



October 1, 2019

*Wayne A. Smith  
President & CEO*

Director Steve Groff  
Division of Medicaid and Medical Assistance  
Planning, Policy and Quality Unit  
1901 North DuPont Highway, P.O. Box 906  
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(Submitted Via Email to [Nicole.M.Cunningham@delaware.gov](mailto:Nicole.M.Cunningham@delaware.gov))

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*Saint Francis Healthcare*

Daniel Sinnott  
President & CEO

*Delaware Healthcare  
Association*

Wayne A. Smith  
President & CEO

RE: Acute Inpatient Hospital Readmission Claims

Dear Director Groff,

The Delaware Healthcare Association (DHA), representing hospitals and health care delivery systems in Delaware, appreciates the opportunity to comment on the Delaware Division of Medicaid & Medical Assistance (DMMA) Acute Inpatient Hospital Readmission Claims proposed regulation. DHA opposes the proposal in its current form. We urge DMMA to withdraw the proposed regulation and instead convene a group of stakeholders to examine the issues DMMA is seeking to address in more detail to achieve a workable solution.

DHA objects to the sudden (proposed effective date is November 11, 2019) and significant increase in the readmission time interval the Delaware Medical Assistance (DMAP) Medical Review Team would now utilize to reject claims for acute care hospital services for patients readmitted to the same hospital. The proposed regulation increases the time period for reviewable readmission by 200% from 10 days to 30 days. This extended month-long period creates innumerable opportunities for a patient to be readmitted to the hospital that go beyond the quality of medical care received.

In addition, there are certain chronic conditions where patients are likely to be readmitted to the hospital, regardless of receiving the highest quality hospital and follow up care. Convening a group of stakeholders, including clinicians, who could assist in identifying conditions that fall into this category -- and should not be subject to nonpayment upon readmission -- is necessary before finalizing any changes to the review of hospital readmission claims.

DHA also strongly objects to the resulting nonpayment for the second admission if DMAP determines that the patient was readmitted within the 30-day time frame set in the proposal as a result of a possible premature discharge. Other payers review readmissions within a set time interval and apply a penalty, adjusting payment. If DMMA chooses to move forward with the 30-day time interval, we recommend that a penalty, rather than nonpayment, should be the result of a readmission found to be due to premature discharge.

This proposal sends a conflicting message. Insurance programs have length of stays for which they will pay. This dramatic change in exposure to penalties shifts the incentive away from discharge when a patient no longer needs acute hospital care towards holding them longer to try and mitigate potential readmissions, the risk of which may not be apparent in an individual case.

We appreciate the opportunity to comment on the proposed Acute Inpatient Hospital Readmission Claims regulation and urge DMMA to withdraw the proposal. Instead, we request that DMMA convene a group of stakeholders to come up with workable alternative solutions, such as implementing a penalty instead of nonpayment. Please feel free to contact me with any questions.

Sincerely,



Wayne A. Smith  
President & CEO