

Department of Health Care Finance FY2022

Agency Department of Health Care Finance

Agency Code HTO

Fiscal Year 2022

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 (KPIs)

Measure	Directionality	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 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	Waiting on Data	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	Waiting on Data	Waiting on Data	Waiting on Data	72%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	82.9%	91.8%	100%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	98.3%	97.6%	95.6%	95%
Percent of District residents covered by Medicaid	Up is Better	35.9%	37.3%	37.5%	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	Waiting on Data	Waiting on Data	Waiting on Data	100%
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	Waiting on Data	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	Waiting on Data	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	92.9%	86%
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	87.8%	86%

Measure	Directionality	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 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	91.6%	86%
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	86.3%	86%
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	82.8%	86%
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	15	26	15	14
4 - Create and maintain a highly efficient, transparent, and responsive District government. (1 Measure)					
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	97.6%	98.7%	99.8%	98%

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)		

Operations Title	Operations Description	Type of Operations
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 (WMs)

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual
1 - Benefits (10 Measures)			
Number of District residents covered by Medicaid (Year End)	252,346	263,386	Waiting on Data
Percent of District residents insured	96.8%	96.5%	Waiting on Data
Number of District residents covered by Alliance (Year End)	15,619	15,836	Waiting on Data
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	2	3	Waiting on Data
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	10,037	10,753	Waiting on Data
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	2980	3969	Waiting on Data
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	Waiting on Data
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	Waiting on Data
Number of District residents enrolled in Adult Day Health Program	New in 2021	New in 2021	Waiting on Data
Total number of District residents enrolled in Medicaid Assisted Living services	New in 2021	New in 2021	Waiting on Data
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	17	21	Waiting on Data
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%	Waiting on Data
2 - Provider Enrollment and Screening (2 Measures)			
Number of newly enrolled providers	3864	1153	Waiting on Data
Number of re-enrolled providers	1019	762	Waiting on Data
3 - Program Integrity (5 Measures)			

Measure	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,301	11,650	Waiting on Data
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	98	89	Waiting on Data
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	Waiting on Data
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	134	138	Waiting on Data
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	215	157	Waiting on Data

Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
Benefits (2 Strategic initiatives)		
Produce RX	In FY22, 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.	09-30-2023
Behavioral Health Integration	In FY22, 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.	09-30-2023
Claims Processing (1 Strategic Initiative)		
Enhanced Managed Care Programmatic Oversight	In FY22, DHCF will fully implement an automated process requiring all MCOs to submit 100% of their claims with a final disposition of denied or approved 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 gEncounter Dashboard, which will monitor and track MCOs' payment of 90% of all Clean Claims within 30 days of receipt, and the gMCO Performance Dashboard, which will track and trend MCO performance within specific categories/service Grievances and Appeals (G&A).	09-30-2022
Eligibility (1 Strategic Initiative)		
Alliance Program Recertification Simplification and Eligibility Alignment Initiative	In FY22, 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.	09-30-2022
Provider Enrollment and Screening (3 Strategic initiatives)		

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
CMS SUD Provider Capacity Grant	The final year of the District fs Medicaid SUD provider capacity planning grant will focus on sustaining infrastructure and technical assistance to achieve the District fs overall objective of providing whole person. This work supports providers' efforts to integrate behavioral and physical health; improve treatment rates for SUD; and promote healthier lives for District residents. Provider capacity will be improved by: 1) furthering the recommendations of the comprehensive needs assessment to enhance the behavioral health system of care; 2) Education and Technical Assistance to support practice transformation for integrated physical and behavioral health care and provider sustainability; 3) Infrastructure support that promotes use of the Health Information Exchange by behavioral health providers including enhancements to the District fs data system of record for SUD, consent management, and telehealth or e-consult pilots.	09-30-2022
Designated DC HIE (CRISP) enhancements	Several DC HIE projects are underway with the District fs 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.	09-30-2024
Exchange of Electronic Advance Directives via the HIE	In FY22, DHCF in collaboration 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 fs Commission on Health Care Systems Transformation.	09-30-2022