Department of Health Care Finance FY2019

Agency Department of Health Care Finance   **Agency Code** HT0   **Fiscal Year** 2019

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.

▼ 2019 Strategic Objectives

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

▼ 2019 Key Performance Indicators

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 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	Up is Better	53%	56%	Waiting on Data	62%
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	Up is Better	64%	66%	Waiting on Data	72%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	94.5%	Waiting on Data	Waiting on Data	95%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	51.5%	89.1%	72.2%	70%
Percent of District residents covered by Medicaid	Up is Better	37.9%	35.5%	37.2%	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	Down is Better	Not Available	Waiting on Data	Waiting on Data	10%
	Down is Better	Not Available	Waiting on Data	Waiting on Data	10%

Measure	Directionality	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Target
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					
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Down is Better	Not Available	Waiting on Data	Waiting on Data	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	Up is Better	10	14	18	14
4 - Create and maintain a highly efficient, transparent and responsive District government. (10 Measures)					
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	92.4%	99.1%	98.4%	98%
HR MANAGEMENT - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft (Updated by OCA)	Up is Better	Not Available	No data available	94.7%	Not Available
HR MANAGEMENT - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft (Updated by OCA)	Up is Better	Not Available	92.9%	Waiting on Data	Not Available
FINANCIAL MANAGEMENT - Quick Payment Act Compliance - Percent of QPA eligible invoices paid within 30 days (Updated by OCA)	Up is Better	Not Available	No data available	Waiting on Data	Not Available
FINANCIAL MANAGEMENT - Percent of local budget de-obligated to the general fund at the end of year (Updated by OCA)	Down is Better	0.3%	0.8%	Waiting on Data	Not Available
CONTRACTS AND PROCUREMENT - Average number of calendar days between requisition and purchase orders issued (Updated by OCA)	Up is Better	Not Available	12.9	Waiting on Data	Not Available
CONTRACTS AND PROCUREMENT - Percent of Small Business Enterprise (SBE) annual goal spent (Updated by OCA)	Up is Better	88.5%	131.1%	Waiting on Data	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal - (Updated by OCA)	Up is Better	Not Available	No data available	0%	Not Available
IT POLICY AND FOIA COMPLIANCE - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension - (Updated by OCA)	Down is Better	275%	23.8%	Waiting on Data	Not Available
HR MANAGEMENT - Average number of days to fill vacancy from post to offer acceptance (Updated by OCA)	Down is Better	Not Available	Not Available	Not Available	New Measure

▾ 2019 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
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
MANAGED CARE MGT	Benefits	DHCF establishes and administers healthcare benefits for DC residents primarily through two delivery systems: managed care and Fee -for-service (FFS). The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	Daily Service
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
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
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
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
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

2019 Workload Measures

Measure	FY 2016	FY 2017	FY 2018
1 - Benefits (6 Measures)			

Measure	FY 2016	FY 2017	FY 2018
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public	Not Available	3	2
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	6469	4768	7026
Number of District residents covered by Medicaid (Year End)	241,871	258,482	Waiting on Data
Percent of District residents insured	96.1%	96.2%	Waiting on Data
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	131	258	1410
Number of District residents covered by Alliance (Year End)	15,318	16,240	Waiting on Data
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	25	23
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	20%	-70%
2 - Provider Enrollment and Screening (2 Measures)			
Number of newly enrolled providers	0	2347	10,034
Number of re-enrolled providers	0	1081	811
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	144	188
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	386	233
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	Not Available	89	189
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	8164	9010	11,004
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	88	241	126

2019 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Benefits (4 Strategic initiatives)		
Increase Access of Preventive Dental Services for FFS Medicaid Children and Adolescents	Throughout FY19, DHCF will continue to 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.	09-30-2019
Increase Well-Child Visit Utilization for FFS Medicaid-Enrolled Children	Throughout FY19, DHCF will collaborate with CFSA, DYRS and entities managing long-term care placements for children enrolled in Fee-For-Service (FFS) Medicaid to implement outreach strategies to increase well-child visit utilization. This collaboration will include up to 3 data sharing exchanges to improve outreach to Medicaid enrolled children. The outreach activities and interventions in concert with all entities, as appropriate, will be an effort to present similar messaging to the targeted population, 0 through 20 years of age. By April 30, 2020, the percentage of FFS enrolled children receiving well-child visits will increase by 2 percentage points.	09-30-2019
Increase Primary Care Service Utilization via My Health GPS Program	In FY19, the My Health GPS (MHGPS) program will increase the percentage of newly enrolled beneficiaries without primary care service utilization within the previous 12 months, by 3%. DHCF will provide technical assistance to support providers' efforts towards redesign of their care delivery process and monitor the progress.	09-30-2019
Addressing Barriers to Perinatal Care	In FY19, the Division of Quality & Health Outcomes (DQHO) and the Division of Managed Care (DMC) will host at least 2 collaborative discussions with Medicaid beneficiaries of child-bearing age and District Obstetricians and Gynecologists to identify barriers to perinatal care and implement strategies to address the barriers.	09-30-2019
Claims Processing (1 Strategic Initiative)		
Amend Home Health Rate Methodology	In FY19, the DHCF's Office of Rates, Reimbursement & Financial Analysis (ORRFA) and Long Term Care Administration (LTCA) will work collaboratively to review the current service delivery and rate methodology for services provided under the Home Health umbrella. The agency will work with the Provider community and DC Health to align the rate methodology with the service delivery and expectations of the District.	09-30-2019
DC Access System (DCAS) (2 Strategic initiatives)		
DCAS to MMIS for MAGI Medicaid	DHCF is building a direct interface between DC Access System (DCAS) and Medicaid Management Information System (MMIS) for Modified Adjusted Gross Income (MAGI) Medicaid. This will be instrumental in ensuring data integrity for eligibility and enrollment for the MAGI population.	09-30-2020
DCAS R3 Non-MAGI Medicaid Caseworker Portal	DHCF is implementing DCAS functionality to enable eligibility determinations for the non-MAGI Medicaid population to occur in DCAS. DCAS will work to ensure high quality delivery of functionality and compliance with program rules and achieves the goal of streamlined enrollment.	09-30-2021
Eligibility (3 Strategic initiatives)		
		09-30-2019

