

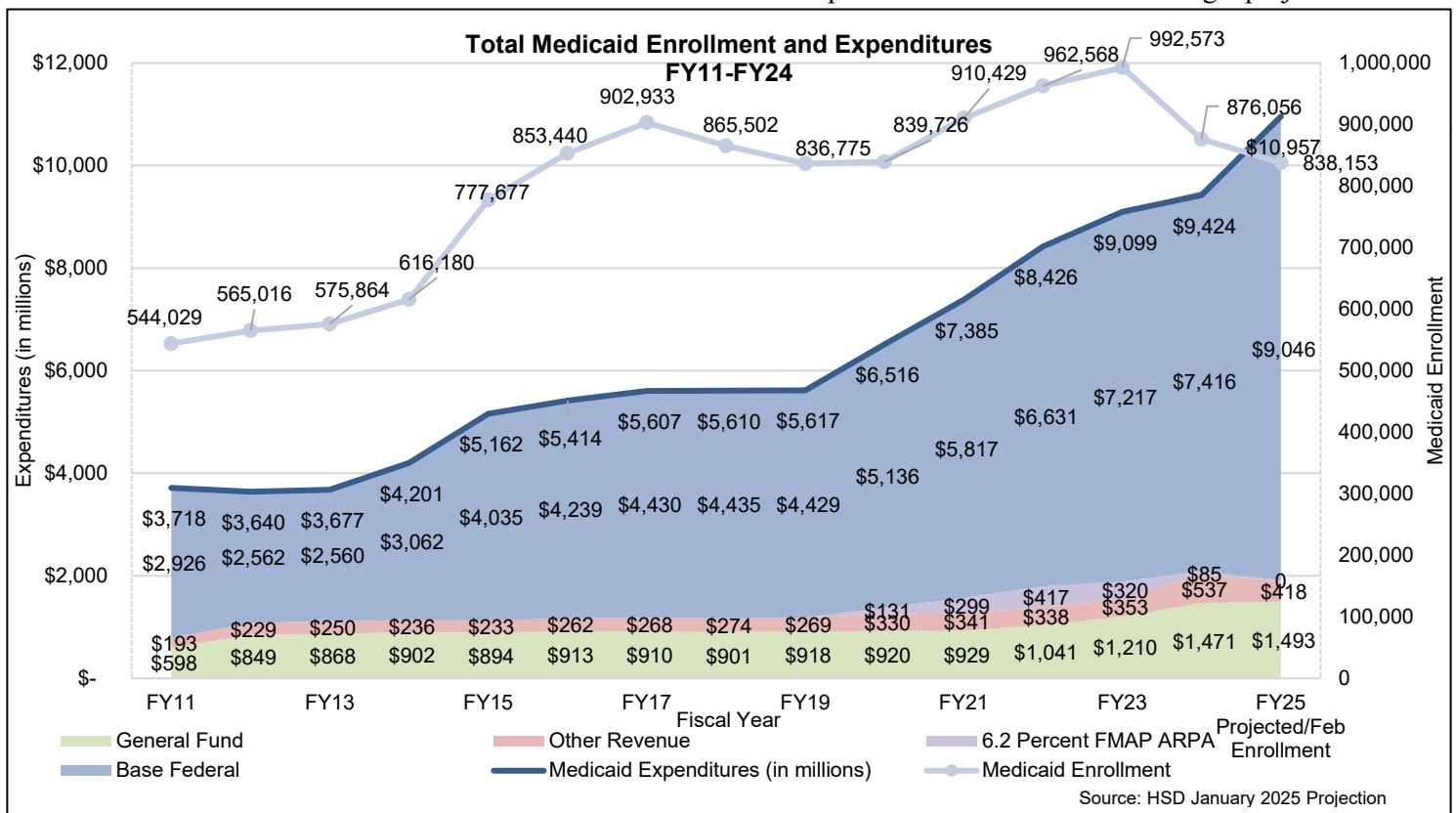
ACTION PLAN

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

The Legislature 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, including more than \$1 billion for hospitals. However, many rates from FY24's legislative session were not effective until January 2025. With close to half 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 an expectation 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. The health challenges experienced by the state's Medicaid population will likely not improve if Medicaid enrollees continue to have trouble making appointments.

