

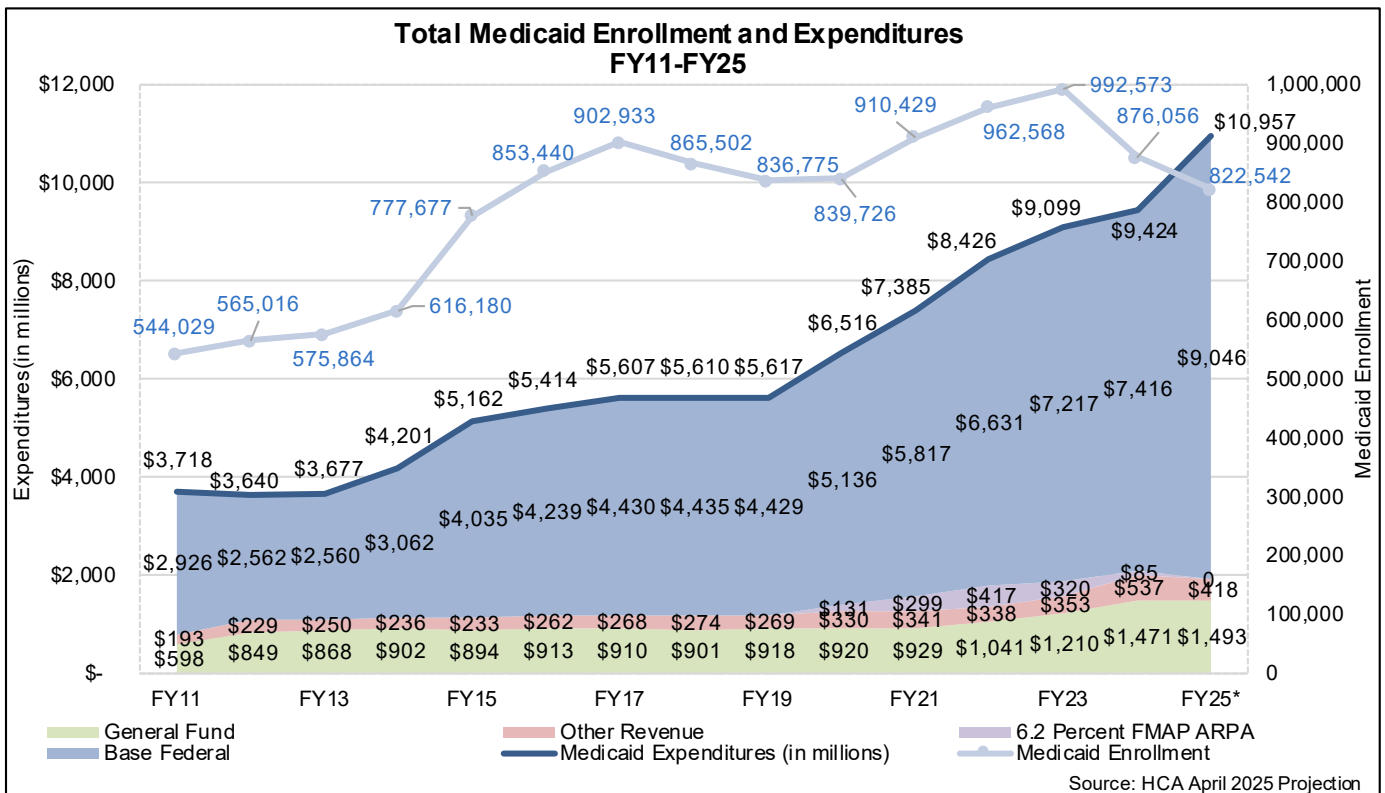
**ACTION PLAN**

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes

The Legislature has invested significantly in Medicaid over the last decade, including hundreds of millions in the past five years for provider rate adjustments, with the most significant increases scheduled for FY25. That amount includes more than \$89.5 million for behavioral health rate increases. With 38 percent of the state’s population enrolled in the Health Care Authority’s (HCA) Medicaid Program, ensuring rate adjustments reach the intended providers and improves access is a major lever for the state to improve health outcomes overall. Given the investment, performance is marginally improving, and the state should maintain expectations of more improvement over the next two years.

With these investments, the Legislature is expecting to see improvements in access to care through the expansion of managed care organization (MCO) networks, more well-care visits, and improved provider recruitment and retention.

**Projecting Future Needs.** The Health Care Authority’s enrollment dashboard indicates 822,542 individuals were enrolled in Medicaid in April 2025, 75 thousand fewer individuals than the department’s September 2024 projection. The FY25 budget was largely based on a higher January 2024 estimate of 938.2 thousand enrollees. In the future, to ensure funds are allocated appropriately, HCA will need to work with LFC to develop greater consensus on its enrollment projections.



