# Department of Health Care Finance FY2019

**Agency** Department of Health Care Finance **Agency Code** HT0 **Fiscal Year** 2019

**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.

## 2019 Accomplishments

| Accomplishment | Impact on Agency | Impact on Residents |
|---|---|---|
| In July 2019 the District's "HIE Rule" (Chapter 87, District of Columbia Health Information Exchange, of Title 29, DCMR) was published as a final rule formally establishing a regulated marketplace for HIE services known as the DC HIE. The DC HIE formalizes privacy and security requirements for DHCF registered HIE entities, as well as additional partnership requirements for a single Designated HIE entity that will be selected through a competitive process. In summer 2019, DHCF developed materials to implement the application process to participate in the DC HIE. The application period to serve as the Designated DC HIE closed at the end of FY19 and DHCF anticipates announcing the selected Designated DC HIE in November or December 2019. | The DC HIE rule gave DHCF the authority to oversee and administer the DC HIE. Regulating the DC HIE is a significant step for DHCF that enables the agency to work collaboratively with key stakeholders - including the DC HIE entities and DC HIE Policy Board - both to evaluate and make recommendations on technology adoption and best practices that will ensure health information exchange is private, secure, and useful. It also ensures that DHCF can rely on clearly defined performance criteria and definitions of HIE that can be used in policymaking and procurement. Working together, the DC HIE and District partners will develop standards for HIE-related policies with a common goal of improving interoperability and the health of District residents. | For patients, the DC HIE means having more informed providers who meet their needs and preferences in the delivery of high-quality, high-value health care. Their providers will have the ability to communicate more regularly, and patients won't need to "tell their story" or bring copies of medical records to offices. For providers, the DC HIE means having timely access to vital patient health information available when and where it is needed. Timely access to health information will help providers make better-informed decisions that improve care and safety for their patients. For HIE entities, the DC HIE means a level playing field and a citywide governance structure to help exchange health information and meet customer's needs. |
| In FY19, the District developed and submitted for CMS approval a Medicaid Section 1115 Behavioral Health Transformation demonstration that will expand behavioral health services for Medicaid beneficiaries. When approved, the demonstration will allow the District to receive federal matching dollars to provide Medicaid services to adults diagnosed with serious mental illness (SMI)/serious emotional disturbance (SED), and/or substance use disorder (SUD) in an institution for mental disease (IMD). It will also add new community-based services for individuals with behavioral health needs designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment. This proposed demonstration will be the nation's first approval of a new type of SMI/SUD demonstration since the option was announced by CMS in November of 2018.<br><br>The demonstration will be complemented by a new SUPPORT Act planning grant the District received which aims to increase the treatment capacity of Medicaid providers to deliver SUD treatment and recovery services. DHCF was one of 15 state Medicaid agencies competitively selected for a planning grant in FY19. In total, DHCF will receive $4.6 million to support work in FY19-21. | DHCF led the effort to develop and submit the waiver, in collaboration with the Department of Behavioral Health. As a result of the waiver approval, which is expected in the first quarter of FY20, the District will be able to fund a broader range of services with federal Medicaid funding. The planning grant complements the District of Columbia Opioid Response (DCOR) program activities and the District's Behavioral Health Transformation demonstration. The Medicaid SUD provider capacity grant will support the District and Agency's overall objective of providing a more seamless experience of care that integrates behavioral and physical health, improves treatment rates for SUD, and promotes healthier lives for District residents.    | The impact of SUD in the District is profound. The District has the highest percentage of residents 12 and older reporting SUD in the past year (11.2%), compared to all states. The District also has the highest reported levels of unmet need for SUD (10.4%); the highest age-adjusted opioid death rate per capita among all urban counties; and the third highest opioid death rate in the nation. Behavioral health disorders, including SUD are also highly prevalent among District Medicaid beneficiaries. Nearly one-third, or more than 80,000 District residents, have some behavioral health diagnosis, including SUD. The Behavioral Health Transformation waiver and the SUPPORT Act grant both aim to improve access to quality treatment and to improve system readiness to diagnose and treat these individuals.<br><br>The behavioral health waiver expands access to new inpatient and residential treatment services for adults with SUD and SMI and to a range of community-based services targeting SUD and SMI/SED, as well as other behavioral health disorders.<br><br>Using CMS SUD planning grant funds, the District aims to expand Medicaid provider capacity to treat SUD, and build modern system capabilities such as upgraded data systems for SUD, technology-enabled team based care to integrate physical and behavioral health. |

