
DIGEST

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HB 258 Original

2016 Regular Session

Mike Johnson

Abstract: Adds grounds and procedures for denial or revocation of Medicaid provider agreements pursuant to the Medical Assistance Programs Integrity Law.

Present law known as the Medical Assistance Programs Integrity Law provides grounds for denial or revocation of agreements between healthcare providers and the Department of Health and Hospitals, referred to hereafter as the "department", for provision of services to Medicaid enrollees.

Proposed law retains present law, and adds thereto violating or entering into a settlement agreement under the provisions of present law and proposed law, the Federal False Claims Act, the Federal Civil Monetary Penalties Act, or any other similar statutes pertaining to fraud as grounds for denial or revocation of a Medicaid provider agreement.

Proposed law provides that if a False Claims Act action or other similar action is brought by a *qui tam* plaintiff or relator, no violation of proposed law has occurred until the defendant has been found liable in the action, either by final judgment or by entering into a settlement agreement which requires the defendant to pay any sum as damages to the relator in the *qui tam* action and to the federal government or any state government who contends in the settlement agreement that the defendant submitted false claims or made false statements in connection with claims submitted under any of the following programs:

- (1) The Medicaid program or any other publicly funded medical assistance program.
- (2) Any federal block grant program.

Proposed law provides that no violation of proposed law has occurred if, at minimum, five years have passed from the time a person is found liable or entered a settlement agreement under the False Claims Act, or other similar civil statute, and the conditions of the judgment or settlement have been satisfactorily fulfilled.

Proposed law requires the department to promulgate emergency rules requiring an immediate review of all active Medicaid provider agreements. Requires further that all Medicaid providers disclose to the department any and all documentation pertaining to any grounds for provider agreement revocation provided in present law and proposed law relative to conduct by the healthcare provider, his agent, a managing employee, provider-in-fact, affiliate, or any person having an ownership interest equal to 5% or greater in the healthcare provider. Provides that the emergency rules required by proposed law shall require such documentation from providers upon initial application for

enrollment, as well as upon renewal, or at any time requested by the department.

Proposed law requires that any healthcare provider seeking a license to operate in a facility that is maintained, owned, or operated by its affiliate healthcare provider enrolled as a Medicaid provider shall first disclose to the department whether the enrolled provider to which it is an affiliate is subject to being held in violation of present law or proposed law pertaining to fraud or false claims submitted by the enrolled provider under a state or federal medical assistance program.

Proposed law provides that if an applicant provider discloses to the department that the applicant provider, his agent, a managing employee, provider-in-fact, affiliate, or any person having an ownership interest equal to 5% or greater in the healthcare provider is subject to being considered in violation of present law or proposed law pertaining to fraud or false claims submitted to any publicly funded medical assistance program or any federal block grant program, then the applicant provider shall be considered ineligible to obtain a license to establish or operate a healthcare facility in this state.

Proposed law provides that the ineligibility of a provider for a license pursuant to proposed law does not depend on imposition by the department of prior or future sanctions on the provider, his agent, a managing employee, provider-in-fact, affiliate, or any person having an ownership interest equal to 5% or greater in the healthcare provider.

Proposed law provides that if at least five years have passed from the time a provider initially became subject to being considered in violation of present law or proposed law pertaining to fraud or false claims, then the provider shall be eligible to apply for a license.

(Amends R.S. 46:437.14(A)(intro. para.) and (12); Adds R.S. 46:437.3(31) and 437.14(A)(13), (C), and (D))