Department of Health Care Finance FY2017

Agency Department of Health Care Finance **Agency Code** HT0 **Fiscal Year** 2017

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.

2017 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.**

2017 Key Performance Indicators

Measure	New Measure/ Benchmark Year	Frequency of Reporting	Add Data Fields (if applicable)	FY 2014 Actual	FY 2015 Target	FY 2015 Actual	FY 2016 Target	FY 2016 Actual	FY 2017 Target
1 - Provide access to comprehensive healthcare services for District residents. (4 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		53%	55%	54%	56%	Waiting on Data	58%
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		63%	65%	63%	65%	Waiting on Data	68%
Percentage of covered Medicaid eligible population	✔	Annually		Not available	Not available	Not available	Not available	New Measure	90%
Percentage of Medicaid renewals as a result of the passive renewal process	✔	Quarterly		Not available	Not available	Not available	Not available	New Measure	75%
2 - Ensure the delivery of high quality healthcare services to District residents. (3 Measures)									
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care.	✔	Annually		Not available	Not available	Not available	Not available	New Measure	5%
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days.	✔	Annually		Not available	Not available	Not available	Not available	New Measure	5%
Reduce potentially preventable Emergency Department visits by Medicaid enrollees that may have been avoided or appropriately treated at a lower level of care.	✔	Annually		Not available	Not available	Not available	Not available	New Measure	5%
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		Not available	Not available	0	Not available	New Measure	14
4 - Create and maintain a highly efficient, transparent and responsive District government. (10 Measures)**									
Contracts/Procurement-Expendable Budget spent on Certified Business Enterprises	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Contracts/Procurement-Contracts lapsed into retroactive status	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Budget- Local funds unspent	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Budget- Federal Funds returned	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Customer Service-Meeting Service Level Agreements	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Vacancy Rate	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Employee District residency	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Employee Onboard Time	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Performance Management-Employee Performance Plan Completion	✔			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Percent of invoices processed accurately and in compliance with the Prompt Payment Act.	☐	Quarterly		Not available	95%	96.42%	96%	92.4%	97%

2017 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
1 - Provide access to comprehensive healthcare services for District residents. (2 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 FFS. The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	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

2017 Workload Measures

Measure	New Measure/ Benchmark Year	Add Historical and Target Data (FY17)	Numerator Title	Units	Frequency of Reporting	FY 2014	FY 2015	FY 2016 Actual
1 - Benefits (7 Measures)								
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public.	✔		N/A	Data Snapshots	Annually	Not available	0	New Measure
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports.	✔		N/A	Beneficiaries	Quarterly	Not available	5050	New Measure
Number of Health Home beneficiaries receiving case management services.	✔		N/A	Beneficiaries	Quarterly	Not available	0	New Measure
Number of District residents covered by Medicaid (Year End)	☐		N/A	Residents	Annually	242266	248775	Waiting on Data
Number of District residents covered by Alliance (Year End)	☐		N/A	Residents	Annually	15271	15059	Waiting on Data
Percentage of District residents insured	☐		Total District Population	Residents	Annually	9470	96.2	Waiting on Data
Number of Elderly & Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	✔		N/A	Beneficiaries	Quarterly	Not available	0	New Measure
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.	✔		N/A	Training Sessions	Quarterly	Not available	0	New Measure
2 - Claims Processing (1 Measure)								
Percentage 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.	✔		N/A	% of Procurement Completion	Annually	Not available	Not available	New Measure
2 - Provider Enrollment and Screening (2 Measures)								
Number of newly enrolled providers	✔		TBD	Providers	Quarterly	Not available	0	New Measure
Number of re-enrolled providers	✔		TBD	Providers	Quarterly	Not available	0	New Measure
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.	✔		N/A	Investigations	Quarterly	Not available	0	New Measure
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.	✔		N/A	Audits	Quarterly	Not available	0	New Measure
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission.	✔		N/A	Trainings	Semi-Annually	Not available	Not available	New Measure
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	✔		N/A	Cases	Annually	Not available	117	New Measure
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	☐		N/A	Non-commercial consumers	Annually	7712	8241	8164

