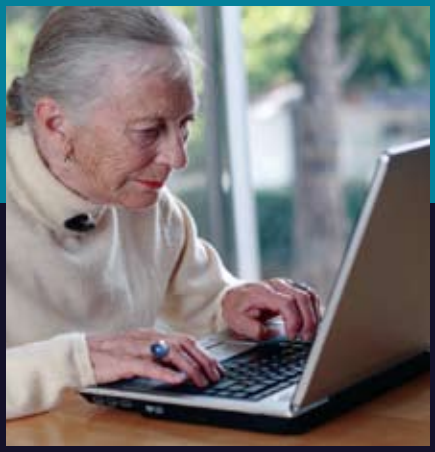
DEPARTMENT OF HEALTH CARE FINANCE



FY2012-2014

STRATEGIC PLAN

Contents

Letter from the Mayor 1

Message from the Director 2

Introduction 3

Agency Organization 4

Strategic Goal I: Improve Health Outcomes 9

Strategic Goal II: Strengthen Program Integrity 15

Strategic Goal III: Implement Health Care Reform 20

Strategic Goal IV: Improve Medicaid Billing with Public Providers 24

Strategic Goal V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan 27

Strategic Goal VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management 34

Strategic Goal VII: Enhance DHCF Infrastructure 39

Appendices 43

Message from Mayor Vincent C. Gray

I am pleased to present, along with Director Wayne Turnage, the FY 2012-2014 Strategic Plan for the Department of Health Care Finance (DHCF) of the Government of the District of Columbia.

DHCF has been at the forefront in providing District residents with access to the most comprehensive, cost-effective and quality healthcare services they deserve.

The District of Columbia has made significant progress over the years in our efforts to improve the health status of District residents.

This strategic plan was created based upon the theme, "Be the Change, Focus on the Outcomes," which is the underlying focus of DHCF's efforts. The plan also serves as an essential roadmap for the agency and stakeholders who can actively participate in the changes that will lead to improved outcomes.

In today's changing health care environment, I am proud to say that the District of Columbia is on the cutting edge in achieving key milestones in the implementation of the Patient Protection and Affordable Care Act (PPACA), which became law on March 23, 2010. DHCF is ensuring that "care" remains a high priority in any health care reform that will serve the residents of the District. The District of Columbia is at the vanguard and is poised to become a leader in providing access to comprehensive, coordinated and quality health care to all District residents.

I applaud the work of Director Turnage and the DHCF staff for developing strategies for the next three years that will increase access to health care and improve health outcomes for the residents of the District of Columbia.

Thank you!

Vincent C. Gray

Message from the Director

Wayne Turnage, M.P.A.
Director

"….an agency built on transparency, integrity, accountability, respect and teamwork."

As the Director of the Department of Health Care Finance (DHCF), I am excited about positioning the agency to focus more on its mission to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia. Our strategic planning theme focuses our next three years on change. Hence, "Be the Change…..Focus on the Outcomes," motivates us to think of ourselves as change agents and what outcomes we want for DHCF. By applying four fundamental questions – who and what are we; what do we do now and why; what do we want to be and do in the future and why; how do we get from here to there – we have established the framework to create strategic thought and action within our leadership and staff.

As we move from planning to implementation of the plan, we recognize to reach our goals require the reliance on our many partners inside and outside of government. Our implementation theme is "Partnering to Improve Health Outcomes," which is by far our most important goal.

By asking ourselves these fundamental questions, we came together to identify key department issues and develop strategies for the next three years. The following seven goals form the basis of this strategic plan:

- Improving Health Outcomes
- Strengthening Program Integrity
- Implementing Health Care Reform
- Improving Medicaid Billing with Public Providers
- Developing and Implementing a Comprehensive Health Information Technology Plan
- Enhancing Reporting Capabilities to Improve Outcomes and Performance Management
- Enhancing DHCF Infrastructure

We will stay focused as we move forward to improve the health outcomes of the people we serve. It is our responsibility to District residents to partner with our stakeholders to provide the most comprehensive, cost-effective and quality health care services they deserve.

Introduction

The Department of Health Care Finance (DHCF), formerly the Medical Assistance Administration under the Department of Health, is the District of Columbia's state Medicaid agency, as well as the agency responsible for implementation of certain components within the Health Information Technology for Economic and Clinical Health Act (HITECH) under the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5, and key components of the Patient Protection and Affordable Care Act of 2010, Pub. L. 111-148.

DHCF was established on February 27, 2008, under the Department of Health Care Finance Act of 2007, giving it legal authority to administer a state-wide Medicaid program. It provides health care services to low-income children, adults, the elderly and persons with disabilities. Over 200,000 District of Columbia residents (nearly one third of all residents) receive health care services administered by DHCF.

The mission of the Department of Health Care Finance is to improve health outcomes for residents of the District of Columbia by providing access to a comprehensive and cost-effective array of quality health care services.

We have established core values to facilitate a culture change within DHCF staff and management that will better position us to become a premier agency in health care. These core values are: transparency, integrity, accountability, respect, and teamwork.

Agency Organization

The agency operates under the direction of the Office of the Director, who is responsible for executive management, policy direction, strategic and financial planning, public relations, and resource management. The Office of the Director controls and coordinates agency operations to ensure the attainment of the agency's goals and objectives.

To carry out the responsibilities of the Department, DHCF has 178 full-time positions organized in eight major areas of administration that are designed to carry out the mission of DHCF (Appendix A):

- Office of the Director
  - Deputy Director for Finance
  - Office of the Chief Operating Officer
  - Deputy Director for Medicaid
    - Health Care Delivery Management Administration
    - Health Care Policy & Research Administration
    - Health Care Operations Administration
    - Health Care Reform and Innovation Administration

Each administration and office has management oversight of its functional areas. Currently, there are twenty-four divisions that function under these administrations (Appendix A).

Programs

Medicaid, CHIP and the Alliance Programs

Linda Elam, PhD, MPH
Deputy Director, Medicaid

DHCF is the single state agency responsible for managing the District's Medicaid program which provides health care coverage to over 205,000 residents with low-incomes. In FY 2010, the District spent $1.82 billion on health care services for Medicaid beneficiaries. The federal government pays 70 percent of the cost of the Medicaid program in the District of Columbia.

In addition to Medicaid, DHCF also administers the DC Health Care Alliance program for approximately 24,000 residents who are not eligible for the Medicaid program. Unlike, Medicaid, this program is paid for entirely with local dollars. In FY 2010, expenditures on the Alliance program exceeded $63 million.

DHCF is responsible for ensuring that health care services for residents served in these two programs are high quality, cost effective, and comply with District and federal laws. In addition, we also work with other D.C. agencies such as the Department of Human Services, the District of Columbia Public Schools, the Department of Mental Health and others to coordinate Medicaid-funded services that are delivered to District residents who receive care through those agencies.

DHCF also works with private industry to ensure that the services we provide are meeting the needs of our residents, such as health care providers, insurance carriers, transportation providers, advocacy groups, and many other for profit and non-profit organizations.

Health Care Reform Initiatives

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA) into law, which puts into place comprehensive health insurance reforms that will hold insurance companies more accountable, lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans. The law is intended to provide greater access to quality affordable healthcare for all Americans. DHCF is coordinating with sister agencies and city leadership to develop and implement health care reform initiatives. DHCF chairs the District's Health Reform Implementation Committee (HRIC) with the Department of Insurance, Securities and Banking and the Department of Health serving as co-chairs, and serves as the lead agency in city-wide committees focused on policy, planning and communications. Within DHCF, health care reform initiatives are conducted across administrations, with coordination responsibilities housed in the Director's Office. Key health reform related goals and responsibilities for DHCF include: conducting public forums; analyzing the development of the health insurance exchange; overseeing the necessary regulatory changes; and providing information to providers and payers.

Health Insurance Exchange

The Patient Protection and Affordable Care Act (PPACA) enables States to establish a Health Insurance Exchange (HIX) through which uninsured residents may purchase insurance and receive subsidies depending on income. The Health Insurance Exchange will give individuals and small businesses access to affordable coverage through a new competitive private health insurance market – state-based Affordable Insurance Exchanges. The U.S. Department of Health and Human Services (HHS) provided $1 million in grants to States and the District to conduct planning during FY 2011. The District is using these funds to coordinate background research, capacity, systems, and infrastructure assessments, and preliminary budget forecasting. Quarterly and final reports will be developed and submitted to HHS, and will form recommendations to guide the District's plans for implementation of an Exchange by the 2014 federal deadline.

In August of 2011, the US Department of Health and Human Services (DHHS) awarded the District a Level One Exchange Establishment grant of $8.2 million to continue with its planning and implementation of a Health Insurance Exchange for District residents. The funding from this grant will leverage the data, information and indicators gathered in the preliminary effort into a comprehensive project design.

Health Information Exchange

In January 2010, the Office of the National Coordinator for Health Information Technology (ONC) at HHS awarded the District $5.1 million to facilitate the planning and implementation of a District-wide Health Information Exchange (HIE). HIE is the electronic sharing of clinical, financial, and administrative health care information across care settings (such as physician offices, hospitals, pharmacies, and payers). The grant required DHCF to conduct planning initiatives in FY 2010 and FY 2011. DHCF is focusing on developing five (5) key infrastructure components: governance; architecture; technical infrastructure; business and technical operations; and legal/policy. In FY 2012, DHCF will develop a roll out plan

for HIE in the District, establish a governance mechanism for the provision of HIE services, and develop and deploy core HIE services. Services to be established during FY 2012 include: a baseline HIE architecture and implementation of core HIE services, such as e-prescribing, structured lab reporting, and continuity of care reporting.

By implementing a carefully planned and well thought out HIE infrastructure, the District seeks to improve the overall quality of health care delivery by empowering providers with the most current and accurate information about their patients. Ultimately, the HIE will serve to empower District residents by granting them access to their own health information.

Strategic Plan Framework

We are excited to share with the public and our stakeholders the first DHCF Strategic Plan. The strategic planning process kicked off at an All Hands Staff Meeting that was held on June 6, 2011.

DHCF created a planning structure to serve as the vehicle for change. The planning process facilitated the development of this three year plan and helped to create strategic thought and action within the leadership and staff to move the agency to a position of excellence.

To create and implement the strategic planning process, we obtained ideas from our business partners, customers, key stakeholders, and staff through planning meetings and by obtaining information through stakeholder surveys. We encouraged all DHCF employees to participate in this process.

Each of the seven subcommittees was chaired by a DHCF staff person. The Strategic Planning Steering Committee and Task Force provided guidance and leadership to the process. The planning process included the following groups. There were seven sub-committees that addressed key program issues.

- **DHCF Strategic Planning Steering Committee**. The DHCF Strategic Planning Steering Committee was responsible for leading the change process by providing vision and encouragement to the planning body, and ensuring that the goals and objectives of the process were completed in a timely fashion.
- **DHCF Strategic Planning Task Force.** The Planning Task Force was responsible for the integration of the goals, objectives and activities of the master plan, and provided recommendations for systemic change to the DHCF Steering Committee.
- **DHCF Strategic Planning Sub-Committees and Supports.** DHCF strategic planning sub-committees are listed below. The majority of the work took place at this level…this is where the rubber meets the road. The planning sub-committees were responsible for the development of the goals, objectives and activities of the master plan. Each sub-committee listed below was responsible for including appropriate stakeholders outside of DHCF to participate in the planning process.
  - Health Outcomes Subcommittee
  - Program Integrity Subcommittee
  - Health Care Reform Subcommittee
  - Public Providers Subcommittee
  - Comprehensive Health Information Technology Plan Subcommittee
  - Outcomes and Performance Management Subcommittee
  - DHCF Infrastructure Subcommittee

Accountability

We will provide quarterly updates to keep the public and our stakeholders informed of our progress. In addition, performance management provides DHCF with the mechanism to track our progress to ensure that we are focusing on outcomes. The Strategic Plan Progress Report will be disseminated quarterly through our website and through links provided in various documents and other electronic media. You will also find our strategic plan available with links that are of interest on the DHCF website.

