

CERTIFICATION OF ENROLLMENT

ENGROSSED HOUSE BILL 2584

66th Legislature
2020 Regular Session

Passed by the House March 9, 2020
Yeas 96 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate March 5, 2020
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED HOUSE BILL 2584** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED HOUSE BILL 2584

AS AMENDED BY THE SENATE

Passed Legislature - 2020 Regular Session

State of Washington 66th Legislature 2020 Regular Session

By Representatives Caldier, Frame, Leavitt, and Davis

Read first time 01/15/20. Referred to Committee on Appropriations.

1 AN ACT Relating to establishing rates for behavioral health
2 services; and adding a new section to chapter 71.24 RCW.

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
5 RCW to read as follows:

6 (1) It is the intent of the legislature that behavioral health
7 medicaid rate increases be grounded with the rate-setting process for
8 the provider type or practice setting.

9 (2) In implementing a rate increase funded by the legislature,
10 including rate increases provided through managed care organizations,
11 the authority must work with the actuaries responsible for
12 establishing medicaid rates for behavioral health services and
13 managed care organizations responsible for distributing funds to
14 behavioral health services to assure that appropriate adjustments are
15 made to the wraparound with intensive services case rate, as well as
16 any other behavioral health services in which a case rate is used.

17 (3) (a) The authority shall establish a process for verifying that
18 funds appropriated in the omnibus operating appropriations act for
19 targeted behavioral health provider rate increases, including rate
20 increases provided through managed care organizations, are used for
21 the objectives stated in the appropriation.

1 (b) The process must: (i) Establish which behavioral health
2 provider types the funds are intended for; (ii) include transparency
3 and accountability mechanisms to demonstrate that appropriated funds
4 for targeted behavioral health provider rate increases are passed
5 through, in the manner intended, to the behavioral health providers
6 who are the subject of the funds appropriated for targeted behavioral
7 health provider rate increases; (iii) include actuarial information
8 provided to managed care organizations to ensure the funds directed
9 to behavioral health providers have been appropriately allocated and
10 accounted for; and (iv) include the participation of managed care
11 organizations, behavioral health administrative services
12 organizations, providers, and provider networks that are the subject
13 of the targeted behavioral health provider rate increases. The
14 process must include a method for determining if the funds have
15 increased access to the behavioral health services offered by the
16 behavioral health providers who are the subject of the targeted
17 provider rate increases.

18 (c) The process may:

19 (i) Include a quantitative method for determining if the funds
20 have increased access to behavioral health services offered by the
21 behavioral health providers who received the targeted provider rate
22 increases;

23 (ii) Ensure the viability of pass-through payments in a capitated
24 rate methodology; and

25 (iii) Ensure that medicaid rate increases account for the impact
26 of value-based contracting on provider reimbursements and
27 implementations of pass-through payments.

28 (4) By November 1st of each year, the authority shall report to
29 the committees of the legislature with jurisdiction over behavioral
30 health issues and fiscal matters regarding the established process
31 for each appropriation for a targeted behavioral health provider rate
32 increase, whether the funds were passed through in accordance with
33 the appropriation language, and any information about increased
34 access to behavioral health services associated with the
35 appropriation. The reporting requirement for each appropriation for a
36 targeted behavioral health provider rate increase shall continue for
37 two years following the specific appropriation.

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