

# TOBACCO SETTLEMENT PROGRAM

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## St. Luke's Hospital Bethlehem Tobacco Settlement Payment Data Year 2025

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December 2024



Commonwealth of Pennsylvania  
Department of the Auditor General

Timothy L. DeFoor • Auditor General



**Commonwealth of Pennsylvania  
Department of the Auditor General  
Harrisburg, PA 17120-0018  
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**TIMOTHY L. DEFOOR  
AUDITOR GENERAL**

November 13, 2024

Ms. Francine Botek  
Senior Vice President  
St. Luke's University Health Network  
801 Ostrum Street  
Bethlehem, PA 18015

Re: St. Luke's Hospital Bethlehem

Dear Ms. Botek:

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 St. Luke's Hospital Bethlehem (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.<sup>1</sup>

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<sup>1</sup> 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 27 potentially eligible extraordinary expense claims. The results of our procedures disclosed that 18 of the 27 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 18 of the 27 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.

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	\$996,207.84	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
2	\$736,370.87	\$0.00	\$0.00	No – Paid by Medical Assistance	Claim should be removed from self-pay listing
3	\$571,700.90	\$0.00	\$0.00	No – Paid by Insurance	Claim should be removed from self-pay listing
4	\$559,777.92	\$559,047.92	\$0.00	Yes	An adjustment is needed to total charges

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	\$459,711.84	\$459,676.94	\$0.00	Yes	Not Applicable <sup>2</sup>
6	\$421,211.95	\$420,481.95	\$0.00	Yes	An adjustment is needed to total charges
7	\$396,344.25	\$396,344.25	\$0.00	Yes	Not Applicable
8	\$379,214.96	\$379,034.06	\$0.00	Yes	An adjustment is needed to total charges
9	\$349,631.76	\$349,596.86	\$0.00	Yes	Not Applicable <sup>2</sup>
10	\$342,726.42	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
11	\$336,067.42	\$336,067.42	\$0.00	Yes	Not Applicable
12	\$332,261.94	\$332,261.94	\$0.00	Yes	Not Applicable
13	\$323,203.75	\$323,203.75	\$0.00	Yes	Not Applicable
14	\$313,529.96	\$0.00	\$0.00	No – Allowable Charges are Below Threshold <sup>3</sup>	Claim should be removed from self-pay listing
15	\$304,155.76	\$303,571.76	\$0.00	Yes	An adjustment is needed to total charges
16	\$302,777.03	\$0.00	\$0.00	No – Still an Active Claim	Claim should be removed from self-pay listing
17	\$286,763.26	\$286,763.26	\$0.00	Yes	Not Applicable
18	\$284,937.63	\$283,915.63	\$94.00	Yes	An adjustment is needed to total charges
19	\$281,538.08	\$281,538.08	\$0.00	Yes	Not Applicable
20	\$279,946.90	\$279,946.90	\$0.00	Yes	Not Applicable
21	\$275,515.41	\$275,296.41	\$0.00	Yes	An adjustment is needed to total charges

<sup>2</sup> The difference between the originally reported total charges and the substantiated total charges based on account notes is immaterial, therefore, no adjustment is needed.

<sup>3</sup> During our review, we noted a charge adjustment that resulted in a decrease in total charges, bringing the substantiated total allowable charges to \$231,490.18. Because this total is less than the facility's threshold of \$255,349.60, the claim does not qualify as an extraordinary expense claim.

