Tobacco Settlement Review

BRYN MAWR HOSPITAL

Extraordinary Expense Payment

Year 2012

Commonwealth of Pennsylvania

Eugene A. DePasquale - Auditor General

Department of the Auditor General

COUNCIL 90
AFSCME
UNION LABEL

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

EUGENE A. DEPASQUALE
AUDITOR GENERAL

January 17, 2014

Mr. Michael J. Buongiorno
Chief Financial Officer
Main Line Health
Re: Bryn Mawr Hospital
950 Haverford Road, Suite 110
Bryn Mawr, Pennsylvania 19010

Dear Mr. Buongiorno:

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 Public Welfare (DPW) to make payments to hospitals for a portion of uncompensated care services provided by these facilities. The Department of the Auditor General performed a review of Bryn Mawr Hospital's records to substantiate the claims data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) for payments made under the Tobacco Settlement Act of June 26, 2001 (P.L. 755, No. 77), as amended, 35 P.S. § 5701.101 et seq. The DPW used this claims data to calculate the year 2012 extraordinary expense payment of $106,727.04 it made to this facility for uncompensated care services.

Beginning with payments made under Chapter 11 of the Tobacco Settlement Act of June 26, 2001 (P.L. 755, No. 77), as amended, 35 P.S. § 5701.101 et seq., in June 2002, 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.

The purpose of our review was to determine whether the facility could substantiate its reported claims and verify that the patient was uninsured and received no compensation from third party payers such as Medicare, Medicaid, or Blue Cross. Payments made by the patients

themselves toward their financial obligations will reduce the allowable costs of that claim when determining eligibility.

The results of our review disclosed that of the nine patient billings used to compute the extraordinary expense payment to this facility, one claim was paid by a third party payer and, therefore, did not meet the criteria to qualify for an extraordinary expense payment.

In 2012, Tobacco Settlement funds were made available to qualified hospitals for uncompensated care payments that were calculated using the extraordinary expense approach. The amount of these funds made available was less than the total cost of uncompensated care services claims submitted by qualified hospitals. Therefore, the initial payment DPW made to each hospital was based on the percentage of each hospital's cost of claims to the total cost of claims for all qualified hospitals. The actual payment amount each hospital is entitled to receive cannot be determined until all hospitals' claims have been reviewed and a revised total cost of claims computed.

Our review of the claims data determined that this facility had eight claims with total charges of $1,343,045.00 that would qualify for an extraordinary expense payment. The cost of these qualifying claims was determined to be $298,137.34. This cost will be used to compute the revised 2012 extraordinary expense payment for this facility.

Our office is currently reviewing all facilities that received extraordinary expense payments for year 2012. Once all the reviews are completed, we will prepare a revised entitlement schedule based on the results of all our reviews and we will include that schedule in a final summary report to the DPW. After reviewing our summary report, the DPW will contact you with instructions regarding the settlement of Bryn Mawr Hospital's 2012 extraordinary expense entitlement.

We thank the staff of Main Line Health 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 Firefighters' Relief Association Audits at 717-787-1308.

Sincerely,

EUGENE A. DEPASQUALE
Auditor General

BRYN MAWR HOSPITAL
REPORT DISTRIBUTION
2012 EXTRAORDINARY EXPENSE PAYMENT

This report was initially distributed to:

Mr. Vincent Gordon
Deputy Secretary
Office of Medical Assistance Programs
Department of Public Welfare

Mr. John Kaschak
Director
Bureau of Audits
Office of the Budget
Governor's Office

Mr. Brendan Harris
Chief of Staff
Department of Public Welfare

Mr. Alexander Matolyak
Audit Resolution Chief
Department of Public Welfare

Mr. David Bryan
Manager, Audit Resolution
Department of Public Welfare

Ms. Tina Long
Director
Division of Financial Policy and Operations
Bureau of Financial Operations
Department of Public Welfare

Ms. Trudy Oberholtzer
HSPS Supervisor
Division of Rate Setting
Bureau of Fee-For-Service Programs
Department of Public Welfare

Mr. Michael J. Buongiorno
Chief Financial Officer
Main Line Health

Mr. Pat O'Hara
Director – Reimbursement and Planning
Main Line Health

This report is a matter of public record and is available online at www.auditorgen.state.pa.us. Media questions about the report can be directed to the Pennsylvania Department of the Auditor General, Office of Communications, 231 Finance Building, Harrisburg, PA 17120; via email to: news@auditorgen.state.pa.us.