Stakeholder Survey

Our internal and external stakeholders are important to us and so are their opinions. We wanted to bring together our business partners, customers, key stakeholders and staff, as we thought it was critical in major change efforts to involve all relevant parties in the process. We gave them the opportunity to rate the agency's mission, core values, and priorities, as well as provide their input on more specific issues related to the agency's strategic priorities.

We received favorable responses, with the majority coming from our health care providers and health care advocates. We found a high percentage of our stakeholders agree with our mission and submitted suggestions on improving our mission.

Stakeholders provided a favorable response to the core values we identified as standards for DHCF and its employees, and feel strongly about transparency, accountability and integrity. We are committed to instilling all of the core values as we work to improve our delivery of service to District residents.

We asked our stakeholders to rank the agencies priorities and evaluate our performance. The single most important priority from our stakeholders is improving patient outcomes with an average rating on performance. We realize we have a lot of work ahead of us, but we now have confirmed that our #1 priority is also our stakeholder's #1 priority. With all of our resources, talent and efforts focused on the goal, we know that we will be able to make a significant impact on the health outcomes of District residents.

Conducting this survey has provided DHCF with evaluation tools to help us focus on our mission and core values, and prioritize the objectives and goals we have established for the agency.

Organization of Strategic Plan

The following sections contain the seven strategic goals that DHCF will focus on over the next three years. The strategic goal statements align with the priorities established for the agency. Each of the seven strategic goals provide a clear vision for the future and identifies objectives for implementation of DHCF's three-year strategic plan.

I. Improve Health Outcomes
II. Strengthen Program Integrity
III. Implement Health Care Reform
IV. Improve Medicaid Billing with Public Providers
V. Develop and Implement Comprehensive Health Information Technology (HIT) Plan
VI. Enhance Reporting Capabilities to Improve Outcomes and Performance Management
VII. Enhance DHCF Infrastructure

Results

STRATEGIC GOAL I: Improve Health Outcomes

- **Sub Goal A:** Identify priority health outcomes for measurement and improvement.
- **Sub Goal B:** Promote and incentivize evidence-based health care by DHCF providers.
- **Sub Goal C:** Promote continuity of care among DHCF programs.
- **Sub Goal D:** Create a culture of illness self-management throughout the District of Columbia.
- **Sub Goal E:** Incorporate attention to psycho-social determinants of health among DHCF programs.

DHCF spends more than one and a half billion dollars every year to provide health insurance to lower-income District residents. DHCF's health insurance programs are critical to the health of District residents, because research has proven that people without health insurance are: sicker than people who have health insurance; get poorer quality health care when they do receive it; and have worse health outcomes even when they receive health care. In addition, research has shown time and time again that even when people receive health care, they often don't receive the right

"All health care organizations, professional groups, and private and public purchasers should adopt as their explicit purpose to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of the people of the United States."

Institute of Medicine. 2001

STRATEGIC GOAL I: Improve Health Outcomes

Ann E. K. Page, RN, MPH
Director
Health Care Delivery
Management Administration

kind of health care. Poor quality health care keeps people from staying healthy, getting better when they are sick, and being healthy in the face of chronic illnesses like diabetes or high blood pressure. Poor quality health care also can make people sicker.

Because this is so well known, many organizations that purchase health care for other people (like the federal government's Medicare program does for the elderly, and private businesses do for their employees) are adopting approaches to paying for health insurance that promote the delivery of high quality health care; i.e., care that is:

- ***Safe:*** avoids injuries to patients;
- ***Effective:*** provides health care services based on scientific knowledge.
- ***Patient-centered:*** provides care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
- ***Timely:*** reduces waits and sometimes harmful delays for both those who receive and give care.
- ***Efficient:*** avoids waste, including waste of equipment, supplies, ideas, and energy.
- ***Equitable:*** provides care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.[1]

Like other leading purchasers of health care, DHCF also is committed to using its purchasing dollars not just to pay for health care, but to improve health outcomes by paying for high quality health care. DHCF aims to do this by: 1) measuring the quality of health care provided through its health insurance programs; 2) promoting the provision of evidence–based health care; 3) promoting continuity of care across providers; 4) creating a culture of Illness Self-Management throughout the District of Columbia; and 5) incorporating attention to psycho-social determinants of health among DHCF programs. These goals, accompanying objectives and strategies to accomplish them are described below.

Sub Goal A: *Identify priority health outcomes for measurement and improvement.*

A well-known maxim in the field of quality improvement is that "You can't improve what you can't measure." However, as there are thousands of human illnesses and health care conditions, it is not feasible to measure the quality of health care delivered to every person for each illness and health condition they experience. Because of this, DHCF has identified priority conditions for health care quality measurement and improvement.

[1] These six characteristics have been embraced nationally as the aims of good quality health care towards which all involved in health care should focus their efforts. (See IOM. 2001. Crossing the Quality Chasm. A new health system for the 21st century. National Academy Press. Available online at: http://www.nap.edu/catalog.php?record_id=10027)

STRATEGIC GOAL I: Improve Health Outcomes

- **Objective 1** – Identify criteria to be utilized in priority-setting including the epidemiological impact on District residents, strength of evidence an associated health outcome can be improved, availability of data source for measurement, and other District resources available to leverage in improving the outcome.
- **Objective 2** – Identify priority health outcomes for the managed care and fee-for service populations. Because the demographic profiles and health status and needs of these two populations are likely to be different, targeting of health outcomes for improvement may need to be done separately for these populations.
- **Objective 3** – Leverage technology to accomplish this goal.

Sub Goal B: *Promote and incentivize evidence-based health care by DHCF providers.*

Once priority conditions are identified, strategies for health care quality measurement and improvement must be developed and implemented. Health care quality improvement can be incentivized in different ways, including; redesigning health care systems to make high quality care easier to deliver, providing decision-making support to providers and consumers of health care, and aligning payment policies with quality improvement. DHCF will partner with health care providers to develop and implement such strategies.

- **Objective 1** – Recruit top providers to participate in DHCF programs, by:
  a) Developing customized outreach, communication and provider agreements for specific provider types.
  b) Strengthening linkages with District provider regulatory bodies to prevent enrollment of "bad apples."
  c) Identifying gaps in DHCF provider community, including geographic and provider-type gaps.
- **Objective 2** – Retain high performing providers, by:
  a) Improving communication mechanisms with existing providers.
  b) Increasing reimbursement rates, in part by decreasing Medicaid expenditures due to fraud, waste and abuse.
- **Objective 3** – Measure the extent to which DHCF providers provide evidence-based health care, by:
  a) Developing performance measures for the Alliance and fee-for-service programs.
  b) Measuring and analyzing claims data for the fee-for-service program.
  c) Incorporate National Committee for Quality Assurance Health Care Effectiveness Data and Information Set (HEDIS) measures for the Medicaid managed care program.

- **Objective 4** – Identify incentives for all provider types, by:
  a) Prioritizing provider types for both positive and negative incentives.
  b) Implementing Health Care Reform requirement to deny claims for hospital-acquired conditions.
  c) Refine "pay-for-performance" provisions in the managed care contracts.
  d) Deploy Nursing Home Quality of Care Fund to provide incentives to nursing homes for improved health outcomes.

Sub Goal C: *Promote continuity of care among DHCF programs.*

Research has found that many errors in health care occur when patients are transferred from one health care provider to another or from one part of a health care system to another. Gaps in care can occur and important patient information is sometimes lost or not shared. Continuity of care is the opposite, and a characteristic of good quality health care. All health care providers and parts of the health care system know about and act on patient information that helps them prevent gaps in care or errors due to lack of information that is held by another provider. DHCF has identified the following ways to improve continuity in care:

- **Objective 1** – Improve accuracy of initial beneficiary contact information by data-matching with the Income Maintenance Administration, DHCF fiscal agent, and providers.
- **Objective 2** – Develop mechanism for continued accuracy of beneficiary contact information utilizing both beneficiaries and providers.
- **Objective 3** – Improve communication among providers serving the same beneficiary by implementing the Patient Data Hub.
- **Objective 4** – Develop strategic plan for long term care to promote continuity of care across long term care benefits.
- **Objective 5** – Reform Medicaid policy requiring Alliance managed care mothers to convert to Medicaid Fee-for-Service at delivery.
- **Objective 6** – Explore health registries as a source of information.

"The American health care system is fragmented and difficult for many patients to navigate. . . . It's easy for important aspects of a patient's medical history or personal care preferences to fall through the cracks. A lack of care coordination leads to medical errors, higher costs, and unnecessary pain for patients and their families."

National Quality Forum, 2011

STRATEGIC GOAL I: Improve Health Outcomes

Sub Goal D: *Create a culture of illness self-management throughout the District of Columbia.*

Illness self-management is defined as an individual's "ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition" (Barlow et al., 2002:178). In general, interventions to support illness self-management include providing information about an illness and its treatment; education and coaching in skills needed to manage the illness, control symptoms, and interact with the health care system; and increasing patients' belief in their ability to manage their illness – an essential ingredient in individuals' success in managing their illnesses. There is considerable evidence for many chronic diseases that improving patient knowledge, skills, and confidence in managing the illness improves their health outcomes (Chodosh et al., 2005). *Barlow, J., C. Wright, J. Sheasby, A. Turner, and J. Hainsworth. 2002. Self-management approaches for people with chronic conditions: A review. Patient Education and Counseling 48(2):177–187. Chodosh, J., S. C. Morton, W. Mojica, M. Maglione, M. J. Suttorp, L. Hilton, S. Rhodes, and P. Shekelle. 2005. Meta-analysis: Chronic disease self-management programs for older adults. Annals of Internal Medicine 143(6):427–438.*

- **Objective 1** – Identify existing and develop more illness self-management programs within the District of Columbia.
- **Objective 2** – Develop a strategy to support current illness self-management programs for DHCF beneficiaries.
- **Objective 3** – Develop interactive website that links beneficiaries to online illness self-management resources.
- **Objective 4** – Develop performance measures for the utilization of illness self-management programs by beneficiaries.
- **Objective 5** – Incentivize ongoing support of illness self-management programs by managed care organizations.
- **Objective 6** – Incentivize utilization of illness self-management programs by both managed care and fee-for-service beneficiaries.
- **Objective 7** – Create a social marketing campaign to promote illness self-management throughout the District of Columbia.

