

## RÉSUMÉ DIGEST

**ACT 143 (HB 286)**

**2022 Regular Session**

**Turner**

Existing law establishes requirements and standards for credentialing by Medicaid managed care organizations of healthcare providers who furnish health services to persons enrolled in the state's Medicaid managed care program. New law retains existing law.

New law stipulates that all of the following healthcare providers shall be considered to have satisfied, and shall otherwise be exempt from having to satisfy, any credentialing requirements of a Medicaid managed care organization:

- (1) Any healthcare provider who maintains hospital privileges or is a member of a hospital medical staff with a hospital licensed in accordance with existing law.
- (2) Any healthcare provider who is a member of the medical staff of a rural health clinic licensed in accordance with existing law.
- (3) Any healthcare provider who is a member of the medical staff of a federally qualified health center as defined in existing law.

New law provides that if the federal Medicaid agency withholds or defers payment of, or disallows a claim for, federal financial participation, in whole or in part, based upon a determination that a provider exempted by new law has not been credentialed or recredentialed as required by federal regulations, the state may recoup from the provider or the hospital an amount equal to the federal monies withheld, deferred, or disallowed, in order that the state is indemnified from all losses and made whole.

New law authorizes the La. Department of Health to promulgate administrative rules to provide for further credential-deeming authority applicable to other provider types with appropriate safeguards.

Effective August 1, 2022.

(Adds R.S. 46:460.61(F)-(H))