Department of Health Care Finance FY2023

Agency Department of Health Care Finance **Agency Code** HT0 **Fiscal Year** 2023

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 2020 Actual	FY 2021 Actual	FY 2022 Target	FY 2023 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 a routine well-child examination during the fiscal year	Up is Better	Not Available	Not Available	72%	72%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	91.8%	100%	70%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	97.6%	95.6%	95%	95%
Percent of District residents covered by Medicaid	Up is Better	37.3%	37.5%	35%	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	Not Available	Not Available	62%	62%
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	Not Available	Not Available	100%	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	Not Available	Not Available	10%	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 Available	Not Available	10%	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	92.9%	86%	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	87.8%	86%	86%

Measure	Directionality	FY 2020 Actual	FY 2021 Actual	FY 2022 Target	FY 2023 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	91.6%	86%	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	86.3%	86%	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	82.8%	86%	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	26	15	14	14
4 - Create and maintain a highly efficient, transparent, and responsive District government. (1 Measure)					
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	98.7%	99.8%	98%	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 2020 Actual	FY 2021 Actual
1 - Benefits (10 Measures)		
Percent of District residents insured	96.5%	96.5%
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	10,753	9264
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	3969	4613
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	Not Available	36
Total number of District residents enrolled in Medicaid Assisted Living services	Not Available	33
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	3	3
Number of District residents covered by Medicaid (Year End)	263,386	269,660
Number of District residents enrolled in Adult Day Health Program	Not Available	186
Number of District residents covered by Alliance (Year End)	15,836	17,693
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	Not Available	14
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	21	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%
2 - Provider Enrollment and Screening (2 Measures)		
Number of re-enrolled providers	762	811
Number of newly enrolled providers	1153	1271
3 - Program Integrity (5 Measures)		
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	99
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	138	60
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	89	43

Measure	FY 2020 Actual	FY 2021 Actual
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	157	205
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,650	150,055