Sub Goal E: *Incorporate attention to psycho-social determinants of health among DHCF programs.*

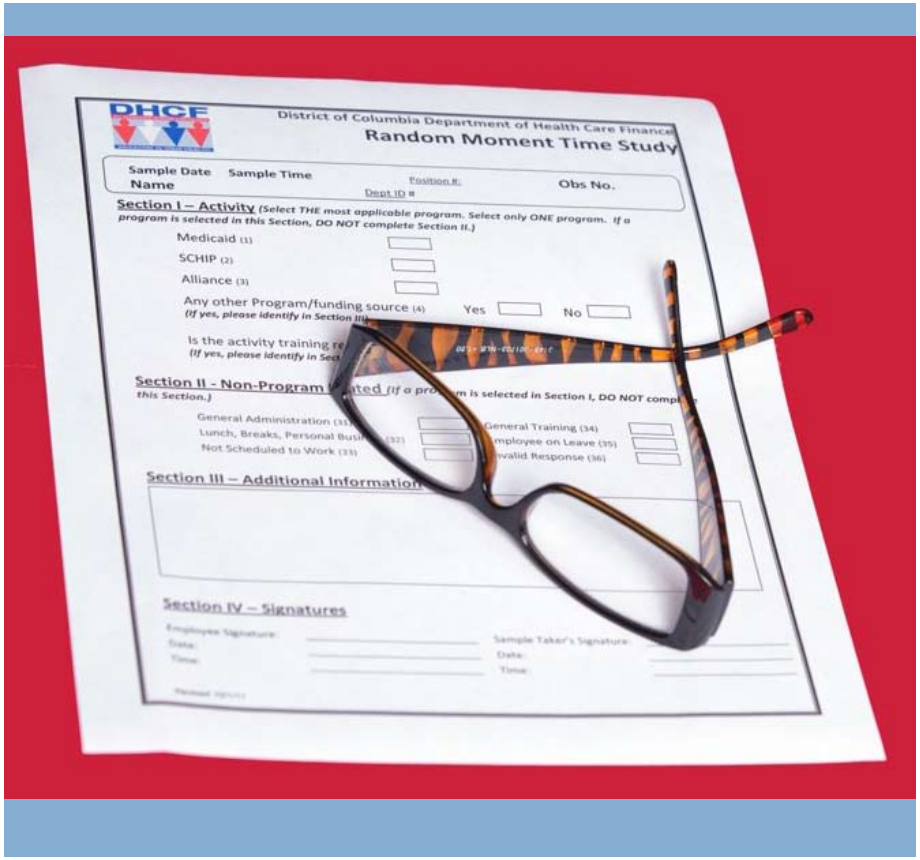
"A significant body of research shows that the psychological and social stressors—such as depression and other mental health problems, limited financial and other material resources, and inadequate social support—are associated with increased morbidity and mortality and decreased functional status. These effects have been documented both for health generally and for a variety of individual health conditions and illnesses, including heart disease, HIV/AIDS, pregnancy, and cancer. . . Psychosocial

> *"All patients with chronic illness make decisions and engage in behaviors that affect their health (self-management). Disease control and outcomes depend to a significant degree on the effectiveness of self-management."*
>
> 2006-2011 Improving Chronic Illness Care

STRATEGIC GOAL I: Improve Health Outcomes

health services are psychological and social services and interventions that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences so as to promote better health." *Institute of Medicine. 2008. Cancer care for the whole patient: Meeting psychosocial health needs. Washington, DC: The National Academies Press.*

- **Objective 1** – Conduct an education campaign on the effect of psycho-social determinants of health and clarify DHCF's role and capabilities in addressing psycho-social determinants of health.
- **Objective 2** – Convene providers and stakeholders to identify strategies to better address psycho-social risk factors in medical settings.
- **Objective 3** – Identify opportunities to screen beneficiaries for psycho-social risk factors.
- **Objective 4** – Develop interactive website linking web-based resources for beneficiaries and providers regarding psycho-social determinants of health.
- **Objective 5** – Identify and deploy incentives to providers to get them to address psycho-social risk factors.
- **Objective 6** – Develop performance measures to gauge psycho-social interventions by providers.



Integrity

STRATEGIC GOAL II: Strengthen Program Integrity

Improve compliance with DHCF Medicaid rules and regulations internally and externally.

- **Sub Goal A:** Increase knowledge-base of DHCF employees and external stakeholders on federal and state rules and regulations governing DHCF programs.
- **Sub Goal B:** Improve effectiveness of compliance activities through successful implementation.
- **Sub Goal C:** Enhance documentation to support continued compliance across all areas of DHCF.
- **Sub Goal D:** Improve oversight of DHCF programs to identify program integrity concerns and promote continued compliance.

The Division of Program Integrity is responsible for ensuring that DHCF employees and stakeholders adhere to District and federal rules, regulations and procedures governing Medicaid. We find that lack of knowledge, ineffective/incomplete implementation of policies and procedures, insufficient documentation and inadequate oversight are reasons for inefficient operations. Therefore, the overarching focus must be educating DHCF employees and external stakeholders on Medicaid rules and regulations to improve compliance. In addition, DHCF should establish an internal self-audit program for DHCF staff and an external self-auditing program for certain key stakeholders to assess how both DHCF staff and stakeholders measure on certain key indicators on a regular basis, in terms of complying with Medicaid rules and regulations. Finally

STRATEGIC GOAL II: Strengthen Program Integrity

Karen Shaw, J.D., MPH
Program Manager
Division of Program Integrity
Health Care Operations Administration

DHCF should establish an annual report card with certain key indicators by which the Department can measure the progress that both DHCF and certain stakeholders make in terms of complying with Federal and State Medicaid rules and regulations.

Sub Goal A: *Increase knowledge-base of DHCF employees and external stakeholders on federal and state rules and regulations governing DHCF programs.*

When DHCF and external stakeholders increase their knowledge of federal and District of Columbia Medicaid rules and regulations, this should result in:

- DHCF staff participating in increased oversight of Medicaid public and private providers.
- DHCF staff working with external stakeholders to educate stakeholders on the importance of complying with federal and state Medicaid rules and regulations.
- DHCF staff strategizing with each other in terms of strategizing on various challenges that arise with both DHCF and stakeholders falling out of compliance with federal and District rules and regulations.

- **Objective 1** – Develop comprehensive training strategies for DHCF incoming and current staff that will incorporate presentations, training curriculum, and written materials that will be dynamic in nature.
- **Objective 2** – Establish a multi-disciplinary "Compliance Team" consisting of DHCF staff that will promote compliance issues related to program integrity, Health Insurance Portability and Accountability Act (HIPAA) and other vulnerable areas.
- **Objective 3** – Adequately support and resource internal subject-matter experts through the budget formulation and execution processes to ensure external and internal training opportunities, publication subscriptions, conference attendance and professional memberships.
- **Objective 4** – Increase knowledge of public and private providers regarding federal and state rules and regulations through facilitated training.
- **Objective 5** – Conduct annual Contract Officer Technical Representative (COTR) training.

"It is critical that individuals furnishing services to the program do not engage in fraudulent or abusive practices that degrade Medicaid fiscal integrity…"

Comprehensive Medicaid Integrity Plan of the Medicaid Integrity Program, FY 2006-2010, Center for Medicare & Medicaid Services, Center for Medicaid & State Operations, Medicaid Integrity Group, July 2006.

STRATEGIC GOAL II: Strengthen Program Integrity

Sub Goal B: *Improve effectiveness of compliance activities through successful implementation.*

Our goal is to improve the effectiveness of compliance activities in order to reduce waste and fraud. It is important that DHCF engages in a continuous self-auditing process on knowledge of new federal and District rules and regulations that impact program areas and daily work, and incorporate standards for compliance in performance plans to improve the efficiency and effectiveness of what we do. In addition, funding will provide the tools to assist in developing more complex cases that will, in turn, assist law enforcement in addressing fraud and abuse concerns.

- **Objective 1** – Develop three year plan for a DHCF self-audit of each program to ensure compliance from policy to operations, reconciling with federal and state rules and regulations, including corrective action steps to bring the program into compliance.
- **Objective 2** – Establish criteria by which program integrity efforts are prioritized to consider financial impact, political impact, and return on investment.
- **Objective 3** – Match funding and full-time employee resource allocation to program integrity priorities in a clear and transparent fashion during the budget formulation process.
- **Objective 4** – Incorporate "compliance" concerns into each DHCF employee's individual performance plan by mandating its inclusion as a SMART goal or individual development factor, the specifics of which will be negotiated between employee and supervisor.
- **Objective 5** – Require bi-annual recertification of Health Insurance Portability and Accountability Act (HIPAA) training among DHCF employees.
- **Objective 6** – Complete Management Medicaid Information Systems (MMIS) certification process.
- **Objective 7** – Develop standard operating procedures from policy to operations for each new policy that is developed.
- **Objective 8** – Develop edit review process and remediation protocol.
- **Objective 9** – Review all current external audits and develop corrective action plans for findings.
- **Objective 10** – Leverage all resources in compliance implementation efforts including external stakeholders and contractors.
- **Objective 11** – Increase the accountability of providers in the claims submission process by strengthening the claims submission process.

Sub Goal C: *Enhance documentation to support continued compliance across all areas of DHCF.*

Reviewing current operating protocols will enable us to revise and/or establish new procedures and develop handbooks for each department, which will send the message that adhering to rules and regulations are a part of doing business.

STRATEGIC GOAL II: Strengthen Program Integrity

Investigators/Audit Team Picture

Establishing corrective action plans for internal and external use will send the message that DHCF has established a standard for measuring progress or the lack thereof. Both internal and external parties will have a written standard that sets forth expectations of how the parties can improve their performance.

- **Objective 1** – Establish federal and state regulations employee handbook for each part of the agency including standard operating protocol.
- **Objective 2** – Formalize all actions in corrective action plans for internal self-audits and external audits through new and/or revised policies and procedures, and standard operating protocol.
- **Objective 3** – Complete all audit plans with issue, action, timeframe, responsible party and status clearly identified to increase accountability.
- **Objective 4** – Create an annual report, for internal distribution only, on accomplishments, lessons-learned and active corrective action plans for compliance concerns. The report should include measurements of progress and giving credit to outstanding efforts by DHCF employees.
- **Objective 5** – Review provider agreements and revise if necessary to incorporate "pay for performance" and compliance matters.

"The Fraud control game is dynamic, not static. Fraud control is played against components: opponents who think creatively and adapt continuously and who relish devising complex strategies; this means that a set of fraud controls that is perfectly satisfactory today may be of no use at all tomorrow, once the game has progressed a little…"

License to Steal: How Fraud Bleeds America's Health Care System – Updated Edition, Malcolm K. Sparrow, Westview Press, Boulder, CO, 2000, p.126

STRATEGIC GOAL II: Strengthen Program Integrity

Sub Goal D: *Improve oversight of DHCF programs to identify program integrity concerns and promote continued compliance.*

We must have the ability to assess the value of the dollars DHCF spends, not only with our contractors but subcontractors as well. We will review contracts, investigate problem providers identified and take proactive steps to audit sample providers for license and exclusion list exceptions.

- **Objective 1** – Utilize the "Compliance Team" for spot-checks on compliance concerns in order to best identify chronic concerns that should be addressed agency-wide.
- **Objective 2** – Ensure COTRs complete annual contract performance evaluations.
- **Objective 3** – Sample audit selected providers and provider groups for license and exclusions list exceptions, including data-bumps with external data sources.
- **Objective 4** – Reconsider provider recertification process.

Reform

STRATEGIC GOAL III: Implement Health Care Reform

Maximize opportunities presented by the Patient Protection and Affordable Care Act of 2010 (ACA), through its various provisions such as the establishment of a Health Insurance Exchange (HIX), the expanded use of Health Information Technology (HIT) and Health Information Exchange (HIE), to expand health care service delivery and improve access so as to achieve better health outcomes for District residents.

- **Sub Goal A:** Ensure stakeholder engagement in planning efforts.
- **Sub Goal B:** Collaborate effectively with sister agencies and Center for Consumer and Insurance Information Oversight (CCIIO) to ensure successful implementation of the District's Health Insurance Exchange.
- **Sub Goal C:** Use health outcomes to support applications for funding and waivers/demonstrations focused on preventive, comprehensive health care and management of chronic diseases.
- **Sub Goal D:** Take advantage of incentives for quality improvement and collaborate with providers on ways to gain and sustain improved patient outcomes.
- **Sub Goal E:** Ensure sustainability of innovations and other projects implemented using ACA funding.
- **Sub Goal F:** Communicate effectively from the perspective of all stakeholders, including health care payers, public agencies, Ombudsman and lead agencies for ACA implementation.

STRATEGIC GOAL III: Implement Health Care Reform

Jennifer B. Campbell, DrPH, MHSA, FACHE
Director
Health Care Reform & Innovation Administration

DHCF's Strategic Plan for 2012-2014 addresses the agency's role in successfully implementing health care reform in the District of Columbia. Through compliance with the ACA, DHCF will maximize opportunities to improve the District's service delivery systems and enhance access to affordable, quality health care. Critical infrastructure considerations for health care reform implementation include the Health Insurance Exchange (HIX) and Health Information Technology (HIT). The most critical mandates for DHCF include: 1) expanding health care coverage for all District residents; 2) enhancing preventive services and quality of care; and 3) reducing the incidence of fraud and abuse. The agency's priority is to improve health outcomes for District residents by working towards an integrated system of health care intended to meet the specific needs of our beneficiaries. Overall, by taking advantage of opportunities presented in the ACA, DHCF will ensure that the District continues to be a leader in providing access to high-quality and innovative health care services.

