

TOBACCO SETTLEMENT PROGRAM

Wellspan Philhaven Hospital Tobacco Settlement Payment Data Review Year 2021

November 2020



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General



**Commonwealth of Pennsylvania
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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

October 28, 2020

Mr. Phillip Hess
Chief Executive Officer
Wellspan Philhaven Hospital
283 South Butler Road
Post Office Box 550
Mount Gretna, PA 17604

Re: Wellspan Philhaven Hospital

Dear Mr. Hess:

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 Wellspan Philhaven 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, 2019 and, if so, verify whether corresponding patients were uninsured and the facility received no compensation from

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

third party payers such as Medicare, Medicaid, or Blue Cross. Payments made by the patients 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 five potentially eligible extraordinary expense claims for review. The results of our review disclosed that two of the five 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 two of the five 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	\$82,691.00	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
2	\$56,752.00	\$56,894.90	\$11,302.18	Yes	An adjustment is needed to total charges
3	\$52,887.15	\$52,887.15	\$10,577.43	Yes	Not Applicable
4	\$48,410.00	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
5	\$47,138.00	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing

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	32,470	32,470	Not Applicable

For FYE 6/30/18	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	811	811	Not Applicable

For FYE 6/30/18 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
PerformCare	15,663	15,663	Not Applicable
Community Care Behavioral Health	3,959	3,960	Reporting Error
Community Behavioral Health	62	0	Reporting Error
Magellan	3	3	Not Applicable
Value Behavioral Health	2	0	Reporting Error
MA Managed Care	0	83	Reporting Error

For FYE 6/30/18 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Delaware	12	12	Not Applicable
Maryland	21	13	No overall variance ²
Ohio	0	8	
New Jersey	34	34	Not Applicable
New York	20	20	Not Applicable
Other – Minnesota	7	7	Not Applicable
Other – Alabama	14	14	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.

² There is no overall variance when comparing the submitted out-of-state days to the provider's supporting documentation, however, the supporting documentation included the breakdown between the states as noted.

As a reminder, this facility was to submit for our review, by October 31, 2020, 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 believed qualified as self-pay claims, and which had total charges above the facility's threshold of \$46,269.96; we refer to these types of claims as "additional claims." However, as of October 31, 2020, Wellspan Philhaven 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 Wellspan Philhaven Hospital 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,

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

**WELLSPAN PHILHAVEN HOSPITAL
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2021 TOBACCO SETTLEMENT PAYMENT DATA**

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