SLS 20RS-540 **ORIGINAL** 

2020 Regular Session

SENATE BILL NO. 391

BY SENATOR FRED MILLS

CIVIL PROCEDURE. Provides relative to the Medical Assistance Programs Integrity Law. (8/1/20)

AN ACT

1 2 To amend and reenact R.S. 46:437.3(7) through (11) and (14) through (28), 437.5, 438.1(A) and (C)(1), 438.3(A), (B), and (D) through (H), 438.6(A) and (D)(3), 438.7(3), 3 438.8(D), 439.1(A), (D)(1) and (F), 439.2(A), (B), and (E), and 439.4(A)(1), (C)(2), 4 5 (F) and (G), and to enact R.S. 46:437.6(D), 437.7(E), 438.3(I) through (N), 438.5(F), and 438.8(B)(3), and to repeal R.S. 46:437.3(29) and (30), 439.1(G), 439.2(F), and 6 7 440.3, relative to the Medicaid Assistance Programs Integrity Law; to provide for 8 settlement; to provide for injunctive relief; to provide for civil actions; to provide for 9 false or fraudulent claims and misrepresentation; to provide for civil penalties; to 10 provide for recovery; to provide for reduction of damages; to provide for burden of 11 proof, prima facie evidence and standard of review; to provide for qui tam action and procedure; to provide for recovery; and to provide for related matters. 12 13 Be it enacted by the Legislature of Louisiana: 14 Section 1. R.S. 46:437.3(7) through (11) and (14) through (28), 437.5, 438.1(A) and (C)(1), 438.3(A), (B) and (D) through (H), 438.6(A) and (D)(3), 438.7(3), 438.8(D), 15 16 439.1(A), (D)(1) and (F), 439.2(A), (B), and (E), and 439.4(A)(1), (C)(2), (F) and (G) are 17 hereby amended and reenacted and R.S. 46:437.6(D), 437.7(E), 438.3(I) through (N),

1	438.5(F), and 438.8(B)(3) are hereby enacted to read as follows:
2	§437.3. Definitions
3	As used in this Part the following terms shall have the following meanings:
4	* * *
5	(7) "False or fraudulent claim" means a claim which the health care provider
6	or his billing agent submits knowing the claim to be false, fictitious, untrue, or
7	misleading in regard to any material information. "False or fraudulent claim" shall
8	include a claim which is part of a pattern of incorrect submissions in regard to
9	material information or which is otherwise part of a pattern in violation of applicable
10	federal or state law or rule.
11	(8) "Good, service, or supply" means any good, item, device, supply, or
12	service for which a claim is made, or is attempted to be made, in whole or part.
13	(9)(8) "Health care provider" means any person furnishing or claiming to
14	furnish a good, service, or supply under the medical assistance programs, any other
15	person defined as a health care provider by federal or state law or by rule, and a
16	provider-in-fact.
17	(10)(9) "Ineligible recipient" means an individual who is not eligible to
18	receive health care through the medical assistance programs.
19	(11)(10) "Knowing" or "knowingly" means that the person has actual
20	knowledge of the information or acts in deliberate ignorance or reckless disregard
21	of the truth or falsity of the information. No proof of specific intent to defraud is
22	required.
23	(11) "Managed Care Organization" means any person or entity
24	contracted with the department for the provision or management of healthcare
25	benefits under the medical assistance programs through a capitated rate.
26	* * *
27	(14) "Medical assistance programs" means the Medical Assistance Program
28	(Title XIX of the Social Security Act), commonly referred to as "Medicaid", and
29	other programs operated by and funded in the department which provide payment to

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1	health care providers administered by the department.
2	(15) "Misrepresentation" means the knowing failure to truthfully or fully
3	disclose any and all information required, or the concealment of any and all
4	information required on a claim or a provider agreement or the making of a false or
5	misleading statement to the department relative to the medical assistance programs.
6	(16) "Obligation" means an established duty, whether or not fixed, arising
7	from an express or implied contractual, grantor, grantee, or licensor-licensee
8	relationship, from a free-based or similar relationship, from statute or regulation, or
9	from the retention of any overpayment.

(17)(16) "Order" means a final order imposed pursuant to an administrative adjudication.

(18)(17) "Ownership interest" means the possession, directly or indirectly, of equity in the capital or the stock, or the right to share in the profits, of a health care provider.

(19) "Payment" means the payment to a health care provider from medical assistance programs funds pursuant to a claim, or the attempt to seek payment for a claim.