Sub Goal A: *Ensure stakeholder engagement in planning efforts.*

Stakeholder engagement is a key component to an inclusive and transparent health reform implementation process. The ACA requires States to consult with a variety of stakeholders during the planning, establishment and development of ongoing operations of the HIX. Further, the buy-in of stakeholders – consumer advocates, patients, employers, small businesses, and providers – is essential to successful program implementation and long-term sustainability of the current health reform initiatives.

- **Objective 1** – Make stakeholders (i.e., small businesses, providers, Advisory Neighborhood Commissioners) aware of planning and implementation.
- **Objective 2** – Design and deploy a webinar for stakeholder education and awareness.
- **Objective 3** – Engage and inform District of Columbia Council constituent staff.
- **Objective 4** – Engage the Offices of Religious Affairs, Asian Affairs, Latino Affairs, African Affairs, Gay, Lesbian, Bisexual and Transgender Affairs, and Office on Aging.

"Since it's enactment nearly two years ago, the Affordable Care Act has already provided a large number of health benefits for District of Columbia residents."

Jennifer B. Campbell, DrPH, MHSA, FACHE

STRATEGIC GOAL III: Implement Health Care Reform

Sub Goal B: *Collaborate effectively with sister agencies and CCIIO to ensure successful implementation of the District's HIX.*

The HIX is an innovative solution to increase access to health care for District residents. The ACA provides for the establishment of an HIX that will serve as a market place where small businesses, families and individuals can shop for health insurance products. The Exchange would provide District residents with consumer protections, easily accessible information regarding health insurance plans (such as price, benefits coverage, and cost sharing), premium tax credits, and consumer assistance services.

- **Objective 1** – Survey 100% of sister agencies implicated in health care reform implementation to determine awareness of resources and participation in effort.
- **Objective 2** – Provide 100% of sister agencies with executive briefings summarizing major developments.
- **Objective 3** – Recommend four workgroup sub-committees of sister agency staff to address cross agency implementation issues.
- **Objective 4** – Secure CCIIO technical assistance to work with local cross-agency workgroups.
- **Objective 5** – Identify inter-agency work plans for implementation and completion.

Sub Goal C: *Use health outcomes to support applications for funding and waivers/demonstrations focused on preventive, comprehensive health care and management of chronic diseases.*

Health care data reflecting the District's unique demographics will drive policy priorities and efforts to secure resources and funding opportunities available through health reform. For example, outcomes data would be used to support applications for waivers and demonstration projects focused on comprehensive and preventive health care, management of chronic disease and uniform service delivery.

- **Objective 1** – Submit four options/proposals for subsets of DC population most in need of excepted eligibility to agency's Medicaid Director, then HRIC.
- **Objective 2** – Develop one slide presentation of DC's top 10 morbidity and mortality conditions and potential savings from timely interventions.
- **Objective 3** – Measure and publicize data from the Ombudsman quarterly.
- **Objective 4** – Conduct research of 75% of DC agencies' research environmental scan to collect data, tools and assessments.

STRATEGIC GOAL III: Implement Health Care Reform

Sub Goal D: *Take advantage of incentives for quality improvement and collaborate with providers on ways to gain and sustain improved patient outcomes.*

The ACA requires all qualified health plans participating in the Exchange to have adequate networks of health care providers. Along with this mandate, the law provides funding opportunities for research on provider incentives and rate structures that are sufficient to support efforts to expand provider networks.

- **Objective 1** – Develop grant scanning process to identify new grant funding for comparative effectiveness research.
- **Objective 2** – Identify three incentives for providers.

Sub Goal E: *Ensure sustainability of innovations and other projects implemented using ACA funding.*

Once the health care delivery system is re-tooled, the District will assume financial responsibility for sustaining the progress made under the auspices of the ACA. With such a significant role in financing health care for a large number of District residents, DHCF has a responsibility to ensure sustainability of the innovations developed through health reform.

- **Objective 1** – Establish one cross-agency review group to look broadly at sustainability opportunities, not just for ACA but for all IT-related projects.
- **Objective 2** – Measure, fund, and report on innovations to CMS and throughout the government.

"Sustain the change through innovation…"

Sub Goal F: *Communicate effectively from the perspective of all stakeholders, including health care payers, public agencies, Ombudsman and lead agencies for ACA implementation.*

Communication is the vehicle to ensure District residents and stakeholders are actively engaged and informed about the health reform implementation process. DHCF's goal is to interpret and communicate the various aspects of health reform. Meeting this goal will ensure that stakeholders are informed participants and decision-makers.

- **Objective 1** – Develop a formal communications plan in conjunction with the public information officers of the public partners in ACA planning and implementation.
- **Objective 2** – Conduct regular briefings on progress in ACA implementations and innovations.
- **Objective 3** – Create streaming cable updates, archived and dated.
- **Objective 4** – Provide updates on meetings monthly.

"Translate Health Care Reform in simple language to District residents…"

STRATEGIC GOAL IV: Improve Medicaid Billing with Public Providers

Partnerships

STRATEGIC GOAL IV: Improve Medicaid Billing with Public Providers

Strengthen the health care system for Medicaid beneficiaries served through the Public Provider agencies.

- **Sub Goal A:** Improve oversight of the public providers.
- **Sub Goal B:** Strengthen Medicaid service delivery.
- **Sub Goal C:** Maximize Medicaid coverage.
- **Sub Goal D:** Enhance communication between public providers, stakeholders and DHCF.

DHCF aims to improve key components of health care services provided by the public providers. The public provider agencies are integral to the delivery of Medicaid-eligible services for District residents. With an emphasis on service delivery, provider capacity, policies/regulations, billing and communication, DHCF works in conjunction with the public provider agencies and stakeholders to improve health outcomes for Medicaid beneficiaries. It is vital DHCF identifies opportunities to improve reimbursement procedures of each agency, as well as maximize federal funding and assure accurate claims processing. The strategic goals and objectives lay the framework for a stronger partnership with the District's public provider agencies to benefit the city's vulnerable populations.

"Technical support, training and capacity building are utilized as a means of strengthening our public provider network. These are the building blocks that will ensure integrated service delivery and improved health outcomes..."

STRATEGIC GOAL IV: Improve Medicaid Billing with Public Providers

Sub Goal A: *Improve oversight of the public providers.*

As the single state agency for the administration of the Medicaid program, DHCF is responsible for ensuring that DC government agencies, which provide Medicaid-covered services, are informed of the rules and regulations. DHCF also has the responsibility to monitor and evaluate the service delivery provided by these public providers. The objectives presented below will help us to demonstrate improvement in the manner by which the public providers bill, document and most importantly deliver care to our Medicaid population.

- **Objective 1** – Assess the needs of each public provider.
- **Objective 2** – Draft and implement policies and procedures related to public provider oversight.
- **Objective 3** – Conduct quarterly review of billing patterns and procedure codes.
- **Objective 4** – Establish inter-departmental committee to meet on a monthly basis regarding relevant topics and issues.
- **Objective 5** – Integrate Medicaid rules with the State Plan search function on the DHCF website.

Sub Goal B: *Strengthen Medicaid service delivery.*

In order for public providers to be successful in providing Medicaid-reimbursable services, all providers must have sound knowledge of the program and services they are required to provide. Also of importance is the need of a provider network not only capable of providing these services, but also one that is expansive in scope to handle the volume of recipients. DHCF created the following objectives as a method to identify gaps in training and network capacity to effectively address systemic challenges in providing Medicaid service delivery.

- **Objective 1** – Coordinate annual public provider training on Medicaid-reimbursable services.
- **Objective 2** – Survey enrolled providers to determine capacity of provider network.

Sub Goal C: *Maximize Medicaid coverage.*

It is important for DHCF to work with public providers on identifying areas in which coverage is not being fully utilized. Therefore, DHCF plans to work with public providers on effectively communicating best practices which can help them expand the number of services they currently provide. The following objectives were developed to support the need for greater inter-agency collaboration and data mining in order for us to achieve a greater scope of services.

- **Objective 1** – Establish inter-agency committee tasked with setting policies to enforce Medicaid rules and regulations.
- **Objective 2** – Provide monthly reports to District-wide agencies on Medicaid service-related data.

"Insightful collaboration with our community partners is necessary in the review and assessment of current Medicaid programs. This strategy places emphasis on the review of Medicaid services currently offered, draws from the experience of our partners, and aids in the development and expansion of value-added health coverage…"

STRATEGIC GOAL IV: Improve Medicaid Billing with Public Providers

Sub Goal D: *Enhance communication between public providers, stakeholders and DHCF.*

Communication is the cornerstone in improving the way in which we interact with public providers. We must constantly inform them of the new rules and regulations and methodologies. Without an effective communication action plan, all of our efforts to improve Medicaid billing are in vain. The objectives identified below will allow DHCF to develop communication strategies for each of the public providers as well as an overarching plan for stakeholders.

- **Objective 1** – Establish public provider communication directors' workgroup to meet on a quarterly basis.
- **Objective 2** – Assess current communication methodology with each public provider in order to identify areas of improvement.

"As a means of ensuring successful programmatic outcomes, it is critical that timely information be given to our public providers and stakeholders. The efficient communication of information will improve regulatory practices associated with Medicaid billing…"

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Technology

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Implement health outcomes of District residents and improve the quality of health care through the use of information and technology.

- **Sub Goal A:** Ensure the District has an effective, efficient and fiscally sound HIT infrastructure by leveraging national best practices and proven technologies in all HIT implementations.
- **Sub Goal B:** Facilitate and encourage the adoption and meaningful use of HIT in the form of electronic health record systems for all District providers and hospitals.
- **Sub Goal C:** Empower District residents to take control of their own health by granting access to their health information and health care resources.
- **Sub Goal D:** Improve coordination and promote greater data integration and health information sharing between the Management Medicaid Information System (MMIS), Health Insurance Exchange (HIX), Electronic Health Records (EHR), Patient Data Hub, and all other HIT related system efforts.
- **Sub Goal E:** Utilize HIT to support District programs with the goal of improving health outcomes of District residents involved in various District government sponsored programs.

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Brenda Emanuel, MPA
Chief Operating Officer and DC Health Information Technology Coordinator

DHCF has been charged with the implementation of significant legislation that will change the way health care is delivered in the District of Columbia and nation-wide. Through this legislation DHCF is committed to promoting the exchange of electronic health information in support of the District's providers, hospitals and for its citizens. Two major pieces of legislation made this possible – first the Health Information Technology for Economic and Clinical Health (HITECH) Act passed as part of the American Recovery and Reinvestment Act (ARRA), and then the Patient Protection and Affordable Care Act (ACA) as amended by the Health Care and Education Reconciliation Act of 2010 (referred to collectively as the Affordable Care Act). Through these two pieces of legislation, Congress has given the country the opportunity to change the way health care is delivered and ultimately to improve health outcomes of all Americans. Through the development of the goals and objectives of this Comprehensive HIT Plan, within the larger DHCF strategic planning efforts, we are committed to ensuring that all District HIT implementations leverage existing District systems and infrastructure, utilize industry best practices and rely on proven technologies. The District's HIT infrastructure will serve to support the deployment of new and innovative health care delivery models supported by health care reform.

DHCF is specifically charged with the development and implementation of the Health Information Technology Cooperative Agreement with the Office of the National Coordinator for Health IT (ONC) and the funded Electronic Health Record (EHR) Incentive Program funded through the Centers for Medicare and Medicaid Services (CMS). The ONC sponsored Health IT Coordinator is also located in DHCF and is charged with the coordination of Health IT related initiatives as funded by ONC.

