

FINAL BILL REPORT

SSB 5147

C 209 L 15
Synopsis as Enacted

Brief Description: Establishing a medicaid baseline health assessment and monitoring the medicaid population's health.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Becker, Bailey, Brown and Rivers).

Senate Committee on Health Care
House Committee on Health Care & Wellness

Background: The Legislature has passed a number of bills related to performance measures for Medicaid coverage:

- The 2013 legislative budget included a requirement that the Health Care Authority (HCA) contracts with managed care organizations must incorporate accountability measures that monitor patient health and improved health outcomes, with an expectation that each patient receive a wellness examination that documents the baseline health status and allows for monitoring of health improvements and outcome measures;
- The 2013 Legislature also passed ESHB 1519 requiring outcomes and performance measures for the array of Medicaid programs contracted by HCA and the Department of Social and Health Services, which include medical, behavioral health services, chemical dependency services, and long-term care services and supports. The agencies are required to include common measures in contracts by July 1, 2015; and
- The 2014 Legislature passed E2SHB 2572 to improve health care purchasing and transform the health care delivery system. The bill created a Performance Measure Coordinating Committee to recommend standard statewide measures of health performance by January 1, 2015, that can be used to inform public and private health care purchasers.

The Performance Measure Coordinating Committee provided recommendations to the HCA in December that include measures for prevention, chronic illness, and acute care. There are 52 different measures categorized by population measures; clinical measures for children, adolescents, and adults by health plans, primary care medical groups, and hospitals; and measures related to health care costs.

Summary: The HCA and DSHS contracts with service coordination organizations must include the outcomes and performance measures developed by the Performance Measure

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Coordinating Committee, and each contract must require an initial health screen be conducted for new enrollees, consistent with the terms and conditions of the contract to implement the health screen required by the 2013-15 legislative budget.

By December 1, 2016, and annually thereafter, HCA and the DSHS must report to the Legislature on the performance measures. The report must also include the following:

- the number of Medicaid clients enrolled over the previous year;
- the number of enrollees who received a baseline health status measurement over the previous year;
- an analysis of trends in health improvement for Medicaid enrollees; and
- recommendations for improving the health of Medicaid enrollees.

Votes on Final Passage:

Senate	49	0	
House	97	0	(House amended)
Senate	45	0	(Senate concurred)

Effective: July 24, 2015