

LEGISLATURE OF NEBRASKA
ONE HUNDRED FIFTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 442

Introduced by Bolz, 29.

Read first time January 17, 2017

Committee: Executive Board

1 A BILL FOR AN ACT relating to the Medical Assistance Act; to amend
2 section 68-901, Revised Statutes Cumulative Supplement, 2016; to
3 create the Medical Assistance Managed Care Organization Oversight
4 Committee; to provide powers and duties; to harmonize provisions; to
5 repeal the original section; and to declare an emergency.
6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-901, Revised Statutes Cumulative Supplement,
2 2016, is amended to read:

3 68-901 Sections 68-901 to 68-976 and section 2 of this act shall be
4 known and may be cited as the Medical Assistance Act.

5 Sec. 2. (1) The Medical Assistance Managed Care Organization
6 Oversight Committee is created. The committee shall be composed of the
7 following members: (a) The chairperson of the Appropriations Committee of
8 the Legislature or his or her designee; (b) the chairperson of the Health
9 and Human Services Committee of the Legislature or his or her designee;
10 (c) the vice-chairperson of the Appropriations Committee of the
11 Legislature or a designee specified by the chairperson of the
12 Appropriations Committee; (d) the vice-chairperson of the Health and
13 Human Services Committee of the Legislature or a designee specified by
14 the chairperson of the Health and Human Services Committee; and (e) three
15 members of the Legislature appointed by the Executive Board of the
16 Legislative Council. The Medical Assistance Managed Care Organization
17 Oversight Committee shall be subject to all rules prescribed by the
18 Legislature. The committee shall be reconstituted at the beginning of
19 each Legislature and shall meet as needed and hold at least two public
20 hearings each year.

21 (2) The Medical Assistance Managed Care Organization Oversight
22 Committee shall elect a chairperson and vice-chairperson from the
23 membership of the committee. The executive board may provide the
24 committee with a legal counsel, committee clerk, and other staff as
25 required by the committee from existing legislative staff. The executive
26 board may hire consultants as required by the committee. The committee
27 may hold hearings deemed necessary by the committee.

28 (3) The committee shall gather information and analysis related to
29 the delivery of services under the medical assistance program and the
30 Children's Health Insurance Program in Nebraska, including, but not
31 limited to, information from the Division of Medicaid and Long-Term Care

1 of the Department of Health and Human Services or other state agencies
2 and from Heritage Health, which is the managed care partner and health
3 care delivery system for Nebraska that combines the physical health,
4 behavioral health, and pharmacy programs into a single comprehensive and
5 coordinated system for services under the medical assistance program and
6 the Children's Health Insurance Program and which began providing the
7 integrated services on January 1, 2017.

8 (4) The committee shall provide a briefing and a report at a joint
9 meeting of the Appropriations Committee and the Health and Human Services
10 Committee annually on or before December 15. The briefing and report
11 shall include, but not be limited to, an examination of the following
12 information relating to managed care organization contracts and
13 operations:

14 (a) Quality of care for and health outcomes of individuals receiving
15 services under the medical assistance program pursuant to a managed care
16 organization contract as compared to the services provided prior to the
17 managed care organization contract;

18 (b) Integration and coordination of health care procedures for
19 individuals receiving services under the medical assistance program
20 pursuant to a managed care organization contract;

21 (c) Availability of information to the public about the services
22 under the medical assistance program pursuant to a managed care
23 organization contract, including, but not limited to, accessibility to
24 health services, expenditures for health services, extent of consumer
25 satisfaction with health services and grievance procedures, including
26 quantitative case data and summaries of case resolution by the managed
27 care organization;

28 (d) Community outreach efforts and efforts to promote the public
29 understanding of the managed care organization;

30 (e) Comparison of the actual costs expended in providing services
31 under the medical assistance program pursuant to the managed care

1 organization contract, after the implementation of the contract, to the
2 actual costs expended for services under the medical assistance program
3 prior to implementation of the contract, including the manner in which
4 such cost expenditures are calculated; and

5 (f) Comparison of caseload information for individuals receiving
6 services under the medical assistance program pursuant to the managed
7 care organization contract, prior to implementation of the contract, to
8 the caseload information for individuals receiving services under the
9 medical assistance program pursuant to the managed care organization
10 contract after the implementation of the contract.

11 (5) The committee shall terminate as of December 31, 2020, unless
12 extended by the Legislature.

13 Sec. 3. Original section 68-901, Revised Statutes Cumulative
14 Supplement, 2016, is repealed.

15 Sec. 4. Since an emergency exists, this act takes effect when
16 passed and approved according to law.