HIT is the area of IT involving the design, development, creation, use and maintenance of information systems for the health care industry. Health Information Exchange (HIE) is the process of securely collecting and exchanging health-related data about individuals or populations. HIT enables the secure collection and exchange of health related data about individuals. HIT has the power to change the way health care is delivered and managed by empowering individuals, enhancing our abilities to study payment methodologies, and improving individual health outcomes and the health of the nation. HIT includes electronic health records (EHR), telehealth devices, remote monitoring technologies, and mobile health applications.

Because DHCF is the District's Medicaid agency, we have the unique opportunity to coordinate HIT with MMIS to enable broad transformations in health information technology and policy to transform health care in the District of Columbia. This planning effort will take into consideration District-wide health care systems where HIT is or should be a lynchpin and will seek to include various District systems to ensure a coordinated response to system transformation.

> *"I'm helping providers across my state develop ways to securely share their patients' health information technology with their patients, other providers, and hospitals…."*
>
> Brenda Emanuel, MPA

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

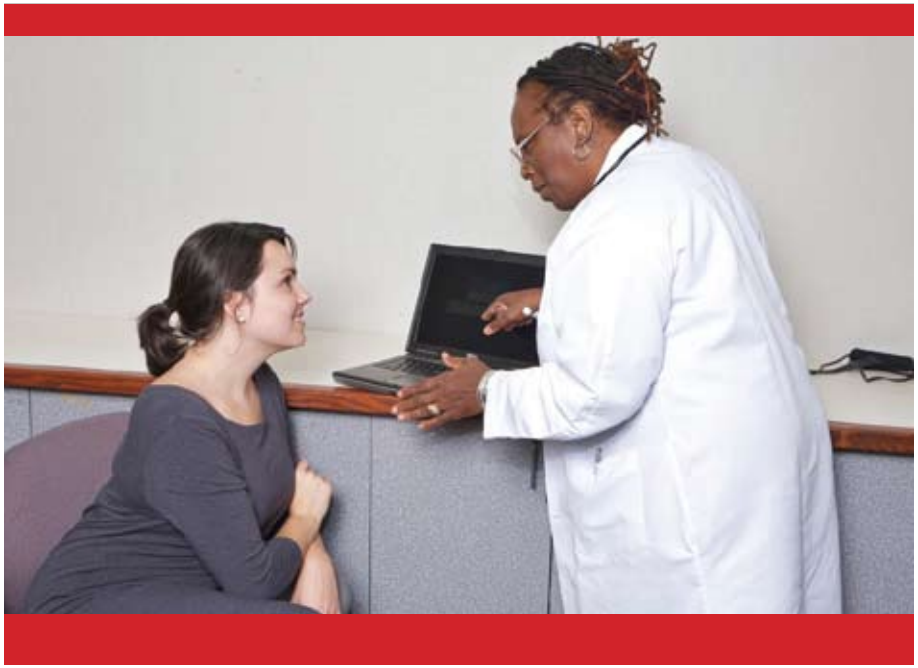
Sub Goal A: ***Ensure the District has an effective, efficient and fiscally sound HIT infrastructure by leveraging national best practices and proven technologies in all HIT implementations.***

To fully take advantage of the once-in-a-lifetime opportunity for federal funding of HIT, DHCF intends to put into place cross-agency committees and workgroups that will ensure better coordination for IT planning. The work of these committees will result in a more integrated and interoperable HIT architecture that will improve the quality of care and ultimately improve the health status of the residents of the District. To take advantage of and implement industry best practices, the District is participating in several national forums to collaborate and interact with states and the federal government in an environment where we can be abreast of best practices, standards and technologies. Participation and involvement in multi-state efforts such as the following:

- HITECH Regional Communities of Practice
- ONC Technical Assistance Calls
- MMIS annual conferences
- ONC regional and annual meetings
- NGA regional meetings
- National Medicaid EDI Health Workgroup (NMEH)
- CMS HITECH Conferences
- CMS CALT ALM environment

- **Objective 1** – Establish a District-wide HIT Committee that will ensure standards and policies are aligned with national health industry best practices, and the national HIT agenda.
- **Objective 2** – Maximize the use of DC Net and ensure broadband access to all District residents.
- **Objective 3** – Identify redundant systems and opportunities to consolidate efforts.

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan



Sub Goal B: ***Facilitate and encourage the adoption and meaningful use (MU) of HIT in the form of electronic health record systems for all District providers and hospitals.***

The Medicaid EHR Incentive Program provides incentive payments to eligible professionals and eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The ARRA specifies three main components of meaningful use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

- **Objective 1** – Implement the EHR Incentive Program and begin to pay providers incentive payments by June-July 2012.
- **Objective 2** – Support the District's Regional Extension Center to meet its goal of helping 1,000 District providers to reach adoption and meaningful use of electronic health records.
- **Objective 3** – Develop and implement an ONC defined "Direct" solution to be used by providers who are not connected to the District's HIE to provide them with a vehicle to meet the "meaningful use" definition.

"The State Health Information Exchange Program promotes innovative approaches to the secure exchange of health information within and across states…."

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Sub Goal C: ***Empower District residents to take control of their own health by granting access to their health information and health care resources.***

Our approach is two-pronged and involves distributing critical HIT related information and materials throughout the District, while focusing on local communities to engage audiences where they live and work. We will collaborate with stakeholders and the media to distribute HIT materials and establish a strong online presence through social media.

- **Objective 1** – Educate District of Columbia residents on how HIT can improve their health outcomes and the health of their families through the distribution of critical information and materials.
- **Objective 2** – Team up with the DC Office of Civil Rights to develop a strong online presence through social media to reach people and organizations to increase consumers' awareness about:
  - The transition to HIT;
  - How to access their health information;
  - The benefits of leveraging HIT tools to better manage their health; and
  - Privacy rights to access and protect their health information.
- **Objective 3** – Provide a platform for patients and providers to share their personal stories using HIT to improve care.

Sub Goal D: ***Improve coordination and promote greater data integration and health information sharing between the MMIS system, other District HIT systems, HIX, EHR, Patient Data Hub, and all other HIT related system efforts.***

This period of enhanced HIT related federal funding provides us with the opportunity to establish the overall technical infrastructure for both the eligibility and enrollment for the "front door" access to the health and welfare system and also the adoption of a secure, longitudinal, virtual electronic health record to provide a data-rich view of the health care consumer's health information, no matter where he or she receives care. To accomplish this, CMS has provided 90/10 enhanced matching funding and ONC has provided ARRA funding as well. However, the federal government is requiring greater accountability for the use if these funds and that accountability manifests itself in mandates for certain standards and conditions for integration and interoperability (i.e., CMS' 7 Standards and Conditions) that each state or jurisdiction will have to meet. To demonstrate the degree of data integration and data sharing, jurisdictions will be required to develop a "big picture" representation of how all the IT projects work together.

- **Objective 1** – Complete the development and implementation of the Patient Data Hub to exchange Medicaid claims information to improve health information sharing and improve health outcomes.
- **Objective 2** – Ensure the HIE Policy Board is coordinated with the DC HIT Standards and Technology Review Board to ensure HIE related systems are designed to carry out "meaningful use" objectives as defined by the HHS, Office of the National Coordinator for HIT.

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Sub Goal E: ***Utilize HIT to support District programs with the goal of improving health outcomes of District residents involved in various District government sponsored programs.***

HIT makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information.

The New England Journal of Medicine released research showing that physician practices that use electronic health records had significantly higher achievement and improvement in meeting standards of care and outcomes in diabetes than practices using paper records. The results showed the following improvements with one health care provider:

Care is better: Nearly 51% of patients in EHR practices received care that met all of the endorsed standards.

- Only 7% of patients at paper-based practices received this same level of care– a difference of 44%.
- After accounting for differences in patient characteristics between EHR and paper-based practices, EHR patients still received 35% more of the care standards.
- Just fewer than 16% of patients at paper-based practices had comparable results.

- **Objective 1** – Partner with the DC Chronic Disease Collaborative and the DC Low Birth Weight Collaborative to assist them with identifying and implementing a HIT infrastructure that will improve the health care delivery and health outcomes of their population.
- **Objective 2** – Continue to work with beneficiaries and advocacy groups to identify areas where HIT may be useful in improving health outcomes.

DHCF/Unity Health Care: Partnering to Improve Health Outcomes

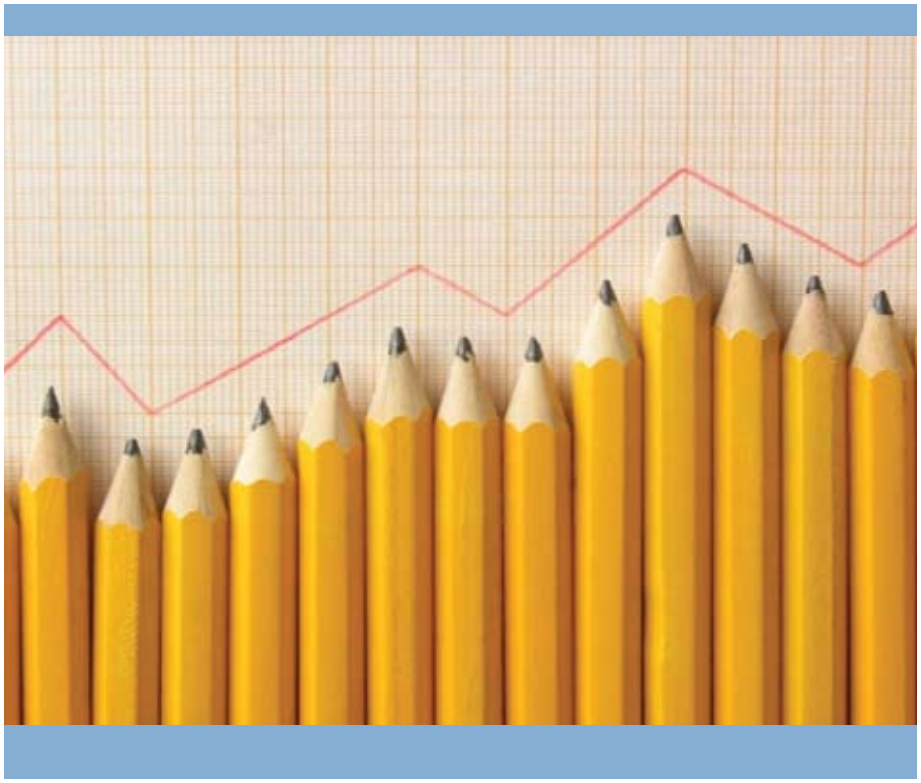
Unity Health Care, Inc. (Unity) is a federally qualified health center serving District residents who are primarily underserved, uninsured and/or underinsured. They include hard-to-reach populations such as the homeless, substance abusers and ex-offenders. In 2010, Unity provided 81,915 patients with 503,457 visits throughout 28 locations. Unity implemented an electronic health record (EHR) and practice management system in 2009 in several locations and implemented e-prescribing. The EHR supports nearly 900 users, including over 200 providers. Since adopting EHR, Unity is able to deliver improved health care quality with state-of-the-art technology. Since implementing

STRATEGIC GOAL V: Develop and Implement a Comprehensive Health Information Technology (HIT) Plan

Unity Health Care lab medical assistant, Ena Moreno, explains EHR to visitors from the Healthcare Information and Management Systems Society (HIMSS).

EHR, Unity has seen significant improvements in business efficiencies, increased access to patients in the District, and more standardized work flow resulting in improvements in the quality of care.

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management



ACCOUNTABILITY

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management

Optimize existing agency resources (human and technological) and new opportunities (HIT, HIE and HIX) to improve the reporting of health outcomes.