(20)(18) "Property" means any and all property, movable and immovable, corporeal and incorporeal.

(21)(19) "Provider agreement" means a document which is required as a condition of enrollment or participation as a health care provider under the medical assistance programs.

(22)(20) "Provider-in-fact" means an agent who directly or indirectly participates in management decisions, has an ownership interest in the health care provider, or other persons defined as a provider-in-fact by federal or state law or by rule.

(23)(21) "Recipient" means an individual who is eligible to receive health care through the medical assistance programs.

(24)(22) "Recoupment" means recovery through the reduction, in whole or

l	in part, of payment to a health care provider.
2	(25)(23) "Recovery" means the recovery of overpayments, damages, fines,
3	penalties, costs, expenses, restitution, attorney fees, or interest or settlement
4	amounts.
5	(26)(24) "Rule" means any rule or regulation promulgated by the department
6	in accordance with the Administrative Procedure Act and any federal rule or
7	regulation promulgated by the federal government in accordance with federal law.
8	(27)(25) "Sanction" shall include but is not limited to any or all of the
9	following:
10	(a) Recoupment.
11	(b) Posting of bond, other security, or a combination thereof.
12	(c) Exclusion as a health care provider.
13	(d) A monetary penalty.
14	(28)(26) "Secretary" means the secretary of the Louisiana Department of
15	Health, or his authorized designee.
16	(29)(27) "Secretary or attorney general" means that either party is authorized
17	to institute a proceeding or take other authorized action as provided in this Part
18	pursuant to a memorandum of understanding between the two so as to notify the
19	public as to whether the secretary or the attorney general is the deciding or
20	controlling party in the proceeding or other authorized matter, however the
21	secretary may pursue an action pursuant to R.S. 46:438.1 et seq. only if the
22	department referred the matter to the attorney general and the attorney general
23	notified the secretary in writing that he declines to proceed with the matter.
24	(30)(28) "Withhold payment" means to reduce or adjust the amount, in whole
25	or in part, to be paid to a health care provider for a pending or future claim during
26	the time of a criminal, civil, or departmental investigation or proceeding or claims
27	review of the health care provider.
28	* * *
29	§437.5. Settlement

1	A. The secretary or the attorney general may agree to settle a matter for
2	which recovery may be sought on behalf of the medical assistance programs or for
3	a violation of this Part. The terms of the settlement shall be reduced to writing and
4	signed by the parties to the agreement. The terms of the settlement shall be public
5	record.
6	B. At a minimum, the settlement shall ensure that the recovery agreed to by
7	the parties covers the estimated loss sustained by the medical assistance programs.
8	The settlement shall include the method and means of payment for recovery,
9	including but not limited to adequate security for the full amount of the settlement.
10	§437.6. Injunctive relief; lis pendens; disclosure of property and liabilities
11	* * *
12	D. Nothing in this Section shall be deemed to limit the rights of a qui tam
13	plaintiff pursuant to Subpart C of this Part.
14	§437.7. Forfeiture of property for payment of recovery
15	* * *
16	E. Nothing in this Section shall be deemed to limit the rights of a qui tam
17	plaintiff pursuant to Subpart C of this Part.
18	* * *
19	§438.1. Civil actions authorized
20	A. The attorney general diligently shall investigate a violation of this
21	Part. The secretary or the attorney general on behalf of the state may institute a
22	civil action in the courts of this state East Baton Rouge Parish or another court
23	of proper jurisdiction to seek recovery from persons who violate the provisions of
24	this Part. The contract of employment of any private counsel, including fee amounts,
25	and all final fees and costs, shall be a public record.
26	* * *
27	C.(1) A prevailing defendant may seek recovery for costs, expenses, fees, and
28	attorney fees only if the court finds, following a contradictory hearing, that either of
29	the following apply:

