

Individual State Agency Fiscal Note

Bill Number: 6148 SB	Title: Quality of care metrics	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Operating Expenditures from:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

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Agency Approval: Cliff Hicks	Phone: 360-725-0875	Date: 02/12/2024
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Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Non-zero but indeterminate cost and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

Non-zero but indeterminate cost and/or savings. Please see discussion.

III. C - Operating FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.*

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: **6148 SB**

HCA Request #: 24-062

Title: **Quality of Care Metrics**

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Indeterminate

Estimated Operating Expenditures from:

Indeterminate

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

HCA Fiscal Note

Bill Number: **6148 SB**

HCA Request #: 24-062

Title: **Quality of Care Metrics**

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Section 1 (2) - Starting in Federal Fiscal Year (FFY) 2024, Centers for Medicaid and Medicare Services (CMS) require states to collect and report on maternal and perinatal health measures (Maternity Core Set).

- DATA/MCHD/First Steps Database (FSDB) Team are already reporting Maternity Core Set measures to CMS.

Section 1(3) states intent to gather data on the “additional three” maternal and perinatal health measures.

- Currently, Maternity Core Set consists of nine measures (six measures from Child Core Set and three measures from Adult Core Set). It's unclear what three measures Section 1(3) refers to. The Health Care Authority (HCA) FSDB already generates reports for seven of the Maternity Core Set measures and voluntarily submits to CMS and reports all nine Maternity Core Set measures for internal HCA use. Note that these reports will need to adhere to rigorous measure validation processes and all CMS requirements going forward.

Section 2 (new) – added to chapter 74.09 RCW. Beginning Jan 1, 2025 HCA shall collect data and report on all measures in CMS maternity Core Set.

- HCA FSDB calculates and reports on Maternity Core Set via multiple reporting pathways: 1) Reporting to CMS by the annual December 31 deadline; 2) Legislatively mandated biennial report per Engrossed Substitute House Bill 2128, Chapter 463, Laws of 2009, RCW 74.09.480, Section 4; 3) HCA Maternal Child Health dashboard Workbook: MaternalandChildHealth (wa.gov); and 4) HCA Reproductive Health website.

Section 2 (2) – By June 30, 2026, and annually, HCA shall publish the data collected in subsection 1, provide comparative data to prior year detailing progress made in improving outcomes, and provide information detailing steps taken to improve outcomes.

- Currently, HCA FSDB reports Maternity Core Set results, but does not report on progress of improvement activities or details on steps taken to improve outcomes.

Section 2(3) – By June 30, 2026, and annually, HCA will make this report publicly available on its website.

- Currently, HCA FSDB reports Maternity Core Set results on HCA website, but does not report on progress improvement activities or details on steps taken to improve outcomes.

II. B - Cash Receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

Indeterminate

Fiscal impacts associated with this bill would be eligible for Federal Financial Participation (FFP) at a 47.35 percent match.

HCA Fiscal Note

Bill Number: **6148 SB**

HCA Request #: 24-062

Title: **Quality of Care Metrics**

II. C – Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Indeterminate

HCA is still evaluating the impact of the changing CMS reporting and data validation requirements for the Maternity Core Set, with the change from voluntary to mandatory reporting and the increase in measures, it is likely HCA will need additional operational/administrative resources. HCA intends to leverage current clinical and programmatic resources to actively partner and collaborate with the additional data experts, applying data and science to our clinical policy and programmatic initiatives. The steps to improve outcomes that are implied in Sec 2 (2) require the additional and ongoing support of skilled data and analytic partners as well as the data infrastructure necessary to meet federal reporting requirements.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

III. B - Expenditures by Object Or Purpose

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

III. D - Expenditures By Program (optional)

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

HCA Fiscal Note

Bill Number: **6148 SB**

HCA Request #: 24-062

Title: **Quality of Care Metrics**

IV. C - Capital Budget Breakout: Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

NONE