TOBACCO SETTLEMENT PROGRAM

Allied Services Institute of Rehabilitation Medicine Tobacco Settlement Payment Data Review Year 2021

March 2020



Commonwealth of Pennsylvania Department of the Auditor General

Eugene A. DePasquale • Auditor General



Commonwealth of Pennsylvania Department of the Auditor General Harrisburg, PA 17120-0018 Facebook: Pennsylvania Auditor General Twitter: @PAAuditorGen

EUGENE A. DEPASQUALE AUDITOR GENERAL

March 11, 2020

Mr. James Puhalla Assistant Vice President of Rehab Financial Services Allied Services Institute of Rehabilitation Medicine 475 Morgan Highway Scranton, PA 18508

Re: Allied Services Institute of Rehabilitation Medicine

Dear Mr. Puhalla:

The Tobacco Settlement Act of June 26, 2001 (P.L. 755, No. 77), as amended, 35 P.S. § 5701.101 et seq., mandated the Department of Human Services (DHS) to make payments to hospitals for a portion of uncompensated care services provided by these facilities. Hospitals that qualify can receive payments using either an uncompensated care approach or an extraordinary expense approach. The uncompensated care score of each hospital is determined by using three-year averages from five main data elements (for a total of fifteen data elements). These data elements are uncompensated care costs, net patient revenues, Medicare supplemental security income (Medicare SSI) days, Medical Assistance (MA) days and total inpatient days. A hospital qualifies for an extraordinary expense payment based on their number of qualified claims. Qualified claims are those claims in which the cost of the claim exceeds twice the average cost of all claims for that particular facility and for which the hospital provided inpatient services to an uninsured patient.

At the request of DHS, the Department of the Auditor General performed a review¹ of Allied Services Institution of Rehabilitation Medicine's (facility) records to substantiate the claims data and days data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and DHS, respectively.

The purpose of our review was to determine whether this facility reported any potentially eligible extraordinary expense claims for the fiscal year ended June 30, 2019 and, if so, verify whether corresponding patients were uninsured and the facility received no compensation from third party payers such as Medicare, Medicaid, or Blue Cross. Payments made by the patients

¹ This review was not required to be and was not conducted in accordance with professional auditing or attestation standards.

themselves toward their financial obligations may have reduced the allowable costs of the respective claim when determining eligibility. We also determined whether this facility could substantiate total inpatient days and total MA days as reported on its submitted MA-336 cost reports, if filed with DHS, for the fiscal year ended June 30, 2018.

The results of our review are as follows:

For Reported Claims:

Based on the PHC4 claims database for the fiscal year ended June 30, 2019, the facility did not have any potentially eligible extraordinary expense claims for review and, therefore, the facility is not eligible for payment under the extraordinary expense method for the 2021 Tobacco Settlement Payment Year unless, as detailed below, additional claims are submitted and deemed eligible.

For Total Inpatient Days and Total MA Days:

For the total inpatient days and total MA days for fiscal year ended June 30, 2018, our results are as follows:

| For FYE 6/30/18 | Originally | Substantiated | Explanation of |
|----------------------|------------------|------------------|-----------------|
| | Submitted Number | Number Based on | Difference |
| | of Days | Source Documents | |
| Total Inpatient Days | 16,530 | 16,334 | Reporting Error |

| For FYE 6/30/18 | Originally | Substantiated | Explanation of |
|-----------------|------------------|------------------|----------------|
| | Submitted Number | Number Based on | Difference |
| | of Days | Source Documents | |
| FFS Days | 191 | 191 | Not applicable |

| For FYE 6/30/18 | Originally | Substantiated | Explanation of |
|---------------------|------------------|------------------|----------------|
| HMO Days | Submitted Number | Number Based on | Difference |
| | of Days | Source Documents | |
| Aetna Better Health | 53 | 53 | Not applicable |
| Amerihealth | 47 | 47 | Not applicable |
| Northeast | | | |
| Geisinger Family | 299 | 299 | Not applicable |
| Plan | | | |

| For FYE 6/30/18 | Originally | Substantiated | Explanation of |
|-----------------|------------------|------------------|----------------|
| OOS Days | Submitted Number | Number Based on | Difference |
| | of Days | Source Documents | |
| - | 0 | 0 | Not applicable |

DHS will use substantiated additional claims and number of days to calculate this facility's eligibility to receive, and if deemed eligible, its subsidy entitlement under both the extraordinary expense and uncompensated care methods. If eligible under both methods, DHS will allow the facility to choose the method to be used to calculate the facility's 2021 Tobacco Settlement subsidy entitlement payment. DHS establishes the date that these payments will be distributed to all eligible hospitals.

Our office is currently reviewing all facilities that are potentially eligible for a 2021 Tobacco Settlement subsidy entitlement payment. After all the reviews are completed, we will prepare for DHS' use a report detailing the results of all of our reviews. PHC4 and DHS will contact you with instructions regarding entering adjustments to your facility's originally submitted claims and MA days data based on the results of our review, as applicable.

As a reminder, this facility may submit for our review any claims coded as having Medicare, Medicaid, or any other insurance when submitted to the PHC4 for the fiscal year ended June 30, 2019, which the facility now believes qualify as self-pay claims, and which have total charges above this facility's threshold of \$44,273.04. We refer to these types of claims as "additional claims" and these additional claims must be submitted to the Department of the Auditor General no later than October 31, 2020. The results of our review of each facility's submitted additional claims data will be detailed in individualized reports sent to each respective hospital that submitted additional claims.

We thank the staff of Allied Services Institute of Rehabilitation Medicine for the cooperation extended to us during the course of our review. If you have any questions, please feel free to contact the Bureau of Children and Youth Services Audits at 717-787-1159.

Sincerely,

Eugnt: O-Pasper

Eugene A. DePasquale Auditor General

ALLIED SERVICES INSTITUTE OF REHABILITATION MEDICINE REPORT DISTRIBUTION 2021 TOBACCO SETTLEMENT PAYMENT DATA

This report was initially distributed to:

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Mr. R. Dennis Welker

Special Audit Services Bureau of Audits Office of the Budget

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Manager Audit Resolution Department of Human Services

Mr. James Puhalla

Assistant Vice President of Rehab Financial Services Allied Services Institution of Rehabilitation Medicine

Mr. Alexander Matolyak Director Division of Audit and Review

Department of Human Services

Ms. Tina Long Director Bureau of Financial Operations Department of Human Services

Ms. Erica Eisenacher HSPS Bureau of Fiscal Management Department of Human Services

Mr. Lee Welby

Assistant Director of Patient Accounts Allied Services Institution of Rehabilitation Medicine

This report is a matter of public record and is available online at <u>www.PaAuditor.gov</u>. Media questions about the report can be directed to the Pennsylvania Department of the Auditor General, Office of Communications, 229 Finance Building, Harrisburg, PA 17120; via email to: <u>news@PaAuditor.gov</u>.