthy U supplemental payments. The State agency should have calculated a separate Medicaid ratio that used Medicaid cost-based managed care paid claims for the Healthy U supplemental payments.

After recalculating the commercial and Medicaid ratios, the rate differentials, and then the Physicians and Healthy U supplemental payments themselves, we determined that the State agency underpaid the SFY 2013 Physicians supplemental payments by \$584,747 (\$407,042 Federal share) and overpaid the SFY 2013 Healthy U supplemental payments by \$1,116,731 (\$777,356 Federal share).⁵

⁴ The State agency terminated the Healthy U contract (and thus the associated supplemental payments) effective as of the quarter ended December 31, 2012.

⁵ Because the effects of these errors on the Physicians and Healthy U supplemental payments were interrelated, we could not assign a specific monetary effect to each individual error. Further details of the State agency's calculations and our recalculations, for both the Physicians and Healthy U supplemental payments, appear in Appendix C.

The net effect of these underpayments and overpayments was that the State agency made net overpayments to UUMG totaling \$531,984 and incorrectly claimed \$370,314 in Federal reimbursement.

INADEQUATE INTERNAL CONTROLS

These errors occurred because the State agency did not have adequate internal controls to ensure that it followed all of its SPA provisions when calculating supplemental payments made to UUMG. Specifically, according to State agency staff, the State agency did not have formal policies and procedures in place that the staff could follow to ensure that it calculated the UUMG supplemental payments in conformance with the SPA.

RECOMMENDATIONS

We recommend that the State agency:

- refund \$370,314 to the Federal Government,
- determine whether it incorrectly calculated and claimed any supplemental payments made to UUMG after our audit period and refund any overpayments to the Federal Government, and
- strengthen internal controls by developing and implementing formal policies and procedures to ensure that it complies with all SPA provisions for calculating UUMG supplemental payments.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with all of our recommendations and stated that it would refund the Federal share of overpayments and strengthen its internal controls. The State agency's comments are included in their entirety as Appendix D.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Colorado Claimed Unallowable Medicaid Nursing Facility Supplemental Payments</i>	<u>A-07-14-04215</u>	09/26/14
<i>Review of Physician Supplemental Payments Made to the University of North Texas</i>	<u>A-06-10-00082</u>	09/09/14
<i>Colorado Claimed Unallowable Medicaid Inpatient Supplemental Payments</i>	<u>A-07-13-04206</u>	04/07/14

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed \$22,354,366 (\$15,624,098 Federal share) of supplemental payments to UUMG for SFY 2013 for which the State agency claimed Federal reimbursement.⁶

We did not review the overall internal control structure of the State agency or the Medicaid program. We reviewed only the internal controls that pertained directly to our objective.

We performed fieldwork at the State agency in Salt Lake City, Utah, in September and October 2014.

METHODOLOGY

To accomplish our objectives, we:

- reviewed applicable Federal laws and regulations and the relevant portions of the CMS-approved SPA;
- held discussions with CMS and State agency officials to gain an understanding of the State agency's supplemental payment program, including understanding how the State agency claimed SFY 2013 supplemental payments on its CMS-64 reports;
- reconciled UUMG supplemental payments for SFY 2013 as reported on the State agency's CMS-64 reports to the State agency's supporting documentation;
- reviewed the State agency's calculations of UUMG supplemental payments, which included the commercial ratio, Medicaid ratio, and rate differential calculations;
- recalculated (1) the SFY 2013 commercial ratio using CY 2011 paid commercial insurance payments and charges data that UUMG provided to the State agency, (2) the SFY 2013 Medicaid ratio for Healthy U supplemental payments using the State agency's CY 2011 paid Medicaid cost-based managed care payments and charges data, and (3) the rate differentials that resulted from our recalculations of the commercial ratio and Medicaid ratio (all discussed in Appendix C);

⁶ Utah's SFY 2013 SPA, Attachment 4.19-B, paragraph D.7, states: "The ... payment made to the UUMG will be made as a separate annual, semi-annual, quarterly, monthly or any combination thereof payment to the UUMG ... during the period under review for payment." Accordingly, the quarter in which the State agency calculated the Physicians and Healthy U supplemental payments was not necessarily the same quarter in which the State agency actually made those supplemental payments, nor was it necessarily the same quarter in which the State agency reported them on its CMS-64 reports. However, as stated in "Background," the State agency claimed Federal reimbursement for all of the supplemental payments we reviewed at an FMAP rate of 69.61 percent.