2017 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date

HEALTH CARE OPERATIONS SUPPORT (2 Strategic initiative-operation links)		
Improve provider screening.	In FY17, DHCF will continue its efforts to improve provider safeguards and screening by implementing a new Provider Data Management System (PDMS) as a part of the new Medicaid Enterprise System. In addition to maintaining the provider's demographic information, the system will also validate the provider's eligibility to participate in the Medicaid program by validating the provider's status in a number of federal databases both at initial enrollment and on a regular monthly basis.	03-31-2017
Implement provider enrollment safeguards.	As a result of the Patient Protection and Affordable Care Act, DHCF is responsible for enforcing new provider screening and enrollment requirements. These requirements include, but are not limited to, mandatory re-enrollment for all providers; payment of an application fee from institutional providers; assignment of categorical risks for providers - "limited," "moderate" and "high;" unannounced site visits at pre-enrollment and post-enrollment for "moderate" and high" risk providers; and mandatory submission of criminal background checks and fingerprints for "high" risk providers.	03-31-2017
HEALTH CARE POLICY & PLANNING SUPPORT (3 Strategic initiative-operation links)		
School-Based Services (Free Care) Group	With support and from the Deputy Mayor for Education and the Deputy Mayor for Health and Human Services, the Office of the State Superintendent, of Education (OSSE) , the DC Department of Health Care Finance (DHCF) and other stakeholders are exploring Medicaid policies for expanding reimbursement of health services delivered in schools, including those delivered in DC Public Schools and DC Public Charter Schools. Ongoing meetings are taking place to insure uniform understanding and agreement on a State Plan Amendment (SPA) regarding the Free Care Rule. In FY 17, in addition to ongoing, cross-sector, cross-agency working group, our review of costs/savings for DCPS and Charters, DHCF will be developing a framework, cost savings estimate, and cost projection for this work. Timeline for SPA rollout will likely be FY18.	09-30-2017
Develop reimbursement rates for Federally Qualified Health Centers that reasonably reflect the actual costs of providing quality care to Medicaid beneficiaries.	DHCF will implement a new rate methodology for Federally Qualified Health Centers (FQHC) in FY17 that will include three separate prospective payment system (PPS) rates for primary care/medical services, dental services and behavioral health services (including both substance abuse and mental health services). DHCF will publish the list of services covered under each area and FQHCs will be paid the PPS rate for covered services only.	06-30-2017
Implement Conflict Free Assessment process for all Long Term Care Support Services (LTCSS) programs other than those for the ID/DD target group.	DHCF will expand comprehensive conflict-free assessment to other long term care programs other than the Intellectual Disability (ID)/Development Disability (DD) programs in FY16. Currently, conflict-free assessment is in place for personal care services and Adult Day Health Program (ADHP). Effective January 2016, DHCF will determine eligibility for LTCSS by establishing numerical scores based on the conflict-free level of need assessment. LTCSS are designed to assist persons with a range of services and supports including assistance with basic tasks of everyday life over an extended period of time. These include, but are not limited to, the Elderly and Persons with Physical Disabilities home and community-based waiver (EPD Waiver), Personal Care Assistance (PCA) services under the District's Long Term Care Program (Medicaid State Plan and EPD Waiver), nursing home services, Adult Day Health Program (ADHP) services under the 1915 (i) Home and Community-based State Plan Option, and other services not intended to serve individuals with IDD. In FY17, DHCF anticipates the implementation of the new EPD waiver.	03-31-2017
MANAGED CARE MGT (13 Strategic initiative-operation links)		
Monitor Beneficiary Access to Care through the Managed Care Program.	In FY17, DHCF will continue to validate the adequacy of the MCO provider networks. A database is used to record the results based on telephonic outreach to random provider offices within the MCO networks. During FY16, DHCF routinely conducted Secret Shopper survey activities to confirm beneficiaries' access to participating MCO providers. In FY17, surveys will continue for PCPs, pediatricians, behavioral health and dentists. The survey will assess beneficiary access and appointment wait times. Survey analysis and findings will be broken down by each specific MCO and reported quarterly to the Director of DHCF Health Care Delivery Management Administration (HCDMA).	09-30-2017
Initiate a Survey for Medicaid Fee-For-Service (FFS) Beneficiaries regarding Access and Quality.	In FY17, DHCF will develop a new system for monitoring and identifying FFS beneficiary experience accessing care. This initiative will promote access to benefits for District beneficiaries and transparency and responsiveness to the needs of the District's Medicaid beneficiaries.	09-30-2017
Develop a New Reimbursement Methodology for Nursing Homes that Aligns Payment to Promote Access to High Quality and Value Based Healthcare.	In FY17, DHCF will develop a new reimbursement methodology for Nursing Homes. The new reimbursement methodology will reflect both the qualitative and quantitative reforms that have been brought about by the Affordable Care Act of 2010, and changes in the health care payment innovation landscape. The methodology will also take into account several policies and program changes, such as the integration of mental health services into the payment structure. While the effective date of the new methodology is anticipated to be in FY18, all of the necessary: analysis, stakeholder engagement, drafting of the state plan amendment (SPA) and rule for publication, and implementation planning will occur throughout FY17.	09-30-2017

