

Department of Health Care Finance FY2021

Agency Department of Health Care Finance

Agency Code HTO

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.

Summary of Services The Department of Health Care Finance provides health care services to low-income children, adults, elderly and persons with disabilities. Over 200,000 District of Columbia residents (one-third of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible.

2021 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
<p>On November 15, 2021, DHCF launched Release 3, the final phase of the DCAS project. The DCAS project is an integrated health and human services system that eliminates much of the need for manual processing and provides residents with a single entry point to apply and manage their health, food, or cash benefits. The new public facing portal that provides access to this system is called "District Direct."</p> <p>The DCAS project began in 2013 and was overseen by HBX, DHS, and OCTO, before landing at DHCF in 2018. As of FY20, total amount of funds spent by the District on the DCAS project was greater than \$400 million.</p> <p>In FY2021 and FY2022, DCAS will transition out of development and go into operations and maintenance phase.</p>	<p>One of the goals of District Direct is to provide residents with seamless access to apply for, enroll, and manage their benefits. Instead of going through multiple touchpoints and entry points, residents now have one space to apply for all of their benefits at one time.</p> <p>District Direct will also provide information to residents for the first time on demand, such as notices and the status of applications and benefits. Residents will be able to take a number of actions they previously were not able to do without visiting a service center such as document verifications and changes in circumstance.</p> <p>Health coverage rates in the District are already some of the highest in the nation. Therefore, we do not expect that District Direct will draw in new users or decrease the number of uninsured.</p>	<p>The launch of District Direct represents a major shift in the way that residents and access public health benefits, and is aligned with DHCF's 5-year Medicaid Reform Plan, which strives to transform the Medicaid delivery system to help improve outcomes, partially through increasing accountability and focusing on whole person care.</p> <p>Since the DCAS project is moving out of development and into Operations and Maintenance. This will relieve the need for some resources, and requires restructuring of the DCAS administration within DHCF as well. DHCF is currently considering the restructuring which will occur in FY22</p>
<p>DHCF working with DGS and DMPED completed the design of the new hospital at St. Elizabeth's and received all required support/approvals from federal, local, and community (ANC) organizations</p>	<p>Completing the design and receiving all necessary approvals will allow for construction of the new hospital to begin on time in January 2022 and for the facility to open to residents and patients in December of 2024.</p>	<p>DHCF oversaw the solicitation for two primary contractors and completed the design of the new hospital in 11 months.</p>
<p>The American Rescue Plan Act (ARPA) of 2021 was signed into law on March 11, 2021. Section 9817 of ARPA provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS). DC submitted and received approval of its spending plan that will enhance, expand, or strengthen services for the District's most vulnerable residents.</p>	<p>Completing the spending plan and receiving the necessary approvals has allowed the District to effectively raise our level of service to our customers by enhancing, expanding, and strengthening our services.</p>	<p>The temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS), has and will allow DHCF to enhance, expand, and strengthen services for the District's most vulnerable residents.</p>

2021 Key Performance Indicators

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
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	Annually	Waiting on Data	Waiting on Data	62%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
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	Annually	Waiting on Data	Waiting on Data	72%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
Percent of Medicaid renewals as a result of the passive renewal process	Quarterly	82.9%	91.8%	70%	100%	100%	100%	100%	100%	Met	
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Annually	98.3%	97.6%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.6%	Met	
Percent of District residents covered by Medicaid	Annually	35.9%	37.3%	35%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	37.55%	Met	
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	Annually	Waiting on Data	Waiting on Data	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
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	Annually	Waiting on Data	Waiting on Data	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	

Measure	Frequency	FY 2019 Actual	FY 2020 Actual	FY 2021 Target	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual	Was 2021 KPI Met?	Explanation For Unmet KPI
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Annually	Waiting on Data	Waiting on Data	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
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	Quarterly	New in 2021	New in 2021	New in 2021	89.1%	93.4%	94.8%	92.5%	92.9%	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	Quarterly	New in 2021	New in 2021	New in 2021	87.3%	81.6%	82.8%	97%	86.3%	New in 2021	
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans addressing personal goals	Quarterly	New in 2021	New in 2021	New in 2021	92.2%	84.2%	94.8%	94%	91.6%	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.	Quarterly	New in 2021	New in 2021	New in 2021	89%	87.9%	90.8%	83.5%	87.8%	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	Quarterly	New in 2021	New in 2021	New in 2021	100%	83.3%	66.7%	87.5%	82.8%	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	Quarterly	15	26	14	6	2	3	4	15	Met	
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	Quarterly	97.6%	98.7%	98%	99.3%	100%	99.9%	99.8%	99.8%	Met	