- applied the recalculated commercial ratio, Medicaid ratio, and rate differentials to recalculate the SFY 2013 supplemental payments and thereby determine the total underpayments and overpayments made by the State agency as well as the Federal share of these underpayments and overpayments; and
- discussed the results of our review with State agency officials on May 18, 2015.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX C: STATE AGENCY CALCULATIONS AND OUR RECALCULATIONS OF STATE FISCAL YEAR 2013 PHYSICIANS AND HEALTHY U SUPPLEMENTAL PAYMENTS⁷

Utah's SFY 2013 SPA, Attachment 4.19-B, paragraph D.7,⁸ states:

Data used to calculate the ACR [commercial ratio] will be provided by UUMG based on paid commercial insurance claims for service dates in the *previous calendar year*.... The average Medicaid rate (AMR) [Medicaid ratio] is also calculated annually based on paid Medicaid claims for service dates in the *previous calendar year*. [Emphasis added.]

This paragraph of the SPA also provides information on the formulas that we discuss below.

Commercial Ratio

The SPA depicts the commercial ratio calculation as a formula:

Commercial Ratio = (Reimbursement + Third Party Liability + Copayments) / (Total Charges)

- The State agency calculated the commercial ratio for the Physicians and Healthy U supplemental payments based on commercial insurance paid claims for service dates of May 1, 2011, through April 30, 2012. This incorrectly calculated commercial ratio equaled 65.13 percent.
- We recalculated the commercial ratio for the Physicians and Healthy U supplemental payments based on commercial insurance paid claims for service dates in the previous CY (2011). Our recalculated commercial ratio equaled 66.56 percent.

Medicaid Ratio

The SPA depicts the Medicaid ratio calculation as a formula:

Medicaid Ratio = (Reimbursement + Third Party Liability + Copayments) / (Total Charges)

⁷ Both the State agency and we carried our calculations (of both percentages and dollar amounts) beyond two decimal places; however, we have rounded the results for this Appendix.

⁸ The SPA language quoted here and cited and discussed below uses two acronyms. ACR refers to average commercial rate and is the ratio of payments to charges for services provided by UUMG to patients with commercial insurance, and AMR refers to average Medicaid rate and is the ratio of payments to charges for services provided by UUMG to Medicaid recipients. We have referred to these acronyms throughout our report as commercial ratio and Medicaid ratio, respectively.

- The State agency correctly calculated the Medicaid ratio, based on Medicaid fee-for-service paid claims in accordance with the SPA, for the Physicians supplemental payments. This correctly calculated Medicaid ratio equaled 27.29 percent. However, the State agency inappropriately used that 27.29 percent Medicaid ratio for the Healthy U supplemental payments.
- We recalculated a Medicaid ratio for the Healthy U supplemental payments based on Medicaid cost-based managed care paid claims. Our recalculated Medicaid ratio equaled 30.79 percent for the Healthy U supplemental payments.

Rate Differentials

The SPA provides the following formula for the rate differential calculations:

Rate Differential = Commercial Ratio / Medicaid Ratio

- For the both the Physicians and Healthy U supplemental payments, the State agency's calculated 65.13 percent commercial ratio divided by its calculated 27.29 percent Medicaid ratio equaled a 238.64 percent rate differential.
- For the Physicians supplemental payments, our recalculated 66.56 percent commercial ratio divided by the State agency's calculated 27.29 percent Medicaid ratio equaled a 243.89 percent recalculated rate differential.
- For the Healthy U supplemental payments, our recalculated 66.56 percent commercial ratio divided by our recalculated 30.79 percent Medicaid ratio equaled a recalculated 216.20 percent rate differential.

