

Department of Health Care Finance FY2018

Agency Department of Health Care Finance

Agency Code HT0

Fiscal Year 2018

Mission 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.

2018 Strategic Objectives

Objective Number	Strategic Objective	# of Measures	# of Operations
1	Provide access to comprehensive healthcare services for District residents.	5	4
2	Ensure the delivery of high quality healthcare services to District residents.	3	2
3	Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.	1	1
4	Create and maintain a highly efficient, transparent and responsive District government.**	10	0
TOT		19	7

2018 Key Performance Indicators

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Target	FY 2015 Actual	FY 2016 Target	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target
1 - Provide access to comprehensive healthcare services for District residents. (5 Measures)									
Percent of children, ages 1 – 20 years, enrolled in the Medicaid program (Fee-for-Service and Managed Care) with 90 days of continuous enrollment that received preventive dental services during the fiscal year	<input type="checkbox"/>	53%	60%	54%	56%	Waiting on Data	58%	Data Forthcoming	60%
Percent of children, ages 1-20 years, enrolled in the Medicaid program (Fee-for-Service and Managed Care) with 90 days of continuous enrollment that received a routine well-child examination during the fiscal year	<input type="checkbox"/>	63%	65%	63%	65%	Waiting on Data	68%	Data Forthcoming	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	<input type="checkbox"/>	98.1%	Not available	Not Available	Not Available	Waiting on Data	95%	96.9%	95%
Percent of Medicaid renewals as a result of the passive renewal process	<input type="checkbox"/>	Not available	Not available	Not Available	Not Available	Waiting on Data	75%	89.1%	80%

Percent of District residents covered by Medicaid	<input type="checkbox"/>	37%	Not available	38%	Not Available	Waiting on Data	35%	35.5%	35%
2 - Ensure the delivery of high quality healthcare services to District residents. (3 Measures)									
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	<input type="checkbox"/>	Not available	Not available	Not Available	Not Available	Not Available	5%	Data Forthcoming	10%
Reduce potentially preventable Emergency Department visits by Medicaid Managed Care enrollees that may have been avoided or appropriately treated at a lower level of care	<input type="checkbox"/>	Not available	Not available	Not Available	Not Available	Not Available	5%	Data Forthcoming	10%
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	<input type="checkbox"/>	Not available	Not available	Not Available	Not Available	Not Available	5%	Data Forthcoming	10%
3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Measure)									
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	<input type="checkbox"/>	Not available	Not available	Not Available	Not Available	10	14	14	14
4 - Create and maintain a highly efficient, transparent and responsive District government.** (1 Measure)									
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	<input type="checkbox"/>	Not available	95%	96.4%	96%	92.4%	97%	99.1%	98%

**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

2018 Operations

Operations Header	Operations Title	Operations Description	Type of Operations	# of Measures	# of Strategic Initiatives
1 - Provide access to comprehensive healthcare services for District residents. (4 Activities)					
HEALTH CARE POLICY & PLANNING SUPPORT	Eligibility	Based on the Federal guidelines for Medicaid and local laws for the Alliance program, DHCF provides healthcare to District residents according to the criteria of the programs offered. This requires the agency to create State Plans and rules that define the qualifications, along with working with other District agencies to ensure that qualified applicants are granted access to these healthcare programs.	Daily Service	1	0

