HLS 20RS-1008 ORIGINAL

AN ACT

2020 Regular Session

HOUSE BILL NO. 816

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BY REPRESENTATIVE GAROFALO

INSURANCE CLAIMS: Provides relative to healthcare fraud

2	To amend and reenact R.S. 22:1924(A)(3), relative to healthcare insurance fraud; to modify
3	definitions; to modify the requirement for issuance of written notice to cease certain
4	behavior; to provide for technical changes; and to provide for related matters.
5	Be it enacted by the Legislature of Louisiana:
6	Section 1. R.S. 22:1924(A)(3) is hereby amended and reenacted to read as follows:
7	§1924. Prohibited activities and sanctions
8	A.
9	* * *
10	(3)(a) Knowingly and willfully committing health care healthcare fraud shall
11	be punishable as provided in Paragraph (1) of this Subsection.
12	(b) "Health care Healthcare fraud" shall mean, in conjunction with the
13	delivery of or payment for health care healthcare benefits, items, or services:
14	(i) To execute a scheme or artifice to defraud any health care healthcare
15	benefit program.
16	(ii) To obtain, by means of fraudulent claims, or false or fraudulent
17	pretenses, representations, or promises, any of the money or property owned by, or
18	under the custody or control of, any health care healthcare benefit program.
19	(c) For the purposes of this Paragraph, "knowingly and willfully" shall mean
20	to continue with a practice, after written notice to cease such practice from a health

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

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when the health care healthcare provider reasonably believes that such practice materially complies with coding or billing standards as issued by the American Medical Association, the United States Department of Health and Human Services, the Centers for Medicare and Medicaid Services, or the Louisiana Medicaid Program. For purposes of this Paragraph, "knowingly and willfully" continued practices may be established by conduct. Notwithstanding any other provision of this Paragraph, a healthcare benefit program provided by a property and casualty insurance policy shall not be required to send to a healthcare provider written notice to cease the activity of healthcare fraud.

## DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 816 Original

2020 Regular Session

Garofalo

**Abstract:** Modifies definitions and exempts certain healthcare benefit programs from the requirement of issuing written notice to providers to cease certain behavior.

<u>Present law</u> defines "knowingly and willfully" as continuing with a practice, after written notice to cease such practice from a healthcare benefit program by certified mail, return receipt requested, except when the healthcare provider reasonably believes that such practice materially complies with coding or billing standards as issued by the American Medical Association, the U.S. Dept. of Health and Human Services, the Centers for Medicare and Medicaid Services, or the La. Medicaid Program.

<u>Proposed law</u> retains <u>present law</u>, but adds that practices continued "knowingly and willfully" may be established by conduct.

<u>Proposed law</u> further adds that a healthcare benefit program provided by a property and casualty insurance policy is not required to send written notice requesting a provider to cease the activity of healthcare fraud.

(Amends R.S. 22:1924(A)(3))