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2015

LEGISLATURE OF NEBRASKA

ONE HUNDRED FOURTH LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 11

Introduced by Krist, 10.

Read first time January 08, 2015

Committee: Banking, Commerce and Insurance

A BILL FOR AN ACT relating to the Managed Care Plan Network Adequacy Act; to amend section 44-7105, Reissue Revised Statutes of Nebraska; to prohibit rules proscribing participation by or reimbursement to a provider with a familial relationship to the covered person receiving services; to provide a requirement for access plans; to repeal the original section; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

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Section 1. Section 44-7105, Reissue Revised Statutes of Nebraska, is amended to read:

44-7105 (1)(a) A health carrier providing a managed care plan shall maintain a network that is sufficient in numbers and types of providers to assure that all health care services to covered persons will be accessible without unreasonable delay. In the case of emergency services, covered persons shall have access twenty-four hours per day, seven days per week. Sufficiency shall be determined in accordance with the requirements of this section and may be established by reference to any reasonable criteria used by the health carrier, including, but not limited to: Provider-covered person ratios by specialty; primary care provider-covered person ratios; geographic accessibility; waiting times for appointments with participating providers; hours of operation; and the volume of technological and specialty services available to serve the needs of covered persons requiring technologically advanced or specialty care.

(b ~~a~~) In any case in which the health carrier has an insufficient number or type of participating provider to provide a covered benefit, the health carrier shall ensure that the covered person obtains the covered benefit and the health carrier shall reimburse the nonparticipating provider at the health carrier's usual and customary rate or at an agreed upon rate.

(c ~~b~~) The health carrier shall establish and maintain adequate arrangements to ensure reasonable proximity of participating providers to the business or personal residence of covered persons. In determining whether a health carrier has complied with this provision, the director shall give due consideration to the relative availability of health care providers in the service area under consideration.

(d) A health carrier shall not implement a rule within the network it maintains or in contracting with participating providers or reimbursing nonparticipating providers that denies participation by or

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reimbursement to a provider providing services to a covered person solely based on a familial relationship between the provider and the covered person.

(2) A health carrier shall maintain an access plan meeting the requirements of the Managed Care Plan Network Adequacy Act for each of the managed care plans that the health carrier offers in this state. The health carrier may request the director to deem sections of the access plan as proprietary or competitive information that shall not be made public. For the purposes of this section, information is proprietary or competitive if revealing the information would cause the health carrier's competitors to obtain valuable business information. The health carrier shall make the access plans, absent proprietary information, available on its business premises and shall provide them to the director or any interested party upon request. The health carrier shall prepare an access plan prior to offering a new managed care plan and shall update an existing access plan whenever it makes any material change to an existing managed care plan. The access plan shall describe or contain at least the following:

(a) The health carrier's network;

(b) The health carrier's procedures for making referrals within and outside its network;

(c) The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of populations that enroll in managed care plans;

(d) The health carrier's efforts to address the needs of covered persons with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities;

(e) The health carrier's methods for assessing the health care needs of covered persons and their satisfaction with health care services;

(f) The health carrier's method of informing covered persons of the

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managed care plan's services and features, including, but not limited to, the managed care plan's grievance procedures, its process for choosing and changing providers, and its procedures for providing and approving emergency and specialty care;

(g) The health carrier's system for ensuring the coordination and continuity of care for covered persons referred to specialty physicians, for covered persons using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;

(h) The health carrier's process for enabling covered persons to change primary care professionals;

(i) The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers or in the event of the health carrier's insolvency or other inability to continue operations. The description shall explain how covered persons will be notified of the contract termination or the health carrier's insolvency or other cessation of operations and transferred to other providers in a timely manner; ~~and~~

(j) The health carrier's process for approving services by a provider who has a familial relationship to the covered person receiving the services. The health carrier shall not deny participation by or reimbursement to a provider solely based on a familial relationship between the provider and the covered person; and

(k ~~j~~) Any other information required by the director to determine compliance with the provisions of the act.

Sec. 2. Original section 44-7105, Reissue Revised Statutes of Nebraska, is repealed.

Sec. 3. Since an emergency exists, this act takes effect when passed and approved according to law.