

TOBACCO SETTLEMENT PROGRAM

Geisinger Medical Center Tobacco Settlement Payment Data Year 2024

November 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**

November 2, 2023

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 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 Geisinger 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 55 potentially eligible extraordinary expense claims. The results of our procedures disclosed that four of the 55 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 four of the 55 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	\$2,876,282.14	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
2	\$2,247,720.11	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
3	\$1,881,431.25	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
4	\$1,377,384.17	\$0.00	\$0.00	No – Not a Self-Pay 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 (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
5	\$1,186,537.18	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
6	\$1,168,372.85	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
7	\$1,065,598.83	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
8	\$955,622.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
9	\$949,251.23	\$949,251.23	\$0.00	Yes	Not Applicable
10	\$833,042.54	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
11	\$638,786.36	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
12	\$623,372.32	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
13	\$601,950.68	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
14	\$577,405.34	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
15	\$553,088.69	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
16	\$548,781.87	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
17	\$509,557.75	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
18	\$496,442.00	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
19	\$495,397.11	\$0.00	\$0.00	No – Not a Self-Pay 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 (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
20	\$493,242.48	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
21	\$477,844.78	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
22	\$437,081.44	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
23	\$415,280.04	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
24	\$415,057.34	\$415,057.34	\$0.00	Yes	Not Applicable
25	\$394,189.34	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
26	\$382,310.19	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
27	\$365,977.88	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
28	\$362,638.29	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
29	\$352,424.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
30	\$347,402.30	\$347,402.30	\$0.00	Yes	Not Applicable
31	\$340,979.83	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
32	\$325,376.11	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
33	\$324,143.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
34	\$324,138.67	\$0.00	\$0.00	No – Not a Self-Pay 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 (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
35	\$323,653.49	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
36	\$322,214.26	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
37	\$321,638.41	\$0.00	\$0.00	No – Still an Active Claim	Claim should be removed from self-pay listing
38	\$317,994.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
39	\$317,163.15	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
40	\$315,427.39	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
41	\$297,895.77	\$297,895.77	\$0.00	Yes	Not Applicable
42	\$292,060.58	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
43	\$291,523.96	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
44	\$290,654.48	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
45	\$289,888.32	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
46	\$285,164.08	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
47	\$281,123.76	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
48	\$278,694.47	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
49	\$277,261.55	\$0.00	\$0.00	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 (Yes/No) – Reason for Not Qualifying	Adjustment(s) Needed
50	\$271,384.68	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
51	\$269,706.81	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
52	\$268,123.68	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
53	\$267,395.92	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
54	\$267,224.29	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
55	\$258,740.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	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	158,891	158,882	Reporting Error

For FYE 6/30/21	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	5,261	5,261	Not Applicable

For FYE 6/30/21 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
HMO/MA	36	36	Not Applicable
Gateway	92	92	Not Applicable
Comm BHC	2,562	2,562	Not Applicable
CBHNP PA Health Choices	18	18	Not Applicable

For FYE 6/30/21 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Unison	18	18	Not Applicable
Amerihealth Northeast	3,309	3,309	Not Applicable
Health Partners	34	34	Not Applicable
Aetna Better Health	4,082	4,082	Not Applicable
Keystone First	56	56	Not Applicable
GHP Family	18,363	18,363	Not Applicable
Amerihealth Caritas	4,445	4,445	Not Applicable
United Health Community Plan	88	88	Not Applicable
PA Health and Wellness	229	229	Not Applicable
UPMC	363	363	Not Applicable

For FYE 6/30/21 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
New York	13	307	Reporting Error
Other	10	10	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.

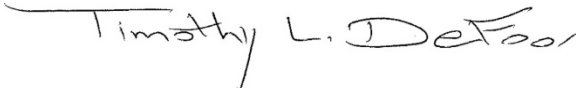
DHS will use each hospital's revised MA-336 Cost Report and PHC4 database to pull reported claims and number of days to calculate this facility's eligibility to receive, and if deemed eligible, its subsidy entitlement under both the extraordinary expense and uncompensated care methods. If eligible under 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 was to submit, by October 31, 2023, 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 believed qualified as self-pay claims, and which had total charges above the facility's threshold of \$258,604.43; we refer to these types of claims as

“additional claims.” As of October 31, 2023, Geisinger Medical Center had not submitted any additional claims. For those facilities that submitted additional claims, we will include the results of our procedures for these facilities’ submitted additional claims data in individualized reports sent to each such respective hospital.

We thank the staff of Geisinger 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 style with a long horizontal line extending from the start of the name.

Timothy L. DeFoor
Auditor General

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2024 TOBACCO SETTLEMENT PAYMENT DATA**

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