1	(a) The action was instituted by the secretary or attorney general state
2	pursuant to Subsection A of this Section after it should have been determined by the
3	secretary or attorney general state to be frivolous, vexatious, or brought primarily
4	for the purpose of harassment.
5	(b) The secretary or attorney general state proceeded with the action
6	instituted pursuant to Subsection A of this Section after it should have been
7	determined by the secretary or attorney general state that proceeding would be
8	frivolous, vexatious, or for the purpose of harassment.
9	* * *
10	§438.3. False or fraudulent claim; misrepresentation; unlawful acts
11	A. No person shall knowingly present or cause to be presented a false or
12	fraudulent claim for payment or approval.
13	B. No person shall knowingly engage in misrepresentation or <b>knowingly</b>
14	make, use, or cause to be made or used, a false record or statement material to a false
15	or fraudulent claim.
16	* * *
17	D. No person shall conspire to defraud, or attempt to defraud, the medical
18	assistance programs through misrepresentation or by obtaining, or attempting to
19	obtain, payment for a false or fraudulent claim or conspire to commit a violation
20	of any Section of this Part.
21	E. No person shall defraud or attempt to defraud the medical assistance
22	programs through misrepresentation.
23	F. No person shall obtain or attempt to obtain payment for a false or
24	fraudulent claim.
25	G. No person shall knowingly make, cause to be made, induce, or seek
26	to induce the making of a false statement or misrepresentation of material fact
27	concerning:
28	(1) The conditions or operation of a facility in order that the facility may
29	qualify for certification or recertification required by the Medicaid program

1	including but not limited to certification or recertification as:
2	(a) A hospital.
3	(b) A nursing facility or skilled nursing facility.
4	(c) A hospice.
5	(d) An intermediate care facility for the developmentally disabled.
6	(e) An assisted living facility.
7	(f) A home health agency.
8	(2) Information the person is required to produce to the department by
9	a federal or state law, rule, regulation, or provider agreement.
10	H. No provider or provider-in-fact shall fail to provide to the
11	department, attorney general, or legislative auditor or other appropriate state
12	agency, information required to be provided by law, rule, or contractual
13	provision.
14	$\mathbf{E}\underline{\mathbf{I}}$ .(1) No person shall knowingly submit a claim for goods, services, or
15	supplies which were medically unnecessary or which were of substandard quality or
16	quantity.
17	(2) If a managed care health care provider or a health care provider operating
18	under a voucher system under the medical assistance programs fails to provide
19	medically necessary goods, services, or supplies or goods, services, or supplies
20	which are of substandard quality or quantity to a recipient, and those goods, services,
21	or supplies are covered under the managed care contract or voucher contract with the
22	medical assistance programs, such failure shall constitute a violation of Paragraph
23	(1) of this Subsection.
24	(3) "Substandard quality" in reference to services applicable to medical care
25	as used in this Subsection shall mean substandard as to the appropriate standard of
26	care as used to determine medical malpractice, including but not limited to the
27	standard of care provided in R.S. 9:2794.
28	J. No person shall knowingly make or cause to be made a claim under
29	the Medicaid program for:

1	(1) A service or product that has not been approved or prescribed by a
2	treating physician or healthcare practitioner.
3	(2) A service or product that is substantially inadequate or inappropriate
4	when compared to generally recognized standards within the particular
5	discipline or within the healthcare industry; or used in a manner inconsistent
6	with its approved labeling or generally recognized standard of care within the
7	healthcare industry.
8	(3) A product that has been adulterated, debased, mislabeled, or that is
9	otherwise inappropriate.
10	K. It shall be unlawful for a managed care organization or a
11	subcontractor to a managed care organization that contracts with the
12	department or other state agency to provide or arrange to provide healthcare
13	benefits or services to individuals eligible under the medical assistance
14	programs and knowingly:
15	(1) Fail to provide to an individual a healthcare benefit or service that
16	the organization is required to provide under the contract.
17	(2) Fail to provide to the department, attorney general or legislative
18	auditor or other appropriate state agency information required to be provided
19	by law, rule, or contractual provision.
20	(3) Engage in a fraudulent activity in connection with the enrollment of
21	an individual eligible under the Medicaid program in the organization's
22	managed care plan or in connection with marketing the organization's services
23	to an individual eligible under the Medicaid program.
24	L. Make a claim under the medical assistance programs and knowingly
25	misrepresents the healthcare provider who actually provided the service when
26	such identification is necessary to obtain payment for the claim.
27	FM. Each violation of this Section may be treated as a separate violation or
28	may be combined into one violation at the option of the secretary or the attorney
29	general.

