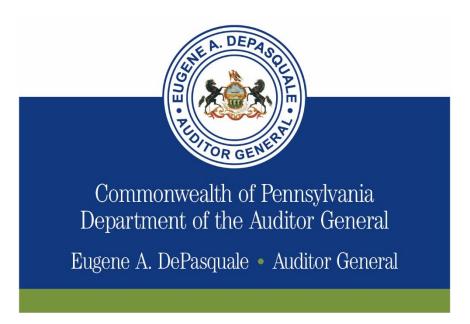
TOBACCO SETTLEMENT PROGRAM

Regional Hospital of Scranton Tobacco Settlement Payment Data Review Year 2021

July 2020





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

EUGENE A. DEPASQUALE AUDITOR GENERAL

July 15, 2020

Mr. Robert Stiekes Chief Financial Officer Regional Hospital of Scranton 746 Jefferson Avenue Scranton, PA 18510

Re: Regional Hospital of Scranton

Dear Mr. Stiekes:

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 Regional Hospital of Scranton'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 three potentially eligible extraordinary expense claims for review. The results of our review disclosed that one of these three reported potentially eligible extraordinary expense claims met the criteria to qualify as an extraordinary expense claim. The chart below details our results and explains any adjustments that should be made to the PHC4 Database. Since we determined that one of these three reported claims submitted by the facility qualifies as an extraordinary expense claim, this facility could be eligible for payment under the extraordinary expense method for the 2021 Tobacco Settlement Payment Year.

		Substantiated	Patient	Qualify	
	Originally	Total Charges	Payments	(Yes/No) –	
Claim	Reported	Based on	Applied to	Reason for Not	Adjustments
No.	Total Charges	Account Notes	Account	Qualifying	Needed
1	\$414,187.50	\$0	\$0	No – paid by	Claim should be
				insurance	removed from
					self-pay listing
2	\$343,538.46	\$0	\$0	No – paid by	Claim should be
				insurance	removed from
					self-pay listing
3	\$142,832.18	\$142,832.18	\$0	Yes	Not Applicable

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	37,972	37,972	Not Applicable

For FYE 6/30/18	Originally	Substantiated	Explanation of
	Submitted Number	Number Based on	Difference
	of Days	Source Documents	
FFS Days	808	808	Not Applicable

For FYE 6/30/18	Originally Submitted	Substantiated	Explanation of
HMO Days	Number of Days	Number Based on	Difference
		Source Documents	
Medicaid Managed	36	36	Not Applicable
Care MIS			
GHP Family	1,802	1,802	Not Applicable
AmeriHealth	561	561	Not Applicable
Northeast			
Aetna Better Health	239	239	Not Applicable
AmeriHealth Mercy	8	8	Not Applicable
Keystone First	3	3	Not Applicable

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 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 \$141,932.81. 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 Regional Hospital of Scranton 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

Eugent J-Pasyer

Auditor General

REGIONAL HOSPITAL OF SCRANTON REPORT DISTRIBUTION 2021 TOBACCO SETTLEMENT PAYMENT DATA

This report was initially distributed to:

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