2021 Workload Measures

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
1 - Benefits (10 Measures)							
Number of District residents covered by Medicaid (Year End)	252,346	263,386	Annual Measure	Annual Measure	Annual Measure	Annual Measure	269,660
Percent of District residents insured	96.8%	96.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.5%
Number of District residents covered by Alliance (Year End)	15,619	15,836	Annual Measure	Annual Measure	Annual Measure	Annual Measure	17,693
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	10,037	10,753	2152	2621	2335	2156	9264
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	2980	3969	1074	1097	1178	1264	4613
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	2	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	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	17	15	15	14	14
Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home	New in 2021	New in 2021	15	17	6	36	36
Number of District residents enrolled in Adult Day Health Program	New in 2021	New in 2021	154	271	173	186	186
Total number of District residents enrolled in Medicaid Assisted Living services	New in 2021	New in 2021	Annual Measure	Annual Measure	Annual Measure	Annual Measure	33
1 - Eligibility (1 Measure)							

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3	FY 2021 Quarter 4	FY 2021 Actual
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	17	21	3	2	6	10	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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-70%
2 - Provider Enrollment and Screening (2 Measures)							
Number of newly enrolled providers	3864	1153	26	837	130	278	1271
Number of re-enrolled providers	1019	762	34	620	32	125	811
3 - Program Integrity (5 Measures)							
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,301	11,650	Annual Measure	Annual Measure	Annual Measure	Annual Measure	150,055
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	98	89	14	16	13	Waiting on Data	43
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	173	173	60	13	26	Waiting on Data	99
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	134	138	Semi-Annual Measure	60	Semi-Annual Measure	Waiting on Data	60
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	215	157	Annual Measure	Annual Measure	Annual Measure	Annual Measure	205

2021 Operations

Operations Title	Operations Description	Type of Operations
1 - Provide access to comprehensive healthcare services for District residents. (4 Activities)		
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
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
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
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)		
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
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)		
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

2021 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Benefits (4 Strategic initiatives)				

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
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.	50-74%	In September, the CoRIE Project team completed the first phase of a pilot with FQHCs to test mapping ICD-10 diagnosis codes for SDOH (z-codes) to existing screeners. Progress has been made with early adopters to submit SDOH screening data through CRISP. MedStar hospitals, CareFirst MCO, AmeriHealth, as well as the Mahmee and Aunt Bertha platforms are submitting data. MedStar MCO is in pipeline to integrate. In September 2021, CareFirst MCO, CityBlock, & Food and Friends began piloting an MCO food and nutrition service referral authorization via CRISP referral tool.	The CoRIE Community Resource Inventory (CRI) is deployed in the testing environment in CRISP and will be live early in FY22. The Referral Tool has been live since Fall 2020 and is being piloted. A core set of social needs reports as well as a panel level DHCF enrollment report are in the testing environment will be live early in FY22.
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.	50-74%	Data shown for Q3 FY 2021, (Apr – Jun 2021) indicates none of the MCOs reached the 10% targeted for screenings. The highest percentage attained during Q3 was met by AmeriHealth with 6.3 % of screenings held, followed closely by Carefirst with 6.2% and MedStar with 4.3% of screenings conducted. While the goal was not met for the quarter, all 3 MCOs exhibited the same upward trend from Q1 to Q2, then experienced a decline in Q3, except for AmeriHealth, who remained static at 6.5%. Lastly, most of the screenings were completed within the D.C. Healthy Families Program (DCHFP) population. The Alliance population had abysmal numbers for screenings. Finally, the aggregate percentage of screenings to pregnant/postpartum women enrolled was 6.1% inclusive of all three MCOs.	During this period, the PHE remained intact and people were largely quarantined and did not make physical visits to their providers. This in large, partly contributes to the low achievement rate of screenings. The global pandemic played a major role in this initiative.
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.	0-24%	Awaiting a Q4 update. In Q4, the lead for this initiative left the agency. In Q3, it was reported DHCF and the DBH continue to meet and discuss the policy and programmatic decisions relevant to this project. Additionally, in Q3, the agencies onboarded a contractor to conduct a behavioral health rate study and continued to work internally and with stakeholders to move key decisions forward.	In Q3, it was reported the expected completion date for this initiative would be October 1, 2022. In Q4, the lead for this initiative left the agency.

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
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.	Complete	During the year, LTCA co-chaired the Olmstead Planning Healthcare subcommittee with the Office of Disability Rights (ODR). LTCA managers also participated in the bi-weekly planning meetings of the full Olmstead work group. DHCF led the Healthcare and Wellbeing discussion in the Olmstead Community Forum convened by ODR as part of the official public comment period on the plan. OCA approved an updated version of the plan that incorporates stakeholder feedback. ODR published the plan September 24th. Metrics remained on track, except for timely investigations and follow up on investigations. LTCA Oversight & Monitoring Division will enhance monitoring on both. Provider Learning Collaboratives will also address them. LTCA supported enrollment in new ALFs and enrollment of ALF providers.	