- **Sub Goal A:** Expand inter-agency and intra-agency collaboration on issues of integrity, availability and sharing of data and outcome indicators.
- **Sub Goal B:** Optimize technical assistance and funding opportunities presented by CMS/DHCF HIT, HIE and HIX projects to strengthen and promote our health reporting capabilities through automated systems, such as Web Data Query Systems (WDQS).
- **Sub Goal C:** Maximize the availability and utility of DHCF health data through statutory publications and reports (annual reports, reports on specific health subjects, periodic administrative reports and evaluation reports), and improved data sharing/dissemination efforts.
- **Sub Goal D:** Utilize agency website to improve provider and beneficiary understanding of DHCF mission, roles and responsibilities, and performance metrics.

"In these times when the role of government is constantly under challenge we must be able to show, through performance measures, our value in delivering much needed health support services to our beneficiaries and consequently cost-effective improvement in health outcomes…"

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management

- **Sub Goal E:** Establish standard performance management/measurement processes across administrations to determine progress on the achievement of departmental priority goals and objectives.
- **Sub Goal F:** Use performance management/measurement process and process indicators to make adjustments necessary to improve agency performance.

Reporting Outcomes and Performance Management represent two critical efforts by DHCF staff to monitor and evaluate agency progress in achieving its mission. Each of these two data-driven functions allows the agency to assess and improve its provision of access to comprehensive, cost-effective, and quality health care services for residents of the District. The reporting outcomes function of the agency corresponds to outcome assessment, or broad data reporting functions that allow the agency and stakeholders to evaluate programmatic impact on health status. The performance management function serves as a process evaluation to ensure peak efficiency of the agency, through collection and assessment of measures of inputs and program improvements.

The core focus areas for reporting outcomes and performance management are as follows:

- The identification and listing of outcome indicators or measures for the reporting of priority patient outcomes as well as provider performance.
- The identification of data sources which, taken together, will enable comprehensive reporting.

"The citizens of the District deserve (and have a right to) an improved delivery of care and affordable quality health care…"

- The establishment of intra- and interagency collaborations between key data-using or data-collecting entities/agencies to facilitate the collection of more comprehensive data and to establish procedures for ensuring data accuracy and completeness (integrity).
- The utilization of the agency website and publications (annual and subject-specific reports) to optimize reporting.
- The acquisition of adequate technology support (hardware, software and communications) to enable efficient data processing and outcomes reporting.

Sub Goal A: *Expand inter-agency and intra-agency collaboration on issues of integrity, availability and sharing of data and outcome indicators.*

Our ability to objectively measure and assess our performance as an agency depends on the extent to which we can identify realistic and measurable performance metrics for each program/performance area and establish arrangements between DHCF programs and in some cases across District agencies, for the collection/reporting of relevant indicators.

- **Objective 1** – Establish inter-agency and intra-agency data user groups to identify and address issues of data/outcome indicators availability, sharing, completeness and integrity.
- **Objective 2** – Pursue additional data sharing and data integrity initiatives with additional sources of pertinent District health data (for example – DC Regional Health Information Organization, non-profit providers, associations etc.).

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management

- **Objective 3** – Assess the relevant data needs of ongoing District and agency health initiatives and priorities and determine how these data needs can be most cost-effectively fulfilled.

Sub Goal B: ***Optimize technical assistance and funding opportunities presented by CMS/DHCF HIT, HIE and HIX projects to strengthen and promote our health reporting capabilities through automated systems, such as Web Data Query Systems (WDQS).***

Web services technology provides cost-effective applications to enable online data collection, tabulation, scoring/measurement and reporting on agency-wide as well as program specific performance and also health outcomes reporting. The acquisition or development of these tools and applications will be facilitated by the implementation of technology related projects in the pipeline (HIT, HIE and HIX).

- **Objective 1** – Utilize technical assistance and funding opportunities presented by the CMS through the HIT, HIE and HIX projects to establish automated health and performance outcomes reporting.

"Leveraging innovative HIT solutions will allow us to drill down on the critical issues to better report the health outcomes that are essential for the well-being of the District and its residents…"

- **Objective 2** – Train and orient DHCF staff in appropriate administrations and offices to provide effective and consistent electronic updates to automated health and performance outcomes reporting system.
- **Objective 3** – Determine the health outcome reporting needs of the HIT, HIE, HIX projects and other federally funded projects for inclusion in automated reporting system.

Sub Goal C: ***Maximize the availability and utility of DHCF health data through statutory publications and reports (annual reports, reports on specific health subjects, periodic administrative reports and evaluation reports), and improved data sharing/dissemination efforts.***

The ultimate measure of our performance as an agency is the improvement in health outcomes experienced by our beneficiaries. It is incumbent on us to be able to measure these outcomes, prepare relevant and simple reports and publish/disseminate them on a consistent and regular basis.

- **Objective 1** – Develop a "publications plan" designed to publish Medicaid data/reports on a regular and consistent basis.
- **Objective 2** – Estimate and allocate agency resources in support of the publications plan.
- **Objective** 3 – Increase the frequency and consistency of publications involving Medicaid data.
- **Objective 4** – Develop a policy on the review process for publication of data and reports.

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management

Sub Goal D: ***Utilize agency website to improve provider and beneficiary understanding of DHCF mission, roles and responsibilities, and performance metrics.***

Medicaid/Medicare programs are fairly complicated and new beneficiaries, as well as those who have been in the program for some time need access to simple and accurate information about their benefits and responsibilities. Beneficiaries and providers should also have access to accurate information on what the agency is trying to accomplish through its various programs and the expectations and limits of those programs.

- **Objective 1** – Develop a Frequently Asked Question (FAQ) feature on the agency's website that provides general and subject specific information on the agency and its scope of activities and functions.
- **Objective 2** – Utilize agency website to publish quarterly performance reports on key DHCF priority goals and objectives.

Sub Goal E: ***Establish standard performance management/ measurement processes across administrations to determine progress on the achievement of departmental priority goals and objectives.***

To enable accurate agency-wide performance measurement, each DHCF administration and program should be provided with standard tools for the accurate collection of data metrics, and the reporting of those measures in ways that clearly demonstrate progress in regard to priority goals and objectives and where additional efforts are needed.

- **Objective 1** – Establish scope and timetable for performance management under the strategic plan and a process to ensure its effective implementation.
- **Objective 2** – Coordinate efforts across administrations to identify relevant and realistic process and outcome measures, measurement criteria, methods, and data sources.

"Our business is to provide cost-effective and quality health care access to disadvantaged clients — Performance Management is about utilizing specific data metrics to periodically measure and evaluate how well we are conducting this business…"

STRATEGIC GOAL VI: Enhance Reporting Capabilities to Improve Outcomes and Performance Management

- **Objective 3** – Prepare and publish performance management work plan.
- **Objective 4** – Implement performance management work plan according to schedule.

Sub Goal F: *Use performance management/measurement process and process indicators to make adjustments necessary to improve agency performance.*

Performance management provides a way for the agency to be accountable through transparent and objective criteria. The objective is not only to identify areas of weakness and strengths, but to provide the information needed to guide efforts towards improvement.

- **Objective 1** – Identify realistic targets for improvements in agency processes and outcomes, and use process indicators to improve workflow and performance.
- **Objective 2** – Improve relevant data collection, analyses and reporting. Also ensure accuracy of data and reports.
- **Objective 3** – Periodically revise performance targets to reflect objective circumstances and reasonableness.

Teamwork

STRATEGIC GOAL VII: Enhance DHCF Infrastructure

Provide cutting edge tools, a secure workplace that fosters worker satisfaction, service driven initiatives, and a pathway that promotes upward mobility while enhancing the productivity of the agency's staff to meet the critical demands of running a government health care.

Information Technology:

- **Sub Goal A:** Implement IT solutions that align with the DHCF business environment, policy goals, and statutory requirements.
- **Sub Goal B:** Deliver and maintain a robust, flexible, secure, and efficient technology portfolio.
- **Sub Goal C:** Enhance the overall management of information technology and customer service delivery.

Human Resources:

- **Sub Goal A:** In accordance with the Mayor's Order 2008-81, Joint Delegation of Personnel Authority, DHCF will ensure the recruitment and retention of employees who are highly skilled, motivated and effective through continual employee development and improved employee morale initiatives that supports the establishment of a high-performing organizational team to ensure the success of the DHCF mission.

"We often look for the right path that will take us to the next level, and when we work together the outcome is significant…"

STRATEGIC GOAL VII: Enhance DHCF Infrastructure

Contracts and Procurement:

- **Sub Goal A:** Enhance DHCF's ability to meet its mission by creating a high performing procurement team and infrastructure.

Support Services Management:

- **Sub Goal A:** Provide adequate facility and resources to ensure employee productivity and satisfaction in a safe and secure environment.

DHCF Infrastructure Support Services provide services and supplies needed to sustain the day to day operations of the agency. To become a leader in its field, DHCF must develop and maintain a high performing team. All high performing teams require the resources and environment to thrive. Through the work of the infrastructure workgroup, we have identified critical support needed to ensure the success of the team.

Information Technology:

Having the right IT services and supports are essential to the accomplishment of day to day employee tasks.

Sub Goal A: ***Implement IT solutions that align with the DHCF business environment, policy goals, and statutory requirements.***

- **Objective 1** – Develop policies and best practices to improve the integrity, delivery, and usability of DHCF data.
- **Objective 2** – Develop an application architecture that serves the internal and external business users while meeting public needs.
- **Objective 3** – Provide integration and simplification of administrative and management tools and processes.

Sub Goal B: ***Deliver and maintain a robust, flexible, secure, and efficient technology portfolio.***

- **Objective 1** – Modernize technical architecture and key systems to reduce potential failures and security risks and to leverage IT performance benefits.
- **Objective 2** – Identify opportunities to strengthen and leverage business processes.

Sub Goal C: ***Enhance the overall management of information technology and customer service delivery.***

- **Objective 1** – Reduce redundancy of effort and improve the efficiency of IT functions and activities.
- **Objective 2** – Provide a mechanism for improved communication, organizational change management, and IT decision-making.
- **Objective 3** – Gain greater control over expenditures by instituting more accurate and efficient IT planning efforts.

Human Resources:

Human Resources (HR) serves as the vehicle to: 1) recruit the best and most qualified candidates; 2) facilitate motivated and committed employees; and 3) improve effective performance management that leads to improved organizational performance. This is accomplished through recruitment/staffing planning, implementation, and execution; workforce development – training and performance management; labor relations; and other miscellaneous internal policies and procedures to ensure program areas needs are met.

STRATEGIC GOAL VII: Enhance DHCF Infrastructure

Sub Goal A: ***In accordance with the Mayor's Order 2008-81, Joint Delegation of Personnel Authority, DHCF will ensure the recruitment and retention of employees who are highly skilled, motivated and effective through continual employee development and improved employee morale initiatives that supports the establishment of a high-performing organizational team to ensure the success of the DHCF mission.***

- **Objective 1** – Annually, HR will identify and implement recruitment and training needs for managerial, supervisory, and subordinate-level staff of DHCF to enhance the programmatic needs and personnel solutions as it relates to hiring and retention levels for the agency, and as it relates to providing sound principles and practices for management development.
- **Objective 2** – Develop a reward and recognition program, identifying needs/categories where employees can be recognized (monetary and/or non-monetary) through a formal or informal program for DHCF.
- **Objective 3** – In an effort to provide accurate and positive feedback on staff performance throughout the year, managers/supervisors will conduct at least one informal performance evaluation interview to provide constructive feedback, document accomplishments, compare current performance against expectations and jointly formulate performance development plans.
- **Objective 4** – On a quarterly basis, human resources will collaboratively work with managerial and supervisory staff to monitor, review, and evaluate the current employee competencies against the vision, mission, and goals of DHCF, and ensure that each administration is moving the agency in the Director's direction.