MANAGED CARE MGT	Benefits	DHCF establishes and administers healthcare benefits for DC residents primarily through two delivery systems: managed care and FFS. The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	Daily Service	6	5
INFORMATION TECHNOLOGY	Eligibility and Enrollment System	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia	Daily Service	0	0
MEDICAID INFORMATION SYSTEMS	DC Access System (DCAS)	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Key Project	0	1
TOT				7	6
2 - Ensure the delivery of high quality healthcare services to District residents. (2 Activities)					
MEDICAID INFORMATION SYSTEMS	Claims Processing	As beneficiaries utilize services with physicians, clinics, pharmacies, and hospitals, payments are remitted by those providing the services to DHCF for processing and payment. Federal regulations and local laws require prompt payment of claims submitted, so DHCF must first verify the eligibility of the beneficiary, the Medicaid enrollment of the provider, and the validity of the service being provided.	Daily Service	1	1
HEALTH CARE OPERATIONS SUPPORT	Provider Enrollment and Screening	In order to receive payments for services provided to Medicaid and Alliance patients, physicians, clinics, pharmacies, hospitals and other providers must first apply to be a qualified provider. DHCF screens providers to minimize future unscrupulous activities. Once enrolled, provider information is retained and utilized to accept and process future claims.	Daily Service	2	4
TOT				3	5
3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Activity)					
PERFORMANCE MANAGEMENT	Program Integrity	The DHCF promotes the integrity of Medicaid through audits, policy review and identification and monitoring of program vulnerabilities. These efforts are conducted on a daily basis by implementing proper policies and procedures as well as the development and implementation of a strategic plan and quality assurance.	Daily Service	5	1
TOT				5	1
TOT				15	12

2018 Workload Measures

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY2016 Actual	FY 2017 Actual
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1 - Benefits (6 Measures)					
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public	✓	Not available	Not Available	Not Available	3
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	✓	Not available	5050	6469	4768
Number of District residents covered by Medicaid (Year End)	<input type="checkbox"/>	244,039	248,775	Waiting on Data	241,871
Percent of District residents insured	<input type="checkbox"/>	94.7%	96.2%	Waiting on Data	96.1%
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	✓	Not available	Not Available	131	258
Number of District residents covered by Alliance (Year End)	<input type="checkbox"/>	15,275	15,059	Waiting on Data	15,318
1 - Eligibility (1 Measure)					
A minimum of three (3) policy training sessions conducted per quarter for DHCF, sister agencies and other external stakeholders on eligibility related policies and procedures to ensure staff and community partners receive the training needed to accurately determine eligibility for Medicaid, and the District's locally funded health care programs	✓	Not available	Not Available	Not Available	25
2 - Claims Processing (1 Measure)					
Percent of procurement process completed for the acquisition of a new Medicaid Management Information System (MMIS) that will be a multi-payor claims adjudication system for Medicaid and other DC Government programs that process medical claims	✓	Not available	Not Available	Not Available	20%
2 - Provider Enrollment and Screening (2 Measures)					
Number of newly enrolled providers	<input type="checkbox"/>	Not available	Not Available	0	2347
Number of re-enrolled providers	<input type="checkbox"/>	Not available	Not Available	0	1081
3 - Program Integrity (5 Measures)					
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	✓	Not available	Not Available	Not Available	144
Conduct Surveillance and Utilization Review Section (SURS) audits based on data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	✓	Not available	Not Available	Not Available	386

Conduct liaison, education, and training with other DHCf divisions, outside agencies, providers, and other groups in support of program integrity mission	✓	Not available	Not Available	Not Available	89
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	<input type="checkbox"/>	7712	8241	8164	9010
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	✓	Not available	117%	Not Available	241%

Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Increase Awareness of Services offered by the Office of Health Care Ombudsman and Bill of Rights	In FY18, DHCf will increase outreach efforts specifically to educate non-English speaking residents and employees of the District of Columbia regarding the services offered by the Office of Health Care Ombudsman and Bill of Rights (OHCOBR). In addition, DHCf will seek to expand outreach efforts by collaboratively working with other District government agencies such as the District of Columbia Department of Human Resources (DCHR) and Mayor's Office on Latino Affairs (OLA). In addition, OHCOBR will seek to join forces with non-government agencies such as the DC Chamber of Commerce to increase awareness.	09-30-2018
Implement a Survey for Medicaid Fee-For-Service (FFS) Beneficiaries regarding Access and Quality	In FY18, DHCf will implement a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to evaluate the health care experience of a statistical sample size of beneficiaries enrolled in the FFS program. This initiative will promote access to benefits for District beneficiaries and transparency and responsiveness to the needs of the District's Medicaid beneficiaries.	09-30-2018
Implement Pay-for-Performance (P4P) Program in New Managed Care Program	In FY18, DHCf will begin a new 5-year Managed Care program, with one new Managed Care Organization (MCO) and two returning MCOs. A two percent (2%) withhold from the MCOs' actuarial capitation rates will fund the program. Each MCO will have an opportunity to regain those funds by demonstrating improved outcomes within the following three (3) performance measures: 1) Reducing Potentially Preventable Hospital Admissions (PPA); 2) Reducing Low Acuity Non-Emergent (LANE) Visits; and 3) Reducing 30-Day Readmissions for the same diagnosis. DHCf will provide MCO encounter data to its Actuary to establish baselines within each of the three measures. MCOs must achieve targeted reductions within each measure to earn back all or a portion of the withheld capitation payments.	09-30-2018
Increase Access of Preventive Dental Services for FFS Medicaid Children and Adolescents	Throughout FY18, DHCf will collaborate with the MCOs, CFSA, DYRS and DOH to develop and implement strategies to increase the compliance rate by 2 percentage points for completion of preventive dental services of children and adolescents enrolled in the FFS Program. Outreach activities and interventions will occur in concert with all entities, as appropriate, in an effort to present similar messaging to the targeted population, 0 through 20 years of age. Quarterly reports will be generated to assess performance and address barriers and/or challenges to care delivery.	09-30-2018
Increase Well-Child Visit Utilization for FFS Medicaid-Enrolled Children	Throughout FY18, DHCf will collaborate with CFSA, DYRS and entities managing long-term care placements for children enrolled in FFS Medicaid to implement outreach strategies to increase well-child visit utilization. By use of FY16 utilization data as a baseline, DHCf seeks to improve performance by two percentage points during FY18. Outreach activities and interventions will occur in concert with all entities, as appropriate, in an effort to present similar messaging to the targeted population, 0 through 20 years of age.	09-30-2018
Implement the New	In FY18, DHCf will fully implement the new reimbursement methodology for Nursing Homes. The new reimbursement	03-31-2018