PHYSICIANS AND HEALTHY U SUPPLEMENTAL PAYMENT CALCULATIONS AND RECALCULATIONS

The SPA provides the following formula for the calculations of the supplemental payments that the State agency made to UUMG:

(Rate Differential - 100 percent) x Medicaid Allowed Amount⁹

⁹ For the Physicians supplemental payments, the Medicaid Allowed Amount is the total allowable fee-for-service claim payments to UUMG. For the Healthy U supplemental payments, the Medicaid Allowed Amount is the total allowable cost-based managed care claim payments to UUMG. For each of these categories of supplemental payments, the mathematical result or effect of this formula is identical to our description (in "Background") of the manner in which the supplemental payments were calculated.

Physicians Supplemental Payment Calculations and Recalculations

- The State agency specified that the Medicaid Allowed Amount for the Physicians supplemental payments was \$11,147,633. This amount multiplied by the result of (238.64 percent - 100 percent) equaled \$15,455,243 (\$10,758,394 Federal share).
- We also used a Medicaid Allowed Amount of \$11,147,633 for the Physicians supplemental payments. However, we used our recalculated rate differential to calculate the allowable Physicians supplemental payments. This amount multiplied by the result of (243.89 percent - 100 percent) equaled \$16,039,989 (\$11,165,436 Federal share).
- The difference between our recalculations and the State agency's calculations of the Physicians supplemental payments was a \$584,747 (\$407,042 Federal share) underpayment.

Healthy U Supplemental Payment Calculations and Recalculations

- The State agency specified that the Medicaid Allowed Amount for the Healthy U supplemental payments was \$4,976,234. This amount multiplied by the result of (238.64 percent - 100 percent) equaled \$6,899,124 (\$4,802,480 Federal share).
- We also used a Medicaid Allowed Amount of \$4,976,234 for the Healthy U supplemental payments. However, we used our recalculated rate differential to calculate the allowable Healthy U supplemental payments. This amount multiplied by the result of (216.20 percent - 100 percent) equaled \$5,782,393 (\$4,025,124 Federal share).
- The difference between the State agency's calculations and our recalculations of the Healthy U supplemental payments was a \$1,116,731 (\$777,356 Federal share) overpayment.

Physicians and Healthy U Net Difference

The net difference between our recalculated Physicians underpayment and our recalculated Healthy U overpayment was that the State agency overpaid UUMG \$531,984 (\$370,314 Federal share).

APPENDIX D: STATE AGENCY COMMENTS

Utah Department of Health

W. David Patton, Ph.D.
Executive Director

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Michael Hales
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State of Utah

GARY R. HERBERT
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September 10, 2015

Patrick J. Cogley
Regional Inspector General for Audit Services
Office of Audit Services, Region VII
601 East 12th Street, Room 0429
Kansas City, MO 64106

Dear Mr. Cogley:

Thank you for the opportunity to respond to the audit entitled “*Utah Correctly Claimed Most of Its Medicaid Supplemental Physicians’ Payments*” (Report # A-07-14-01149). We appreciate the effort and professionalism of you and your staff in this review. Likewise, our staff has spent time collecting information for your review, answering questions, and planning changes to improve the program. We believe that the results of our combined efforts will make a better, more efficient program.

We concur with the recommendations in this report. Our response describes the actions the Department plans to take to implement the recommendations. The Department of Health is committed to the efficient and effective use of taxpayer funds and values the insight this report provides on areas that need improvement.

Sincerely,

Michael Hales
Deputy Director, Department of Health
Division Director, Medicaid and Health Financing



Response to Recommendations

Recommendation 1:

We recommend that the State agency refund \$370,314 to the Federal Government.

Department Response:

We concur with this recommendation. The state will recover the over-paid monies from the provider and will refund the federal share no later than the CMS 64 report for the quarter ending December 31, 2015.

Recommendation 2:

We recommend that the State agency determine whether it incorrectly calculated and claimed any supplemental payments made to UUMG after our audit period and refund any overpayments to the Federal Government.

Department Response:

We concur with this recommendation. State staff will review UUMG payments subsequent to the audit period for compliance with the State Plan. Should any overpayments be identified, the state will recover the overpayments and refund the federal share.

Recommendation 3:

We recommend that the State agency strengthen internal controls by developing and implementing formal policies and procedures to ensure that it complies with all SPA provisions for calculating UUMG supplemental payments.

Department Response:

We concur with this recommendation. The State will strengthen internal controls by developing and implementing formal policies and procedures to ensure that it complies with all SPA provisions for calculating UUMG supplemental payments.