Contracts and Procurement:

Contracting administration is essential to the mission of DHCF for improving contractor performance under District and federal contracting laws. Monitoring contractor performance to ensure deliverables are met in the most cost effective and efficient manner are essential components of a best practice contracting division. DHCF contracting is currently undergoing a major restructuring to incorporate best practice contracting principles and practices. The Office of the Chief Operating Officer is putting in place policies, procedures and elaborate training materials so that all staff have the tools necessary to meet the demands of DHCF programs.

"Tools, security, initiatives, and upward mobility promote efficiency and productivity…"

STRATEGIC GOAL VII: Enhance DHCF Infrastructure

Sub Goal A: ***Enhance DHCF's ability to meet its mission by creating a high performing procurement team and infrastructure.***

- **Objective 1** – Develop a procurement plan for each procurement that allows for adequate time to secure Council approval or other signatures at least 60 days prior to the end of a contract event.
- **Objective 2** – Review each contract to ensure effective performance measures are contained and are being measured and appropriate measures are taken.
- **Objective 3** – Ensure all DHCF COTRs are executing their COTR responsibilities to the fullest extent possible, to ensure the contractor is meeting performance goals stated in each contract.
- **Objective 4** – Ensure DHCF meets its LSDBE goals of 35%.

Support Services Management:

Support Services Management at DHCF has as its goal to manage and maintain the physical environment and the administrative resources of the agency to ensure there are no impediments to meeting the DHCF mission. It is through the use of effective and timely communication tools, and the development and implementation of policies and procedures that we ensure services are delivered in a way that contributes to the productivity, security and safety of all employees and others doing business on the premises of DHCF. It is important that employees can thrive in a spatially adequate environment with adequate system and supply resources.

Sub Goal A: ***Provide adequate facility and resources to ensure employee productivity and satisfaction in a safe and secure environment.***

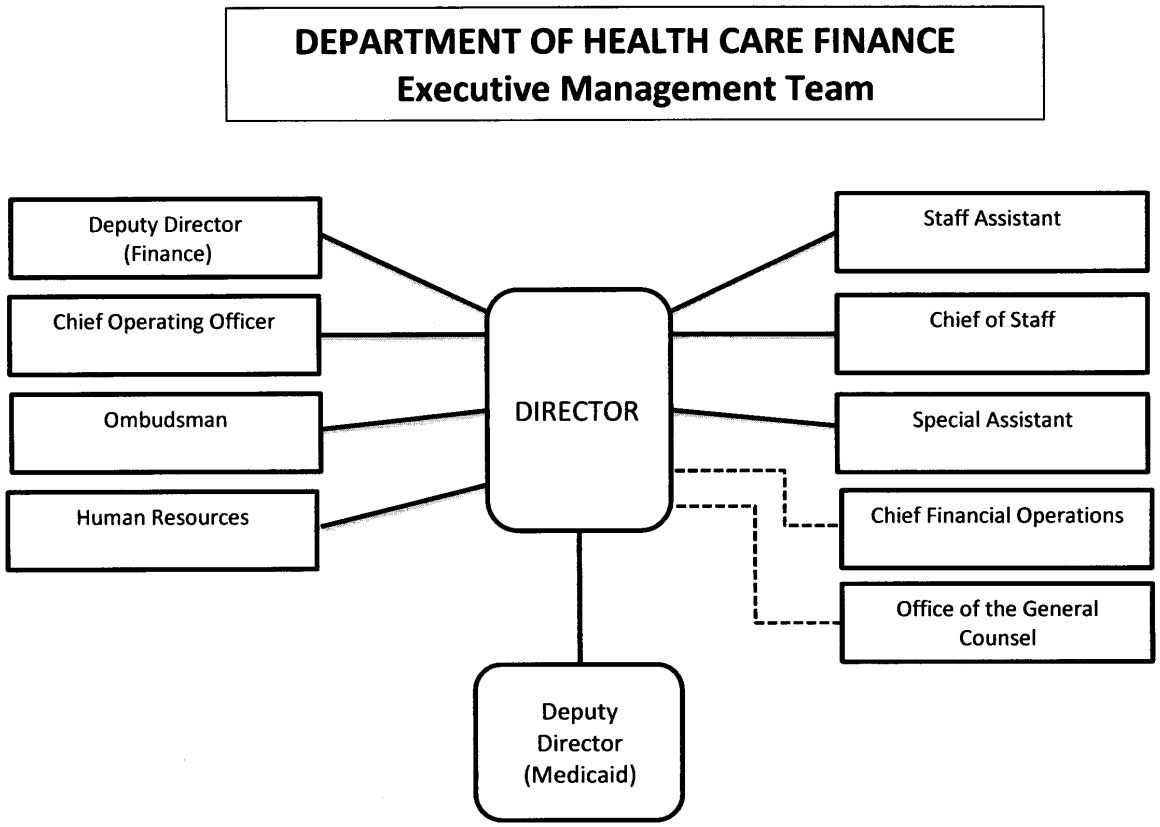
- **Objective 1** – Relocate all DHCF employees into one location to increase collaboration across all DHCF programs and to ensure work space adequacy and promote worker satisfaction.
- **Objective 2** – Mid-calendar year FY2012, DHCF will enhance agency-wide records management practices to be fully supported by associated systems, policies, practices and procedures and assign responsibility for quality assurance checking and compliance monitoring of recordkeeping activities.
- **Objective 3** – Develop and implement a centralized supply and equipment policy to meet the goal of reducing operating expenses by eliminating waste.

"A secure workplace fosters worker satisfaction..."

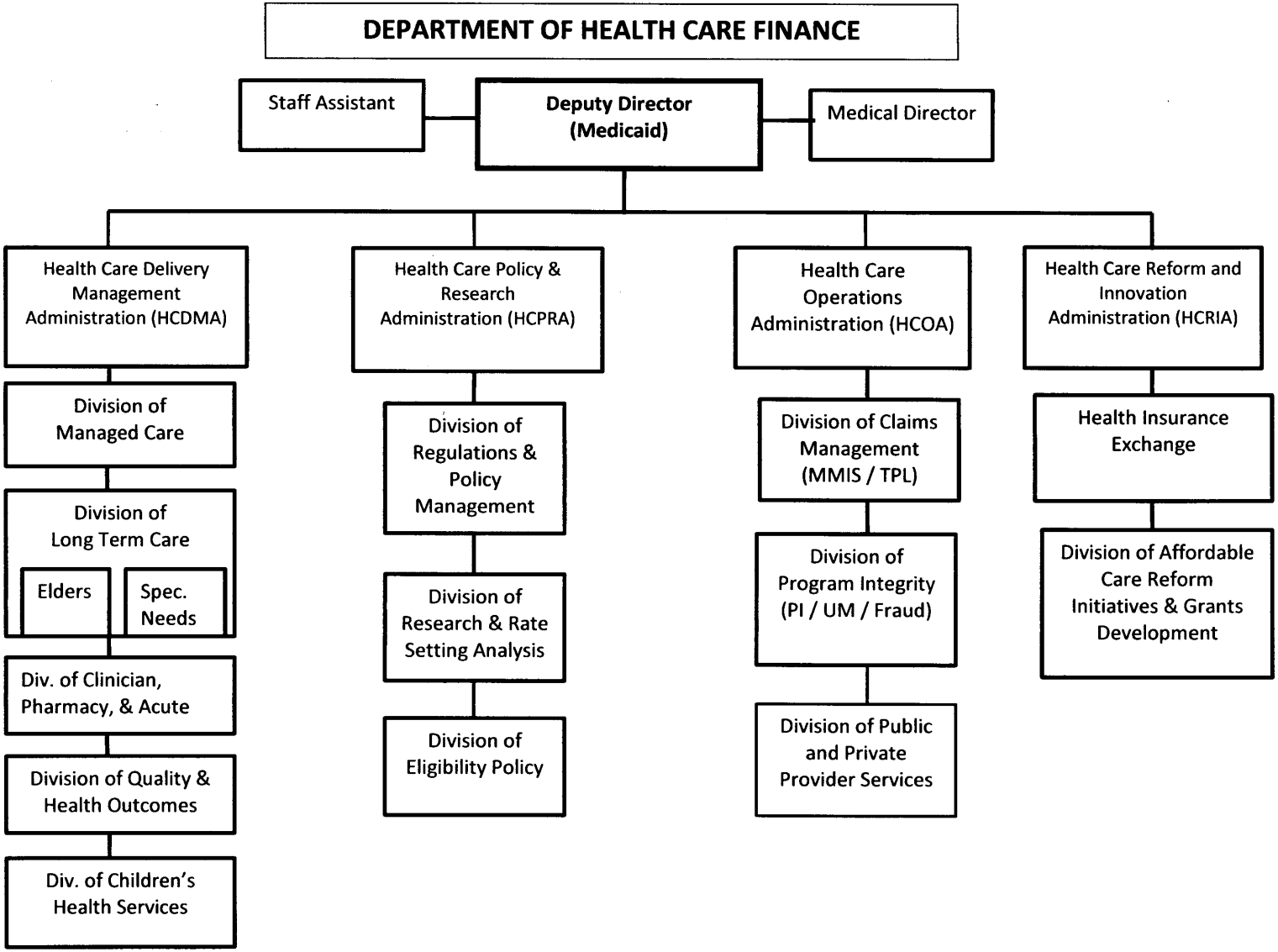
Appendices

- Appendix A: Organizational Chart for the Department of Health Care Finance
- Appendix B: Operational Function Statement

Appendix A


DEPARTMENT OF HEALTH CARE FINANCE
Executive Management Team
Deputy Director (Finance)
Chief Operating Officer
Ombudsman
Human Resources
DIRECTOR
Staff Assistant
Chief of Staff
Special Assistant
Chief Financial Operations
Office of the General Counsel
Deputy Director (Medicaid)

Appendix A


DEPARTMENT OF HEALTH CARE FINANCE
Staff Assistant
Deputy Director (Medicaid)
Medical Director
Health Care Delivery Management Administration (HCDMA)
Health Care Policy & Research Administration (HCPRA)
Health Care Operations Administration (HCOA)
Health Care Reform and Innovation Administration (HCRIA)
Division of Managed Care
Division of Long Term Care
Elders
Spec. Needs
Div. of Clinician, Pharmacy, & Acute
Division of Quality & Health Outcomes
Div. of Children's Health Services
Division of Regulations & Policy Management
Division of Research & Rate Setting Analysis
Division of Eligibility Policy
Division of Claims Management (MMIS / TPL)
Division of Program Integrity (PI / UM / Fraud)
Division of Public and Private Provider Services
Health Insurance Exchange
Division of Affordable Care Reform Initiatives & Grants Development

Appendix B

MISSION AND FUNCTIONAL STATEMENTS

The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost-effective and quality health care services for residents of the District of Columbia.

EXECUTIVE OFFICE

Office of the Director

The Office of the Director provides executive level leadership and directs the planning, coordination, implementation and monitoring of the programs of the DHCF. The Office of the Director also directs the development of effective relationships between the programs of the DHCF and private and federally supported health-related programs. The Director's office provides executive management, policy direction, strategic and financial planning, and resource management. The Director's office coordinates agency operations to ensure the attainment of the agency's goals and objectives. The Office of the Director is the official spokesperson for the department and all media and legislative requests must be approved through this office.

Office of the Chief of Staff

The Office of the Chief of Staff is responsible for the management of the Office of the Director. The Chief of Staff is also responsible for the management of the Office of Public Information. The Chief of Staff is responsible for structuring the Director's office staff system, controlling the flow of people and paper into the Director's Office, manages the flow of information and in and out of the Director's Office, advises the Director on key issues.

