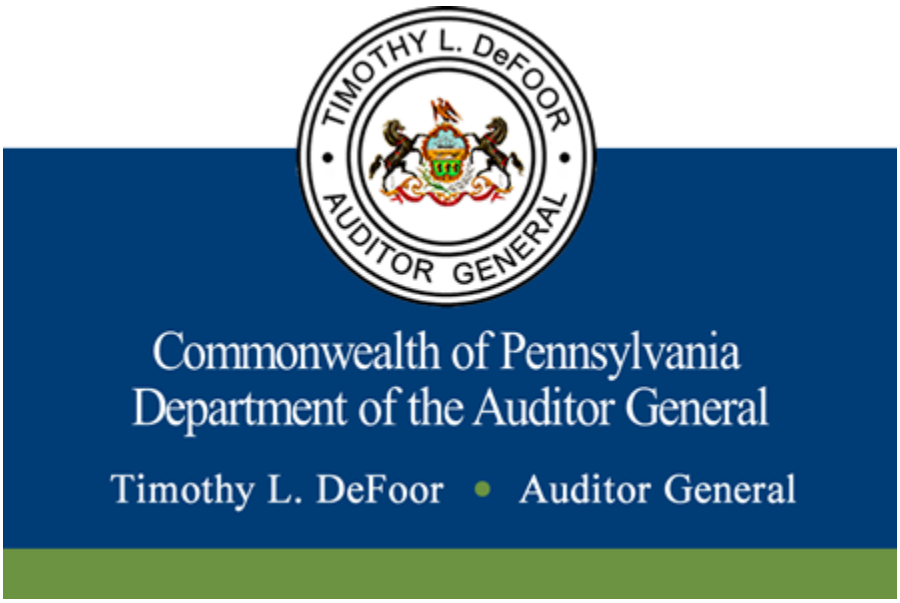
TOBACCO SETTLEMENT PROGRAM

Lancaster General Hospital
Tobacco Settlement Payment Data
Year 2026

September 2025



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TIMOTHY L. DEFOOR
AUDITOR GENERAL

September 3, 2025

Mr. Luke Parrish
Senior Government Reimbursement Analyst
Lancaster General Hospital
555 North Duke Street
Lancaster, PA 17604

Re: Lancaster General Hospital

Dear Mr. Parrish:

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 Lancaster General 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 23 potentially eligible extraordinary expense claims. The results of our procedures disclosed that one of the 23 reported potentially eligible extraordinary expense claims met the criteria to qualify as an extraordinary expense claim. The chart below details our results and explains any adjustments that your facility should make to the PHC4 Database. Since we determined that one of the 23 reported claims submitted by the facility qualifies as an extraordinary expense claim, 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	$417,369.15	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
2	$405,347.85	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
3	$381,677.10	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
4	$364,640.10	$0.00	$0.00	No – Paid by Medical Assistance	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	$361,915.25	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
6	$226,150.10	$226,150.10	$28,947.21	Yes	Not Applicable
7	$195,349.69	$0.00	$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
8	$190,845.60	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
9	$182,057.45	$0.00	$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
10	$156,070.55	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
11	$154,472.35	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
12	$150,447.95	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
13	$146,386.50	$0.00	$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
14	$145,160.30	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
15	$144,595.85	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
16	$139,097.80	$0.00	$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
17	$136,823.25	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
18	$129,567.90	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
19	$128,241.00	$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	$122,458.10	$0.00	$0.00	No – Not a Self-Pay Claim	Claim should be removed from self-pay listing
21	$122,217.20	$0.00	$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
22	$117,226.80	$0.00	$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
23	$109,628.85	$0.00	$0.00	No – Paid by Insurance	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, 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	150,655	155,444	Reporting Error

For FYE 6/30/23	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	3,623	3,623	Not Applicable

For FYE 6/30/23 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Aetna Better Health	143	143	Not Applicable
Amerihealth Caritas Health Plan	8,837	8,837	Not Applicable
Keystone First	177	177	Not Applicable
MA Gateway Health Plan	5,869	5,869	Not Applicable
UHC Community Plan	917	919	Change in Payer Class
UPMC For You	4,106	4,107	Change in Payer Class
Health Partners Medicaid	410	410	Not Applicable

For FYE 6/30/23 HMO Days (Continued)	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
MA PA Health & Wellness CHC	466	466	Not Applicable
UPMC MA CHC	619	619	Not Applicable
CHC MA Amerihealth Caritas PA	1,078	1,078	Not Applicable
Geisinger GHP Family HMO Plan	370	370	Not Applicable
MA Keystone First CHC	10	10	Not Applicable

For FYE 6/30/23 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Delaware	5	5	Not Applicable
Maryland	31	31	Not Applicable
New Jersey	16	16	Not Applicable
New York	96	96	Not Applicable
Ohio	3	3	Not Applicable
Virginia	11	11	Not Applicable
AZ/CT/FL	13	0	No Overall Variance
Arizona	0	5	
Connecticut	0	6	
Florida	0	2	
IL/IN/MA	18	0	No Overall Variance
Illinois	0	3	
Indiana	0	7	
Massachusetts	0	8	
ME/MO/PR	92	0	No Overall Variance
Maine	0	32	
Missouri	0	51	
Puerto Rico	0	9	
SC/TN/TX	35	0	No Overall Variance
South Carolina	0	29	
Tennessee	0	2	
Texas	0	4	

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 may submit 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 now believes qualify as self-pay claims, and which have total charges above this facility's threshold of $106,571.28. We refer to these types of claims as "additional claims" and these additional claims must be submitted to us no later than October 31, 2025. For facilities that submit additional claims, we will send the results of our procedure to each respective hospital.

We thank the staff of Lancaster General Hospital 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,

Timothy L. DeFoor

Timothy L. DeFoor
Auditor General

LANCASTER GENERAL HOSPITAL
REPORT DISTRIBUTION
2026 TOBACCO SETTLEMENT PAYMENT DATA

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Mr. Luke Parrish
Senior Government Reimbursement Analyst
Lancaster General Hospital

Mr. Michael Rossi
Director of Reimbursement
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