

SSB 5147 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED 4/14/2015

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 70.320.030 and 2013 c 320 s 3 are each amended to
4 read as follows:

5 By September 1, 2014:

6 (1) The authority shall adopt performance measures to determine
7 whether service contracting entities are achieving the outcomes
8 described in RCW 70.320.020 and 41.05.690 for clients enrolled in
9 medical managed care programs operated according to Title XIX or XXI
10 of the federal social security act.

11 (2) The department shall adopt performance measures to determine
12 whether service contracting entities are achieving the outcomes
13 described in RCW 70.320.020 for clients receiving mental health,
14 long-term care, or chemical dependency services.

15 **Sec. 2.** RCW 70.320.040 and 2013 c 320 s 4 are each amended to
16 read as follows:

17 By July 1, 2015, the authority and the department shall require
18 that contracts with service coordination organizations include
19 provisions requiring:

20 (1) The adoption of the outcomes and performance measures
21 developed under this chapter and RCW 41.05.690 and mechanisms for
22 reporting data to support each of the outcomes and performance
23 measures; and

24 (2) That an initial health screen be conducted for new enrollees
25 pursuant to the terms and conditions of the contract.

26 **Sec. 3.** RCW 70.320.050 and 2013 c 320 s 5 are each amended to
27 read as follows:

28 (1) By December 1, 2014, the department and the authority shall
29 report jointly to the legislature on the expected outcomes and the
30 performance measures. The report must identify the performance
31 measures and the expected outcomes established for each program, the

1 relationship between the performance measures and expected
2 improvements in client outcomes, mechanisms for reporting outcomes
3 and measuring performance, and options for applying the performance
4 measures and expected outcomes development process to other health
5 and social service programs.

6 (2) By December 1, 2016, and annually thereafter, the department
7 and the authority shall report to the legislature on the
8 incorporation of the performance measures into contracts with service
9 coordination organizations and progress toward achieving the
10 identified outcomes. The report shall include:

11 (a) The number of medicaid clients enrolled over the previous
12 year;

13 (b) The number of enrollees who received a baseline health
14 assessment over the previous year;

15 (c) An analysis of trends in health improvement for medicaid
16 enrollees in accordance with the measure set established under RCW
17 41.05.065; and

18 (d) Recommendations for improving the health of medicaid
19 enrollees."

20 Correct the title.

EFFECT: Removes the requirement that service contracting entities determine the baseline health status of initial enrollees in Medicaid managed care plans by conducting a mandatory assessment.

Requires that by July 1, 2015, the Health Care Authority and the Department of Social and Health Services require that contracts with service coordination organizations require that an initial health screen be conducted for new enrollees pursuant to the contract's terms and conditions.

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