

AMENDMENTS TO LB62

Introduced by Cavanaugh, M., 6.

1           1. Insert the following new sections:

2           Section 1. Section 68-908, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4           68-908 (1) The department shall administer the medical assistance  
5 program.

6           (2) The department may (a) enter into contracts and interagency  
7 agreements, (b) adopt and promulgate rules and regulations, (c) adopt fee  
8 schedules, (d) apply for and implement waivers and managed care plans for  
9 services for eligible recipients, including services under the Nebraska  
10 Behavioral Health Services Act, and (e) perform such other activities as  
11 necessary and appropriate to carry out its duties under the Medical  
12 Assistance Act. A covered item or service as described in section 68-911  
13 that is furnished through a school-based health center, furnished by a  
14 provider, and furnished under a managed care plan pursuant to a waiver  
15 does not require prior consultation or referral by a patient's primary  
16 care physician to be covered. Any federally qualified health center  
17 providing services as a sponsoring facility of a school-based health  
18 center shall be reimbursed for such services provided at a school-based  
19 health center at the federally qualified health center reimbursement  
20 rate.

21           (3) The department shall maintain the confidentiality of information  
22 regarding applicants for or recipients of medical assistance and such  
23 information shall only be used for purposes related to administration of  
24 the medical assistance program and the provision of such assistance or as  
25 otherwise permitted by federal law.

26           (4) The department shall prepare an annual summary and analysis of  
27 the medical assistance program for legislative and public review. The

1 department shall submit a report of such summary and analysis to the  
2 Governor and the Legislature electronically no later than December 1 of  
3 each year. The annual summary shall include, but not be limited to:

4 (a) The number and percentage of applications approved and denied;

5 (b) The number of eligibility determinations, including the number  
6 and percentage of those individuals remaining enrolled, terminations, and  
7 other determinations;

8 (c) The number of case closures in the medical assistance program  
9 and the Children's Health Insurance Program and the specific reason for  
10 the closure broken down by (i) eligibility category, including program  
11 type, (ii) local public health district or other geographic area, and  
12 (iii) race or ethnicity if available;

13 (d) The number of medical assistance program and Children's Health  
14 Insurance Program enrollees broken down by (i) eligibility category,  
15 including program type, (ii) local public health district or other  
16 geographic area, and (iii) race or ethnicity, if available;

17 (e) The number and percentage of redeterminations or renewals  
18 processed ex parte, broken down by (i) eligibility category, including  
19 program type and (ii) race or ethnicity, if available;

20 (f) The average number of days required to process applications for  
21 the medical assistance program and Children's Health Insurance Program,  
22 separating the data by applicants with modified adjusted gross income and  
23 nonmodified adjusted gross income eligibility;

24 (g) The rate of re-enrollment within ninety days of termination and  
25 within twelve months of termination, broken down by (i) eligibility  
26 category, including program type, (ii) local public health district or  
27 other geographic area, and (iii) race or ethnicity, if available;

28 (h) The average client call duration;

29 (i) The client call abandonment rate;

30 (j) The number of requests for a fair hearing separated by (i)  
31 eligibility category and program type, (ii) outcome, and (iii) amount of

1 time until final disposition; and

2 (k) A link to the medical assistance program fair hearing decisions  
3 that have been redacted to protect private and health information which  
4 shall be posted on the department's website.

5 Sec. 3. The Department of Health and Human Services shall  
6 electronically submit a report to the Health and Human Services Committee  
7 of the Legislature by November 1 of each year on the current and  
8 anticipated expenditures for the Temporary Assistance for Needy Families  
9 program funds allocated pursuant to the federal Personal Responsibility  
10 and Work Opportunity Reconciliation Act of 1996, Public Law 104-193. Such  
11 report shall provide the committee with all necessary and appropriate  
12 information to enable the committee to conduct a meaningful evaluation of  
13 such expenditures. Such information shall include, but not be limited to:

14 (1) A clear description of programs and services currently funded by  
15 the Temporary Assistance for Needy Families program;

16 (2) A clear explanation of each purpose met by such program or  
17 service;

18 (3) For programs and services provided by entities other than the  
19 state, a clear description of the recipient of Temporary Assistance to  
20 Needy Families funds;

21 (4) For programs other than the aid to dependent children program, a  
22 clear statement explaining how an expenditure for that program or service  
23 is more likely to help families achieve economic mobility and self-  
24 sufficiency than an increase in expenditures for the aid to dependent  
25 children program;

26 (5) The number of persons served under each program or service; and

27 (6) All costs and expenditures associated with each program or  
28 service.

29 2. Renumber the remaining section and correct the repealer  
30 accordingly.