## 2019 Key Performance Indicators

| Measure | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 Actual | KPI Status | Explanation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 56% | 56% | 62% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | | |

| Measure | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 Actual | KPI Status | Explanation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 66% | 63% | 72% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | | |
| Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia | Annually | 96.9% | 94.5% | 95% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 98.3% | Met | |
| Percent of Medicaid renewals as a result of the passive renewal process | Quarterly | 89.1% | 72.2% | 70% | 82.4% | 84.9% | 82.2% | 82.5% | 82.9% | Met | |
| Percent of District residents covered by Medicaid | Annually | 35.5% | 37.2% | 35% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 35.9% | Met | |
| **2 - Ensure the delivery of high quality healthcare services to District residents. (3 Measures)** | | | | | | | | | | | |
| Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days | Annually | 19.8% | 27.6% | 10% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 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 | 6.8% | 9.2% | 10% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | | |
| Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care | Annually | 11.2% | 17.4% | 10% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | | |
| **3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Measure)** | | | | | | | | | | | |

| Measure | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 Actual | KPI Status | Explanation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution | Quarterly | 14 | 18 | 14 | 4 | 2 | 4 | 5 | 15 | Met | |
| **4 - Create and maintain a highly efficient, transparent and responsive District government. (9 Measures)** | | | | | | | | | | | |
| Percent of invoices processed accurately and in compliance with the Prompt Payment Act | Quarterly | 99.1% | 98.4% | 98% | 98.2% | 97.9% | 98.7% | 95.9% | 97.6% | Nearly Met | The conversion to e-invoicing has presented some challenges in terms of the proper protocol for addressing invoicing discrepancies/issues. As a result, DHCF will ensure all approving officials are clear regarding the appropriate procedures. |
| HR MANAGEMENT - Percent of eligible employees completing and finalizing a performance plan in PeopleSoft (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 92.5% | No Target Set | |
| HR MANAGEMENT - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | No Target Set | |
| FINANCIAL MANAGEMENT - Quick Payment Act Compliance - Percent of QPA eligible invoices paid within 30 days (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 98.9% | No Target Set | |
| FINANCIAL MANAGEMENT - Percent of local budget de-obligated to the general fund at the end of year (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | No Target Set | |
| CONTRACTS AND PROCUREMENT - Percent of Small Business Enterprise (SBE) annual goal spent (Updated by OCA) | Annually | New in 2019 | New in 2019 | 100% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | | |

| Measure | Frequency | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 Actual | KPI Status | Explanation |
|---|---|---|---|---|---|---|---|---|---|---|---|
| IT POLICY AND FOIA COMPLIANCE - Percent of "open" data sets identified by the annual Enterprise Dataset Inventory published on the Open Data Portal - (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 100% | No Target Set | |
| IT POLICY AND FOIA COMPLIANCE - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension - (Updated by OCA) | Annually | New in 2019 | New in 2019 | Not Available | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | No Target Set | |
| HR MANAGEMENT - Average number of days to fill vacancy from post to offer acceptance (Updated by OCA) | Annually | New in 2019 | New in 2019 | New in 2019 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | Waiting on Data | No Target Set | |

*Mayoral agencies include agencies under the Health and Human Services, Education, Public Safety and Justice, Operations and Infrastructure, Economic Development, and Internal Services clusters. It excludes all independent agencies and select EOM agencies.
*The HR management, Financial Management, IT Policy and FOIA Compliance, and Contracts and Procurement measures were collected for all mayoral agencies in FY 2019. OCA calculates these measures based on summary-level data from various agencies, and cannot verify the accuracy of any calculations.
*The 2019 DC Enterprise Data Inventory (EDI) contains datasets published on DC's Open Data Portal, which is current as of March 9, 2019, and any datasets published to the portal after the above date were not included in the measure's calculation.
*Due to data lags, FY 2019 data for the following core business measures will be published in March 2020: Contracts and Procurement - Percent of Small Business Enterprise (SBE) annual goal spent; Financial Management - Percent of local budget de-obligated to the general fund at the end of year; Human Resource Management - Average number of days to fill vacancy from post to offer acceptance; Human Resource Management - Percent of eligible employee performance evaluations completed and finalized in PeopleSoft; and IT Policy and Freedom of Information Act (FOIA) Compliance - Percent of FOIA Requests Processed in more than 25 business days - statute requirements allow 15 business days and a 10 day extension.

