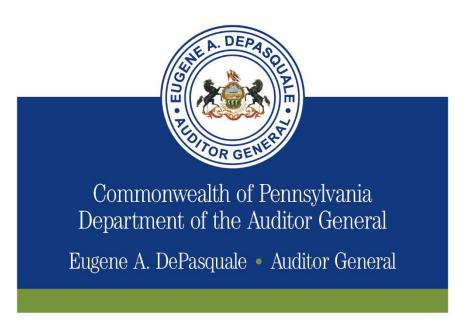
## TOBACCO SETTLEMENT PROGRAM

# Hahnemann University Hospital Tobacco Settlement Payment Data Review Year 2019

November 2018





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

EUGENE A. DEPASQUALE AUDITOR GENERAL

November 20, 2018

Ms. Barbara Mannino Hospital Administration Hahnemann University Hospital 230 North Broad Street Philadelphia, PA 19102

Re: Hahnemann University Hospital

Dear Ms. Mannino:

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 Hahnemann University Hospital's records to substantiate the claims data and days data it submitted to the Pennsylvania Health Care Cost Containment Council (PHC4) and the 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, 2017 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

<sup>&</sup>lt;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 MA days as reported on its submitted MA-336 cost reports, if filed with the DHS, for the fiscal years ended June 30, 2015 and June 30, 2016.

The results of our review are as follows:

#### **For Reported Claims:**

Based on the PHC4 claims database for the fiscal year ended June 30, 2017, the facility reported ten potentially eligible extraordinary expense claims, totaling \$4,066,071.51, for review. We reviewed seven of these reported claims, representing at least 75% of the hospital's total dollar value of reported claims.<sup>2</sup> The results of our review disclosed that five of the seven 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 five of the 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 2019 Tobacco Settlement Payment Year.

|       | Originally   | Substantiated | Patient    |                     |                  |
|-------|--------------|---------------|------------|---------------------|------------------|
|       | Reported     | Total Charges | Payments   | Qualify (Y/N) –     |                  |
| Claim | Total        | Based on      | Applied to | Reason for Not      | Adjustment(s)    |
| No.   | Charges      | Account Notes | Account    | Qualifying          | Needed           |
| 1     | \$729,253.21 | \$729,253.21  | \$0        | Y                   | N/A              |
| 2     | \$472,249.72 | \$472,249.72  | \$0        | Y                   | N/A              |
| 3     | \$454,469.45 | \$0           | \$0        | N - Paid by patient | Claim should be  |
|       |              |               |            |                     | removed from     |
|       |              |               |            |                     | self-pay listing |
| 4     | \$447,575.57 | \$447,575.57  | \$0        | Y                   | N/A              |
| 5     | \$384,936.12 | \$0           | \$0        | N - Paid by MA      | Claim should be  |
|       |              |               |            | -                   | removed from     |
|       |              |               |            |                     | self-pay listing |
| 6     | \$364,100.96 | \$364,100.96  | \$0        | Y                   | N/A              |
| 7     | \$351,800.21 | \$351,800.21  | \$0        | Y                   | N/A              |

-

<sup>&</sup>lt;sup>2</sup> The facility is responsible for self-reviewing the remaining claims during the PHC4 "open window" period, as done in prior years.

#### For MA Days:

For the total MA days for fiscal years ended June 30, 2015 and 2016, our results are as follows:

| For FYE 6/30/15 | Originally                         | Substantiated                 | Explanation of Difference |
|-----------------|------------------------------------|-------------------------------|---------------------------|
|                 | Submitted Number   Number Based on |                               |                           |
|                 | of Days                            | Source Documents <sup>3</sup> |                           |
| FFS Days        | 8,137                              | 8,797                         | The provider failed to    |
|                 |                                    |                               | provide a breakdown of    |
|                 |                                    |                               | FFS days and OOS days.    |
| HMO Days        | 30,453                             | 31,471                        | The provider failed to    |
|                 |                                    |                               | provide an explanation    |
|                 |                                    |                               | detailing the increase in |
|                 |                                    |                               | substantiated days.       |
| OOS Days        | 660                                | 0                             | The provider failed to    |
|                 |                                    |                               | provide a breakdown of    |
|                 |                                    |                               | FFS days and OOS days.    |