<p>Reimbursement Methodology for Nursing Homes that Aligns Payment to Promote Access to High Quality and Value Based Healthcare</p>	<p>methodology will reflect both the qualitative and quantitative reforms that have been brought about by the Affordable Care Act of 2010, and changes in the health care payment innovation landscape. The methodology will also take into account several policies and program changes, such as the integration of mental health services into the payment structure.</p> <p>During FY17, DHCF kicked off all of the necessary analysis, stakeholder engagement, developed the reimbursement methodology and drafted the state plan amendment (SPA) and rule for publication.</p> <p>The full implementation of the new reimbursement methodology and add-on payments for behaviorally complex and bariatric support will be completed by March 31, 2018. Specifically, DHCF will obtain approval of the rate methodology from CMS and issue out rate letters to the nursing homes. From an operations standpoint, the DHCF MMIS system will be updated to enable billing, processing and payment of claims under the new reimbursement methodology. DHCF will also conduct several provider training sessions, implementation testing and monitoring, to ensure compliance with the new methodology.</p> <p>This new reimbursement methodology, will further the DHCF's goal of providing residents with better access to quality nursing home services. For example, it will incentivize nursing homes to accept more behaviorally complex cases, align reimbursement to patients' acuity/severity of illness, and provide an opportunity to increase the number of residents residing in District nursing homes.</p>	
<p>Reduce Low-Acuity Non-Emergent (LANE) Visits Among My Health GPS (MHGPS) Beneficiaries</p>	<p>Throughout FY18, DHCF will collaborate with MHGPS providers to reduce the percentage of LANE visits amongst actively enrolled My Health GPS beneficiaries. By use of FY16 utilization data as a baseline, DHCF seeks to improve performance by two percentage points during FY18. DHCF will monitor outreach activities performed by the MHGPS providers to ensure educational messaging and strategies are implemented to encourage use of preventive and primary care services by the beneficiaries.</p>	<p>09-30-2018</p>
<p>Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance</p>	<p>In FY18 DHCF will continue to promote the adoption and use of certified EHR technology through outreach and technical assistance efforts. Specially, technical assistance will be provided to at least 100 eligible providers to help them attest for meaningful use stages 2 and 3. Participation in the meaningful use program is an important building block towards continuous quality improvement and value-based purchasing (which seeks to pay for the value - improved health outcomes - rather than volume of services). Because outcomes in these payment models are generally assessed using validated quality measures that increasingly rely on electronic health data, a critical step in this direction is ensuring providers have technical assistance to use electronic medical records effectively. Increasing the technical capabilities of District providers, and the cache of digital health data in the District, benefits Medicaid beneficiaries across all eight wards in the District.</p>	<p>09-30-2018</p>
<p>Strengthen the Overall Connectivity and Interoperability of the District's Current Health Information Exchange</p>	<p>DHCF will extend the existing grant to CRISP/DCPCA to develop four HIE tools through December 31, 2017 to complete work that began later than expected. In FY18 DHCF will build on the recently developed HIE infrastructure and expand access to HIE tools to a broader set of physician practices, in addition to Fire Department nurses, FQHCs, behavioral health providers (with DBH) and hospital emergency departments. DCHF will focus on continuously improving the timeliness and accuracy of data transmitted through the HIE. The DC HIE advances health and wellness for all persons in the District by providing actionable health-related information whenever and wherever it is needed.</p>	<p>09-30-2018</p>
<p>Enhance and Expand the My Health GPS for Individuals with Chronic Physical Health Conditions to Improve Integration of Medical and Behavioral Health Care through a Health</p>	<p>In FY18, the My Health GPS program aims to grow substantially, both with respect to increasing enrollment in the program, and enhancing providers' capacity to successfully implement value-based models of care. Providers participating in the program estimate that they will enroll approximately 10,000 beneficiaries in the program by the end of FY18. In addition, we anticipate that the size of the provider network and number of new health home teams will nearly double. DHCF will also implement a technical assistance contract to help support providers efforts to re-design care delivery workflow in order to improve quality. The My Health GPS program is offered to District Medicaid beneficiaries with the highest burden of chronic illness (three or more chronic conditions). Improved care coordination to reduce utilization of preventable, high-cost services stands to improve overall health and wellness for District Medicaid beneficiaries, and is an important building block to promote new models of care within the District.</p>	<p>09-30-2018</p>

Homes Model		
Develop Sanctions for Beneficiary and Provider Fraud	In FY18 DHCF will develop sanctions and other administrative actions for incidents of fraud conducted by Medicaid program beneficiaries. Changes will be submitted for inclusion in the DCMR and/or State Plan to establish sanctions and other administrative actions applicable in response to incidents of fraud. Medicaid fraud currently has a significant impact on program expenditures. The District does not have a range of sanctions in place to address fraud committed by program beneficiaries. This initiative will reduce costs and increase the resolution of incidents of Medicaid program fraud and abuse.	09-30-2018
Implement the District's Integrated Health and Human Services Eligibility System	In FY18 DHCF will begin work to automate eligibility and verification systems support needed to determine Non-MAGI Medicaid for District residents. The system will support the requirements needed to determine eligibility for all Insurance Affordability Programs as defined by the Affordable Care Act (ACA) including eligibility and verifications needed to determine Modified Adjusted Gross Income (MAGI) and Advanced Premium Tax Credits (APTC), and provide all the systems support needed for other federal assistance programs like SNAP/TANF.	09-30-2018