

# TOBACCO SETTLEMENT REVIEW

---

## Valley Forge Medical Center Uncompensated Care Payment Year 2014

---

January 2016



Commonwealth of Pennsylvania  
Department of the Auditor General

Eugene A. DePasquale • Auditor General



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

**EUGENE A. DePASQUALE  
AUDITOR GENERAL**

January 28, 2016

Mr. Gregg Slocum  
Chief Financial Officer  
Valley Forge Medical Center  
1033 West German Pike  
Norristown, PA 19403

Dear Mr. Slocum:

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 Valley Forge 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 \$124,167.80 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 10 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 5 data elements, the following variances were noted:

- For the fiscal year ended June 30, 2011, we found that uncompensated care costs were overstated when comparing the facility's audited financial statements to the amounts utilized by the DHS. The facility overstated its charity care costs, which is a factor of uncompensated care costs, when reporting this data element to the PHC4. As a result, we decreased the facility's uncompensated care costs by \$5,809.
- For the fiscal year ended June 30, 2012, we found that total inpatient days were overstated by 17 days when comparing the facility's census records to the data utilized by the DHS to calculate the facility's payment. This overstatement was due to an error in calculating total inpatient days when reporting this data element to the DHS by the facility.
- For the fiscal year ended June 30, 2011, we found that total MA days were overstated by 410 days when comparing the facility's census records to the data utilized by the DHS to calculate the facility's payment. This overstatement was due to an error in calculating HMO days, which is a factor of total MA days, when reporting this data element to the DHS by the facility.

- For the fiscal years ended June 30, 2010 and 2012, we found that total MA days were understated by 5 days and 8 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, which is a factor of total MA days, when reporting these data elements to the DHS by the facility.

The UC score used by the DHS to calculate the original payment was 58.36%. The results of our review determined that the UC score for Valley Forge Medical Center should decrease to 57.56%. This revised score could affect the facility's eligibility for the 2014 uncompensated care payment.

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 Valley Forge Medical Center 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

**VALLEY FORGE MEDICAL CENTER  
REPORT DISTRIBUTION  
2014 UNCOMPENSATED CARE PAYMENT**

This report was initially distributed to:

**Ms. Leesa Allen**

Deputy Secretary  
Office of Medical Assistance Programs  
Department of Human Services

**Mr. David Bryan**

Manager  
Audit Resolution  
Department of Human Services

**Mr. R. Dennis Welker**

Special Audit Services  
Bureau of Audits  
Office of the Budget

**Ms. Tina Long**

Director  
Bureau of Financial Operations  
Department of Human Services

**Mr. Brendan Harris**

Executive Deputy Secretary  
Department of Human Services

**Ms. Erica Eisenacher**

HSPS  
Bureau of Managed Care  
Department of Human Services

**Mr. Alexander Matolyak**

Director  
Division of Audit and Review  
Department of Human Services

**Mr. Gregg Slocum**

Chief Financial Officer  
Valley Forge Medical Center

This report is a matter of public record and is available online at [www.PaAuditor.gov](http://www.PaAuditor.gov). 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: [news@PaAuditor.gov](mailto:news@PaAuditor.gov).