Increase Awareness of Services offered by the Office of Health Care Ombudsman and Bill of Rights.	In FY17, DHCF will continue our outreach efforts to educate the residents and employees of the District of Columbia regarding the services offered by the OHCOBR. DHCF will continue to initiate conversation with local community groups and organizations to host Health Care on Tap events, fun and casual forums for persons to ask health insurance and coverage questions and expand the distribution of the OHCBR PSA "Connection."	09-30-2017
Improve Appropriate Utilization of Hospital Services in the Managed Care Organization (MCO) Program.	In FY17, the DHCF will implement a P4P Program for the three (3) Managed Care Organizations (MCOs). A two percent (2%) profit margin is included in the development of the actuarially sound capitation rates paid to the MCOs. This amount will be withheld from the MCOs' capitation payments and each will have an opportunity to regain those funds by demonstrating improved outcomes within the following three (3) performance measures: 1) Reducing Potentially Preventable Hospital Admissions (PPA); 2) Reducing Low Acuity Non-Emergent (LANE) Visits; and 3) Reducing 30-Day Readmissions for the same diagnosis. Performance outcomes achieved during CY14 serve as the baseline for improvement during the performance period of FY17. DHCF collaborated with its Actuary to identify baseline data and develop the methodology for analyzing MCO performance. DHCF will provide MCO encounter data to its Actuary for analysis and establishment of performance baselines within each of the three measures. A percentage weight will be assigned to each measure, totaling a sum of 100%. Based on initial baseline performance, MCOs must achieve targeted reductions within each measure to regain percentages of the withheld capitation payments. Encounter data will be used to generate quarterly reports that demonstrate performance during the previous 3-month period. Upon conclusion of FY17, an additional 3 months will be allotted to collect data on all services paid by the MCO during FY17. In collaboration with the Actuary, a final evaluation of performance throughout the FY will be completed and any payouts will be presented during or before Q3 of the following fiscal year.	09-30-2017
Increase Access of Preventive Dental Services for All Medicaid Children and Adolescents	In FY17, DHCF will collaborate with the MCOs, CFSA, DYRS and DOH to develop and implement strategies to increase the compliance rate for completion of preventive dental services of children and adolescents enrolled in the Managed Care and FFS Programs. DHCF will collect baseline information to determine utilization rates during FY16, within designated age groups. The results will be compared to national averages to establish goals for achievement during FY17. Outreach activities and interventions will occur in concert with all entities, as appropriate, in an effort to present similar messages 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.	09-30-2017
Develop a Quarterly Performance Report for the Medicaid Fee-For-Service (FFS) Program.	DHCF currently prepares a quarterly and annual report of MCO performance in finance, service delivery and network adequacy to understand MCO performance to inform decision making. In FY17, DHCF will develop a quarterly report that will detail performance within the FFS program. Various categories will be presented, including but not limited to expenditures, utilization management and quality performance associated with implementation of a primary care Health Home. The report will be distributed internally and to community stakeholders in an effort to further demonstrate performance of both the Managed Care and FFS Programs.	09-30-2017
Implement a new Case Management System to support the District's 'No Wrong Door' Initiative.	To ensure that DC residents have access to available services that impact their medical care, DHCF in partnership with the Department of Disability Services and Department of Aging is leading the implementation of a new case management system. The system will streamline eligibility and enrollment and give providers increased access to information to coordinate care. This initiative will continue in FY18.	09-30-2017
Promote Adoption and Meaningful use of Electronic Health Records by Providing Incentive Payments to Providers and offering Outreach, Education and Technical Assistance.	In FY17, DHCF will continue to conduct outreach activities related to the adoption and meaningful use of Certified Electronic Health Record Technology (CEHRT). By the end of FY16, DHCF will hire a vendor to strengthen these activities and provide targeted technical assistance. However, most of the vendor's work will be conducted in FY17. This work will include collaborating with DHCF to pinpoint the providers that need assistance particularly smaller practices and organizations with fewer resources to do their own electronic health record and meaningful use work in-house.	09-30-2017
Strengthen the Overall Connectivity and Interoperability of the District's current Health Information Exchange.	DHCF will leverage its grant-making authority to design and implement health information exchange (HIE) initiatives targeted to bolster the exchange of health-related data between key District stakeholders. Through its Grants Management Office (GMO), DHCF will issue a competitive Request for Applications (RFA) and select one or more grantees based on the qualifications stipulated by the RFA to implement the selected HIE initiatives. This initiative will support improved health outcomes, control healthcare costs, and enhance patient experiences.	09-30-2017

