Department of Health Care Finance FY2020

Agency Department of Health Care Finance   **Agency Code** HT0   **Fiscal Year** 2020

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.

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.

Key Performance Indicators

Measure	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 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	56%	56%	Data Forthcoming	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	66%	63%	Data Forthcoming	72%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	89.1%	72.2%	82.9%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	96.9%	94.5%	98.3%	95%
Percent of District residents covered by Medicaid	Up is Better	35.5%	37.2%	35.9%	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	19.8%	27.6%	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	Down is Better	6.8%	9.2%	Data Forthcoming	10%
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Down is Better	11.2%	17.4%	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	Up is Better	14	18	15	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	Up is Better	99.1%	98.4%	97.6%	98%

Core Business Measures

Measure	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual
4 - Create and maintain a highly efficient, transparent, and responsive District government. (10 Measures)				
Contracts and Procurement - Percent of Small Business Enterprise (SBE) annual goal spent	Up is Better	New in 2019	New in 2019	Waiting on Data
Financial Management - Percent of local budget de-obligated to the general fund at the end of year	Down is Better	New in 2019	New in 2019	Waiting on Data
Financial Management - Quick Payment Act (QPA) Compliance - Percent of QPA eligible invoices paid within 30 days	Up is Better	New in 2019	New in 2019	98.9%
Human Resource Management - Average number of days to fill vacancy from post to offer acceptance	Down is Better	New in 2019	New in 2019	Waiting on Data
Human Resource Management - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft	Up is Better	New in 2019	New in 2019	Waiting on Data
Human Resource Management - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft	Up is Better	New in 2019	New in 2019	92.5%
IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal	Up is Better	New in 2019	New in 2019	100%
IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension	Down is Better	New in 2019	New in 2019	Waiting on Data
Human Resource Management – Percent of new hires that are DC residents (excludes temporary workers and contractors) (Updated by OCA)	Up is Better	New in 2020	New in 2020	New in 2020
Human Resource Management – Percent of employees that are DC residents (excludes temporary workers and contractors) (Updated by OCA)	Up is Better	New in 2020	New in 2020	New in 2020

*The above measures were collected for all mayoral agencies in FY2019. The 2019 open data inventory includes data for calendar year 2018. Due to data lags, FY2019 data for the following core business measures will be available in March 2020: Contracts and Procurement - Percent of Small Business Enterprise (SBE) annual goal spent; Financial Management - Percent of local budget de-obligated to the general fund at the end of year; Human Resource Management - Average number of days to fill vacancy from post to offer acceptance; Human Resource Management - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft; and IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension.

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
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
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

Operations Header	Operations Title	Operations Description	Type of Operations
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
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

▾ Workload Measures

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual
1 - Benefits (6 Measures)			
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public	3	2	2
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	4768	7026	10,037
Number of District residents covered by Medicaid (Year End)	258,482	252,346	252,346
Percent of District residents insured	96.1%	96.2%	96.8%
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	258	1410	2980
Number of District residents covered by Alliance (Year End)	15,318	16,240	15,619
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	25	23	17
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	20%	-70%	-70%
2 - Provider Enrollment and Screening (2 Measures)			
Number of newly enrolled providers	2347	10,034	3864

Measure	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual
Number of re-enrolled providers	1081	811	1019
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	144	188	98
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	386	233	173
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	89	189	134
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	9010	11,004	11,301
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	241	126	215

▼ Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Benefits (5 Strategic initiatives)		
Increase Access to Behavioral Health Services	Increase access to behavioral health services. DHCF, in collaboration with DBH, will expand the continuum of care for individuals with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), or identified as at-risk for an SUD, including treatment of Medicaid-eligible adults in residential and inpatient hospital settings that are considered Institutions for Mental Disease (IMDs).	03-01-2020
EPD Waiver Reform	Amend the Elderly and Persons with Physical Disabilities(EPD) Waiver to realign the service array offered therein to more directly meet participants' functional and clinical needs.	09-30-2020
Increase Utilization of Prenatal and Postpartum Care	Increase access to/utilization of prenatal care within the first trimester and increase access to/utilization of postpartum care with the recommended post delivery timeframe. DHCF will finalize the baseline measurement and begin to measure access in FY20.	09-30-2020
Increase Access to Integrated Care	DHCF will implement the first site for the Program for All-Inclusive Care for the Elderly (PACE) in Ward 7 or 8 in FY20. Through the PACE program a provider organization is responsible for providing program enrollees (55 or older) with all primary, acute and long-term care services through an interdisciplinary team of health professionals based at a designated PACE site.	06-30-2020
FFS to MCO	FFS to MCO: [DHCF Placeholder – more information to be provided first week of September]	10-01-2020
Claims Processing (1 Strategic Initiative)		
Streamline Behavioral Health Claims Process	In FY20, claims processing for Medicaid reimbursable behavioral health services will transition from DBH to DHCF to streamline the claims process for behavioral health providers.	12-31-2019
DC Access System (DCAS) (2 Strategic initiatives)		
DC Access System (DCAS) Migration	DHCF will migrate DCAS from on premise to a cloud solution to strengthen system reliability and redundancy.	09-30-2020

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
DCAS R3 Non-MAGI Medicaid Casework Portal	DHCF is implementing DCAS functionality to enable eligibility determinations for the Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid population to occur in DCAS. DHCF will implement the R3 Non-MAGI Medicaid Caseworker Portal for service centers	09-30-2020
Program Integrity (4 Strategic initiatives)		
Develop Automated Cost Reports	DHCF will develop comprehensive and automated cost reports for Medicaid providers and transition away from paper-based processes.	09-30-2020
Managed Care Pay for Performance	DHCF will reinstate the managed care pay for performance program to improve inappropriate emergency department use.	09-30-2020
Implement Strategies to Combat Provider and Beneficiary Fraud	In FY20, DHCF will implement a comprehensive strategy aimed to reduce provider and beneficiary fraud. This initiative will help reduce inappropriate and fraudulent utilization.	09-30-2020
Strengthen Oversight of Personal Care Services	DHCF will implement, for the first time, Electronic Visit Verification (EVV) for personal care services.	09-30-2020
Provider Enrollment and Screening (2 Strategic initiatives)		
Expand My Health GPS	DHCF will expand the My Health GPS capacity in FY20. The My Health GPS program is offered to District Medicaid beneficiaries with the highest burden of chronic illness. Improved care coordination to reduce utilization of preventable, high-cost services stands to improve overall health and wellness.	09-30-2020
HIE Designation	DHCF will register and designate Health Information Exchange (HIE) entities in the District to expand provider participation to support transitions of care and care coordination programs, including Health Homes.	09-30-2020