

TOBACCO SETTLEMENT PROGRAM

Conemaugh Memorial Medical Center Tobacco Settlement Payment Data Review Year 2021

May 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**

May 15, 2020

Ms. Linda Fanale
Chief Financial Officer
Conemaugh Health System
1086 Franklin Street
Johnstown, PA 15905

Re: Conemaugh Memorial Medical Center

Dear Ms. Fanale:

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 Conemaugh Memorial Medical Center'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 reported 17 potentially eligible extraordinary expense claims for review. The results of our review disclosed that nine of the 17 reported potentially eligible extraordinary expense claims met the criteria to qualify as extraordinary expense claims. The chart below details our results and explains any adjustments that should be made to the PHC4 Database. Since we determined that nine of the 17 reported claims submitted by the facility qualify as extraordinary expense claims, this facility could be eligible for payment under the extraordinary expense method for the 2021 Tobacco Settlement Payment Year.

Claim No.	Originally Reported Total Charges	Substantiated Total Charges Based on Account Notes	Patient Payments Applied to Account	Qualify (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
1	\$463,857.59	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
2	\$206,480.29	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
3	\$142,980.56	\$142,980.56	\$0	Yes	Not Applicable
4	\$139,602.68	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
5	\$128,938.70	\$129,042.70	\$0	Yes	An adjustment to total charges is needed
6	\$118,683.55	\$118,683.55	\$0	Yes	Not Applicable
7	\$99,491.56	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
8	\$97,987.71	\$0	\$0	No – Still an active claim	Claim should be removed from self-pay listing
9	\$95,791.36	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing

Claim No.	Originally Reported Total Charges	Substantiated Total Charges Based on Account Notes	Patient Payments Applied to Account	Qualify (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
10	\$75,810.19	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
11	\$75,772.88	\$0	\$0	No – Still an active claim	Claim should be removed from self-pay listing
12	\$71,782.64	\$71,782.64	\$14,356.52	Yes	Not Applicable
13	\$70,387.89	\$70,439.89	\$0	Yes	An adjustment to total charges is needed
14	\$65,117.89	\$65,169.89	\$0	Yes	An adjustment to total charges is needed
15	\$64,220.07	\$64,272.07	\$0	Yes	An adjustment to total charges is needed
16	\$58,836.69	\$58,888.69	\$0	Yes	An adjustment to total charges is needed
17	\$57,246.46	\$57,298.46	\$0	Yes	An adjustment to total charges is needed

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 Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Total Inpatient Days	91,995	91,825	Change in Payer Type

For FYE 6/30/18	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	2,126	2,248	Change in Payer Type

For FYE 6/30/18 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Geisinger Health Family	1	1	Not Applicable

For FYE 6/30/18 HMO Days (Continued)	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Magellan	2,666	2,663	Change in Payer Type
American Caritas	5	5	Not Applicable
Gateway Health Plan	1,687	1,684	Change in Payer Type
Aetna Better Health	1,010	1,009	Change in Payer Type
United HC Community	2,003	2,007	Change in Payer Type
UPMC for you	6,662	6,586	Change in Payer Type
Keystone First	1	1	Not Applicable
Community Care Behavioral	197	197	Not Applicable
Health Partners	14	14	Not Applicable
PerformCare	246	256	Change in Payer Type
Community Behavioral Health Philadelphia	12	12	Not Applicable
Value Behavioral Health	322	322	Not Applicable
Maryland Physicians Care	2	2	Not Applicable
Amerihealth Northeast	13	13	Not Applicable
Amerihealth Caritas MA CHC	32	32	Not Applicable
UPMC for Kids	26	26	Not Applicable
UPMC Community HC	246	246	Not Applicable
PA Health & Wellness MA CHC	49	49	Not Applicable

For FYE 6/30/18 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Maryland	16	16	Not Applicable
Virginia	6	6	Not Applicable
Other - Pennsylvania	16	16	Not Applicable
Other - Oklahoma	4	4	Not Applicable

DHS will use all substantiated reported 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 \$55,397.10. 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 Conemaugh Memorial Medical Center's 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,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eugene A. DePasquale
Auditor General

**CONEMAUGH MEMORIAL MEDICAL CENTER
REPORT DISTRIBUTION
2021 TOBACCO SETTLEMENT PAYMENT DATA**

This report was initially distributed to:

Ms. Sally Kozak
Deputy Secretary
Office of Medical Assistance Programs
Department of Human Services

Mr. Alexander Matolyak
Director
Division of Audit and Review
Department of Human Services

Mr. R. Dennis Welker
Special Audit Services
Bureau of Audits
Office of the Budget

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

Mr. David Bryan
Manager
Audit Resolution
Department of Human Services

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

Ms. Linda Fanale
Chief Financial Officer
Conemaugh Health System

Ms. Karen Walker
Lead Accountant, Financial Operations
Conemaugh Memorial Medical Center

This report is a matter of public record and is available online at www.PaAuditor.gov. 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: news@PaAuditor.gov.