CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5596

62nd Legislature 2011 1st Special Session

Passed by the Senate May 10, 2011 YEAS 45 NAYS 0

President of the Senate

Passed by the House May 9, 2011 YEAS 96 NAYS 0

Speaker of the House of Representatives

Approved

FILED

Secretary

Secretary of State State of Washington

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5596** as passed by the Senate and the House of Representatives on the dates hereon set forth.

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5596

AS AMENDED BY THE HOUSE

Passed Legislature - 2011 1st Special Session

State of Washington 62nd Legislature 2011 1st Special Session

By Senate Ways & Means (originally sponsored by Senators Parlette, Zarelli, Becker, and Hewitt)

READ FIRST TIME 02/25/11.

1 AN ACT Relating to creating flexibility in the medicaid program; 2 adding a new section to chapter 74.09 RCW; and creating a new section.

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

4 NEW SECTION. Sec. 1. The legislature finds that mounting budget 5 pressures combined with growth in enrollment and constraints in the medicaid program have forced open discussion throughout the country and б 7 in our state concerning complete withdrawal from the medicaid program. The legislature recognizes that a better and more sustainable way 8 9 forward would involve new state flexibility for managing its medicaid 10 program built on the success of the basic health plan and Washington's 11 transitional bridge waiver, where elements of consumer participation and choice, benefit design flexibility, and payment flexibility have 12 13 helped keep costs low. The legislature further finds that either a 14 centers for medicare and medicaid services' innovation center project 15 a section 1115 demonstration project, or both, with capped or 16 eligibility group per capita payments would allow the state to operate as a laboratory of innovation for bending the cost curve, preserving 17 18 the safety net, and improving the management of care for low-income 19 populations.

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<u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 74.09 RCW
to read as follows:

3 (1) By October 1, 2011, the department shall submit a request to 4 the centers for medicare and medicaid services' innovation center and, 5 if necessary, a request under section 1115 of the social security act, 6 to implement a medicaid and state children's health insurance program 7 demonstration project. The demonstration project shall be designed to 8 achieve the broadest federal financial participation and, to the extent 9 permitted under federal law, shall authorize:

(a) Establishment of base-year, eligibility group per capita 10 payments, with maximum flexibility provided to the state for managing 11 12 the health care trend and provisions for shared savings if per capita 13 expenditures are below the negotiated rates. The capped eligibility 14 group per capita payments shall: (i) Be based on targeted per capita costs for the full duration of the demonstration period; (ii) include 15 due consideration and flexibility for unforeseen events, changes in the 16 delivery of health care, and changes in federal or state law; and (iii) 17 take into account the effect of the federal patient protection and 18 19 affordable care act on federal resources devoted to medicaid and state children's health insurance programs. Federal payments for each 20 21 eligibility group shall be based on the product of the negotiated per 22 capita payments for the eligibility group multiplied by the actual 23 caseload for the eligibility group;

24 (b) Coverage of benefits determined to be essential health benefits under section 1302(b) of the federal patient protection and affordable 25 26 care act, 42 U.S.C. 18022(b), with coverage of benefits in addition to the essential health benefits as appropriate for distinct categories of 27 28 enrollees such as children, pregnant women, individuals with 29 disabilities, and elderly adults;

30 (c) Limited, reasonable, and enforceable cost sharing and premiums 31 to encourage informed consumer behavior and appropriate utilization of 32 health services, while ensuring that access to evidence-based, 33 preventative and primary care is not hindered;

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(d) Streamlined eligibility determinations;

35 (e) Innovative reimbursement methods such as bundled, global, and 36 risk-bearing payment arrangements, that promote effective purchasing, 37 efficient use of health services, and support health homes, accountable

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care organizations, and other innovations intended to contain costs,
improve health, and incent smart consumer decision making;

3 (f) Clients to voluntarily enroll in the insurance exchange, and 4 broadened enrollment in employer-sponsored insurance when available and 5 deemed cost-effective for the state, with authority to require clients 6 to remain enrolled in their chosen plan for the calendar year;

7 (g) An expedited process of forty-five days or less in which the 8 centers for medicare and medicaid services must respond to any state 9 request for changes to the demonstration project once it is implemented 10 to ensure that the state has the necessary flexibility to manage within 11 its eligibility group per capita payment caps; and

(h) The development of an alternative payment methodology for
federally qualified health centers and rural health clinics that
enables capitated or global payment of enhanced payments.

15 (2) The department shall provide status reports to the joint 16 legislative select committee on health reform implementation as 17 requested by the committee.

18 (3) The department shall provide multiple opportunities for 19 stakeholders and the general public to review and comment on the 20 request as it developed.

(4) The department shall identify changes to state law necessary to ensure successful and timely implementation of the demonstration project.

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