Department of Health Care Finance FY2021

Agency Department of Health Care Finance   **Agency Code** HT0   **Fiscal Year** 2021

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 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 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%	Waiting on Data	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	63%	Waiting on Data	Waiting on Data	72%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	72.2%	82.9%	91.8%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	94.5%	98.3%	97.6%	95%
Percent of District residents covered by Medicaid	Up is Better	37.2%	35.9%	37.3%	35%
2 - Ensure the delivery of high quality healthcare services to District residents. (8 Measures)					
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	Down is Better	27.6%	Waiting on Data	Waiting on Data	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	9.2%	Waiting on Data	Waiting on Data	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	17.4%	Waiting on Data	Waiting on Data	10%
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who received services specified in their individual support plan in accordance with type, scope, amount, and frequency	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans that address health & safety risks	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021

Measure	Directionality	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Target
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans addressing personal goals	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Waiver complaints investigated within 7 days of receipt of complaint.	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program beneficiaries critical incidents where follow-up to resolve contributing factors in the incident is implemented in 30 days	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
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	18	15	26	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	98.4%	97.6%	98.7%	98%

⏷ 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
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

Operations Header	Operations Title	Operations Description	Type of Operations
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 2018 Actual	FY 2019 Actual	FY 2020 Actual
1 - Benefits (10 Measures)			
Number of District residents covered by Medicaid (Year End)	252,346	252,346	263,386
Percent of District residents insured	96.2%	96.8%	96.5%
Number of District residents covered by Alliance (Year End)	16,240	15,619	15,836
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	7026	10,037	10,753
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	1410	2980	3969
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	2	2	3
Number of people directly transitioned to Medicaid Home and Community-Based Services without DC Aging and Disability Resource Center transition assistance after a 90+ day stay in a nursing facility or hospital	New in 2021	New in 2021	New in 2021
Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilties waiver before discharged from the nursing home	New in 2021	New in 2021	New in 2021
Number of District residents enrolled in Adult Day Health Program	New in 2021	New in 2021	New in 2021
Total number of District residents enrolled in Medicaid Assisted Living services	New in 2021	New in 2021	New in 2021
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	23	17	21
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	-70%	-70%	-70%
2 - Provider Enrollment and Screening (2 Measures)			
Number of newly enrolled providers	10,034	3864	1153

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of re-enrolled providers	811	1019	762
3 - Program Integrity (5 Measures)			
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,004	11,301	11,650
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	188	98	89
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	233	173	173
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	189	134	138
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	126	215	157

Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Benefits (4 Strategic initiatives)		
Community Resource Information Exchange (CoRIE) Project	In FY21, DHCF will design and implement the Community Resource Information Exchange (CoRIE) project to screen beneficiaries for social service needs, refer beneficiaries to social services, and monitoring follow ups in order to help address social determinant of health needs.	09-30-2021
Postnatal Depression Screenings	By September 30, 2021, DHCF will work with Managed Care Organizations (MCOs) to ensure that 10% of births with each MCO will result in completion of a Postnatal Depression Screening within 90 days of delivery to increase access and utilization of/to postpartum behavioral health services within the recommended post-delivery timeframe. Collection of baseline data will be used to establish utilization patterns and recommendation of benchmarks to incorporate data-driven goals for DHCF's Quality Strategy in FY 2022.	09-30-2021
Behavioral Health Integration	DHCF will expand the services included in the Medicaid Managed Care contracts to include behavioral health services, currently carved-out of the managed care contracts, as part of a multi-year project to integrate physical and behavioral health. This integration will help improve coordination and increase the provision of whole person care.	09-30-2021
Olmstead Community Integration Initiative-One Community for All (District-wide Olmstead Plan)	As part of the District-wide Olmstead plan, which supports the full inclusion of people with disabilities in the community with an emphasis on 3 priority areas: 1) Housing; 2) Employment; and 3) Healthcare, DHCF will implement the agency's approved goals with a focus on ensuring the delivery of quality home and community-based Medicaid long term care services and supports to DC residents who need them to stay in the community, and the expansion of Medicaid slots in new assisted living facilities under development. In FY21, DHCF will track and report a number of metrics as part of the Olmstead plan.	09-30-2021
Claims Processing (1 Strategic Initiative)		
Enhanced Managed Care Programmatic Oversight	By January 1, 2021, DHCF will fully implement an automated process requiring all MCOs to submit 100% of their claims with a final disposition of "denied" directly into the Medicaid Data Warehouse within 30 days of action. This will ensure DHCF's ability to assess MCOs' compliance with paying 90% of all Clean Claims within 30 days of receipt. DHCF will develop and implement at least two managed care performance dashboards to monitor and track Managed Care Organization (MCO) performance and compliance with contractual obligations: The "Encounter Dashboard," which will monitor and track MCOs' payment of 90% of all Clean Claims within 30 days of receipt, and the "MCO Performance Dashboard," which will track and trend MCO performance within specific categories/service Grievances and Appeals (G&A).	01-01-2021