## 2019 Workload Measures

| Measure | FY 2017 Actual | FY 2018 Actual | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 Actual |
|---|---|---|---|---|---|---|---|
| **1 - Benefits (6 Measures)** | | | | | | | |
| Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public | 3 | 2 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 2 |
| Number of beneficiaries receiving a conflict free assessment for long-term care services and supports | 4768 | 7026 | 2619 | 3154 | 2406 | 1858 | 10,037 |
| Number of District residents covered by Medicaid (Year End) | 241,871 | 258,482 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 252,346 |
| Percent of District residents insured | 96.1% | 96.2% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 96.8% |
| Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way | 258 | 1410 | 694 | 729 | 761 | 796 | 2980 |
| Number of District residents covered by Alliance (Year End) | 15,318 | 16,240 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 15,619 |
| **1 - Eligibility (1 Measure)** | | | | | | | |

| Measure | FY 2017 Actual | FY 2018 Actual | FY 2019 Q1 | FY 2019 Q2 | FY 2019 Q3 | FY 2019 Q4 | FY 2019 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 | 25 | 23 | 4 | 4 | 3 | 6 | 17 |
| **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 | 20% | 30% | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 30% |
| **2 - Provider Enrollment and Screening (2 Measures)** | | | | | | | |
| Number of newly enrolled providers | 2347 | 10,034 | 1392 | 734 | 806 | 932 | 3864 |
| Number of re-enrolled providers | 1081 | 811 | 235 | 191 | 295 | 298 | 1019 |
| **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 | 144 | 188 | 17 | 36 | 23 | 22 | 98 |
| 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 | 386 | 233 | 44 | 38 | 54 | 37 | 173 |
| Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission | 89 | 189 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 134 |
| Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link) | 9010 | 11,004 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 11,301 |
| Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances) | 241 | 126 | Annual Measure | Annual Measure | Annual Measure | Annual Measure | 215 |

## 2019 Operations

| Operations Header | Operations Title | Operations Description | Type of Operations |
|---|---|---|---|
| **1 - Provide access to comprehensive healthcare services for District residents. (4 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 Fee -for-service (FFS). The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals. | Daily Service |
| INFORMATION TECHNOLOGY | 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 |
| MEDICAID INFORMATION SYSTEMS | 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 |
| **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 |

