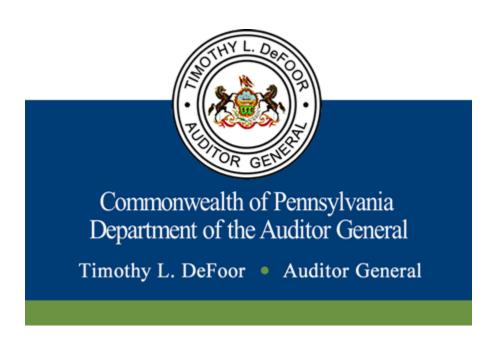
TOBACCO SETTLEMENT PROGRAM

Penn Highlands Dubois Tobacco Settlement Payment Data Year 2025

November 2024





Commonwealth of Pennsylvania Department of the Auditor General Harrisburg, PA 17120-0018 Facebook: Pennsylvania Auditor General Twitter: @PAAuditorGen www.PaAuditor.gov

TIMOTHY L. DEFOOR AUDITOR GENERAL

October 22, 2024

Mr. Brian Kline System, Vice President of Finance Penn Highlands Dubois 100 Hospital Avenue Dubois, PA 15801

Re: Penn Highlands Dubois

Dear Mr. Kline:

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 Penn Highlands Dubois (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, 2023 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, 2022. 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, 2023, the facility reported six potentially eligible extraordinary expense claims. The results of our procedures disclosed that four of the six 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 six 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 2025 Tobacco Settlement Payment Year.

	Originally	Substantiated	Patient	Qualify	
	Reported	Total Charges	Payments	(Yes/No) –	
Claim	Total	Based on	Applied to	Reason for Not	Adjustment(s)
No.	Charges	Account Notes	Account	Qualifying	Needed
1	\$98,122.85	\$0.00	\$0.00	No – Paid by	Claim should be
				Medical	removed from
				Assistance	self-pay listing
2	\$93,039.20	\$93,039.20	\$0.00	Yes	Not Applicable
3	\$88,435.25	\$88,435.25	\$0.00	Yes	Not Applicable
4	\$56,755.05	\$56,755.05	\$0.00	Yes	Not Applicable
5	\$54,237.20	\$54,237.20	\$0.00	Yes	Not Applicable
6	\$52,403.75	\$0.00	\$0.00	No – Still an	Claim should be
				Active Claim	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, 2022, our results are as follows:

For FYE 6/30/22	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Total Inpatient Days	55,552	55,552	Not Applicable
For FYE 6/30/22	Originally	Substantiated	Explanation of
	Submitted Number of Days	Number Based on Source Documents	Difference
FFS Days	778	778	Not Applicable
For FYE 6/30/22	Originally	Substantiated	Explanation of
HMO Days	Submitted Number of Days	Number Based on Source Documents	Difference
Aetna Better Health/	519	519	Not Applicable
Coventry Amerihealth Caritas PA	468	468	Not Applicable
Amerihealth Northeast	11	11	Not Applicable
Community Behavioral Health	5,696	5,696	Not Applicable
Gateway Health Plus	120	120	Not Applicable
United Healthcare Community Plan of PA	41	41	Not Applicable
UPMC for You/ UPMC Health Plan	3,923	3,923	Not Applicable
Value Behavioral Health of PA	136	136	Not Applicable
Geisinger Family MCD HMO	22	22	Not Applicable
UPMC CHC	317	317	Not Applicable
Health Partners	6	6	Not Applicable

For FYE 6/30/22	Originally	Substantiated	Explanation of
OOS Days	Submitted Number	Number Based on	Difference
	of Days	Source Documents	
Ohio	8	8	Not Applicable

For FYE 6/30/22	Originally	Substantiated	Explanation of
OOS Days	Submitted Number	Number Based on	Difference
(Continued)	of Days	Source Documents	
South Carolina	22	22	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 2025 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 2025 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, 2024, any claims coded as having Medicare, Medicaid, or any other insurance when submitted to the PHC4 for the fiscal year ended June 30, 2023, which the facility believed qualified as self-pay claims, and which had total charges above the facility's threshold of \$51,767.13; we refer to these types of claims as "additional claims." As of October 31, 2024, Penn Highlands Dubois had not submitted any additional claims.

We thank the staff of Penn Highlands Dubois 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 Auditor General

Timothy L. Detool

PENN HIGHLANDS DUBOIS REPORT DISTRIBUTION 2025 TOBACCO SETTLEMENT PAYMENT DATA

This report was initially distributed to:

Ms. Sally Kozak

Deputy Secretary Office of Medical Assistance Programs 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. Brian Kline

System, Vice President of Finance Penn Highlands Dubois Mr. Alexander Matolyak

Director

Division of Audit and Review Department of Human Services

Ms. Tina Long

Director

Bureau of Financial Operations Department of Human Services

Ms. Erica Eisenacher

HSPS

Bureau of Fiscal Management Department of Human Services

Ms. Kimberlee Powell

Reimbursement Analyst Penn Highlands Dubois

This report is a matter of public record and is available online at 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.