538286

LEGISLATIVE ACTION Senate House Comm: FAV 04/24/2017

The Committee on Governmental Oversight and Accountability (Baxley) recommended the following:

Senate Amendment

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Delete lines 469 - 511

4 and insert:

(b) On or before April 1 of each year, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the participation level and cost-savings to both the enrollee and the state resulting from the contract or contracts described in this subsection.

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- (3) The department shall contract with an entity that provides enrollees with online information on the cost and quality of health care services and providers, allows an enrollee to shop for health care services and providers, and rewards the enrollee by sharing savings generated by the enrollee's choice of services or providers. The contract shall require the entity to:
- (a) Establish an Internet-based, consumer-friendly platform that educates and informs enrollees about the price and quality of health care services and providers, including the average amount paid in each county for health care services and providers. The average amounts paid for such services and providers may be expressed for service bundles, which include all products and services associated with a particular treatment or episode of care, or for separate and distinct products and services.
- (b) Allow enrollees to shop for health care services and providers using the price and quality information provided on the Internet-based platform.
- (c) Permit a certified bargaining agent of state employees to provide educational materials and counseling to enrollees regarding the Internet-based platform.
- (d) Identify the savings realized to the enrollee and state if the enrollee chooses high-quality, lower-cost health care services or providers, and facilitate a shared savings payment to the enrollee. The amount of shared savings shall be determined by a methodology approved by the department and shall maximize value-based purchasing by enrollees. The amount payable to the enrollee may be:



40	1. Credited to the enrollee's flexible spending account;
41	2. Credited to the enrollee's health savings account;
42	3. Credited to the enrollee's health reimbursement account;
43	<u>or</u>
44	4. Paid as additional health plan reimbursements not
45	exceeding the amount of the enrollee's out-of-pocket medical
46	expenses.
47	(e) On or before April 1 of each year, the

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