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Title VI of the Civil Rights Act of 1964 Provider Compliance	In FY19, DHCF will increase oversight and monitoring of provider compliance of Title VI of the Civil Rights Act of 1964 to ensure District residents have meaningful access to covered health services free from discrimination. DHCF will develop/launch a web-based database for providers to report quarterly data on encounters with limited or non-English proficient (LEP/NEP) Medicaid beneficiaries, language services offered, proof of availability, language service usage data and proof of compliance. DHCF will also require, as a condition of enrollment and re-enrollment, providers submit proof of compliance with Civil Rights requirements, including submission of its Civil Rights Compliance Plan. DHCF will also develop/ launch a public facing portal for residents to submit complaints or allegations of discrimination. In accordance with its internal civil rights compliance policy, DHCF will investigate and appropriately respond to all complaints and allegations.	
Medicare Enhancement Initiative	In FY19 DHCF will implement a new initiative to improve identification and enrollment of Medicare eligible Medicaid beneficiaries to reduce the District's financial burden associated with individuals with substantial medical and long term care needs. The DHCF plans to contact at least 200 current Medicaid beneficiaries regarding possible Medicare eligibility and enrollment and enroll at least 100 current Medicaid beneficiaries into Medicare.	09-30-2019
EPD Waiver Reforms	Implement changes to EPD waiver eligibility assessment process and benefits to ensure the program can sustain budget neutrality in FY19 and future years	09-30-2019
Program Integrity (1 Strategic Initiative)		
Develop Sanctions for Beneficiary and Provider Fraud	In FY19 DHCF will continue to develop sanctions and other administrative actions for incidents of fraud conducted by Medicaid program beneficiaries. Changes will be submitted for inclusion in the District of Columbia Municipal Regulations (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.	09-30-2019
Provider Enrollment and Screening (7 Strategic initiatives)		
Reduce Low-Acuity Non-Emergent (LANE) Visits Among My Health GPS (MHGPS) Beneficiaries	Throughout FY19, DHCF will continue to collaborate with My Health GPS (MHGPS) providers to reduce the percentage of Low Acuity Non-Emergent (LANE) visits amongst actively enrolled MHGPS beneficiaries. 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.	09-30-2019
Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance	In FY19 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.	09-30-2019
Strengthen the Overall Connectivity and	DHCF will extend the existing grant to Chesapeake Regional Information System for our Patients (CRISP)/DC Primary Care Association (DCPCA) to develop four Health Information Exchange (HIE) tools	09-30-2019

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Interoperability of the District's Current Health Information Exchange	to complete work that began later than expected. In FY19 DHCF will continue to 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,Federally Qualified Health Centers (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.	
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 Homes Model	In FY19, the My Health GPS program aims to continue to grow, both with respect to increasing enrollment in the program, and enhancing providers' capacity to successfully implement value-based models of care. 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.	09-30-2019
Implementation of National Recognized Nursing Home Satisfaction Survey	In FY19, the Quality Improvement Organization (QIO) will implement a nationally recognized Nursing Home satisfaction survey with all Medicaid beneficiaries placed in Nursing Homes. DHCF will contract with a certified vendor to conduct a nationally recognized home and community based services (HCBS) satisfaction survey to all beneficiaries in the EPD waiver program. The surveys allow DHCF to compare its performance to other Nursing Home and HCBS programs and identify/implement opportunities for program improvement.	09-30-2019
Implement the State Medicaid Health IT Plan Roadmap for FY19	Implement FY19 recommendations included in the DC State Medicaid Health Plan (SMHP) including improving connectivity and enabling basic analytics and reporting capabilities.	09-30-2019
Access Monitoring Review Plan	Develop triennial Access Monitoring Review Plan for CMS assessing access to FFS services for District Medicaid beneficiaries. Report due to CMS by October 1, 2019.	10-01-2019