



116th MAINE LEGISLATURE

FIRST REGULAR SESSION-1993

Legislative Document

No. 817

H.P. 602

House of Representatives, March 8, 1993

An Act to Encourage Fair Medicare Payments to Hospitals and to Promote Management Improvements and Planning by Hospitals and for Related Purposes.

Reference to the Committee on Human Resources suggested and ordered printed.

JOSEPH W. MAYO, Clerk

Presented by Representative SIMONDS of Cape Elizabeth. Cosponsored by Senator PARADIS of Aroostook and Representatives: CARROLL of Gray, PENDEXTER of Scarborough, RYDELL of Brunswick, TREAT of Gardiner.

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	Ro if	enacted by the People of the State of Maine as follows:
2	De n	chacted by the reopte of the State of Manne as follows:
		Sec.1. 22 MRSA §396-D, sub-§9, ¶I is enacted to read:
4		1. In determining payment year financial requirements, the
6		commission may include a positive adjustment for the support
8	and a second second	of a project to be undertaken by an individual hospital, or for a portion of the funds necessary to support a project to
10		be undertaken by a group of hospitals for any of the following purposes:
12		(1) Research, design, development or demonstration of significant improvements in medical care management or
14		in health care information systems;
16		(2) Improvements in measurement and evaluation of
18		<u>patient care services; or</u>
	· · ·	(3) Development of plans for a health care provider or
20	e na star st	group of providers to facilitate access in the communities served by the provider or providers to
22		health care services of reasonable guality, scope and
24		j <mark>eost.</mark> Na seconda de la companya de la comp
		The commission shall make an adjustment under this paragraph
26		if it finds that the funds provided would promote
20		significant improvements in medical care management,
28		information systems, measurement and evaluation of patient service or planning by providers to facilitate improvements
30		in patient care. The commission shall also take into consideration the special needs and circumstances of small
32	-	hospitals and hospitals eligible for regulation under the
34		total revenue system established under section 396, subsection 4. Adjustments under this paragraph apply to the
36		payment year or payment years in which the project described in the adjustment request are implemented. Adjustments
2.0		under this paragraph may not be reduced by the operation of
38		the standard component adjustment specified in subsection 6-A and must be excluded from the computation of the
40		standard component.
42		Sec. 2. 22 MRSA §396-D, sub-§11, ¶C is enacted to read:
44		<u>C. The payment year or years to which an adjustment for a provider planning or medical care improvement project</u>
46		applies must be determined in accordance with subsection 9, paragraph I.
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50	§7, ±	Sec. 3. 22 MRSA §936-F, sub-§3, as amended by PL 1991, c. 830, is repealed and the following enacted in its place:

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3. Differentials. The commission shall provide for revenue deductions that reflect differentials established and approved pursuant to section 396-G. In calculating revenue deductions to reflect differentials under the Medicare program, the commission shall exclude from its determination the following amounts:

A. Any amounts that the commission finds have been paid by the Medicare program for the following activities, to the extent that the activities have been approved under section 396-R, unless any costs of the activities have been added to a hospital's financial requirements:

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(1) The expansion of a family practice residency program after June 30, 1992; and

(2) The provision of spaces in a residency program in internal medicine, pediatrics or obstetrics and gynecology, in any given year, for the number of first-year residents that is greater than the number of first-year residents in that program at the same hospital prior to June 30, 1992.

B. Any amounts that the commission finds have reasonably been expended by a hospital in order to appeal a reimbursement decision made by the Medicare program. In order to allow hospitals to recover the full amount expended to secure increases or avoid decreases in Medicare reimbursement by pursuing appeals, the commission shall exclude from revenue deduction calculations for each payment year a total amount of Medicare payments equal to the total expended by the hospital on appeals in the most recent year for which data is available. For purposes of this paragraph, "appeal" refers to any process of review of a Medicare reimbursement decision, formal or informal, conducted by a fiscal intermediary, government office, administrative agency or review board, or by a court of law.

STATEMENT OF FACT

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The purpose of this bill is to remove a disincentive for 44 hospitals to pursue appeals of federal administrative denials of Medicare payments. Under current law, hospitals must absorb all of the costs of pursuing such appeals, even though all of the increases in Medicare payments resulting from pursuit of the appeal benefit the other payors for hospital services, rather than the hospital itself. This bill provides that the 'Maine Health Care Finance Commission will not count Medicare payments

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in determining hospital revenue limits to the extent that those payments cover the costs of appeals. Increased payments over and above the cost of the appeal or increased payments in future years once the costs of appeal have been recovered will still be counted by the Maine Health Care Finance Commission and will reduce the hospital's revenue limit.

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The bill also encourages hospitals to engage in research and demonstration projects to improve the effectiveness and efficiency of the services provided by supplementing support of those projects facilitated by the commission's Management Support Fund.

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