Projecting Future Needs. The Health Care Authority's enrollment dashboard indicates 838,153 individuals were enrolled in Medicaid in February 2025, 39 thousand fewer individuals than the department's September 2024 projection indicated. Available data continues to indicate enrollment is trending downward with the end of the public health emergency and economic improvement, including increases in labor force participation. 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, the department will need to work with LFC to develop more consensus around its budget projections.

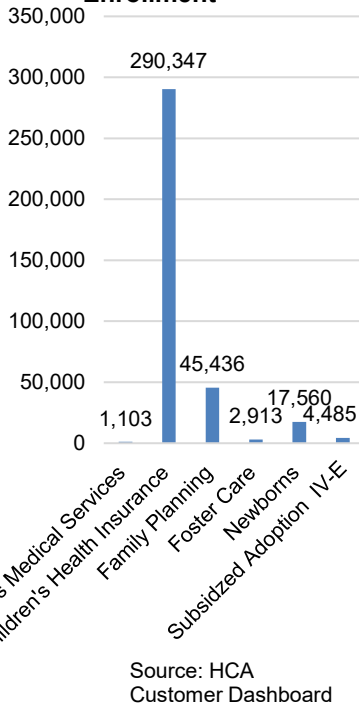


PERFORMANCE REPORT CARD

Health Care Authority

Second Quarter, Fiscal Year 2025

Children and Family Planning Medicaid Enrollment



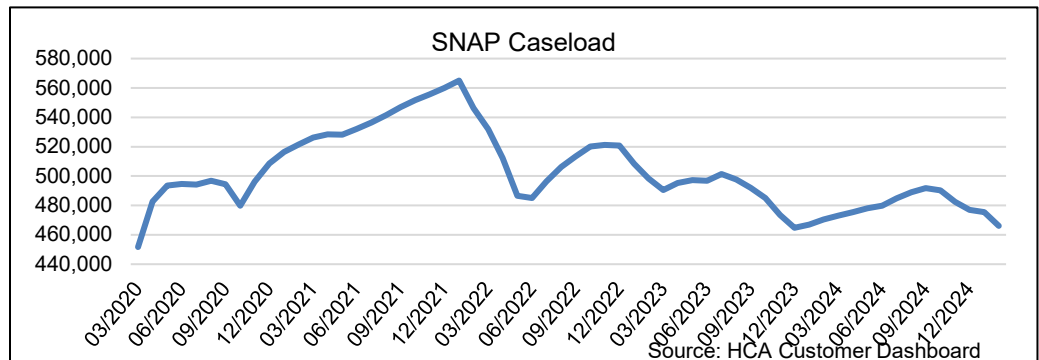
Budget: \$8,885,408.9 FTE: 222.5	FY23 Actual	FY24 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months* **	63%	66%	N/A	35%	47%		G
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year**	44%	45%	60%	9%	17%		R
Children ages 2 to 20 enrolled in Medicaid managed care who had at least one dental visit during the measurement year**	57%	51%		No Report	No Report		R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge	7%	8%	<5%	6%	7.5%		R
Hospital readmissions for adults 18 and over within 30 days of discharge**	9%	9%	<8%	9%	12%		R
Emergency department use categorized as nonemergent care	57%	57%	50%	57%	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%		No Report	No Report		R
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%		No Report	No Report		R
Program Rating	R	Y					Y

*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's Q1 column is reporting CY24's first quarter data.

Income Support

The Income Support Division (ISD) fell short of all performance targets but performance is trending in the right direction. Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) caseloads continued to be a drag on the authority's performance, even though the caseloads are nearing pre-pandemic levels. The authority reports it implemented processes to improve performance. The federal government requires enrolling 95 percent of expedited cases within seven days. For the second quarter, ISD enrolled 96 percent of expedited SNAP cases within seven



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days, an improvement from 84 percent in the prior year. ISD has 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 all areas.