## 2019 Strategic Initiatives

| Strategic Initiative Title | Strategic Initiative Description | Completion to Date | Status Update | Explanation for Incomplete Initiative |
|---|---|---|---|---|
| **Benefits (4 Strategic initiatives)** | | | | |
| Increase Access of Preventive Dental Services for FFS Medicaid Children and Adolescents | Throughout FY19, DHCF will continue to collaborate with the MCOs, CFSA, DYRS and DOH to develop and implement strategies to increase the compliance rate by 2 percentage points for completion of preventive dental services of children and adolescents enrolled in the FFS Program. Outreach activities and interventions will occur in concert with all entities, as appropriate, in an effort to present similar messaging 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. | Complete | Shared dental caps in care reports for children enrolled in our managed care plans who are in need of dental services with their assigned primary dental providers. Conducted dental provider training in February and transmitted dental benefit brochures to enrolled DC Medicaid children in September. Implemented the school-based oral health program referral form, where school-based oral health program dentists fax referral forms to a child's MCO when the child is in need of follow-up dental care. Initiated implementation of the CFSA/DHCF data-sharing agreement. Data has been shared with CFSA on a quarterly and monthly basis. DHCF is meeting with CFSA in October to review data analysis findings, including those related to dental services. | |
| Increase Well-Child Visit Utilization for FFS Medicaid-Enrolled Children | Throughout FY19, DHCF will collaborate with CFSA, DYRS and entities managing long-term care placements for children enrolled in Fee-For-Service (FFS) Medicaid to implement outreach strategies to increase well-child visit utilization. This collaboration will include up to 3 data sharing exchanges to improve outreach to Medicaid enrolled children. The outreach activities and interventions in concert with all entities, as appropriate, will be an effort to present similar messaging to the targeted population, 0 through 20 years of age. By April 30, 2020, the percentage of FFS enrolled children receiving well-child visits will increase by 2 percentage points. | Complete | Throughout FY19, DHCF collaborates with CFSA and entities managing long-term care placements for children enrolled in Fee-For-Service (FFS) Medicaid to implement outreach strategies to increase well-child visit utilization. We send monthly and quarterly data to CFSA, and have contacted Long Term Care entities serving children in need of dental services. DHCF also works on data sharing exchanges to improve outreach to Medicaid enrolled children. The outreach activities and interventions in concert with all entities, as appropriate, may increase utilization. DHCF will analyze by April 30, 2020, the percentage of FFS enrolled children receiving well-child visits to see if there is an increase by 2 percentage points. | The FFS pediatric population provides some challenging barriers to provide outreach to the sub-populations. Different outreach strategies pertain to differing sub-populations. |
| Increase Primary Care Service Utilization via My Health GPS Program | In FY19, the My Health GPS (MHGPS) program will increase the percentage of newly enrolled beneficiaries without primary care service utilization within the previous 12 months, by 3%. DHCF will provide technical assistance to support providers' efforts towards redesign of their care delivery process and monitor the progress. | 25-49% | DHCF MHGPS staff began on-site visits at each MHGPS Entity in July. Staff will observe activities and operations at each site to evaluate efforts to increase enrollment of beneficiaries and completion of a PCP visit. Utilization/Outcomes data is being updated to determine the percentage increase. | Beneficiaries proactive in accessing PCP services. |
| Addressing Barriers to Perinatal Care | In FY19, the Division of Quality & Health Outcomes (DQHO) and the Division of Managed Care (DMC) will host at least 2 collaborative discussions with Medicaid beneficiaries of child-bearing age and District Obstetricians and Gynecologists to identify barriers to perinatal care and implement strategies to address the barriers. | 75-99% | DHCF convened an internal Perinatal Health Working Group to discuss maternal health issues impacting the District's Medicaid population. The goals of the Workgroup are to reduce adverse birth outcomes, improve parity across the fee-for-service and managed care populations, and improve collaboration and data-sharing across District agencies on issues affecting perinatal health outcomes. DHCF did not host any beneficiary-facing events in FY19 pertaining to perinatal health. | At the start of FY19, DHCF experienced acute staffing shortages, resulting in failure to initiate the related activities as described. The DHCF did however, participate in 2 meetings convened by the American College of OBs and GYNs to learn about concerns in perinatal health through the Medicaid program. DHCF addressed concerns and provided information about covered benefits, including Medicaid (fee-for-service & managed care) scope of coverage. |
| **Claims Processing (1 Strategic Initiative)** | | | | |

