

AMENDMENTS TO LB 358

Introduced by Banking, Commerce and Insurance.

1           1. Strike section 3 and insert the following new section:

2           Sec. 3. (1) (a) In addition to the requirements of section  
3 2 of this act, following the close of each calendar year, the board  
4 shall conduct a review of health care provider reimbursement rates  
5 for benefits payable under pool coverage for covered services. The  
6 board shall report to the director the results of the review within  
7 thirty days after the completion of the review.

8           (b) The review required by this section shall include  
9 a determination of whether (i) health care provider reimbursement  
10 rates for benefits payable under pool coverage for covered services  
11 are in excess of reasonable amounts and (ii) cost savings in the  
12 operation of the pool could be achieved by establishing the level  
13 of health care provider reimbursement rates for benefits payable  
14 under pool coverage for covered services as a multiplier of an  
15 objective standard.

16           (c) In the determination pursuant to subdivision  
17 (1) (b) (i) of this section, the board shall consider:

18           (i) The success of any efforts by the administering  
19 insurer to negotiate reduced health care provider reimbursement  
20 rates for benefits payable under pool coverage for covered services  
21 on a voluntary basis;

22           (ii) The effect of health care provider reimbursement  
23 rates for benefits payable under pool coverage for covered services

1 on the number and geographic distribution of health care providers  
2 providing covered services to covered individuals;

3 (iii) The administrative cost of implementing a level of  
4 health care provider reimbursement rates for benefits payable under  
5 pool coverage for covered services; and

6 (iv) A filing by the administering insurer which shows  
7 the difference, if any, between the aggregate amounts set for  
8 health care provider reimbursement rates for benefits payable under  
9 pool coverage for covered services by existing contracts between  
10 the administering insurer and health care providers and the amounts  
11 generally charged to reimburse health care providers prevailing  
12 in the commercial market. No such filing shall require the  
13 administering insurer to disclose proprietary information regarding  
14 health care provider reimbursement rates for specific covered  
15 services under pool coverage.

16 (d) If the board determines that cost savings in the  
17 operation of the pool could be achieved, the board shall set forth  
18 specific findings supporting the determination and may establish  
19 the level of health care provider reimbursement rates for benefits  
20 payable under pool coverage for covered services as a multiplier of  
21 an objective standard.

22 (2) A health care provider who provides covered services  
23 to a covered individual under pool coverage and requests payment  
24 is deemed to have agreed to reimbursement according to the health  
25 care provider reimbursement rates for benefits payable under pool  
26 coverage for covered services established pursuant to this section.  
27 Any reimbursement paid to a health care provider for providing

1 covered services to a covered person under pool coverage is limited  
2 to the lesser of billed charges or the health care provider  
3 reimbursement rates for benefits payable under pool coverage for  
4 covered services established pursuant to this section. A health  
5 care provider shall not collect or attempt to collect from a  
6 covered individual any money owed to the health care provider  
7 by the pool. A health care provider shall not have any recourse  
8 against a covered individual for any covered services under pool  
9 coverage in excess of the copayment, coinsurance, or deductible  
10 amounts specified in the pool coverage. Nothing in this section  
11 shall prohibit a health care provider from billing a covered  
12 individual under pool coverage for services which are not covered  
13 services under pool coverage.

14           2. On page 2, line 7, strike "review" and insert "conduct  
15 a review of".

16           3. On page 3, line 11, after "medicare" insert "by reason  
17 of age".