HOUSE DOCKET, NO. 2294 FILED ON: 1/20/2011

HOUSE . . . . . No. 2381

The Commonwealth of Massachusetts

PRESENTED BY:

Joyce A. Spiliotis

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying:

An Act An Act to reduce preventable hospital readmissions

.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Joyce A. Spiliotis	*12th Essex*
Christine E. Canavan	*10th Plymouth*

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HOUSE . . . . . No. 2381

By Ms. Spiliotis of Peabody, a petition (accompanied by bill, House, No. 2381) of Joyce A. Spiliotis and Christine E. Canavan for legislation to reduce preventable hospital readmissions. Public Health.

The Commonwealth of Massachusetts

An Act An Act to reduce preventable hospital readmissions
□.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Section 1.

2 Chapter 118G of the General Laws as appearing in the 2008 Official Edition, is hereby
3 amended by inserting after section 41 the following section:- Section 42. Reduction of
4 preventable hospital readmissions

5 As used in this section, the following words shall have the following meanings:

6 "Potentially Preventable Readmission" (PPR) shall mean a readmission to a hospital that
7 follows a prior discharge from a hospital within 14 days, and that is clinically-related to the prior
8 hospital admission.

9 "Observed rate of Readmission" shall meant the number of admissions in each hospital
10 that were actually followed by at least one PPR divided by the total number of admissions.

11 "Expected Rate of Readmission" shall mean a risk adjusted rate for each hospital that
12 accounts for the severity of illness, and age of patients at the time of discharge preceding the
13 readmission.

14 "Excess Rate of Readmission" shall mean the difference between the observed rates of
15 potentially preventable readmissions and the expected rate of potentially preventable
16 readmissions for each hospital.

17

18 Section 2. Potentially Preventable Readmission criteria.

19 1) A hospital readmission is a return hospitalization following a prior discharge that
20 meets all of the following criteria:

21 a. The readmission could reasonably have been prevented by the provision of
22 appropriate care consistent with accepted standards in the prior discharge or during the post
23 discharge follow-up period.

24 b. The readmission is for a condition or procedure related to the care during the prior
25 hospitalization or the care during the period immediately following the prior discharge and
26 including, but not limited to:

27 i. The same or closely related condition or procedure as the prior discharge.

28 ii. An infection or other complication of care.

29 iii. A condition or procedure indicative of a failed surgical intervention.

30 iv. An acute decompensation of a coexisting chronic disease.

31 c. The readmission is back to the same or to any other hospital.

32 2) Readmissions, for the purposes of determining potentially preventable
33 readmissions, excludes the following circumstances:

34 a. The original discharge was a patient initiated discharge and was Against Medical
35 Advice (AMA) and the circumstances of such discharge and readmission are documented in the
36 patient's medical record.

37 b. The original discharge was for the purpose of securing treatment of a major or
38 metastatic malignancy, multiple trauma, burns, neonatal and obstetrical admissions.

39 c. The readmission was a planned readmission or one that occurred on or after 15
40 days following an initial admission.

41 (b) The division shall develop a methodology to calculate the expected rate of potentially
42 preventable readmissions for each hospital, and calculate the excess rate of readmission.

43 (c) The division shall measure the observed rate of readmission, and on a regular and
44 ongoing basis; publish on its website the rates of potentially preventable hospital readmission
45 rates for each hospital licensed in the commonwealth using the definitions and criteria set for in
46 this section. The division shall calculate and publish, both by individual hospital and statewide,
47 the observed rate of readmission, the expected rate of readmission and the excess rate of
48 readmission for each hospital. In compiling the data necessary for the calculation, the division
49 shall, to the maximum extent feasible, utilize existing data collected from hospitals and carriers.

50 (d) The division shall convene an advisory committee to develop a standardized
51 methodology to be applied to payments to hospitals that report excess readmissions and make
52 recommendations for a consistent methodology to be adopted across all payers to reduce hospital
53 payments for those hospitals with excess readmissions. The advisory committee shall consist of
54 the commissioner of the division of health care finance and policy, who shall serve as chair; the
55 commissioner of the group insurance commission, or designee; the director of the office of
56 Medicaid, or designee; the commissioner of the department of public health, or designee; the
57 executive director of the commonwealth connector, or designee; one member representing the
58 Massachusetts association of health plans, one member representing the Massachusetts hospital
59 association, one member representing the Massachusetts medical society, one members with
60 expertise in hospital billing and payment, and one member with expertise in hospital
61 reimbursement.

62 The advisory committee shall convene no later than January 1, 2012 and shall develop its
63 recommendation by no later than April 1, 2012, which shall include a plan to implement the
64 recommended methodologies in all state programs including the state Medicaid program, the
65 health safety net care pool, and the commonwealth care program.