## AMENDMENTS TO LB 1158

## Introduced by Krist

1 1. Strike the original sections and all amendments 2 thereto and insert the following sections: 3 Section 1. Section 68-908, Revised Statutes Cumulative Supplement, 2010, is amended to read: 4 68-908 (1) The department shall administer the medical 5 6 assistance program. 7 (2) The department may (a) enter into contracts 8 and interagency agreements, (b) adopt and promulgate rules 9 and regulations, (c) adopt fee schedules, (d) apply for and 10 implement waivers and managed care plans for services for eligible 11 recipients, including services under the Nebraska Behavioral 12 Health Services Act, and (e) perform such other activities as 13 necessary and appropriate to carry out its duties under the 14 Medical Assistance Act. A covered item or service as described in section 68-911 that is furnished through a school-based health 15 16 center, furnished by a provider, and furnished under a managed 17 care plan pursuant to a waiver does not require prior consultation 18 or referral by a patient's primary care physician to be covered. 19 Any federally qualified health center providing services as a sponsoring facility of a school-based health center shall be 20 reimbursed for such services provided at a school-based health 21 22 center at the federally qualified health center reimbursement rate. 23 (3) The department shall maintain the confidentiality

-1-

AM2521 LB1158 DCC-03/16/2012

of information regarding applicants for or recipients of medical assistance and such information shall only be used for purposes related to administration of the medical assistance program and the provision of such assistance or as otherwise permitted by federal law.

6 (4)(a) The department shall prepare an annual summary 7 and analysis of the medical assistance program for legislative 8 and public review, including, but not limited to, a description 9 of eligible recipients, covered services, provider reimbursement, 10 program trends and projections, program budget and expenditures, 11 the status of implementation of the Medicaid Reform Plan, and 12 recommendations for program changes.

(b) The department shall provide a draft report of such 13 14 summary and analysis to the Medicaid Reform Council no later than 15 September 15 of each year. The council shall conduct a public 16 meeting no later than October 1 of each year to discuss and receive 17 public comment regarding such report. The council shall provide 18 any comments and recommendations regarding such report in writing 19 to the department no later than November 1 of each year. The 20 department shall submit a final report of such summary and analysis 21 to the Governor, the Legislature, and the council no later than 22 December 1 of each year. Such final report shall include a response 23 to each written recommendation provided by the council.

24 Sec. 2. <u>All contracts and agreements relating to the</u> 25 <u>medical assistance program governing at-risk managed care service</u> 26 <u>delivery for behavioral health services entered into by the</u> 27 <u>department on or after July 1, 2012, shall:</u>

-2-

AM2521 LB1158 DCC-03/16/2012

1 (1) Provide a definition and cap on administrative 2 spending that (a) shall not exceed seven percent unless the 3 implementing department includes detailed requirements for 4 tracking administrative spending to ensure (i) that administrative 5 expenditures do not include additional profit and (ii) that any 6 administrative spending is necessary to improve the health status 7 of the population to be served and (b) shall not under any 8 circumstances exceed ten percent;

9 (2) Provide a definition of annual contractor profits and 10 losses and restrict such profits and losses under the contract so 11 that (a) profit shall not exceed three percent per year and (b) 12 losses shall not exceed three percent per year, as a percentage of 13 the aggregate of all income and revenue earned by the contractor 14 and related parties, including parent and subsidy companies and 15 risk-bearing partners, under the contract;

(3) Provide for reinvestment of at least one and one-half 16 17 percent of the aggregate of all income and revenue each year including (a) any profits in excess of the contracted amount, 18 19 (b) performance contingencies imposed by the department, and (c) any unearned incentive funds, to fund additional behavioral health 20 21 services for children, families, and adults according to a plan 22 developed with stakeholder and regional behavioral health authority 23 input and approved by the department. Such plan shall address the behavioral health needs of adults and children, including filling 24 25 service gaps and providing system improvements;

26 (4) Provide for a minimum medical loss ratio of
27 eighty-five percent of the aggregate of all income and revenue

-3-

AM2521 LB1158 DCC-03/16/2012

1 earned by the contractor and related parties under the contract; 2 (5) Provide that contractor incentives, in addition to potential profit, be at least one and one-half percent of the 3 4 aggregate of all income and revenue earned by the contractor and 5 related parties under the contract; 6 (6) Provide that a minimum of one-quarter percent of the 7 aggregate of all income and revenue earned by the contractor and 8 related parties under the contract be at risk as a penalty if the 9 contractor fails to meet the minimum performance metrics defined in 10 the contract, and such penalties, if charged, shall be accounted for in a manner that shall not reduce or diminish service delivery 11 12 in any way; and 13 (7) Be reviewed and awarded competitively and in full 14 compliance with the procurement requirements of the State of 15 Nebraska. Sec. 3. Section 71-801, Reissue Revised Statutes of 16 17 Nebraska, is amended to read: 71-801 Sections 71-801 to 71-830 and section 2 of this 18 19 act shall be known and may be cited as the Nebraska Behavioral 20 Health Services Act. Sec. 4. Original sections 71-801, Reissue Revised 21 Statutes of Nebraska, and section 68-908, Revised Statutes 22 23 Cumulative Supplement, 2010, are repealed. 24 Sec. 5. Since an emergency exists, this act takes effect 25 when passed and approved according to law.

-4-