| For FYE 6/30/16 | E 6/30/16 Originally Substantiated |                               | Explanation of Difference |  |
|-----------------|------------------------------------|-------------------------------|---------------------------|--|
|                 | Submitted Number                   | Number Based on               |                           |  |
|                 | of Days                            | Source Documents <sup>3</sup> |                           |  |
| FFS Days        | 7,065                              | 7,438                         | The provider failed to    |  |
|                 |                                    |                               | provide a breakdown of    |  |
|                 |                                    |                               | FFS days and OOS days.    |  |
| HMO Days        | 30,913                             | 32,430                        | The provider failed to    |  |
|                 |                                    |                               | provide an explanation    |  |
|                 |                                    |                               | detailing the increase in |  |
|                 |                                    |                               | substantiated days        |  |
| OOS Days        | 372                                | 0                             | The provider failed to    |  |
|                 |                                    |                               | provide a breakdown of    |  |
|                 |                                    |                               | FFS days and OOS days.    |  |

The DHS will use all substantiated reported claims and number of days to calculate Hahnemann University Hospital'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, the DHS will allow the facility to choose the method to be used to calculate the facility's 2019 Tobacco Settlement subsidy entitlement payment. The DHS establishes the date that these payments will be distributed to all eligible hospitals.

<sup>&</sup>lt;sup>3</sup> The provider did not provide a breakdown of FFS days and OOS days, and we included all of the supported FFS and OOS days in the FFS Days row. FFS days and OOS days are treated equally in the calculation for uncompensated care payments, so there will be no effect on a potential uncompensated care payment.

Our office is currently reviewing all facilities that are potentially eligible for a 2019 Tobacco Settlement subsidy entitlement payment. After all the reviews are completed, we will prepare for the DHS' use a report detailing the results of all of our reviews. The PHC4 and the 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 a reminder, Hahnemann University Hospital was to submit for our review, by October 31, 2018, any claims coded as having Medicare, Medicaid, or any other insurance when submitted to PHC4 for the fiscal year ended June 30, 2017, which the facility believed qualified as self-pay claims, and which had total charges above Hahnemann University Hospital's threshold of \$267,093.42; we refer to these types of claims as "additional claims." However, as of October 31, 2018, Hahnemann University Hospital had not submitted any additional claims for review. For those facilities that submitted additional claims for our review, the results of our review of these facilities' submitted additional claims data will be detailed in individualized reports sent to each such respective hospital.

We thank the staff of Hahnemann University Hospital 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 Audits at 717-787-1159.

Sincerely,

Eugene A. DePasquale

Eugraf O-Page

Auditor General

### HAHNEMANN UNIVERSITY HOSPITAL REPORT DISTRIBUTION 2019 TOBACCO SETTLEMENT PAYMENT DATA

This report was initially distributed to:

Ms. Leesa Allen

Executive Deputy Secretary Department of Human Services

Mr. R. Dennis Welker

Special Audit Services Bureau of Audits Office of the Budget

Mr. David Bryan

Manager Audit Resolution Department of Human Services

Mr. Alexander Matolyak

Director
Division of Audit and Review
Department of Human Services

Ms. Lindsay Bachalis

Accounting Manager Hahnemann University Hospital Ms. Johanna Fabian-Marks

Chief of Staff

Department of Human Services

Ms. Tina Long

Director

Bureau of Financial Operations Department of Human Services

Ms. Erica Eisenacher

**HSPS** 

Bureau of Managed Care Department of Human Services

Ms. Barbara Mannino

Hospital Administration

Hahnemann University Hospital

This report is a matter of public record and is available online at <a href="www.PaAuditor.gov">www.PaAuditor.gov</a>. Media questions about the report can be directed to the Pennsylvania Department of the Auditor General, Office of Communications, 229 Finance Building, Harrisburg, PA 17120; via email to: <a href="mailto:news@PaAuditor.gov">news@PaAuditor.gov</a>.