

TOBACCO SETTLEMENT PROGRAM

Abington Hospital Tobacco Settlement Payment Data Year 2026

November 2025



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 7, 2025

Mr. Joseph Cunningham
Senior Director of Reimbursement & Revenue Integrity
Jefferson Health
1101 Market Street, 29th Floor
Philadelphia, PA 19107

Re: Abington Hospital

Dear Mr. Cunningham:

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 Abington Hospital (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, 2024 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, 2023. 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, 2024, the facility reported 29 potentially eligible extraordinary expense claims. The results of our procedures disclosed that 24 of the 29 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 24 of the 29 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 2026 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	\$355,856.19	\$355,856.19	\$0.00	Yes	Not Applicable
2	\$234,920.26	\$234,920.26	\$0.00	Yes	Not Applicable
3	\$196,553.10	\$196,553.10	\$0.00	Yes	Not Applicable
4	\$178,373.07	\$178,373.07	\$0.00	Yes	Not Applicable
5	\$170,525.68	\$170,525.68	\$0.00	Yes	Not Applicable
6	\$169,853.86	\$169,853.86	\$0.00	Yes	Not Applicable
7	\$167,253.34	\$167,253.34	\$0.00	Yes	Not Applicable
8	\$160,173.69	\$160,173.69	\$0.00	Yes	Not Applicable
9	\$157,638.73	\$157,638.73	\$0.00	Yes	Not Applicable
10	\$143,480.98	\$143,480.98	\$0.00	Yes	Not Applicable
11	\$142,461.34	\$142,461.34	\$0.00	Yes	Not Applicable
12	\$140,163.76	\$140,163.76	\$0.00	Yes	Not Applicable

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
13	\$133,848.94	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
14	\$132,587.66	\$132,587.66	\$0.00	Yes	Not Applicable
15	\$130,711.95	\$130,711.95	\$0.00	Yes	Not Applicable
16	\$128,599.92	\$128,599.92	\$0.00	Yes	Not Applicable
17	\$126,010.08	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
18	\$114,312.07	\$114,312.07	\$0.00	Yes	Not Applicable
19	\$112,720.01	\$112,720.01	\$0.00	Yes	Not Applicable
20	\$111,928.53	\$111,928.53	\$0.00	Yes	Not Applicable
21	\$110,803.12	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
22	\$109,026.07	\$0.00	\$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
23	\$108,648.11	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
24	\$108,449.63	\$108,449.63	\$0.00	Yes	Not Applicable
25	\$104,959.98	\$104,959.98	\$0.00	Yes	Not Applicable
26	\$103,504.14	\$103,504.14	\$0.00	Yes	Not Applicable
27	\$102,883.16	\$102,883.16	\$0.00	Yes	Not Applicable
28	\$100,808.20	\$100,808.20	\$0.00	Yes	Not Applicable
29	\$99,522.65	\$99,522.65	\$0.00	Yes	Not Applicable

For Total Inpatient Days and Total MA Days:

For the total inpatient days and total MA days for fiscal year ended June 30, 2023, our results are as follows:

For FYE 6/30/23	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Total Inpatient Days	171,582	174,572	Reporting Error

For FYE 6/30/23	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	10,610	10,509	Reporting Error

For FYE 6/30/23 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Keystone First	9,913	9,941	Reporting Error
Health Partners	5,834	5,905	Reporting Error
Aetna Better Health	580	580	Not Applicable
AmeriHealth Cartas PA	196	196	Not Applicable
CHC AmeriHealth Cartas PA	16	16	Not Applicable
CHC PA Health & Wellness	672	678	Reporting Error
Fidelis Care	11	0	Reporting Error
Geisinger Health Plan	252	252	Not Applicable
Highmark Wholecare Medicaid	45	45	Not Applicable
Keystone First CHC	1,776	1,762	Reporting Error
United Healthcare Community Plan	1,099	1,113	Reporting Error
UPMC	615	615	Not Applicable
UPMC CHC	386	333	Reporting Error
Wellcare	6	6	Not Applicable
Generic Medicaid Managed Care	0	47	Reporting Error

For FYE 6/30/23 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Delaware	2	5	Reporting Error
Maryland	9	0	Reporting Error
New Jersey	314	243	Reporting Error
California	0	11	Reporting Error
Connecticut	0	7	Reporting Error
Florida	0	16	Reporting Error
Illinois	0	4	Reporting Error
New York	0	28	Reporting Error
Oregon	0	22	Reporting Error

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.

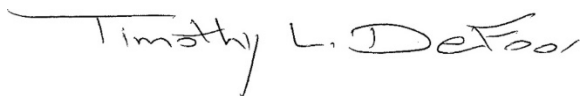
We are in the process of conducting engagements for all facilities that are potentially eligible for a 2026 Tobacco Settlement subsidy entitlement payment. After all the engagements are completed, we will prepare for DHS' use a report detailing the results of all of our engagements.

DHS will use each hospital's verified PHC4 database and revised MA-336 Cost Report 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 2026 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, 2025, any claims coded as having Medicare, Medicaid, or any other insurance when submitted to the PHC4 for the fiscal year ended June 30, 2024, which the facility believed qualified as self-pay claims, and which had total charges above the facility's threshold of \$98,458.38; we refer to these types of claims as "additional claims." As of October 31, 2025, Abington Hospital submitted six additional claims. For facilities that have submitted additional claims, we will send the results of our procedure to each respective hospital.

We thank the staff of Jefferson Health 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

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