1	G. No action shall be brought under this Section unless the amount of alleged
2	actual damages is one thousand dollars or more.
3	H.N. No action brought pursuant to this Section shall be instituted later than
4	ten years after the date upon which the alleged violation occurred.
5	* * *
6	§438.5. Civil monetary penalty
7	* * *
8	F. Nothing in this Section shall be deemed to diminish a qui tam
9	plaintiff's rights under Subpart C of this Part.
10	§438.6. Recovery
11	A. Actual damages. (1) Actual damages incurred as a result of a violation of
12	the provisions of this Part shall be recovered only once by the medical assistance
13	programs and shall not be waived by the court.
14	(2) Except as provided by Paragraph (3) of this Subsection, actual damages
15	shall equal the difference between what the medical assistance programs paid, or
16	would have paid, and the amount that should have been paid had not a violation of
17	this Part occurred plus interest at the maximum rate of legal interest provided by R.S.
18	13:4202 from the date the damage occurred to the date of repayment.
19	(3) If the violator is a managed care health care provider or a health care
20	provider under a voucher program, actual damages shall be determined in accordance
21	with the violator's provider agreement.
22	* * *
23	D. Costs, expenses, fees, and attorney fees.
24	* * *
25	(3) The secretary or attorney general state shall promptly remit awards for
26	those costs, expenses, and fees incurred by the various clerks of court or sheriffs
27	involved in the investigations or proceedings to the appropriate clerk or sheriff.
28	* * *
29	§438.7. Reduced damages

1	If requested by the secretary or the attorney general, the court may reduce to
2	not less than twice the actual damages or any recovery required to be imposed under
3	the provisions of this Subpart if all of the following extenuating circumstances are
4	found to be applicable:
5	* * *
6	(3) At the time the violator furnished the information concerning the specific
7	allegation to the department or the attorney general state, no criminal, civil, or
8	departmental investigation or proceeding had been commenced as to the alleged
9	violation, and the person did not have actual knowledge of the existence of an
10	investigation into such violation.
11	§438.8. Burden of proof; prima facie evidence; standard of review
12	* * *
13	B. Proof by a preponderance of the evidence of a false or fraudulent claim
14	or illegal remuneration shall be deemed to exist under the following circumstances:
15	* * *
16	(3) Notwithstanding any other provision of law, the Rules of Criminal
17	Procedure or the Rules of Evidence, a final judgment rendered in favor of the
18	state in any criminal proceeding charging fraud or false statements, whether
19	upon a verdict after trial or upon a plea of guilty or nolo contendere shall
20	prevent the defendant from denying the essential elements of the offense in any
21	action which involves the same transaction as in the criminal proceeding and
22	which is brought by the secretary or the attorney general pursuant to Subpart
23	B of this Part, or a qui tam plaintiff pursuant to Subpart C of this Part.
24	* * *
25	D.(1) In determining whether a pattern of incorrect submissions exists in
26	regard to an alleged false or fraudulent claim, the court shall give consideration as
27	to whether the total amount of the incorrect submissions by a health care provider
28	is material in relation to the total claims submitted by the health care provider.
29	(2) "Material" as used in this Subsection shall have the same meaning as

1	defined by rules and regulation promulgated by the secretary in accordance with the
2	Administrative Procedure Act which incorporate the same definition of "material"
3	as recognized by the American Institute of Certified Public Accountants.
4	§439.1. Qui tam action, civil action filed by private person
5	A. A private person may institute a civil action in the courts of this state on
6	behalf of the medical assistance programs the state and himself to seek recovery for
7	a violation of R.S. 46:438.2, 438.3, or 438.4 pursuant to the provisions of this
8	Subpart. The institutor shall be known as a "qui tam plaintiff" and the civil action
9	shall be known as a "qui tam action". The action may be dismissed only if the
10	court and the attorney general give written consent to the dismissal and their
11	reasons for consenting.
12	* * *
13	D.(1)The Unless the action is brought by the state or the person bringing
14	the action is an original source of the information, the court shall dismiss an
15	action or claim in accordance with this Section, unless opposed by the government
16	state, if substantially the same allegations or transactions as alleged in the action or
17	claim were publicly disclosed in any of the following:
18	(a) A criminal, civil, or administrative hearing in which the government state
19	or its agent is a party.
20	(b) A congressional or government accountability office or other federal
21	state legislative or other state report, hearing, audit, or investigation.
22	(c) The news media, unless the action is brought by the attorney general or
23	the person bringing the action is an original source of the information.
24	* * *
25	F. The court shall allow the secretary or the attorney general to intervene and
26	proceed with the qui tam action in the district court at any time during the qui tam
27	action proceedings.
28	G. Notwithstanding any other law to the contrary, a qui tam complaint and

information filed with delivered to the secretary or attorney general state shall not

