DEPARTMENT OF HEALTH CARE FINANCE

FY 2023 PERFORMANCE ACCOUNTABILITY REPORT

JANUARY 16, 2024

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

CONTENTS

1 DEPARTMENT OF HEALTH CARE FINANCE

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.

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.

2   2023 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
Medicaid Enrollment Restart By the close of Fiscal Year 2023, the Department of Health Care Finance (DHCF) initiated renewals for over 52 percent, 162,00 out of 311,000, of the District's Medicaid enrollees. The District of Columbia ranked in the Top 10 of all 50 states regarding overall renewal rates for Medicaid renewals due from May to August of 2023.	In response to the Public Health Emergency, DHCF responded by taking critical steps to ensure District Residents had access to health coverage. To ensure residents were prepared for the restart of annual Medicaid renewals, DHCF launched a vast public awareness and outreach campaign that included automated calls and/or texts, bi-weekly community meetings, and advertisements on buses, radio, and television. DHCF also coordinated closely with other District agencies; i.e., Department of Aging and Community Living, Department of Human Services, and Department of Disability Services, to ensure we were prepared operationally for the resumption of annual renewals.	During the Public Health Emergency (PHE), the Department of Health Care Finance was able to extend Medicaid eligibility for enrollees automatically and the annual recertification process was temporarily suspended. In December 2022, the enactment of the Consolidated Appropriations Act set March 31, 2023, as the end date for the Medicaid continuous coverage requirement, decoupling the continuous coverage requirement from the PHE. Thus, the DC Medicaid program returned to the annual renewal process as of April 1, 2023.
Perinatal Mental Health Task Force The Department of Health Care Finance led the Perinatal Mental Health Task Force in the development of recommendations to improve mental health.	The agency's leadership and key staff, or subject matter experts, were able to work collectively and/or collaboratively with colleagues in agencies across the DC Government, strengthening relationships and gaining resources.	The agency focused on Medicaid Renewals and continued progress towards whole person care in Fiscal Year 2023. Building off the Maternal Health Advisory Group approach, a focus on individuals with lived experience, the Department of Health Care Finance was able to lead the Perinatal Mental Health Task Force in the developing recommendations to improve perinatal mental health for all residents in the District of Columbia.
Home and Community Base Services (HCBS) System Investment The Department of Health Care Finance continued investment in the home and community base services (HCBS) system through American Rescue Plan Act enhanced funding.	Working together key agency employees ensured compliance with the American Rescue Plan Act. Through stewardship of funds, tracking program progress internally, and in collaboration with other agencies continued investment in home and community base services (HCBS) system was achieved.	Over 56 DBH-certified organizations were able to obtain incentives to transition from DBH-operated systems to certified EHR technologies, utilizing certified technology to better serve DC Residents

3 2023 OBJECTIVES

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

4 2023 OPERATIONS

Operation Title	Operation Description
Provide access to comprehensive healthcare services for District residents.	
Eligibility: Daily Service	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.
DC Access System (DCAS): Key Project	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.
Benefits: Daily Service	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.
Eligibility and Enrollment System: Daily Service	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.
Ensure the delivery of high quality healthcare services to District residents.	
Claims Processing: Daily Service	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.
Provider Enrollment and Screening: Daily Service	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.
Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.	
Program Integrity: Daily Service	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.

5 2023 STRATEGIC INITIATIVES

In FY 2023, Department of Health Care Finance had 5 Strategic Initiatives and completed 20%.

Title	Description	Update
Produce Rx Program	Continuing FY22 efforts, DHCF will ensure compliance with the guidelines and deadlines within the American Rescue Plan Act for the Produce Rx Program, which allows medical professionals to prescribe fresh fruit and vegetables to patients experiencing diet-related chronic illnesses while providing additional support for patients living in poverty. DHCF will award one (1) grant for one (1) base year and one (1) option year to enhance and expand produce prescription interventions for Medicaid and other public insurance program beneficiaries in the District.	Completed to date: Complete In Q4 of FY23 1,358 District residents were served by the Produce Rx program. Eight nutrition workshops were conducted.
Integration: Behavioral Health	Continuing from FY22 progress, 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.	Completed to date: 50-74% The Department of Health Care Finance, in partnership with the Department of Behavioral Health and Community Stakeholders, continue our BH Integration activities on schedule for target date of implementation. We are concluding the comprehensive rate study, drafting policy and updates to the State Plan, and planning for changes to Operations. Postponing the effective date of BH Integration provided the additional time required to ensure a safe and effective transition, and continuous provision of care by the BH Provider Network to Beneficiaries.

