

TOBACCO SETTLEMENT REVIEW

Southwest Regional Medical Center Uncompensated Care Payment Year 2014

May 2016



Commonwealth of Pennsylvania
Department of the Auditor General
Eugene A. DePasquale • Auditor General



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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

May 26, 2016

Mr. Kevin Vaughn
Vice President of Reimbursement
Regional Care Hospital Partners
103 Continental Place, Suite #200
Brentwood, TN 37027

Re: Southwest Regional Medical Center

Dear Mr. Vaughn:

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 Southwest Regional Medical Center's records to substantiate the data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and the Department of Human Services 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 2014 uncompensated care payment of \$63,336.76 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 2014 uncompensated care payment was calculated based on three-year averages of the above listed data elements for the fiscal years ended June 30, 2010, 2011, and 2012.

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 2014 uncompensated care payment received by the facility. Our review consisted of verifying, for the fiscal years ended June 30, 2010, 2011, and 2012: the facility's documentation supporting the uncompensated care costs and net patient revenues submitted to the PHC4; patients' census records supporting MA days and total inpatient days, as included on the facility's Medical Assistance cost reports submitted to the DHS; and the Medicare SSI days, as determined by the CMS.

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 6 of the 15 data elements utilized by the DHS to calculate the year 2014 uncompensated care payment were properly supported and reconciled to applicable supporting documentation. For the remaining 9 data elements, the following variances/issues were noted:

- For the fiscal year ended June 30, 2012, we found that net patient revenues utilized by the DHS to calculate the facility's payment were understated by \$533,502 based on our review of the facility's internal financial statements.
- For the fiscal year ended June 30, 2011, we found that uncompensated care costs were understated when comparing the facility's internal financial statements to the amount utilized by the DHS. The facility understated its charity care costs, which is a factor of uncompensated care costs, when reporting this data element to the PHC4. As a result, we increased the facility's uncompensated care costs by \$25,605.
- For the fiscal year ended June 30, 2012, we found that uncompensated care costs were overstated when comparing the facility's internal financial statements to the amount utilized by the DHS. The facility overstated its bad debt expense and cost-to-charge ratio, which are factors of uncompensated care costs, when reporting this data element to the PHC4. As a result, we decreased the facility's uncompensated care costs by \$91,110.

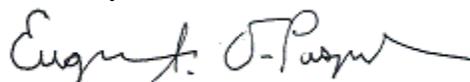
- For the fiscal years ended June 30, 2010 and 2011, we found that total inpatient days were overstated by 34 days and 64 days, respectively, when comparing the facility's census records to the data utilized by the DHS to calculate the facility's payment. These overstatements were due to errors in calculating total inpatient days when reporting these data elements to the DHS by the facility.
- For the fiscal year ended June 30, 2012, we were unable to verify total inpatient days utilized by the DHS to calculate the facility's payment. Supporting documentation for the facility's total inpatient days was not available during the course of our review due to a change in ownership.
- For the fiscal years ended June 30, 2010 and 2011, we found that total MA days were understated by 51 days and 107 days, respectively, when comparing the facility's census records to the data utilized by the DHS to calculate the facility's payment. These understatements were due to errors in calculating HMO days and fee-for-service days, which are factors of total MA days, when reporting these data elements to the DHS by the facility.
- For the fiscal year ended June 30, 2012, we were unable to verify total MA days utilized by the DHS to calculate the facility's payment. Supporting documentation for fee-for-service days, HMO days, and out-of-state days, which are factors of total MA days, was not available during the course of our review due to a change in ownership.

The UC score used by the DHS to calculate the original payment was 31.63%. Because supporting documentation was not provided for 2 of the 15 data elements utilized by the DHS in calculating 2014 uncompensated care payment made to Southwest Regional Medical Center, we were unable to verify the calculations of Southwest Regional Medical Center's UC score and, therefore, unable to determine whether the facility qualified for the 2014 uncompensated care payment it received.

Our office is currently reviewing all facilities that received uncompensated care payments for year 2014. 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 2014 uncompensated care entitlement.

We thank the staff of Regional Care Hospital Partners 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

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REPORT DISTRIBUTION
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