Office of the Chief Operating Officer

The Office of the Chief Operating Officer is primarily responsible all administrative operations, and participates in recommending and formulating policies and strategies on budgeting and program management. The position handles the day-to-day administrative operations of the Department which includes identifying, analyzing and coordinating the implementation of a variety of major executive administrative and policy issues and/or decisions formulated at the Director of DHCF's level. The office is responsible for developing department-wide operating and administrative protocols. The office is directly responsible for contracts and procurement, grants management, information technology, support services, agency performance management, risk management, property and fleet management, EEOC, ADA, HIPAA, courier services, records management and transportation. The office is responsible for organizing the MOU process and the point of contact for department-wide audits. The Chief Operating Officer also serves as the Health Information Technology Coordinator which is charged with implementation of initiatives of the ARRA and HITECH Acts. Specifically, the office is responsible for the implementation and oversight of the Health Information Exchange and the Electronic Health Records Incentive Programs. This office serves as the point of contact with the US HHS, Office of the National Coordinator for Health IT.

Office of the Deputy Director for Finance

The Office of the Deputy Director for Finance is primarily responsible for the agency budget formulation policy of the Department which includes identifying, analyzing and coordinating the implementation of a variety of major budget policy issues, public and private provider rate setting issues, public and private provider audit issues and/or decisions formulated at the Director of DHCF's level. This office works closely with the Office of Financial Operations on all DHCF financial issues while also develops working relationships with all stakeholders pertaining to DHCF.

Office of Human Resources

The Office of Human Resources is responsible for providing best practices HR leadership to attract, develop and retain a highly qualified workforce to meet the needs of the organization in carrying out its mission. The office is responsible for assisting the leadership of DHCF in creating a workforce development plan that meets the Agency's goals and objectives. The office coordinates with DCHR on all matters associated with staffing, recruitment, promotion, separation, employee benefit programs, employee wellness, retirement issues, organizational structure and position development and classification, agency time and attendance, adverse and corrective actions, labor and employee relations. The office is responsible for ensuring that the Agency is compliance with all federal and District laws pertaining to employment and the rights of employees.

Office of the Ombudsman and Health Care Bill of Rights

The mission of the Office of the Ombudsman and Health Care Bill of Rights is to ensure the safety and well-being of District residents and their health care services through advocacy, education and community outreach.

Office of Financial Operations

The Office of Financial Operations is a direct report to the District's Chief Financial Officer. The purpose of this office is to provide comprehensive and efficient financial management services to and on behalf of District agencies so that the financial integrity of the District of Columbia is maintained.

Office of General Counsel

The Office of the General Counsel is responsible for: providing advice and guidance to the Director and senior management staff regarding all legal matter and services performed within the Department; developing legislative strategies to support the Department's goals, including drafting legislation, rulemaking, and similar documents based on requests from the Director; planning, organizing, directing and controlling the legal work, including the development and implementation of policies and procedures for the systematic rending of legal advice and services to the Director and senior management staff; working with Attorney General litigators to develop and execute litigation strategies to support the Department needs; and assisting the Director and senior management in ongoing human resources, employee relations, contracting issues, and other agency operation issues.

OFFICE OF THE DEPUTY DIRECTOR FOR MEDICAID

The Office of the Deputy Director for Programs serves as the State Medicaid Director with responsibility for development and implementation of a comprehensive, effective and efficient benefit package that conforms to the Medicaid statute. This office is also responsible for development and implementation of the Alliance and CHIP Programs.

OFFICE OF THE MEDICAL DIRECTOR

The Office of the Deputy Director for Programs serves as the State Medicaid Director with responsibility for development and implementation of a comprehensive, effective and efficient benefit package that conforms to the Medicaid statute. This office is also responsible for development and implementation of the Alliance and CHIP Programs.

HEALTH CARE DELIVERY MANAGEMENT ADMINISTRATION

The Health Care Delivery Management Administration (HCDMA) ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served by the District's Medicaid, CHIP and Alliance programs. HCDMA accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF's managed care contractors and institutional and ambulatory fee-for-service providers.

Division of Quality and Health Outcomes

The mission of this division is to continuously improve the quality of health care delivered by programs administered by DHCF. Health care quality is defined as the extent to which health care is:

- Safe: avoids injuries to patients from the care that is intended to help them.
- Effective: provides services based on scientific knowledge to all who could benefit, and refrains from providing services to those not likely to benefit.
- Patient-centered: provides care that is respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions.
- Timely: reduces waits and sometimes harmful delays for both those who receive and give care.
- Efficient: avoids waste, including waste of equipment, supplies, ideas, and energy.

- Equitable: provides care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Division of Managed Care

The Division of Managed Care is responsible for oversight, evaluation, and enforcement of contracts with organizations managing the care and service delivery of Medicaid and Alliance beneficiaries. Additional responsibility includes oversight and enrollment of eligible beneficiaries into Health Services for Children with Special Needs (HSCSN), the District's Children and Adolescent Supplemental Security Income Program (CASSIP). The Office of Managed Care provides oversight and management of the Enrollment Broker contract, ensuring eligible managed care beneficiaries are educated and informed about benefit coverage, managed care programs and accurate and timely enrollment into an MCO.

Division of Clinician, Pharmacy & Acute Provider Services

The Office of Clinician, Pharmacy & Acute Provider Services is responsible for the development, implementation and oversight of programming for primary and specialty providers, hospitals, and other acute and preventive care services. The Office develops and disseminates procedures that foster best practices and monitors policy implementation by health care providers serving the fee-for-service population.

Division of Long Term Care

The Division of Long Term Care is responsible for the development, implementation and oversight of programming for elders and for persons with physical and developmental disabilities. The Division is responsible for the development, implementation and oversight of the Money Follows the Person Program and other special projects aimed at improving service delivery for vulnerable populations.

Care for Elders & Persons with Physical Disabilities Branch

The Care for Elders & Persons with Physical Disabilities Branch is responsible for the development, implementation, and monitoring of Medicaid-financed long-term care services for elders and other individuals with physical disabilities. The office oversees long-term care services for Medicaid beneficiaries residing in their own homes as well as nursing facility settings and is responsible for the administration of the Elderly and Persons with Physical Disabilities (EPD) Home and Community-based services waiver.

Care for Persons with Developmental Disabilities Branch

The Care for Persons with Developmental Disabilities Branch is responsible for the development, monitoring and continuous improvement of Medicaid- financed services for persons with developmental disabilities, including services to persons residing in ICFs/MR. The office also oversees the 1915(c) Waiver for Persons with Developmental Disabilities with the District's Department of Disability Services.

Division of Children's Health Services

The Division of Children's Health Services is responsible for the development, implementation, and monitoring of the policies, benefits and practices for children's health care services, including HealthCheck/ EPSDT, CHIP, and the Immigrant Children's Program.

HEALTH CARE POLICY AND RESEARCH ADMINISTRATION

The Health Care Policy and Research Administration has responsibility for maintaining the Medicaid and CHIP State Plan which governs eligibility, scope of benefits, and reimbursement policies for the District's Medicaid and CHIP Programs; developing policy for the administration of the Alliance and other health care programs for publicly funded enrollees that are administered or monitored by DCHF based on sound analysis of local and national health care and reimbursement policies and strategies; and ensuring coordination and consistency among health care and reimbursement policies developed by the various Administrations within DCHF. The administration is also responsible for designing and conducting research and evaluations of health care programs.

Division of Eligibility Policy

The Division of Eligibility Policy (DEP) serves as the Department of Health Care Finance's liaison to District and federal agencies regarding eligibility related matters, and is the DHCF liaison to the Department of Human Services Economic Security Administration (ESA), ensuring collaboration and coordination between the agencies and facilitating ESA compliance with DHCF eligibility policy. DEP is responsible for interpreting federal and state eligibility rules and regulations. DEP establishes eligibility policies and criteria for the Medicaid and CHIP programs, as well as the DC Health Care Alliance and the Immigrant Children's Program. DEP interprets and helps draft legislative changes, rules and regulations for the District of Columbia regarding eligibility requirements. DEP also manages the Optional State Supplement Payment Program for eligible District of Columbia residents residing in an adult foster care home.

Division of Regulation and Policy Management

The Division of Regulation and Policy Management is responsible for maintaining the Medicaid State Plan, which governs eligibility, scope of benefits, and reimbursement policies of the Medicaid and CHIP program. This division creates State Plan Amendments, waivers and regulations that form the foundation of Medicaid policy and programs administered or monitored by DHCF, and ensures the coordination and consistency of health care and reimbursement policies developed by various Administrations within DHCF.

Division of Research, Analytics and Rate Setting

The Division of Research, Analytics and Rate Setting is responsible for information gathering, data analysis, and evaluating all activities relative to multiple District wide components of Medicaid, CHIP, Alliance and future health care delivery systems including data collection systems; and is responsible for setting rates and developing payment methodologies for various provider types. The Division is also responsible for designing and conducting research and evaluations of health care programs, studying their impacts on beneficiaries, providers, plans, and other partners and customers, designing and assessing potential improvements, and developing new measurement tools.

HEALTH CARE OPERATIONS ADMINISTRATION

The Health Care Operations Administration is responsible for the administration of programs that pertain to the payment of claims; management of the fiscal agent contract, management of the administrative contracts, management of the systems and provider enrollment and requirements. The office provides contract management of the Non-Emergency Transportation contract, the Pharmacy Benefits Manager, the Quality Improvement Organization contract, and the MMIS Fiscal Intermediary contract as well as additional administrative contracts.

Division of Claims Management

The Division of Claims Management oversees the Medicaid Management Information System operations, systems requests, member services, including member out-of-pocket reimbursements, COBRA payments, third party liability processing, and processing financial transactions. The Division also manages all internal and external data requests and data involving agency audits (local and federal); MMIS training for all DHCF employees and system security.

Division of Program Integrity

The Division of Program Integrity is responsible for preventing, detecting and eliminating fraud, abuse and waste by persons who provide and receive DHCF services; for improving the reliability and efficiency of DHCF internal processes; and for identifying and applying any third party resources available for the cost of health care provided to beneficiaries to ensure that DHCF is the payer of last resort. The Office also is responsible for the utilization management functions of the agency that monitors utilization, including appropriateness of health care services, to ensure that appropriate care is provided to publicly funded enrollees; to identify and investigate suspected abuse by both enrollees and providers in the publicly funded programs; and to ensure that DHCF funds are appropriately utilized.

Division of Public and Private Provider Services

The Division of Public and Private Provider Services is responsible for contract management of the Administrative Services Organization contract, provider enrollment and recruitment as well as management of internal and external provider services and inquires. The office also maintains positive on-going coordination and continuity with all Public Provider Agencies of the District of Columbia Government to enhance each Agency's understanding of Medicaid reimbursement policies; is the accountable Office within DHCF for implementation of policy that directly impacts other District agencies that serve as Medicaid providers; identifies opportunities to improve the reimbursement procedures of each agency; and works closely with these agencies to review federal policy to ensure that federal reimbursement is being maximized and compliance assured through claims processing and through program development.

HEALTH CARE INNOVATION AND REFORM ADMINISTRATION

The Health Care Innovation and Reform Administration is responsible for identifying, validating and disseminating information about new care models and payment approaches to serve Medicaid beneficiaries seeking to enhance the quality of health and health care and reducing cost through improvement. Creates and tests new models in clinical care, integrated care and community health, and creates and tests innovative payment and service delivery models, building collaborative learning networks to facilitate the collection and analysis of innovation, as well as the implementation of effective practices, and developing necessary technology to support this activity.

Division of Health Insurance Exchange

The Division of Health Insurance Exchange is responsible for the creation of a health insurance exchange, which is a new entity intended to create a more organized and competitive market for health insurance by offering a choice of plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them. An exchange is part of the plan aiming for universal coverage.

Division of Reform Innovation and Grants Management

The Division of Reform, Innovation and Grants Management is responsible for the development, implementation and monitoring of the provisions of the Affordable Care Act. The Division is also responsible for the development of demonstration projects and for submitting grant proposals for various reform related activities.