1 be subject to discovery or become public record until judicial service of the qui tam action is made on any of the defendants, except that the information contained 2 therein may be given to other governmental entities or their authorized agents for 3 review and investigation. The entities and their authorized agents shall maintain the 4 5 confidentiality of the information provided to them under this Subsection. 6 7 §439.2. Qui tam action procedures 8 A. The following procedures shall be applicable to a qui tam action: 9 (1) The complaint shall be captioned: "Medical Assistance Programs State 10 of Louisiana Ex Rel.: [insert name of qui tam plaintiff(s)] v. [insert name of 11 defendant(s)]". The qui tam complaint shall be filed with the appropriate state or 12 federal district court. 13 (2) A copy of the qui tam complaint and written disclosure of substantially all material evidence and information each qui tam plaintiff possesses shall be served 14 15 upon the secretary or the attorney general state in accordance with the applicable 16 rules of civil procedure. (3) When a person brings an action in accordance with this Subpart, no 17 person other than the secretary or attorney general state may intervene or bring a 18 19 related action based on the same facts underlying the pending action. (4)(a) The complaint and information filed with the court shall be made under 20 seal, shall remain under seal for at least ninety days from the date of filing, and shall 21 be served on the defendant when the seal is removed. 22 (b) For good cause shown, the secretary or the attorney general state may 23 24 move the court for extensions of time during which the petition remains under seal. Any such motions may be supported by affidavits or other submissions in camera 25 and under seal. 26 27 B.(1) If the secretary or the attorney general state elects to intervene in the action, the secretary or the attorney general state shall not be bound by any act of a 28

qui tam plaintiff. The secretary or the attorney general state shall control the qui tam

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a party to the action, subject to the limitations set forth in this Section and Section R.S. 46:439.3. For prescription purposes, any government complaint in intervention, whether filed separately or as an amendment to the relator's qui tam plaintiff's complaint, shall relate back to the filing date of the complaint, to the extent that the claim of the government arises out of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in the relator's qui tam plaintiff's complaint.

- (2) The qui tam plaintiff and his counsel shall cooperate fully with the secretary or the attorney during the pendency of the qui tam action. Upon a showing by the state that unrestricted participation during the course of the litigation by the person initiating the action would interfere with or unduly deal the government's prosecution of the case, or would be repetitious, irrelevant, or for purposes of harassment, the court may, in its discretion, impose limitation on the person's participation such as:
  - (a) Limiting the number of witnesses the person may call.
  - (b) Limiting the length of the testimony of such witnesses.
  - (c) Limiting the person's cross examination of witnesses.
  - (d) Otherwise limiting the participation by the person in the litigation.
- (3) If requested by the secretary or the attorney general state and notwithstanding the objection of the qui tam plaintiff, the court may dismiss the qui tam action provided the qui tam plaintiff has been notified by the secretary or the attorney general state of the filing of the motion to dismiss and the court has provided the qui tam plaintiff a contradictory hearing on the motion.
- (4)(a) If the secretary or the attorney general does not intervene, the qui tam plaintiff may proceed with the qui tam action unless the secretary or the attorney general shows that proceeding would adversely affect the prosecution of any pending criminal actions or criminal investigations into the activities of the defendant. Such a showing shall be made to the court in camera and neither the qui tam plaintiff or

the defendant shall be informed of the information revealed in camera. In which case, the qui tam action shall be stayed for no more than one year Whether or not the state proceeds with the action, upon a showing by the state that certain actions of discovery by the person initiating the action would interfere with the state's investigation or prosecution of a criminal or civil matter arising out of the same facts, the court may stay such discovery for a period of not more than sixty days. Such a showing shall be conducted in camera. The court may extend the sixty-day period upon a further showing in camera that the state has pursued the criminal or civil investigation or proceedings with reasonable diligence and any proposed discovery in the civil action will interfere with the ongoing criminal or civil investigation proceedings.

- (b) When a qui tam plaintiff proceeds with the action, the court, without limiting the status and rights of the qui tam plaintiff, may nevertheless permit the secretary or the attorney general to intervene at a later date upon a showing of good cause.
- (5) If the qui tam plaintiff objects to a settlement of the qui tam action proposed by the secretary or the attorney general, the court may authorize the settlement only after a hearing to determine whether the proposed settlement is fair, adequate, and reasonable under the circumstances The state may settle the action with the defendant notwithstanding the objections of the person initiating the action if the court determines, after a hearing, that the proposed settlement is fair, adequate, and reasonable under all the circumstances. Upon a showing of good cause, such hearing may be held in camera.

