LEGISLATURE OF NEBRASKA ONE HUNDRED FIFTH LEGISLATURE FIRST SESSION

LEGISLATIVE BILL 442

Introduced by Bolz, 29. Read first time January 17, 2017 Committee:

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,

Section 1. Section 68-901, Revised Statutes Cumulative Supplement,
 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.

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

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

2017 of the Department of Health and Human Services or other state agencies 1 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 coordinated system for services under the medical assistance program and 5 the Children's Health Insurance Program and which began providing the 6 7 integrated services on January 1, 2017. (4) The committee shall provide a briefing and a report at a joint 8 9 meeting of the Appropriations Committee and the Health and Human Services 10 Committee annually on or before December 15. The briefing and report shall include, but not be limited to, an examination of the following 11 information relating to managed care organization contracts and 12 13 operations: (a) Quality of care for and health outcomes of individuals receiving 14 15 services under the medical assistance program pursuant to a managed care organization contract as compared to the services provided prior to the 16 17 managed care organization contract; (b) Integration and coordination of health care procedures for 18 19 individuals receiving services under the medical assistance program 20 pursuant to a managed care organization contract; (c) Availability of information to the public about the services 21 22 under the medical assistance program pursuant to a managed care organization contract, including, but not limited to, accessibility to 23 24 health services, expenditures for health services, extent of consumer

25 satisfaction with health services and grievance procedures, including quantitative case data and summaries of case resolution by the managed 26 27 care organization;

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

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

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1 organization contract, after the implementation of the contract, to the actual costs expended for services under the medical assistance program 2 prior to implementation of the contract, including the manner in which 3 4 such cost expenditures are calculated; and 5 (f) Comparison of caseload information for individuals receiving services under the medical assistance program pursuant to the managed 6 care organization contract, prior to implementation of the contact, to 7 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. (5) The committee shall terminate as of December 31, 2020, unless 11 extended by the Legislature. 12 13 Original section 68-901, Revised Statutes Cumulative Sec. 3. Supplement, 2016, is repealed. 14

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