| Strategic Initiative Title | Strategic Initiative Description | Completion to Date | Status Update | Explanation for Incomplete Initiative |
|---|---|---|---|---|
| Amend Home Health Rate Methodology | In FY19, the DHCF's Office of Rates, Reimbursement & Financial Analysis (ORRFA) and Long Term Care Administration (LTCA) will work collaboratively to review the current service delivery and rate methodology for services provided under the Home Health umbrella. The agency will work with the Provider community and DC Health to align the rate methodology with the service delivery and expectations of the District. | 25-49% | During this quarter, we held several meetings to discuss and analyze the implications of the Agency's Long Term Care Administration's (LTCA) 5 year strategic plan, so as to better understand the program needs and direction of the LTCA. Similarly, we also kicked off our analysis on the implications of the Fee For Service (FFS) to Managed Care Organization (MCO) transition. Lastly, we are continuing with our analysis to better understand the scope and requirements of the Patient Driven Groupings Model (PDGM). | A potential barrier could be the simultaneous agency wide transition and strategic plans of the program unit. |
| **DC Access System (DCAS) (2 Strategic initiatives)** | | | | |
| DCAS to MMIS for MAGI Medicaid | DHCF is building a direct interface between DC Access System (DCAS) and Medicaid Management Information System (MMIS) for Modified Adjusted Gross Income (MAGI) Medicaid. This will be instrumental in ensuring data integrity for eligibility and enrollment for the MAGI population. | Complete | Went live with the interface between MAGI Medicaid and MMIS. | |
| DCAS R3 Non-MAGI Medicaid Caseworker Portal | DHCF is implementing DCAS functionality to enable eligibility determinations for the non-MAGI Medicaid population to occur in DCAS. DCAS will work to ensure high quality delivery of functionality and compliance with program rules and achieves the goal of streamlined enrollment. | 25-49% | Work is in progress on the first deployment of four that will achieve this initiative. | Complexity of Medical Programs |
| **Eligibility (3 Strategic initiatives)** | | | | |
| Title VI of the Civil Rights Act of 1964 Provider Compliance | In FY19, DHCF will increase oversight and monitoring of provider compliance of Title VI of the Civil Rights Act of 1964 to ensure District residents have meaningful access to covered health services free from discrimination. DHCF will develop/launch a web-based database for providers to report quarterly data on encounters with limited or non-English proficient (LEP/NEP) Medicaid beneficiaries, language services offered, proof of availability, language service usage data and proof of compliance. DHCF will also require, as a condition of enrollment and re-enrollment, providers submit proof of compliance with Civil Rights requirements, including submission of its Civil Rights Compliance Plan. DHCF will also develop/ launch a public facing portal for residents to submit complaints or allegations of discrimination. In accordance with its internal civil rights compliance policy, DHCF will investigate and appropriately respond to all complaints and allegations. | 50-74% | The agency regulation has been drafted, and contains the requisite language mandating Civil Rights quarterly data reporting by all billing providers, and contains language regarding sanctions and enforcement for non-compliance. At this time, the regulation is undergoing internal agency review, before proceeding to review at the District level. Final publication is expected to take place between January and February 2020. | The process of drafting the greater regulation of which the subject provision is a part took longer than expected due to the process of internal and external stakeholder engagement and consensus. At this time, the final draft has been completed and is undergoing internal review. |
| Medicare Enhancement Initiative | In FY19 DHCF will implement a new initiative to improve identification and enrollment of Medicare eligible Medicaid beneficiaries to reduce the District's financial burden associated with individuals with substantial medical and long term care needs. The DHCF plans to contact at least 200 current Medicaid beneficiaries regarding possible Medicare eligibility and enrollment and enroll at least 100 current Medicaid beneficiaries into Medicare. | 50-74% | The contract is pending the contractor's signature along with submission of compliance documents that were originally submitted for completion on May 3, 2019. Upon receipt of documents, a Council package will be issued for legal review and Council approval due to contract award over a million dollars. | The Contractor, which is a university, has internal policies and procedures which prohibits the university from agreeing to the District's contract requirements. After conference calls, meetings, and several follow up emails, the Contractor submitted some of the required compliance documents and the District is still awaiting the remaining documents. |

