

## ACCESS ANALYSIS

**SPA TN: 17-0015**

**TITLE: Inpatient Hospital Services  
High Medicaid Hospitals  
Supplemental Payments Pool Reduction**

**EFFECTIVE DATE: March 1, 2017**

**SUBMISSION DATE: March 31, 2017**

### Purpose of the SPA

This State Plan Amendment (SPA) proposes to reduce the total supplemental payments pool for non-rural, non-state hospitals classified as high Medicaid hospitals from \$1,000,000 to \$1,000.

### Purpose of the Addendum

Louisiana Medicaid has determined that the impact of SPA TN 17-0015 may result in a reduction in payments to providers for inpatient hospital services rendered by hospitals classified as high Medicaid hospitals; therefore, in compliance with the provisions of 42 CFR 447.203-204, the State is providing the following analysis of continued access to these services for covered Medicaid recipients.

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## DATA ANALYSIS

### Pertinent Data Analysis

The Louisiana Department of Health (LDH) has determined that the reduction of the supplemental payments pool for non-rural, non-state hospitals classified as high Medicaid hospitals will have no impact on access to care relative to inpatient hospital services. These supplemental payments were implemented in 2007 in the aftermath of Hurricanes Katrina and Rita. The payments were to partially alleviate the financial burden that non-state owned hospitals were experiencing at that time due to the impact of the hurricanes on the state's healthcare delivery system. As the majority of the healthcare delivery system for low-income citizens in Louisiana has now fully transitioned from the state-owned and operated "charity hospital system" to a public-private partnership model, the Department has evaluated all Medicaid payments and determined that a reduction to the high Medicaid supplemental payments pool will not have an impact on access to care.

As this proposed change will have no impact on access, our analysis has determined that beneficiaries will continue to have sufficient access to hospital services.

### Characteristics of the Beneficiary Population

The reduction to the supplemental payments pool for high Medicaid hospitals has no impact on the beneficiary population.

### Estimated Levels of Provider Payment from Other Sources

Supplemental payments for services rendered by high Medicaid hospitals are not paid by other payers, only Louisiana Medicaid.

## PUBLIC INPUT ANALYSIS

### Effect the Change Has on Access and the Concerns of Beneficiaries, Providers & Stakeholders

The reduction to this supplemental payments pool will not have an impact on beneficiaries, and will not impede their continued access to inpatient hospital services.

Public notification of this change was provided to beneficiaries, providers and stakeholders through two modes of communication. A public notice/legal ad [[High Medicaid Hospitals Pool Reduction Public Notice](#)] in the eight major daily newspapers of the state on or before March 1, 2017. The Department also published a notice in the State's official journal, the *Louisiana Register* (<http://www.doa.la.gov/osr/REG/1703/1703.pdf>) on March 20, 2017. As with the majority of proposed changes that may impact hospitals in the state, LDH consults with the largest provider organization representing hospitals in the state, the Louisiana Hospital Association (LHA), and other key stakeholders (i.e., the Governor, Legislative Budget Committee, etc.) on potential changes to their payments prior to making the change.

### State Response to Input and Concerns

There has not been any concerns received from beneficiaries, providers or stakeholders about this DSH pool reduction.

### Mechanisms to Address Ongoing Beneficiary and Provider Input

Although this proposed reduction to the high Medicaid hospitals' supplemental payments pool will have no impact on beneficiaries, all interested parties (beneficiaries, providers and stakeholders) always have an open line of communication via telephone, the Department's website and email to the program manager(s) responsible for the oversight of hospital services. In the case of this SPA, with the implementation of public-private partnerships in the state, the reduction of this supplemental payment pool is not expected to have an adverse impact on hospitals.

Also, there are several different mechanisms that the State has in place for beneficiaries, providers and stakeholders to share their concerns, offer recommendations for service changes and inquire about issues relative to their Medicaid coverage. These mechanisms include, but are not limited to, a toll-free publicized hotline, global dedicated email addresses for electronic submissions to Louisiana Medicaid, publicized fax lines, direct contact through periodic meetings, etc.

The State also continues its review of concerns voiced through the analyzing of grievance and appeals data and complaints received.

## BENEFICIARY IMPACT

### Beneficiary Needs

The proposed supplemental payments pool reduction will not affect Medicaid beneficiaries. Their needs will continue to be met.

#### Availability of Care

The proposed change will not affect the availability of care. The same infrastructure for inpatient hospital services will continue to exist, and Medicaid recipients will still have the same access to the services that exist currently.

#### Utilization Changes

Louisiana Medicaid does not anticipate any changes in beneficiary utilization as a result of this change. The reduction to this supplemental payments pool will not have an adverse impact on beneficiaries' ability to access inpatient hospital services when necessary.

## **MONITORING PROCEDURES**

#### Three-Year Monitoring Procedures

The State has developed public-private partnerships with statewide hospitals and has close working relationships with these hospitals. The State monitors utilization of hospital services very closely and will continue to monitor the sufficiency of payments over the next three-year period to ensure that hospitals will be able to continue providing access to care for the beneficiaries of the state.

#### Remediation Process for Inadequate Access

Although the State does not anticipate that this change in supplemental payments for high Medicaid hospitals will affect access to inpatient hospital services, the state will continue to monitor statistics and available data. Should an adverse impact be identified through data analysis, the State will move to immediately address areas of concern, and pursuant to the federal access to care monitoring requirements, submit a corrective action plan and timelines to specifically address the identified areas of impact.