

TOBACCO SETTLEMENT PROGRAM

Phoenixville Hospital Tobacco Settlement Payment Data Review Year 2020

November 2019



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**

October 28, 2019

Mr. Edward Chabalowski
Vice President and Chief Financial Officer
Tower Health
140 Nutt Road
Phoenixville, PA 19460

Re: Phoenixville Hospital

Dear Mr. Chabalowski:

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 Phoenixville Hospital'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, 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

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 MA days as reported on its submitted MA-336 cost reports, if filed with 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 five potentially eligible extraordinary expense claims, totaling \$1,812,326.02, for review. We reviewed four of these reported claims, representing at least 80% of the hospital’s total dollar value of reported claims.² The results of our review disclosed these four reported potentially eligible extraordinary expense claims do not meet 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 four reported claims submitted by the facility do not qualify as extraordinary expense claim, this facility is not eligible for payment under the extraordinary expense method for the 2020 Tobacco Settlement Payment Year, unless as noted below, additional claims are submitted and deemed eligible or the facility determines during the self-review period that the one remaining potentially eligible extraordinary expense claim meets the qualifying criteria.

Claim No.	Originally Reported Total Charges	Substantiated Total Charges Based on Account Notes	Patient Payments Applied to Account	Qualify (Y/N) – Reason for Not Qualifying	Adjustment(s) Needed
1	\$533,206.80	\$0	\$0	N – Paid by MA	Claim should be removed from self-pay listing
2	\$481,971.40	\$0	\$0	N – Paid by MA	Claim should be removed from self-pay listing
3	\$352,191.10	\$0	\$0	N – Paid by MA	Claim should be removed from self-pay listing
4	\$226,170.56	\$0	\$0	N – Paid by MA	Claim should be removed from self-pay listing

For MA Days:

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

² The facility is responsible for self-reviewing the remaining claims during the PHC4 “open window” period.

For FYE 6/30/17	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	2,245	2,245	Not Applicable
HMO Days	3,425	3,425	Not Applicable
OOS Days	0	0	Not Applicable

DHS will use all 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 2020 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 2020 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 a reminder, this facility was to submit for our review, by October 31, 2019, 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 believed qualified as self-pay claims, and which had total charges above the facility's threshold of \$202,813.61; we refer to these types of claims as "additional claims." However, as of October 31, 2019, Phoenixville Hospital did not submit any additional claims for our review. For those facilities that submitted additional claims for our review, the results of our review of these facilities' submitted additional claims data will be detailed in individualized reports sent to each such respective hospital.

We thank the staff of Tower Health 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,



Eugene A. DePasquale
Auditor General

**PHOENIXVILLE HOSPITAL
REPORT DISTRIBUTION
2020 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

Mr. Edward Chabalowski
Vice President and Chief Financial Officer
Tower Health

Ms. Kim Wolford
Director of Finance
Tower Health

Ms. Kimberly Brinker
Patient Financial Services Manager
Tower Health

Mr. Jason Christensen
Vice President
Bethlehem Shared Services Center

Ms. Victoria Romanko
Revenue Management
Community Health Systems

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.