
SENATE BILL 5146

State of Washington

64th Legislature

2015 Regular Session

By Senators Bailey and Rivers

Read first time 01/14/15. Referred to Committee on Health Care.

1 AN ACT Relating to improving the quality of medicaid purchasing,
2 delivery, and transparency; amending RCW 74.09.010; and adding a new
3 section to chapter 74.09 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 74.09.010 and 2013 2nd sp.s. c 10 s 8 are each
6 amended to read as follows:

7 The definitions in this section apply throughout this chapter
8 unless the context clearly requires otherwise.

9 (1) "Authority" means the Washington state health care authority.

10 (2) "Children's health program" means the health care services
11 program provided to children under eighteen years of age and in
12 households with incomes at or below the federal poverty level as
13 annually defined by the federal department of health and human
14 services as adjusted for family size, and who are not otherwise
15 eligible for medical assistance or the limited casualty program for
16 the medically needy.

17 (3) "Chronic care management" means the health care management
18 within a health home of persons identified with, or at high risk for,
19 one or more chronic conditions. Effective chronic care management:

1 (a) Actively assists patients to acquire self-care skills to
2 improve functioning and health outcomes, and slow the progression of
3 disease or disability;

4 (b) Employs evidence-based clinical practices;

5 (c) Coordinates care across health care settings and providers,
6 including tracking referrals;

7 (d) Provides ready access to behavioral health services that are,
8 to the extent possible, integrated with primary care; and

9 (e) Uses appropriate community resources to support individual
10 patients and families in managing chronic conditions.

11 (4) "Chronic condition" means a prolonged condition and includes,
12 but is not limited to:

13 (a) A mental health condition;

14 (b) A substance use disorder;

15 (c) Asthma;

16 (d) Diabetes;

17 (e) Heart disease; and

18 (f) Being overweight, as evidenced by a body mass index over
19 twenty-five.

20 (5) "County" means the board of county commissioners, county
21 council, county executive, or tribal jurisdiction, or its designee.

22 (6) "Department" means the department of social and health
23 services.

24 (7) "Department of health" means the Washington state department
25 of health created pursuant to RCW 43.70.020.

26 (8) "Director" means the director of the Washington state health
27 care authority.

28 (9) "Full benefit dual eligible beneficiary" means an individual
29 who, for any month: Has coverage for the month under a medicare
30 prescription drug plan or medicare advantage plan with part D
31 coverage; and is determined eligible by the state for full medicaid
32 benefits for the month under any eligibility category in the state's
33 medicaid plan or a section 1115 demonstration waiver that provides
34 pharmacy benefits.

35 (10) "Health home" or "primary care health home" means
36 coordinated health care provided by a licensed primary care provider
37 coordinating all medical care services, and a multidisciplinary
38 health care team comprised of clinical and nonclinical staff. The
39 term "coordinating all medical care services" shall not be construed
40 to require prior authorization by a primary care provider in order

1 for a patient to receive treatment for covered services by an
2 optometrist licensed under chapter 18.53 RCW. Primary care health
3 home services shall include those services defined as health home
4 services in 42 U.S.C. Sec. 1396w-4 and, in addition, may include, but
5 are not limited to:

6 (a) Comprehensive care management including, but not limited to,
7 chronic care treatment and management;

8 (b) Extended hours of service;

9 (c) Multiple ways for patients to communicate with the team,
10 including electronically and by phone;

11 (d) Education of patients on self-care, prevention, and health
12 promotion, including the use of patient decision aids;

13 (e) Coordinating and assuring smooth transitions and follow-up
14 from inpatient to other settings;

15 (f) Individual and family support including authorized
16 representatives;

17 (g) The use of information technology to link services, track
18 tests, generate patient registries, and provide clinical data; and

19 (h) Ongoing performance reporting and quality improvement.

20 (11) "Internal management" means the administration of medical
21 assistance, medical care services, the children's health program, and
22 the limited casualty program.

23 (12) "Limited casualty program" means the medical care program
24 provided to medically needy persons as defined under Title XIX of the
25 federal social security act, and to medically indigent persons who
26 are without income or resources sufficient to secure necessary
27 medical services.

28 (13) "Medical assistance" means the federal aid medical care
29 program provided to categorically needy persons as defined under
30 Title XIX of the federal social security act.

31 (14) "Medical care services" means the limited scope of care
32 financed by state funds and provided to persons who are not eligible
33 for medicaid under RCW 74.09.510 and who are eligible for the aged,
34 blind, or disabled assistance program authorized in RCW 74.62.030 or
35 the essential needs and housing support program pursuant to RCW
36 74.04.805.

37 (15) "Multidisciplinary health care team" means an
38 interdisciplinary team of health professionals which may include, but
39 is not limited to, medical specialists, nurses, pharmacists,
40 nutritionists, dieticians, social workers, behavioral and mental

1 health providers including substance use disorder prevention and
2 treatment providers, doctors of chiropractic, physical therapists,
3 licensed complementary and alternative medicine practitioners, home
4 care and other long-term care providers, and physicians' assistants.

5 (16) "National committee for quality assurance" means an
6 organization responsible for developing and managing health care
7 measures that assess the quality of care and services that managed
8 care clients receive.

9 (17) "Nursing home" means nursing home as defined in RCW
10 18.51.010.

11 ((+17)) (18) "Poverty" means the federal poverty level
12 determined annually by the United States department of health and
13 human services, or successor agency.

14 ((+18)) (19) "Primary care provider" means a general practice
15 physician, family practitioner, internist, pediatrician, osteopath,
16 naturopath, physician assistant, osteopathic physician assistant, and
17 advanced registered nurse practitioner licensed under Title 18 RCW.

18 ((+19)) (20) "Secretary" means the secretary of social and
19 health services.

20 NEW SECTION. Sec. 2. A new section is added to chapter 74.09
21 RCW to read as follows:

22 (1) Medicaid purchasing must support standards developed by the
23 national committee for quality assurance.

24 (2) All current medicaid managed care contractors must be
25 national committee for quality assurance-accredited by December 2015.

26 (3) New managed care entrants are provided a grace period for
27 becoming national committee for quality assurance-accredited and are
28 required to be accredited no later than eighteen months into the
29 contract start date.

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