Designated DC Health Information Exchange (CRISP) enhance-ments	Continuing from FY22 progress on Several DC HIE projects with the District's Designated HIE Partner, CRISP, that will substantially enhance provider uses of the DC HIE fs use of population health analytics, inform clinical decision-making, and improve health outcomes. In FY22, DHCF will implement a suite of new population health analytic tools via CRISP Reporting Services (CRS), and a new approach to patient panel management, which will enable users are able to submit relevant patient data and identify patient fs care programs to support care coordination. The timeline for this project aligns with the term of the current MOA with the District's competitively selected DC HIE Designated HIE Partner, CRISP.	Completed to date: 50-74% In Q4, DHCF and its DC HIE partners deployed new dashboards in PopHealth Analytics (previously known as CRS). In July, the team released 1) an HIV patient population dashboard with CMS core set and Ryan White measures; 2) a social needs dashboard that utilize data from claims, clinical data, and hospital encounters; and 3) a report to support Medicaid Redeterminations which provides a list of upcoming 90-day redeterminations within a patient panel. The team has also developed an initial prototype of a medication adherence model and is continuing its work to develop reports using race/ethnicity data. As we expand working with more data types in the HIE to build out more sophisticated analytical dashboards, we may encounter technical challenges with integrating new data formats that may cause minor delays to completion.
Exchange of Electronic Advance Directives via the Health Information Exchange	Continuing FY 2022 progress in collaborations with sister agencies (DOH, DBH, DDS) and community partners (DCPCA, DCMS, DCHA) will design, develop, and implement of a system to exchange advance care planning forms among providers using the DC Health Information Exchange (HIE). This initiative addresses one of the recommendations from the Mayor's Commission on Health Care Systems Transformation.	Completed to date: 75-99% During this quarter, 170 users at over 36 health care organizations have been credentialed to create advance care planning forms for patients. The team is finalizing enabling single sign-on (SSO) access to this tool via the CRISP InContext application to allow users view advance directive forms and seamlessly in the HIE through their EHR. DHCF and its partners at CRISP DC are also working to develop educational webinars that will include an opportunity for providers to earn continuing education (CE) credits. This initiative is almost complete. DHCF is planning to shift this from an implementation to and operations and maintenance phase in FY24.

New hospital and health system east of the river	Provide oversight of the implementation of the new hospital and health system east of the river, including the construction of the new Cedar Hill GW Health Regional Medical Center and two urgent care facilities. In September 2020, the council passed the mayor's proposal to establish a comprehensive health care system east of the river in partnership with Universal Health Services. This includes a new full service hospital and two new urgent cares in wards 7 and 8.	Completed to date: 50-74% Construction of the new Cedar Hill Regional Medical Center GW Health remains on schedule. Installation of walls and glass panels, and some interior work began in Q4. The Cedar Hill Urgent Care in Ward 8 opened in Oct 2022 and now sees upwards of 1200 patients per month. As of September 30, we have contracted $115,680,682M with CBEs which represents 38.9% of the current contract value, exceeding our goal. We have also hired 122 District residents for the project already, exceeding our estimate of 50. We have provided 32,992 hours for DC Resident apprentices on the project, exceeding our estimate of 15,000. In October, we hosted information sessions for UMC employees for the "Voluntary Healthcare Professionals Training Program." Training begins in November and will run until November 2024. This initiative was not scheduled to be completed within FY23. No barrier(s) to completion to report at this time.

