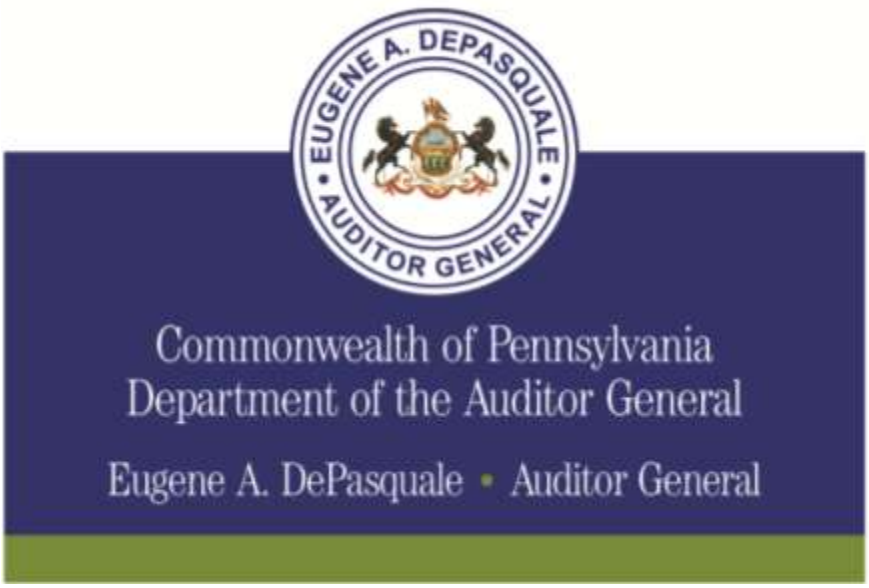
TOBACCO SETTLEMENT REVIEW

Mercy Fitzgerald Hospital

Uncompensated Care Payment
Year 2013

December 2014



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EUGENE A. DEPASQUALE
AUDITOR GENERAL

December 4, 2014

Mr. Joseph Bradley
Chief Financial Officer
Mercy Health Systems of SEPA
1 West Elm Street, Suite #100
Conshohocken, Pennsylvania 19428

Re: Mercy Fitzgerald Hospital

Dear Mr. Bradley:

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. The Department of the Auditor General performed a review of Mercy Fitzgerald Hospital's records to substantiate the data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and the Department of Human Services (DHS) 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 DHS used this data to calculate the year 2013 uncompensated care payment of $507,672.91 it made to the 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 its 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.

Per the requirements of the Tobacco Settlement Act of June 26, 2001 (P.L. 755, No. 77), as amended, 35 P.S. § 5701.101 et seq., the 2013 uncompensated care payment was to be calculated based on three-year averages of the above listed data elements for the fiscal years ended June 30, 2009, 2010, and 2011. However, since the most recent data used by the Centers for Medicare and Medicaid Services (CMS) to calculate the Medicare SSI days was for the fiscal years ended June 30, 2008, 2009, and 2010, the DHS chose to calculate the 2013 Medicare SSI days data element based on three-year averages of these years.

The purpose of our review was to determine whether proper documentation existed for the 15 data elements utilized by the Department of Human Services in calculating the 2013 uncompensated care payment received by the facility. Our review consisted of verifying: the facility's documentation supporting the uncompensated care costs and net patient revenues submitted to the PHC4 for the fiscal years ended June 30, 2009, 2010, and 2011; patients' census records supporting MA days and total inpatient days, as included on the facility's Medical Assistance cost reports submitted to the DHS for the fiscal years ended June 30, 2009, 2010, and 2011; and the Medicare SSI days, as determined by the CMS for the fiscal years ended June 30, 2008, 2009, and 2010.

Additionally, the purpose of our review was to verify the calculation of the UC score used to determine whether a facility qualifies for uncompensated care payment and to calculate the amount of the payment. The UC score is the sum of the three-year averages of uncompensated care costs as a percentage of net patient revenue, Medicare SSI days as a percentage of total inpatient days, and MA days as a percentage of total inpatient days.

The results of our review disclosed that 12 of the 15 data elements utilized by the DHS to calculate the year 2013 uncompensated care payment were properly supported and reconciled to applicable supporting documentation. For the remaining 3 data elements, the following variances were noted:

- For the fiscal years ended June 30, 2008, 2009 and 2010, we found that the number of Medicare SSI days utilized by the DHS to calculate the facility's payment was overstated by 3,922, 3,357 and 3,564 days respectively. This overstatement was due to the CMS website reporting combining days for Mercy Fitzgerald and Mercy Philadelphia hospitals for all three years.

The UC score used by the DHS to calculate the original payment was 33.40%. The results of our review determined that the UC score for Mercy Fitzgerald Hospital should decrease to 33.32%. This revised score could affect the facility's eligibility for the 2013 uncompensated care payment.

Our office is currently reviewing all facilities that received uncompensated care payments for year 2013. 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 DHS. After reviewing our summary report, the DHS will contact you with instructions regarding the settlement of the facility's 2013 uncompensated care entitlement.

We thank the staff of Mercy Health Systems of SEPA 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 at 717-787-1159.

Sincerely,

Eugene A. DePasquale
Auditor General

MERCY FITZGERALD HOSPITAL
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2013 UNCOMPENSATED CARE PAYMENT

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