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
22	\$271,434.13	\$0.00	\$0.00	No – Allowable Charges are Below Threshold <sup>4</sup>	Claim should be removed from self-pay listing
23	\$266,492.39	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
24	\$261,780.80	\$0.00	\$0.00	No – Paid by the Patient	Claim should be removed from self-pay listing
25	\$261,570.37	\$261,351.37	\$0.00	Yes	An adjustment is needed to total charges
26	\$260,772.81	\$260,772.81	\$0.00	Yes	No
27	\$259,987.59	\$259,841.59	\$0.00	Yes	An adjustment is needed to total charges

**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	205,773	205,773	Not Applicable

For FYE 6/30/22	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
FFS Days	6,297	6,297	Not Applicable

For FYE 6/30/22 HMO Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Aetna Better Health PA	1,025	1,025	Not Applicable
Amerihealth Caritas	10,464	10,464	Not Applicable

<sup>4</sup> During our review, we noted a charge adjustment that resulted in a decrease in total charges, bringing the substantiated total allowable charges to \$77,192.29. Because this total is less than the facility's threshold of \$255,349.60, the claim does not qualify as an extraordinary expense claim.

For FYE 6/30/22 HMO Days (Continued)	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Amerihealth Caritas PA	4	4	Not Applicable
Gateway Health Plan	2,426	2,426	Not Applicable
Geisinger GHP Family	1,691	1,691	Not Applicable
Health Partners	85	85	Not Applicable
Keystone First	645	645	Not Applicable
Northampton Co Magellan Medicaid	2,879	2,879	Not Applicable
Lehigh Co Magellan Medicaid	5,989	5,989	Not Applicable
Montgomery Co Magellan Medicaid	103	103	Not Applicable
United Community Families of PA	124	124	Not Applicable
United Comm Kids	5	5	Not Applicable
United Community of PA	671	671	Not Applicable
UPMC Health Plan	850	850	Not Applicable
Bucks Co Magellan Medicaid	555	555	Not Applicable
Community Care Behavioral Health	3,542	3,542	Not Applicable
Amerigroup Community Care	82	82	Not Applicable
Amerihealth Caritas Community Healthchoices	921	921	Not Applicable
Keystone First Community Healthchoices	117	117	Not Applicable
PA Health and Wellness Community Healthchoices	152	152	Not Applicable
Misc Medicaid MCO	289	289	Not Applicable
Wellcare Medicaid	32	32	Not Applicable
Geisinger GHP Kids	20	20	Not Applicable
Delaware Co Magellan Medicaid	12	12	Not Applicable

For FYE 6/30/22 HMO Days (Continued)	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Highmark Wholecare MA MCO	2,209	2,209	Not Applicable

For FYE 6/30/22 OOS Days	Originally Submitted Number of Days	Substantiated Number Based on Source Documents	Explanation of Difference
Delaware	2	2	Not Applicable
Maryland	7	7	Not Applicable
New Jersey	938	938	Not Applicable
New York	481	481	Not Applicable
Massachusetts	3	3	Not Applicable
Connecticut	23	23	Not Applicable
Florida	23	23	Not Applicable
Out of State	68	0	No Overall Variance
California	0	24	
Wisconsin	0	4	
North Carolina	0	3	
Puerto Rico	0	16	
Ohio	0	3	
Oklahoma	0	4	
Nevada	0	6	
Virginia	0	8	

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.

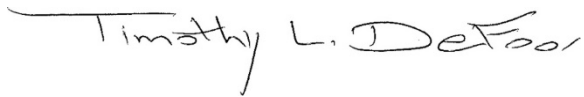
We are in the process of conducting engagements for all facilities that are potentially eligible for a 2025 Tobacco Settlement subsidy entitlement payment. After all the engagements are completed, we will prepare for DHS' use a report detailing the results of all of our engagements.

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 \$255,349.60; we refer to these types of claims as "additional claims." As of October 31, 2024, St. Luke's Hospital Bethlehem submitted four additional claims for review. For facilities that submitted additional claims, we will send the results of our procedure separately to each respective hospital.

We thank the staff of St. Luke's University Health Network 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 and is positioned above a horizontal line that extends to the left.

Timothy L. DeFoor  
Auditor General



**ST. LUKE’S HOSPITAL BETHLEHEM  
REPORT DISTRIBUTION  
2025 TOBACCO SETTLEMENT PAYMENT DATA**

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