### Medical Assistance

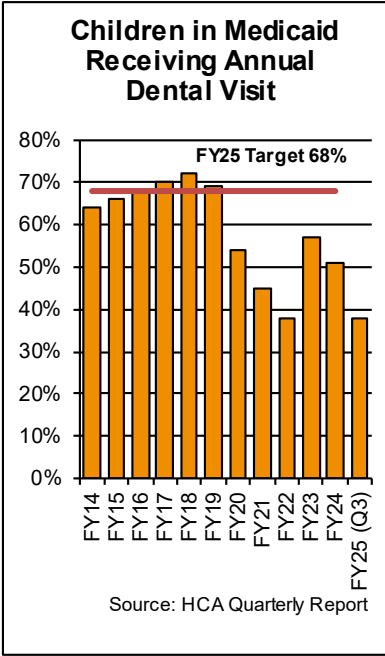
The state’s Medicaid program continued to improve some of its performance in the first quarter, including infant well-child visits. For well-child visits, each MCO discussed a strategy to improve these measures, such as social media campaigns, text messages encouraging parents to schedule the visits, and meeting with providers on a regular basis. The measure is cumulative, and the department should meet the target by the end of the year given the current trend. In previous quarters, HCA directed MCOs to incentivize providers to offer after-hour and weekend appointments for child wellness visits, including immunizations. However, the count of well-care visits for children ages 3 to 21 was well below trend, and the authority received a red rating for this measure, despite minor improvements over FY24.

	Budget: \$8,885,408.9	FTE: 222.5	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months* †			63%	66%	N/A	64%	G
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year †			44%	45%	60%	48%	R
Percent of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider †			57%	51%	68%	53%	R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge			7%	8%	<5%	7%	R
Hospital readmissions for adults 18 and over within 30 days of discharge †			9%	9%	<8%	9%	Y
Emergency department use categorized as non-emergent care			57%	57%	50%	57%	R
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization †			80%	78%	80%	77%	Y
Medicaid managed care members ages 18 through 75 with diabetes, types 1 and 2, whose HbA1c was >9 percent during the measurement year † ^			52%	52%	65%	44%	G
<b>Program Rating</b>			<b>R</b>	<b>Y</b>			<b>R</b>

\*Measure is classified as explanatory and does not have a target.  
 †Measure is from the national health effectiveness data and information set (HEDIS) and is reported on a calendar year, cumulatively, and two quarters behind the state fiscal year. FY25 actual is reporting 2024’s final data  
 ^A lower rate indicates positive improvement.

### Income Support

The Income Support Division (ISD) fell short of all but two performance targets. However, performance is trending in the right direction. Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) caseloads continue to be a drag on the authority’s performance, even though the caseloads are nearing prepandemic levels. The federal government requires enrolling 95 percent of expedited cases within seven days. For the third quarter, ISD enrolled 97 percent of expedited SNAP cases within seven days, an improvement from 84 percent in the prior year. ISD hired contract staff to work on Medicaid recertifications and applications to allow ISD staff to work on SNAP



applications and recertifications to improve expedited timeliness. Using this method, ISD is slated to increase the overall timeliness in SNAP. However, improvement is still needed for TANF performance measures.

Importantly, SNAP currently has a 14 percent error rate—meaning the authority is either under- or over-paying recipients. In the federal reconciliation act, if the authority maintains its 14 percent error rate, the state will be responsible for paying an additional \$155 million for SNAP, due to new guidelines, but this could be delayed until FY29 or FY30.

Budget: \$1,356,920.9	FTE: 1,060	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days		38%	74%	98%	98%	<span style="color: green;">G</span>
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days		64%	84%	98%	97%	<span style="color: green;">G</span>
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income		7%	1%	37%	8%	<span style="color: red;">R</span>
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements		12%	12%	60%	25%	<span style="color: red;">R</span>
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements		10%	7%	45%	13%	<span style="color: red;">R</span>
<b>Program Rating</b>		<span style="color: red;">R</span>	<span style="color: red;">R</span>			<span style="color: yellow;">Y</span>

\*Measure is classified as explanatory and does not have a target.

### Child Support Services

The Child Support Services Division (CSSD) is modernizing the program to set accurate child support obligations based on the noncustodial parent’s ability to pay, alongside increasing consistent and on-time payments to families, moving nonpaying cases to paying status, improving child support collections, and incorporating technological advances that support good customer service and cost-effective management practices. CSSD expected performance to improve with these efforts, and the program nearly met the target for child support owed that is collected and the percentage of cases with support orders.