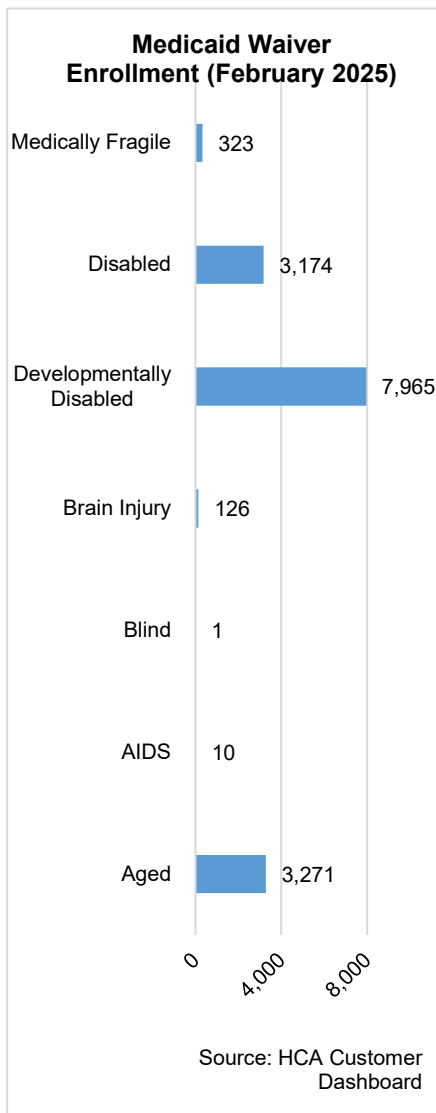
Budget: \$1,356,920.9 FTE: 1,060	FY23 Actual	FY24 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days	38%	74%	98%	91%	95%		Y
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days	64%	84%	98%	94%	96%		Y
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income	7%	1%	37%	8%	8%		R
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements	12%	12%	60%	18%	10%		R
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements	10%	7%	45%	10%	9%		R
Program Rating	R	R					Y

Child Support Enforcement

The Child Support Enforcement Division (CSED) 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. CSED 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 Q1	FY25 Q2	FY25 Q3	Rating
Noncustodial parents paying support per total cases with support orders*	51%	51%		52%	52%		
Total child support enforcement collections, in millions	\$121	\$119	\$120	\$27.7	\$27.6		R
Child support owed that is collected	58%	59%	65%	59%	60%		R
Cases with support orders	84%	83%	85%	83%	83%		Y
Total dollars collected per dollars expended	\$2.46	\$2.18	\$3.00	Annual	Annual		
Average child support collected per child*	\$124.5	\$129		\$131	\$126		
Program Rating	R	Y					Y

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



Developmental Disabilities Support Division

This is the first year the division is being reported on the authority's performance report since it moved from the Department of Health in July 2024. For the second quarter, 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 division did improve on the later measure over the prior quarter, and it is possible the division could be on track to meet the target by the end of the year.

Budget: \$271,411.3	FTE: 195	FY23 Actual	FY24 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Number of home visits		6,881	11,461	19,458		7,325		
Number of individuals on the home and community-based waiver waiting list*		1,909	111		NA	474		
Number of individuals receiving home and community-based waiver services*		6,766	7,522		NA	8,057		
Percent of adults between ages twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports		10%	9%	14%	8%	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%	91%	89%		Y
Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)		90%	92%	87%	91%	92%		G
Program Rating								Y

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

State Health Benefits

State Health Benefits continues to experience significant increases in the costs of providing care to state and local public bodies' employees and is projecting an \$85 million shortfall for FY25. The authority is working towards 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. However, the program is also looking at eliminating salary tiers which will increase costs for the state result in higher employer premiums in FY27.

Budget: \$479,368	FTE: 9	FY23 Actual	FY24 Actual	FY25 Target	FY25 Q1	FY25 Q2	FY25 Q3	Rating
Number of state health plan members who designate the stay well health center as their primary care provider*			2,162		2,294	2,397		
Number of visits to the stay well health center*			7,815		1,786	2,228		
Percent change in the average per-member per-month/ total healthcare cost**			TBD	4%	13%/- 11%	6%/Not Reported		



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Percent of available appointments filled at the stay well health center*	74%		94%	97%	
Percent of state health plan members with diabetes receiving at least one hemoglobin A1C test in the last 12 months**	49%	86%	No Report/ 89%	Not Reported/ 89%	Y
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%	Not Reported	R

Program Rating

R

Y

Y

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

**Measure reported as BCBS/CIGNA