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Eligibility (1 Strategic Initiative)		
Alliance Program Recertification Simplification and Eligibility Alignment Initiative	In FY21, DHCF will ensure compliance with the Alliance Program Recertification Simplification Act, including implementation of telephonic interview and recertification process once per year for Alliance beneficiaries, codification of exceptions to the face-to-face interview required at application and once per year for recertifications, and annual reporting on Alliance program experience. In addition, DHCF will update the Alliance eligibility requirements and methodology to align with the requirements and methodology used for Medicaid Childless Adults, implement a new Alliance eligibility group under the Unjust Convictions Act for individuals who were wrongly convicted and imprisoned in the District, and make other procedural changes needed to support automation of the program into the DCAS system.	09-30-2021
Program Integrity (2 Strategic initiatives)		
Communications Protocol	DHCF's Office of the State Medicaid Director will implement a formal communications protocol for all communication in order to strengthen its operational infrastructure. By December 31, 2020, DHCF will implement protocols for quasi-internal communication, public communication, and special publications, which will complement the protocols for provider and internal communication that were implemented in FY20.	09-30-2021
Strengthen Telemedicine to Expand Access	In FY21, DHCF will identify challenges and benefits of telehealth provided to Medicaid program beneficiaries based on utilization review, data analysis, provider outreach, and beneficiary input; continued review and modification of regulations and guidance; and collaboration with federal and state partners with oversight responsibilities and similar programs. This initiative is anticipated to increase the availability of services to Medicaid program beneficiaries, improve patient care, provide providers additional flexibility, and ensure telehealth services are provided in accordance Medicaid program rules and regulations.	09-30-2021
Provider Enrollment and Screening (4 Strategic initiatives)		
Exchange of Electronic Advance Directives via the HIE	In FY21, DHCF will facilitate the exchange of advance directive forms among providers using the Health Information Exchange (HIE). This initiative addresses one of the recommendations from the Mayor's Commission on Health Care Systems Transformation.	09-30-2021
CMS SUD Provider Capacity Grant	In FY21, DHCF will implement the CMS Substance Use Disorder (SUD) Provider Capacity Grant, which will include a SUD Needs Assessment, Consent Management project, Integrated Care Technical Assistance contract, and upgrades to DBH SUD system of record, DATAWits. This will help ensure a complete continuum of care for residents with substance use disorders.	09-30-2021
Designated DC HIE (CRISP) enhancements	Several projects are underway that will substantially enhance provider uses of the DC HIE tool to enhance use of population health analytics, inform clinical decision-making, and improve health outcomes. In FY21, DHCF will implement a suite of new population health analytic tools via CRISP Reporting Services, and a new approach to patient panel management, which will enable users are able to submit relevant patient data, and identify patient's care programs to support care coordination.	09-30-2021
Managed Care Alternative Payment Methodologies	Over the next 3 years, DHCF will continue the shift of health care delivery and reimbursement away from volume, towards value and quality through increasing value-based payment approaches. In FY21, DHCF will develop the framework for managed care organizations as they incorporate alternative payment methodologies that will support and incentivize providers in building a sustainable service delivery system focused on outcomes and efficiency. DHCF will publish the framework and offer support to providers during the transformation.	09-30-2021