Improve Integration of Medical and Behavioral Health Care through a Health Homes Model for Individuals with Severe Mental Illness.	In FY17 DHCF will expand the Health Homes program to individuals with physical chronic conditions enrolled in the Medicaid program. DHCF will continue to partner with the Department of Behavioral Health (DBH) in the execution of the Medicaid Health Homes program for individuals with severe mental illness. Unlike the focus in FY16, this fiscal year DHCF's primary efforts will focus on the assessment of each Health Home provider's performance against CMS' performance metrics. Through the health homes program, care coordination teams embedded in community mental health setting (core service agencies) where health home providers provide a range of case management and care coordination services. The primary goals of the program are to improve the integration of physical and behavioral health care; reduce healthcare costs and inappropriate utilization; improve the quality of services delivered; and improve health outcomes.	04-01-2017
Increase Access to Home and Community-Based Services (HCBS) for the Elderly and People with Physical Disabilities.	In FY17 DHCF will increase streamlining eligibility and access to state plan and home and community based waiver services. This will include enhancing the recertification eligibility processes and EPDW waiver improvements. DHCF will also implement a new assessment process as part of the Long Term Care Assessment Rule, which will be implemented January 1, 2017, DHCF will be responsible for the operationalization of this process by working with its Contractor to broaden the use of the Long Term Care Assessment Tool as the mechanism for entry for all Long Term Care Supports and Services (LTCSS) programs.	03-31-2017
Improve Integration of Medical and Behavioral Health Care through a Health Homes Model for Individuals with Chronic Physical Health Conditions	In FY17 DHCF will design and launch a second Health Homes program to for individuals with physical chronic conditions enrolled in the Medicaid program. Through this Health Homes program, care coordination teams embedded in the primary care setting will provide a range of case management and care coordination services. The key goals of the program are to improve the integration of physical and behavioral health care; reduce healthcare costs and inappropriate utilization; improve the quality of services delivered; and improve health outcomes.	07-01-2017
PERFORMANCE MANAGEMENT (2 Strategic initiative-operation links)		
Strengthen Provider Standards.	In FY17, DHCF will improve provider enrollment screening by establishing standards for certain Medicaid provider categories. This initiative will provide a definitive standard for determining whether a provider has adequate resources to provide quality care services to District residents. DHCF will promulgate rulemaking setting forth the standards.	09-30-2017
Increase information sharing and coordination with other agencies to ensure appropriate administrative actions are taken against providers found to have conducted Medicaid program fraud or abuse.	In FY17, DHCF will foster increased information sharing with program integrity partners to ensure that providers who have conducted health care fraud or abuse in the District's Medicaid program are prosecuted or subject to appropriate administrative sanctions. In particular, DHCF will ensure the information is provided to the Department of Health (DOH), DOH's various licensure boards, and the Office of the Attorney General (OAG). The DHCF will also provide additional assistance to the DOH and OAG, as needed, during presentations to the related licensure board to ensure the required information is available to support administrative actions deemed appropriate.	09-30-2017

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