Budget: \$42,953.9	FTE: 340	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Noncustodial parents paying support per total cases with support orders*		51%	51%		52%	<span style="color: green;">G</span>
Total child support enforcement collections, in millions		\$121	\$119	\$120	\$119	<span style="color: yellow;">Y</span>
Child support owed that is collected		58%	59%	65%	60%	<span style="color: red;">R</span>
Cases with support orders		84%	83%	85%	83%	<span style="color: yellow;">Y</span>
Total dollars collected per dollar expended		\$2.46	\$2.18	\$3.00	\$2.18	<span style="color: red;">R</span>
Average child support collected per child*		\$124.5	\$129		\$137	<span style="color: green;">G</span>
<b>Program Rating</b>		<span style="color: red;">R</span>	<span style="color: yellow;">Y</span>			<span style="color: green;">G</span>

\*Measure is classified as explanatory and does not have a target.

†FY 25 actual is reporting FY24’s final data.

### Developmental Disabilities Support Division

This is the first year the division reported on the authority’s performance report since it moved from the Department of Health in July 2024. The division did not meet the target for the number of individuals receiving employment services nor did it reach the target for the number of individuals who have a service plan and budget in place. However, the authority did improve significantly from FY24 for the percent of applicants who have a service plan and budget in place.

Budget: \$271,411.3	FTE: 195	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Number of home visits		6,881	11,461		15,330	G
Number of individuals on the home and community-based waiver waiting list*		1,909	111		194	G
Number of individuals receiving home and community-based waiver services*		6,766	7,522		8,395	G
Percent of adults between age twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports		10%	9%	20%	8%	R
Percent of home and community-based waiver applicants who have a service plan and budget in place within ninety days of income and clinical eligibility determination		88%	76%	95%	90%	Y
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)		90%	92%	90%	91%	G
<b>Program Rating</b>		<b>R</b>	<b>Y</b>			<b>Y</b>

\*Measure is classified as explanatory and does not have a target.

### State Health Benefits

According to HCA, the 20 percent across-the-board increase in premiums for state health benefits is actuarially sound and will not require a supplemental appropriation for FY26 to ensure solvency within the state health benefits fund. In FY27, the state will have to determine whether to continue using the health care affordability fund revenues to cover the new provisions or include the increased costs to agencies within their base budgets. The authority is working toward implementing reference-based pricing, switching pharmacy benefits managers, and working to collect the local public body share of the shortfall to reduce the costs to the state.

Budget: \$479,368	FTE: 9	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Number of state health plan members who designate the stay well health center as their primary care provider*			2,162		2,578	G
Number of visits to the stay well health center*			7,815		7,385	G
Percent change in the average per-member per-month/total healthcare cost†			TBD	4%	17%/8%	R
Percent of available appointments filled at the stay well health center*			74%		91%	G
Percent of state health plan members with diabetes receiving at least one hemoglobin A1C test in the last 12 months†			49%	86%	62%/46%	R

Budget: \$479,368	FTE: 9	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Percent of state group prescriptions filled with generic drugs within 3 percent of public-entity-peer rate as reported by pharmacy benefits manager			56%	83%	84%	<span style="color: green;">G</span>
<b>Program Rating</b>			<span style="color: red;">R</span>			<span style="color: green;">G</span>
*Measure is classified as explanatory and does not have a target.						
†Measure reported as Blue Cross Blue Shield/Presbyterian Health Services						

### Division of Health Improvement

This is the first year the Division of Health Improvement (DHI) is reported on the authority’s performance report since it moved from the Department of Health in July 2024. During FY25, HCA met all performance targets under DHI, having significantly improved on the percent of facility deficiencies distributed within 10 days of survey exit.

Budget: \$22,093	FTE: 197	FY23 Actual	FY24 Actual	FY25 Target	FY25 Actual	Rating
Percent of nursing home survey citation(s) resulting in a potential sanction by CMS that was upheld when reviewed by CMS		97%	96%	>90%	100%	<span style="color: green;">G</span>
Percent of acute and continuing care facility survey statement of deficiencies distributed to the facility within ten days of survey exit				>85%	52%	<span style="color: red;">R</span>
Percent of abuse, neglect, and exploitation investigations completed according to established timelines		95%	80%	>95%	97%	<span style="color: green;">G</span>
Abuse rate for developmental disabilities waiver and mi via waiver clients*†		5.8%	7.3%		0.06%	<span style="color: green;">G</span>
<b>Program Rating</b>						<span style="color: green;">G</span>
*Measure is classified as explanatory and does not have a target.						
† Measure also includes Supports Waiver and Medically Fragile waiver programs.						

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