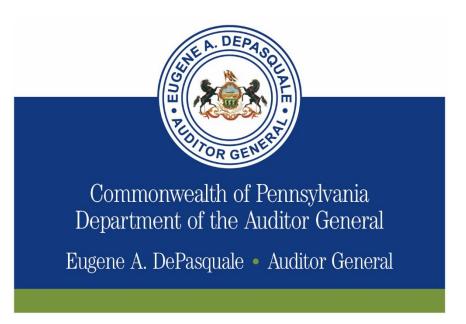
### TOBACCO SETTLEMENT PROGRAM

# Montgomery County Emergency Services Tobacco Settlement Payment Data Review Year 2020

July 2019





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

EUGENE A. DEPASQUALE AUDITOR GENERAL

July 9, 2019

Mr. William Myers Chief Financial Officer Montgomery County Emergency Services 50 Beech Drive Norristown, PA 19403

Re: Montgomery County Emergency Services

Dear Mr. Myers:

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 the DHS, the Department of the Auditor General performed a review<sup>1</sup> of Montgomery County Emergency Services' records to substantiate the claims data and days data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and the 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, 2018 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

<sup>&</sup>lt;sup>1</sup> 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 MA days as reported on its submitted MA-336 cost reports, if filed with the DHS, for the fiscal year ended June 30, 2017.

The results of our review are as follows:

#### **For Reported Claims:**

Based on the PHC4 claims database for the fiscal year ended June 30, 2018, the facility reported six potentially eligible extraordinary expense claims, totaling \$554,400.00, for review. We reviewed five of these reported claims, representing at least 80% of the hospital's total dollar value of reported claims.<sup>2</sup> The results of our review disclosed that none of these 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 these five reported claims submitted by the facility would not qualify as extraordinary expense claims, this facility may not be eligible for payment under the extraordinary expense method for the 2020 Tobacco Settlement Payment Year unless, as detailed below, additional claims are submitted and deemed eligible.

	Originally	Substantiated	Patient		
	Reported	Total Charges	Payments	Qualify (Y/N) –	
Claim	Total	Based on	Applied to	Reason for Not	Adjustment(s)
No.	Charges	Account Notes	Account	Qualifying	Needed
1.	\$187,200.00	\$0	\$0	No – Paid by	Claim should be
				insurance	removed from
					self-pay listing
2.	\$111,600.00	\$0	\$0	No – Paid by MA	Claim should be
					removed from
					self-pay listing
3.	\$72,000.00	\$0	\$0	No – Hospital	Claim should be
				received grant	removed from
				funding from	self-pay listing
				county for this	
				account	
4.	\$ 61,200.00	\$0	\$0	No – Paid by MA	Claim should be
				-	removed from
					self-pay listing
5.	\$59,400.00	\$0	\$0	No – Hospital	Claim should be
				received grant	removed from
				funding from	self-pay listing
				county for this	
				account	

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<sup>&</sup>lt;sup>2</sup> The facility is responsible for self-reviewing the remaining claims during the PHC4 "open window" period.

#### **For MA Days:**

For the total MA days for fiscal year ended June 30, 2017, our results are as follows:

For FYE 6/30/17	FYE 6/30/17 Originally		Explanation of
	Submitted Number	Number Based on	Difference
	of Days	Source Documents	
FFS Days	903	903	Not Applicable
HMO Days	6,157	6,157	Not Applicable
OOS Days	26	26	Not Applicable

The DHS will use all substantiated additional claims and number of days to calculate Montgomery County Emergency Services' eligibility to receive, and if deemed eligible, its subsidy entitlement under both the extraordinary expense and uncompensated care methods. If eligible under both methods, the DHS will allow the facility to choose the method to be used to calculate the facility's 2020 Tobacco Settlement subsidy entitlement payment. The 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 2020 Tobacco Settlement subsidy entitlement payment. After all the reviews are completed, we will prepare for the DHS' use a report detailing the results of all of our reviews. The PHC4 and the 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 a reminder, Montgomery County Emergency Services 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, 2018, which the facility now believes qualify as self-pay claims, and which have total charges above this facility's threshold of \$47,408.76. 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, 2019. 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 Montgomery County Emergency Services for the cooperation extended to us during the course of our review. If you have any questions, please feel free to contact Tracie Fountain, CPA, Director, Bureau of Children and Youth Services Audits at 717-787-1159.

Sincerely,

Eugene A. DePasquale

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**Auditor General** 

## MONTGOMERY COUNTY EMERGENCY SERVICES REPORT DISTRIBUTION 2020 TOBACCO SETTLEMENT PAYMENT DATA

This report was initially distributed to:

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Bureau of Fiscal Management Department of Human Services

Mr. William Myers

Chief Financial Officer

Montgomery County Emergency Services

This report is a matter of public record and is available online at <a href="www.PaAuditor.gov">www.PaAuditor.gov</a>. 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: <a href="mailto:news@PaAuditor.gov">news@PaAuditor.gov</a>.