

TOBACCO SETTLEMENT PROGRAM

Conemaugh Memorial Medical Center Tobacco Settlement Payment Data Year 2024

October 2023



Commonwealth of Pennsylvania
Department of the Auditor General

Timothy L. DeFoor • Auditor General



**Commonwealth of Pennsylvania
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**TIMOTHY L. DEFOOR
AUDITOR GENERAL**

October 11, 2023

Mr. Lynn Kennington
Market Chief Financial Officer
Conemaugh Memorial Medical Center
1086 Franklin Street
Johnstown, PA 15905

Re: Conemaugh Memorial Medical Center

Dear Mr. Kennington:

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 approach is based on the hospital's uncompensated care score. The uncompensated care score 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. The extraordinary expense approach is based on the total costs of the 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.

Upon request from DHS, we developed procedures to be performed for each facility that may be eligible to receive a payment for the provision of uncompensated care services to determine the eligibility of reported claims and the accuracy of days data reported by the facility. DHS agreed that the procedures were appropriate to meet its needs and approved the procedures. We obtained records from Conemaugh Memorial Medical Center (facility) and performed the established procedures to substantiate the claims data and days data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and DHS, respectively.¹

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

The purpose of this engagement was to determine whether this facility reported any potentially eligible extraordinary expense claims for the fiscal year ended June 30, 2022 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 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, 2021. We obtained computer processed data from the facility (i.e. account notes and billing information for claims and census reports for days) to determine the eligibility of reported claims and the accuracy of days data reported by the facility. Because of the extensive amount of time that would be required to visit the facility and perform procedures to evaluate the reliability of this data in the facility's information system, DHS management stated that the performance of such procedures is not necessary to meet DHS' needs. As such, we have classified this computer processed data as data of undetermined reliability.

The results of our procedures are as follows:

For Reported Claims:

Based on the PHC4 claims database for the fiscal year ended June 30, 2022, the facility reported 111 potentially eligible extraordinary expense claims. The results of our procedures disclosed that seven of the 111 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 your facility should make to the PHC4 Database. Since we determined that seven of the 111 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 2024 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	\$596,543.29	\$596,207.28	\$0.00	Yes	An adjustment is needed to total charges
2	\$409,357.33	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
3	\$406,876.29	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
4	\$353,218.16	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
5	\$323,026.41	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
6	\$318,819.13	\$318,819.13	\$0.00	Yes	Not Applicable
7	\$293,326.85	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
8	\$292,247.14	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
9	\$290,205.29	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
10	\$273,777.54	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
11	\$262,410.47	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
12	\$256,734.52	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
13	\$247,989.25	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
14	\$228,002.11	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
15	\$225,367.25	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
16	\$218,881.52	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
17	\$209,928.17	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
18	\$209,603.85	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
19	\$198,334.79	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
20	\$194,227.27	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
21	\$193,380.30	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
22	\$189,586.53	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
23	\$188,439.42	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
24	\$187,724.71	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
25	\$184,755.05	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
26	\$182,445.33	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
27	\$175,645.79	\$0.00	\$0.00	No – Still an Active Claim	Claim should be removed from self-pay listing
28	\$174,465.17	\$0.00	\$0.00	No – Not the Patient's Responsibility	Claim should be removed from self-pay listing
29	\$173,329.75	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
30	\$170,140.27	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
31	\$167,506.49	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
32	\$162,951.33	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
33	\$159,045.49	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
34	\$152,768.29	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
35	\$152,599.48	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
36	\$150,969.67	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
37	\$148,856.64	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
38	\$147,137.33	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
39	\$146,532.69	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
40	\$144,842.00	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
41	\$143,374.52	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
42	\$140,641.98	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
43	\$140,454.80	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
44	\$138,743.42	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
45	\$134,734.26	\$0.00	\$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
46	\$133,421.51	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
47	\$131,551.81	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
48	\$130,914.08	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
49	\$129,621.24	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
50	\$128,383.42	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
51	\$127,651.95	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
52	\$126,332.17	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
53	\$125,627.72	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
54	\$123,639.79	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
55	\$122,645.80	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
56	\$121,034.32	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
57	\$119,436.83	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
58	\$118,349.39	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
59	\$117,017.95	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
60	\$116,407.00	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
61	\$114,299.81	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
62	\$113,247.26	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
63	\$111,976.43	\$111,976.43	\$0.00	Yes	Not Applicable
64	\$111,303.10	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
65	\$110,598.57	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
66	\$108,699.77	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
67	\$108,508.34	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
68	\$106,036.17	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
69	\$105,307.69	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
70	\$104,493.67	\$104,367.67	\$0.00	Yes	An adjustment is needed to total charges
71	\$104,290.97	\$104,290.85	\$0.00	Yes	Not Applicable ²
72	\$103,973.46	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
73	\$103,817.05	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
74	\$103,095.40	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

² The difference between the originally reported total charges and the substantiated total charges based on account notes is immaterial, therefore, no adjustment is needed.