\* \* \*

E. The If the state elects not to proceed with the action, the qui tam plaintiff shall have the right to conduct the action. If the state requests, the qui tam plaintiff and the defendant shall serve the state with all pleadings and papers filed in the action, and supply the state with all copies of all deposition transcripts at the state's expense. as well as discovery, in the qui tam action on the

1	secretary and the attorney general.
2	* * *
3	§439.4. Recovery awarded to a qui tam plaintiff
4	A.(1) Except as provided by Subsection D of this Section and Paragraph (3)
5	of this Subsection, if the secretary or the attorney general intervenes in the action
6	brought by a qui tam plaintiff, the qui tam plaintiff shall receive at least fifteen
7	percent, but not more than twenty-five percent, of recovery.
8	* * *
9	C. * * *
10	(2) If the secretary or the attorney general does not intervene and the qui tam
11	plaintiff conducts the action, the court shall may award costs, expenses, fees, and
12	attorney fees to a prevailing defendant if the court finds that the allegations made by
13	the qui tam plaintiff were meritless or brought primarily for the purposes of
14	harassment. A finding by the court that qui tam allegations were meritless or brought
15	primarily for the purposes of harassment may be used by the prevailing defendant
16	in the qui tam action or any other civil proceeding to recover losses or damages
17	sustained as a result of the qui tam plaintiff filing and pursuing such a qui tam action.
18	* * *
19	F. In no instance shall the secretary, the medical assistance programs, the
20	attorney general, or the state, including but not limited to any state department,
21	agency or board be liable for any costs, expenses, fees, or attorney fees incurred by
22	the qui tam plaintiff or for any award entered against the qui tam plaintiff.
23	G. The percentage of the share awarded to or settled for by the qui tam
24	plaintiff shall be determined using the total amount of the award or settlement
25	proceeds.
26	Section 2. R.S. 46:437.3(29) and (30), 439.1(G), 439.2(F), and 440.3 are hereby
27	repealed.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Alan Miller.

## DIGEST

SB 391 Original

2020 Regular Session

Fred Mills

Present law provides for the Medical Assistance Programs Integrity Law. Present law provides that it was enacted to combat and prevent fraud and abuse committed by some healthcare providers participating in the medical assistance programs and by other persons and to negate the adverse effects such activities have on fiscal and programmatic integrity. Present law provides that the legislature intends the secretary of the La. Department of Health (LDH), the attorney general, and private citizens of La. to be agents of this state with the ability, authority, and resources to pursue civil monetary penalties, liquidated damages, or other remedies to protect the fiscal and programmatic integrity of the medical assistance programs from healthcare providers and other persons who engage in fraud, misrepresentation, abuse, or other ill practices, as set forth in present law, to obtain payments to which these healthcare providers or persons are not entitled.

<u>Present law</u> authorizes either the secretary or the attorney general to institute a proceeding or take other authorized action regarding the Medical Assistance Programs Integrity Law pursuant to a memorandum of understanding between the two so as to notify the public as to whether the secretary or the attorney general is the deciding or controlling party in the proceeding or other authorized matter.

<u>Proposed law</u> provides that the secretary may only pursue an action pursuant to Medical Assistance Programs Integrity Law only if LDH referred the matter to the attorney general and the attorney general notified the secretary in writing that he declines to proceed with the matter.

<u>Proposed law</u> prohibits any person from defrauding or attempting to defraud the medical assistance programs through misrepresentation.

<u>Proposed law</u> prohibits any person from obtaining or attempting to obtain payment for a false or fraudulent claim.

<u>Proposed law</u> prohibits any person from knowingly making, causing to be made, inducing, or seeking to induce the making of a false statement or misrepresentation of material fact concerning:

- (1) The conditions or operation of a facility in order that the facility may qualify for certification or recertification required by the Medicaid program including but not limited to certification or recertification as:
  - (a) A hospital.
  - (b) A nursing facility or skilled nursing facility.
  - (c) A hospice.
  - (d) An intermediate care facility for the developmentally disabled.
  - (e) An assisted living facility.
  - (f) A home health agency.
- (2) Information the person is required to produce to LDH by a federal or state law, rule, regulation, or provider agreement.

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Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.

