

AMENDMENTS TO LB644

(Amendments to E&R amendments, ER86)

Introduced by Bolz, 29.

1 1. Insert the following new sections:

2 Sec. 16. Section 68-901, Revised Statutes Cumulative Supplement,
3 2016, is amended to read:

4 68-901 Sections 68-901 to 68-976 and section 17 of this act shall be
5 known and may be cited as the Medical Assistance Act.

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

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

1 board may hire consultants as required by the committee. The committee
2 may hold hearings deemed necessary by the committee.

3 (3) The committee shall gather information and analysis related to
4 the delivery of services under the medical assistance program and the
5 Children's Health Insurance Program in Nebraska, including, but not
6 limited to, information from the Division of Medicaid and Long-Term Care
7 of the Department of Health and Human Services or other state agencies
8 and from Heritage Health, which is the managed care partner and health
9 care delivery system for Nebraska that combines the physical health,
10 behavioral health, and pharmacy programs into a single comprehensive and
11 coordinated system for services under the medical assistance program and
12 the Children's Health Insurance Program and which began providing the
13 integrated services on January 1, 2017.

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

20 (a) Quality of care for and health outcomes of individuals receiving
21 services under the medical assistance program pursuant to a managed care
22 organization contract as compared to the services provided prior to the
23 managed care organization contract;

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

27 (c) Availability of information to the public about the services
28 under the medical assistance program pursuant to a managed care
29 organization contract, including, but not limited to, accessibility to
30 health services, expenditures for health services, extent of consumer
31 satisfaction with health services, and grievance procedures, including

1 quantitative case data on overall numbers of grievances and resolutions;

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

4 (e) Comparison of the actual costs expended in providing services
5 under the medical assistance program pursuant to the managed care
6 organization contract, after the implementation of the contract, to the
7 actual costs expended for services under the medical assistance program
8 prior to implementation of the contract; and

9 (f) Comparison of numbers of individuals receiving services under
10 the medical assistance program pursuant to the managed care organization
11 contract, prior to implementation of the contract, to the numbers of
12 individuals receiving services under the medical assistance program
13 pursuant to the managed care organization contract after the
14 implementation of the contract.

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

17 Sec. 23. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,
18 18, 19, 20, 21, 22, 25, and 26 of this act become operative three
19 calendar months after the adjournment of this legislative session. The
20 other sections of this act become operative on their effective date.

21 Sec. 24. Original section 68-901, Revised Statutes Cumulative
22 Supplement, 2016, is repealed.

23 Sec. 27. Since an emergency exists, this act takes effect when
24 passed and approved according to law.

25 2. Renumber the remaining sections accordingly.