6 2023 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Provide access to comprehensive healthcare services for District residents.											
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	54.4%	53%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	72%		
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	100%	100%	100%	100%	72.1%	38.1%	91.3%	70%	Met	
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	95.6%	95.6%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	95%		
Percent of District residents covered by Medicaid	Up is Better	37.5%	43%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	35%		
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	43.7%	42.3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	62%		
Number of households served (by program if recipient establishes multiple separate household assistance programs)*	Up is Better	New in 2023	New in 2023	0	0	1,231	1,358	1358	New in 2023	New in 2023	
Ensure the delivery of high quality healthcare services to District residents.											
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	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	100%		

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
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	Not Avail-able	Not Avail-able	Annual Mea-sure	Annual Mea-sure	Annual Mea-sure	Annual Mea-sure	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	Not Avail-able	Not Avail-able	Annual Mea-sure	Annual Mea-sure	Annual Mea-sure	Annual Mea-sure	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	92.9%	88.9%	90%	93%	92%	93%	92%	86%	Met	
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	87.8%	91.5%	95%	93%	94%	95%	94.3%	86%	Met	
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	91.6%	91%	91%	94%	94%	90%	92.3%	86%	Met	
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	86.3%	93.9%	94%	93%	94%	90%	92.8%	86%	Met	

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
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	82.8%	82.3%	71%	100%	80%	67%	79.5%	86%	Nearly Met	This measure reports on serious reportable incidents which had investigations closed within the quarter of reporting. Serious reportable incidents are, thankfully, rare and the denominators for the two most recent quarters were five and six cases. As a result, almost any non-compliance results in performance under the CMS standard of 86% (e.g., one of five cases with noncompliance yields a quarterly performance of 80%). DHCF's desire is full compliance, and we continue routine individual and group provider training and technical assistance on the importance of high-quality and timely follow-up after incidents. While longer-term follow-up after incidents can sometimes be difficult to track well, LTCA staff have reinforced the importance of review of the "My List" feature in our clinical case management system and have implemented case-by-case email follow-up to remind case managers to complete the 30-day follow-up requirement on a timely basis.

Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Up is Better	15	11	0	2	4	1	7	14	Unmet	This key performance indicator is connected to the agency's Division of Program Integrity (DPI) Investigations Branch, which due to retirements and transitions was understaffed in FY23. The reduction in staff affected the Department of Health Care Finance's (DHCF's) ability to conduct the volume of investigations normally handled. Staffing was decreased from seven (7) to three (3) for much of the fiscal year. Out of the three (3), two (2) missed significant time due to serious medical issues and family matters. Additionally, the seven (7) investigations that were conducted involved highly complicated cases that required significant coordination between multiple agencies, and required more time and attention than simpler cases would demand. Also, because of their complexity, the cases required DHCF to provide more assistance to law enforcement post-referral, further impeding the ability of DPI Investigative Staff to conduct and complete new investigations.

Create and maintain a highly efficient, transparent, and responsive District government.

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	99.8%	99.8%	100%	99.4%	98.7%	99.5%	99.3%	98%	Met	

Workload Measures

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Benefits							
Percent of District residents insured	96.5%	96.3%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.1%
Number of District residents covered by Alliance (Year End)	17,693	22,040	Annual Measure	Annual Measure	Annual Measure	Annual Measure	23,813
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	3	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of District residents covered by Medicaid (Year End)	269,660	287,889	Annual Measure	Annual Measure	Annual Measure	Annual Measure	302,490
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	9,264	10,077	1,686	2,006	2,930	2,779	9401
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	4,613	5,526	1,556	1,539	1,660	1,684	6439
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	14	51	8	5	24	18	55
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	36	81	31	28	0	2	61
Number of District residents enrolled in Adult Day Health Program	186	754	182	172	150	144	648
Total number of District residents enrolled in Medicaid Assisted Living services	33	Not Available	Annual Measure	Annual Measure	Annual Measure	Annual Measure	240
Eligibility							

Workload Measures *(continued)*

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
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	21	Not Available	3	6	3	3	15
Claims Processing							
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%
Provider Enrollment and Screening							
Number of newly enrolled providers	1,271	2,162	747	787	2,477	3,882	7893
Number of re-enrolled providers	811	1,310	541	2,587	710	530	4368
Program Integrity							
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	150,055	13,882	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15,436
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	43	7	8	13	7	3	31
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	99	29	59	78	81	87	305
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	60	16	Semi-Annual Measure	42	Semi-Annual Measure	31	73

Workload Measures *(continued)*

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	205	187	Annual Measure	Annual Measure	Annual Measure	Annual Measure	223