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).	75-99%	MCO Enrollee Grievances Dashboard completed & available for viewing on the Medicaid Data Warehouse (MDW) Reports Server: https://mdwreportingservices/mdw_reports/powerbi/HCDMA/DQHO/McoEnrolleeGrievancesDashboard MCO Enrollee Appeals Dashboard completed & available for viewing on MDW Reports Server: https://mdwreportingservices/mdw_reports/powerbi/HCDMA/DQHO/McoEnrolleeAppealsDashboard MCO Claims Payment Dashboard Update: Creation underway w/ collaboration btw Quality, Managed Care & MDW Teams. New goal set for end of FY 21 for delivery. MCO Denied Claims: Created detailed data specifications for MCO reporting of denied claims to DHCF. Validating MCO data sets & crosswalks of denial reasons/codes to DHCF denial categories. Upon receipt of clean/accurate data, will be ingested in the MDW.	There is high confidence this initiative will be completed by December 31, 2021.
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Eligibility (1 Strategic Initiative)

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Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete 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.	75-99%	The rule has moved through internal reviews and has been approved by OAG. It is currently pending review at EOM, which is one of the last stages of review before it is submitted for publication in the DC Register. DHS has created new functionality for electronic submission of documents to apply for Alliance, and is drafting a policy to allow for telephonic signatures. DHS has hired and trained a number of new employees to serve as call center staff and handle telephonic renewals.	There is high confidence this initiative will be complete as of November 15, 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.	50-74%	DHCF has successfully implemented new programmatic external communications types, to distinguish those that constitute official agency policy, from agency-level guidance and interim policies, to administration level operational updates. As DHCF continues to resume normal operations, it will reconvene the leadership team in further refining the communications protocol.	As DHCF continues to resume normal operations, it will reconvene the leadership team in further refining the communications protocol.

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
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.	Complete	There was significant telemedicine utilization with highest use involving mental/behavioral health. DHCF collaborated with other departments to conduct claims analysis and other information sharing. Coordinated oversight with DBH included review of records, audits, and investigations to confirm compliance and quality of services. To increase effectiveness of services reporting and oversight, DHCF issued transmittal providing additional guidance on documentation standards for services delivered via telemedicine, effective 1/1/2021, interpreting DHCF's final Telemedicine rule, issued on 8/14/2020. DPI conducted liaison with CMS on nationwide telemedicine oversight and guidance. DHCF conducted and will continue to complete outreach, including provider workshops, and guidance development.	
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.	50-74%	DHCF partnered with CRISP to purchase the A/D Vault licenses as well as API integrations licenses to integrate A/D Vault with eClinicalWorks and Credible to create, share, and access eMOST forms and advance directives within the District. Additionally, with funding support from Department of Health (DOH), and CMS 90/10 match, DHCF has proposed additional resource to to develop a marketing and outreach engagement strategy and technical assistance to support to providers in adopting advance directives into their current workflows. The outlined strategy support DOH's need to develop a electronic Medical Order Scope of Treatment registry via the ADVault platform.	With the additional funding from DOH and the CMS 90/10 match, the project team is able to expand the focus of the project beyond simply delivering a technological solution, but to provide the necessary strategy and resource support to outline the value of the advance directives and to provide the technical assistance to integrate advance directives into providers existing workflow. As a result, this project will be extended throughFY22.
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.	50-74%	1. Completed. 2. Integrated Care Technical Assistance: 18 provider organizations have been participating in individualized TA with coaches, focusing on clinical workflows, referral, and screening. Led webinars on using disease registries to manage population health and first workshop in telehealth series for providers on providing integrated care and SUD EBPs via telehealth (www.integratedcarecdc.com). 3. SUD data system upgrades for behavioral health providers (DATAWits): Phase 1 completed, with established CRISP connection and weekly sharing of data. 4. Consent Management for HIE: Pilot sites registered consents. Increased CRISP engagement for training and to increase use. Completed strategy for 2nd grant year to emphasize adoption by providers and incorporation of telehealth workflows.	DC was awarded a No Cost extension on 9/30/21 to continue activities in FY22 to further infrastructure and TA work.

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
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.	75-99%	HCRIA has an FY21 grant in place to enhance CRISP services, the Core HIE capabilities for District Medicaid providers. For the provider directory, CRISP DC is working on making the directory available within the InContext app. For image exchange, Children's is the remaining hospital in the pipeline for go-live. For CRS, P4P and maternal health reports went live as of 10/1 with FY21 feedback updates. Additionally, changes to the nursing facility consensus feedback will be incorporated in October 2021.	Children's is the remaining hospital in the pipeline for go-live. Additionally, changes to the nursing facility consensus feedback will be incorporated in October 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.	25-49%	Have developed 2 viable options (Accountability Sets and Accountable Care Organizations) for a value based purchasing framework to assist managed care organizations with minimum standards for implementing alternative payment methodologies. These options are still in the process of review and discussion and it is anticipated that a decision will be made in the first quarter of FY22.	The two developed options, Accountability Sets and Accountable Care Organizations) are still in the process of review and discussion and it is anticipated that a decision will be made in the first quarter of FY22.