**5147-S AMH HCW H2474.1 - NOT FOR FLOOR USE**

**SSB 5147** - H COMM AMD

By Committee on Health Care & Wellness

**ADOPTED 4/14/2015**

Strike everything after the enacting clause and insert the following:

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

By September 1, 2014:

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

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

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

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

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

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

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

(1) By December 1, 2014, the department and the authority shall report jointly to the legislature on the expected outcomes and the performance measures. The report must identify the performance measures and the expected outcomes established for each program, the relationship between the performance measures and expected improvements in client outcomes, mechanisms for reporting outcomes and measuring performance, and options for applying the performance measures and expected outcomes development process to other health and social service programs.

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

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

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

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

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

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.