



Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Provides that failure to execute the provisions of the managed care organization's contractual responsibility to mitigate fraud and waste is not considered a risk of the managed care organization.
2. Provides that the Medicaid managed care organization is not precluded from recouping and retaining improper payments and overpayments to a provider after the state has been reimbursed.
3. Requires each Medicaid managed care organization to report every instance of fraud, waste, or abuse to the Louisiana Department of Health and the attorney general.
4. Clarifies that among the attorney general's enforcement authority is the ability to impose penalties, civil monetary penalties, and additional recoveries or costs of investigations.
5. Clarifies that the Louisiana Department of Health or the attorney general shall not be precluded from enforcing and imposing penalties otherwise provided for in law or regulation.
6. Replaces "monetary sanctions" with "penalties".
7. Removes the word "irrefutably" from the burden of proof provision regarding false information submitted by the provider to the managed care organization.