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
75	\$102,632.11	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
76	\$101,982.67	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
77	\$99,654.81	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
78	\$99,318.78	\$99,200.74	\$0.00	Yes	An adjustment is needed to total charges
79	\$98,921.06	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
80	\$97,543.82	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
81	\$97,324.41	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
82	\$96,281.06	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
83	\$94,826.85	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
84	\$94,715.32	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
85	\$94,368.19	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
86	\$94,122.89	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
87	\$94,009.04	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
88	\$93,213.27	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing

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
89	\$92,376.12	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
90	\$92,126.37	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
91	\$90,320.76	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
92	\$89,254.31	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
93	\$89,138.63	\$0.00	\$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
94	\$88,467.36	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
95	\$88,201.11	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
96	\$87,911.67	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
97	\$86,571.97	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
98	\$86,464.46	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
99	\$86,226.97	\$0.00	\$0.00	No – Not the Patient's Responsibility	Claim should be removed from self-pay listing
100	\$86,225.32	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
101	\$85,808.27	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
102	\$85,662.86	\$0.00	\$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing

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
103	\$85,165.56	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
104	\$84,483.83	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
105	\$83,794.82	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
106	\$83,012.83	\$82,960.81	\$0.00	Yes	Not Applicable ²
107	\$82,998.45	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
108	\$82,262.73	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
109	\$82,169.09	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
110	\$81,470.36	\$0.00	\$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
111	\$81,255.72	\$0.00	\$0.00	No – Paid by Insurance	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, 2021, our results are as follows:

For FYE 6/30/21	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Total Inpatient Days	80,071	80,574	Reporting Error

For FYE 6/30/21	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	2,126	2,118	Reporting Error

For FYE 6/30/21 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Geisinger Health Family	3	3	Not Applicable
Magellan	2,483	2,468	Reporting Error
Amerihealth Caritas	49	50	Reporting Error
Gateway Health Plan	1,187	1,177	Reporting Error
Aetna Better Health	1,012	1,030	Reporting Error
UPMC for You	6,199	6,074	Reporting Error
Keystone First	31	30	Reporting Error
Community Cares Behavioral	395	428	Reporting Error
Health Partners	10	10	Not Applicable
Performcare	19	19	Not Applicable
Value Behavioral Health	12	12	Not Applicable
Amerihealth Northeast	6	6	Not Applicable
Amerihealth Caritas MA CHC	88	37	Reporting Error
UPMC for Kids	11	13	Reporting Error
UPMC Community Health Choices	492	479	Reporting Error
PA Health and Wellness MA HMO CHC	149	136	Reporting Error
United Healthcare MA	1,867	1,829	Reporting Error
United Healthcare MA Kids	8	8	Not Applicable
Beacon Health	155	155	Not Applicable

For FYE 6/30/21 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
None	0	0	Not Applicable

PHC4 will contact you with instructions regarding entering adjustments to your facility's originally submitted claims during the self-verification process. The facility's failure to remove any claims identified as not qualifying as extraordinary expense claims from the PHC4 self-pay claims listing during the self-verification process will result in the facility's records in the PHC4 database being inaccurate and DHS concluding that the facility is ineligible for payment under the extraordinary expense method. In addition to completing adjustments in the PHC4 database,

any revisions to originally submitted days data on your facility's MA-336 Cost Report should be submitted through the iPACRs system based on the results of our procedures.

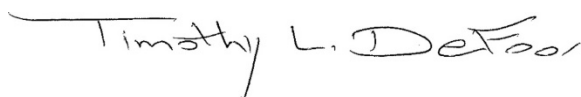
We are in the process of conducting engagements for all facilities that are potentially eligible for a 2024 Tobacco Settlement subsidy entitlement payment. After all the engagements are completed, we will prepare for DHS' use a report detailing the results of all of our engagements.

DHS will use each hospital's revised MA-336 Cost Report and PHC4 database to pull 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 2024 Tobacco Settlement subsidy entitlement payment. DHS establishes the date that these payments will be distributed to all eligible hospitals.

As a reminder, this facility may submit any claims coded as having Medicare, Medicaid, or any other insurance when submitted to the PHC4 for the fiscal year ended June 30, 2022, which the facility now believes qualify as self-pay claims, and which have total charges above this facility's threshold of \$81,017.22. We refer to these types of claims as "additional claims" and these additional claims must be submitted to us no later than October 31, 2023. We will include the results of our procedures for each facility's submitted additional claims data in individualized reports sent to each respective hospital that submitted additional claims.

We thank the staff of Conemaugh Memorial Medical Center for the cooperation extended to us during the course of our engagement. If you have any questions, please feel free to contact the Bureau of County Audits – Hospital and Tobacco Division at 717-787-1159.

Sincerely,

A handwritten signature in black ink that reads "Timothy L. DeFoor". The signature is written in a cursive, flowing style.

Timothy L. DeFoor
Auditor General

**CONEMAUGH MEMORIAL MEDICAL CENTER
REPORT DISTRIBUTION
2024 TOBACCO SETTLEMENT PAYMENT DATA**

This report was initially distributed to:

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HSPS
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Mr. Lynn Kennington
Market Chief Financial Officer
Conemaugh Memorial Medical Center

Ms. Karen Walker
Lead Accountant Financial Operation
Conemaugh Memorial Medical Center

Ms. Kelly Layton
Assistant Chief Financial Officer
Conemaugh Memorial Medical Center

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