

that the department requires and determines are relevant to the goods, services, or supplies being provided.

- (3) Retain medical assistance programs-related records for a period of five years to satisfy all necessary inquiries by the department.
- (4) Safeguard the use and disclosure of information pertaining to current or former recipients and comply with federal and state laws and rules pertaining to confidentiality of patient information.
- (5) Permit the department, the attorney general, the federal government, and any authorized agent of each of these entities access to all medical assistance programs-related records pertaining to goods, services, or supplies billed to the medical assistance programs, including access to all patient records and other health care provider information if the health care provider cannot easily separate records for recipients from other records.
- (6) Bill other insurers and third parties, including the Medicare program, before billing the medical assistance programs, if after reasonable inquiry it is known that the recipient is eligible for payment for health care or related services from another insurer or person, and comply with all applicable federal and state laws and rules in regard to this billing.
- (7) Report and refund any monies received in error or in excess of the amount to which the health care provider is entitled from the medical assistance programs.
- (8) Be liable for and indemnify, defend, and hold the department harmless from any cause of action or recovery arising out of the negligence or omission of the health care provider in the course of providing goods, services, or supplies to a recipient or a person believed to be a recipient.
- (9) At the option of the department, provide proof of liability insurance and maintain such insurance in effect for any period of time during which goods, services, or supplies are furnished to recipients.
- (10)
 - (a) Accept payment from the medical assistance programs as payment in full, and prohibit the health care provider from billing or collecting any additional amount from the recipient or the recipient's responsible party except, and only to the extent the department permits or requires, a co-payment, coinsurance, or a deductible to be paid by the recipient for the goods, services, or supplies provided.
 - (b) The payment-in-full policy shall not apply to goods, services, or supplies provided to a recipient if the goods, services, or supplies are not covered by the medical assistance programs or the recipient is determined not to be covered by medical assistance programs.
- (11) Agree to be subject to claims review.

Proposed law retains present law and adds that provider agreements developed by any Managed Care Organization or their subcontractor, including all providers in the Managed Care Organization or its subcontractor's network will be subject to the provider agreement requirements provided in present law.

Proposed law retains all requirements in present law and adds a requirement that a health care provider assign to the state all anti-trust claims the provider, or any entity with an ownership interest in the provider, has or may acquire in the future.

Present law provides that any person who is injured in his business or property by any person by reason of any act or thing forbidden by law may sue in any court of competent jurisdiction and shall recover threefold the damages sustained by him, the cost of suit, and a reasonable attorney's fee.

Proposed law provides that the state may sue and recover damages under the provisions of present law whether the state is a direct or indirect purchaser.

Effective August 1, 2016.

(Amends 46:437.12(A)(intro para) and R.S. 51:137; adds R.S. 38:2197 and R.S. 46:437.12(A)(12))