

# TOBACCO SETTLEMENT PROGRAM

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## Geisinger Medical Center Tobacco Settlement Payment Data Review Year 2021

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July 2020



Commonwealth of Pennsylvania  
Department of the Auditor General

Eugene A. DePasquale • Auditor General



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**EUGENE A. DePASQUALE  
AUDITOR GENERAL**

July 8, 2020

Mr. Kevin Lanciotti  
Chief Financial Officer  
Geisinger Medical Center  
100 North Academy Avenue  
Danville, PA 17822

Re: Geisinger Medical Center

Dear Mr. Lanciotti:

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 review<sup>1</sup> of Geisinger Medical Center'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 third party payers such as Medicare, Medicaid, or Blue Cross. Payments made by the patients

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

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 28 potentially eligible extraordinary expense claims for review. The results of our review disclosed that none of these 28 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 none of these 28 reported claims submitted by the facility qualify as extraordinary expense claims, this facility is not eligible for payment under the extraordinary expense method for the 2021 Tobacco Settlement Payment Year unless, as detailed below, additional claims are submitted and deemed eligible.

Claim No.	Originally Reported Total Charges	Substantiated Total Charges Based on Account Notes	Patient Payments Applied to Account	Qualify (Y/N) – Reason for Not Qualifying	Adjustment(s) Needed
1	\$1,094,480.11	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
2	\$839,872.45	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
3	\$744,429.34	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
4	\$657,287.04	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
5	\$605,521.74	\$0	\$0	No – Still an active claim	Claim should be removed from self-pay listing
6	\$494,722.17	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
7	\$440,054.65	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
8	\$434,478.82	\$0	\$0	No – Paid by the patient	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 (Y/N) – Reason for Not Qualifying	Adjustment(s) Needed
9	\$398,702.85	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
10	\$311,348.83	\$0	\$0	No – Still an active claim	Claim should be removed from self-pay listing
11	\$302,503.27	\$0	\$0	No – Still an active claim	Claim should be removed from self-pay listing
12	\$299,746.58	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
13	\$299,308.64	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
14	\$278,539.80	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
15	\$275,726.01	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
16	\$269,677.48	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
17	\$259,520.11	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
18	\$254,369.95	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
19	\$253,579.55	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
20	\$243,579.20	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
21	\$239,082.17	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
22	\$235,674.75	\$0	\$0	No – Still an active claim	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 (Y/N) – Reason for Not Qualifying	Adjustment(s) Needed
23	\$231,688.38	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
24	\$230,097.66	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
25	\$220,546.72	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
26	\$215,939.93	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
27	\$209,658.76	\$0	\$0	No – Paid by the patient	Claim should be removed from self-pay listing
28	\$207,364.58	\$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	157,521	157,521	Not Applicable

For FYE 6/30/18	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	6,340	6,340	Not Applicable

For FYE 6/30/18 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
HMO/MA	263	263	Not Applicable
Gateway	23	23	Not Applicable
Comm BHC	1,845	1,845	Not Applicable
CBHNP PA Health Choices	69	69	Not Applicable

For FYE 6/30/18 HMO Days (Continued)	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Unison	60	60	Not Applicable
Amerihealth Northeast	6,312	6,312	Not Applicable
Health Partners	77	77	Not Applicable
Aetna Better Health	4,255	4,255	Not Applicable
Keystone First	35	35	Not Applicable
GHP Family	20,657	20,657	Not Applicable
Amerihealth Caritas	480	480	Not Applicable

For FYE 6/30/18 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Other – New York	188	172	No overall variance <sup>2</sup>
Other – Connecticut	0	4	
Other – Texas	0	12	

DHS will use all substantiated additional 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.

As a reminder, this facility may submit for our review 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 now believes qualify as self-pay claims, and which have total charges above this facility's threshold of \$207,149.80. We refer to these types of claims as "additional claims" and these additional claims must be submitted to the Department of the Auditor General no later than October 31, 2020. The results of our review of each facility's submitted additional claims data will be detailed in individualized reports sent to each respective hospital that submitted additional claims.

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<sup>2</sup> 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 noted.

We thank the staff of Geisinger Medical Center for the cooperation extended to us during the course of our review. If you have any questions, please feel free to contact the 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 extending to the right.

Eugene A. DePasquale  
Auditor General

**GEISINGER MEDICAL CENTER  
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