Senator Baldacci, Representative Meyer and Distinguished Members of the Health and Human Services Committee, I am Dr. Ed Kimlin of MaineHealth, and I am here to testify in strong support of LD 1104, “Resolve, to Amend the MaineCare Hospital Readmission Protocol.”

This bill would address a long-standing issue that we have experienced with the rule that governs penalties for hospital readmissions, and specifically the exceptions to those penalties. As a nonprofit health care system, MaineHealth is proud to provide high quality care to all in need, regardless of payer status. We serve a significant number of MaineCare enrollees, and we have successfully participated in the MaineCare Accountable Communities program since its inception. In fact, we have achieved savings in many of our years of participation. MaineHealth supports value-based payment models, including those that are intended to hold us accountable for providing excellent care.

During the budget process in the 2009-10, hospitals agreed to support readmissions penalties that excluded specific conditions. Substance use disorder was one of the conditions. MaineCare developed rules that included the exceptions. However, the language that MaineCare adopted for the exception for individuals with substance use disorder is extremely narrow. In addition, MaineCare has routinely denied cases that we believe clearly fall into this definition, but for which the primary diagnosis upon readmission is a physical manifestation of substance use disorder. Finally, MaineCare has denied claims for services provided to those whose primary diagnosis is substance use – and even those whose primary diagnosis is mental illness.

This bill is intended to clarify the language for exceptions related to substance use disorder, as well as to add the situation in which a patient leaves the hospital against medical advice (AMA), but returns within 14 days.

As we stated in a memo to the Department in 2020, we believe strongly that readmissions for individuals whose physical conditions are caused by substance use should be excluded from the Department’s readmissions policy. These admissions are the consequence of chronic brain pathologies for which we can encourage, but not force, treatment. Examples of such scenarios include recurrent acute pancreatitis resulting from significant alcohol use, recurrent acute exacerbation of alcoholic hepatitis due to alcohol use, acute alcohol and opioid withdrawal syndromes, and serious acute infections that complicate intravenous (IV) drug use.
In the memo, we suggested two administrative actions that the Department could take to ease the process: (1) an enhanced appeals process and (2) an update to their revenue processing software to reflect the codes that should always be excluded from the policy. Given that the denials continue, including denials upheld following appeal, it appears that neither suggestion has been adopted. Thus I appear before you today.

Finally, we do have unfortunate cases in which patients leave the hospital against medical advice. We ask that hospitals not be held financially accountable for those readmissions, over which we have no control.

Thank you for the opportunity to address this issue that has created frustration, financial cost and unnecessary administrative burden to our providers.

Thank you, and I would be happy to answer questions.