<u>Proposed law</u> prohibits any provider or provider-in-fact from failing to provide to LDH, attorney general, or legislative auditor or other appropriate state agency, information required to be provided by law, rule, or contractual provision.

<u>Proposed law</u> prohibits any person from knowingly making or causing to be made a claim under the Medicaid program for:

- (1) A service or product that has not been approved or prescribed by a treating physician or healthcare practitioner.
- (2) A service or product that is substantially inadequate or inappropriate when compared to generally recognized standards within the particular discipline or within the healthcare industry; or used in a manner inconsistent with its approved labeling or generally recognized standard of care within the healthcare industry.
- (3) A product that has been adulterated, debased, mislabeled, or that is otherwise inappropriate.

<u>Proposed law</u> prohibits a managed care organization or a subcontractor to a managed care organization that contracts with LDH or other state agency to provide or arrange to provide healthcare benefits or services to individuals eligible under the medical assistance programs and knowingly:

- (1) Failing to provide to an individual a healthcare benefit or service that the organization is required to provide under the contract.
- (2) Failing to provide to the LDH, attorney general or legislative auditor or other appropriate state agency information required to be provided by law, rule, or contractual provision.
- (3) Engaging in a fraudulent activity in connection with the enrollment of an individual eligible under the Medicaid program in the organization's managed care plan or in connection with marketing the organization's services to an individual eligible under the Medicaid program.

<u>Proposed law</u> prohibits making a claim under the medical assistance programs and knowingly misrepresenting the healthcare provider who actually provided the service when such identification is necessary to obtain payment for the claim.

<u>Proposed law</u> provides that a final judgment rendered in favor of the state in any criminal proceeding charging fraud or false statements, whether upon a verdict after trial or upon a plea of guilty or nolo contendere prevents the defendant from denying the essential elements of the offense in any action which involves the same transaction as in the criminal proceeding and which is brought by the secretary or the attorney general as a qui tam plaintiff in a qui tam action.

<u>Present law</u> provides that a "qui tam plaintiff" is a private person that may institute a civil action in the courts of this state on behalf of the medical assistance programs and himself to seek recovery for a violation.

<u>Proposed law</u> provides that upon a showing by the state that unrestricted participation during the course of the litigation by the person (the qui tam plaintiff) initiating the action would interfere with or unduly delay the government's prosecution of the case, or would be repetitious, irrelevant, or for purposes of harassment, the court may, in its discretion, impose limitation on the person's participation such as:

(1) Limiting the number of witnesses the person may call.

- (2) Limiting the length of the testimony of such witnesses.
- (3) Limiting the person's cross examination of witnesses.
- (4) Otherwise limiting the participation by the person in the litigation.

<u>Proposed law</u> provides that whether or not the state proceeds with the action, upon a showing by the state that certain actions of discovery by the person initiating the action would interfere with the state's investigation or prosecution of a criminal or civil matter arising out of the same facts, the court is authorized to stay such discovery for a period of not more than 60 days. Such a showing shall be conducted in camera. The court may extend the 60-day period upon a further showing in camera that the state has pursued the criminal or civil investigation or proceedings with reasonable diligence and any proposed discovery in the civil action will interfere with the ongoing criminal or civil investigation proceedings.

<u>Proposed law</u> authorizes the state to settle the action with the defendant notwithstanding the objections of the person initiating the action if the court determines, after a hearing, that the proposed settlement is fair, adequate, and reasonable under all the circumstances. Upon a showing of good cause, such hearing may be held in camera.

<u>Proposed law</u> provides that if the state elects not to proceed with the action, the qui tam plaintiff has the right to conduct the action. Further, if the state requests, the qui tam plaintiff and the defendant are required to serve the state with all pleadings filed in the action, and supply the state with all copies of all deposition transcripts at the state's expense.

Effective August 1, 2020.

(Amends R.S. 46:437.3(7)-(11) and (14)-(28), 437.5, 438.1(A) and (C)(1), 438.3(A), (B), and (D)-(H), 438.6(A) and (D)(3), 438.7(3), 438.8(D), 439.1(A), (D)(1) and (F), 439.2(A), (B), and (E), and 439.4(A)(1), (C)(2), (F) and (G); adds R.S. 46:437.6(D), 437.7(E), 438.3(I)-(N), 438.5(F), and 438.8(B)(3); repeals R.S. 46:437.3(29) and (30), 439.1(G), 439.2(F), and 440.3)