| Strategic Initiative Title | Strategic Initiative Description | Completion to Date | Status Update | Explanation for Incomplete Initiative |
|---|---|---|---|---|
| EPD Waiver Reforms | Implement changes to EPD waiver eligibility assessment process and benefits to ensure the program can sustain budget neutrality in FY19 and future years | Complete | As of 9/15/2019, DHCF has successfully implemented its new, integrated, web-based clinical case management system which is currently utilized by three District agencies: DHCF, Economic Security Administration (ESA) and Department of Aging and Community Living (DACL). Simultaneously, DHCF also procured a new assessment vendor and implemented a new, standardized, conflict-free assessment tool for the purpose of determining level of care eligibility for long term services and supports, including the EPD Waiver. DHCF passed the 1-year post-implementation mark in July 2019 and continues to lead and participate in ongoing QA and CQI measures to monitor operations and impact, including regular engagement with external stakeholder groups. | |
| **Program Integrity (1 Strategic Initiative)** | | | | |
| Develop Sanctions for Beneficiary and Provider Fraud | In FY19 DHCF will continue to develop sanctions and other administrative actions for incidents of fraud conducted by Medicaid program beneficiaries. Changes will be submitted for inclusion in the District of Columbia Municipal Regulations (DCMR) and/or State Plan to establish sanctions and other administrative actions applicable in response to incidents of fraud. Medicaid fraud currently has a significant impact on program expenditures. The District does not have a range of sanctions in place to address fraud committed by program beneficiaries. This initiative will reduce costs and increase the resolution of incidents of Medicaid program fraud and abuse. | 75-99% | The DHCF Director previously approved proposed steps associated with the beneficiary fraud administrative actions and outreach. DHCF continues development of DCMR changes, including additional guidance on beneficiary responsibilities, timelines, and beneficiary rights. Due to complexity of proposed regulatory changes and need to obtain input from various administrations the development process was delayed. DHCF is developing outreach strategies and administrative processes/documentation. The DHCF team at DHS working on eligibility based on Public Assistance Reporting Information System (PARIS) terminated benefits for over 500 beneficiaries with benefits in other states representing over $4.5 million in paid FY18 claims. Due to funding issues, no additional resources have been added for Alliance program eligibility checks. | Time required to ensure proper development and review of regulatory changes, including need to obtain input from various administrations and review of similar regulations in other states. |
| **Provider Enrollment and Screening (7 Strategic initiatives)** | | | | |
| Reduce Low-Acuity Non-Emergent (LANE) Visits Among My Health GPS (MHGPS) Beneficiaries | Throughout FY19, DHCF will continue to collaborate with My Health GPS (MHGPS) providers to reduce the percentage of Low Acuity Non-Emergent (LANE) visits amongst actively enrolled MHGPS beneficiaries. DHCF will monitor outreach activities performed by the MHGPS providers to ensure educational messaging and strategies are implemented to encourage use of preventive and primary care services by the beneficiaries. | 75-99% | The P4P program for MHGPS has been delayed due to small numerator values. | As more beneficiaries enroll in the program the numerator value will increase. DHCF will implement in FY20. |
| Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance | In FY19 DHCF will continue to promote the adoption and use of certified EHR technology through outreach and technical assistance efforts. Specially, technical assistance will be provided to at least 100 eligible providers to help them attest for meaningful use stages 2 and 3. Participation in the meaningful use program is an important building block towards continuous quality improvement and value-based purchasing (which seeks to pay for the value - improved health outcomes - rather than volume of services). Because outcomes in these payment models are generally assessed using validated quality measures that increasingly rely on electronic health data, a critical step in this direction is ensuring providers have technical assistance to use electronic medical records effectively. Increasing the technical capabilities of District providers, and the cache of digital health data in the District, benefits Medicaid beneficiaries across all eight wards in the District. | 50-74% | During Q4 the technical assistance (TA) team continued recruitment efforts and are now working with 40 practices. The team has completed 37 detailed practice assessments and is implementing individualized TA plans with 28 practices. The team is collaborating with a specialized TA effort from Health Management Associations, also supporting by DHCF, to assist My Health GPS providers in utilizing health information technology to exceed program goals. DHCF received approval from CMS to exercise Option Year 2 of this contract, beginning on 10/1/2018. CMS also approved a separate contract with HealthTech Solutions to provide the technology solution for providers to attest to the program and be paid. This will require training of providers on a new system and the TA team is assisting with this issue. | In FY18, DHCF faced contracting challenges with the incumbent contractor for the State Level Registry, Conduent. As a result, a substantial amount of time was spent developing a new procurement. In addition, as staff work with practices to determine eligibility for the program, many Medicaid providers are right at or do not meet the threshold of Medicaid volume required to be eligible for the program, however, it can take time to come to this assessment, which slows the process of meeting outreach and TA goals. |

| Strategic Initiative Title | Strategic Initiative Description | Completion to Date | Status Update | Explanation for Incomplete Initiative |
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| Strengthen the Overall Connectivity and Interoperability of the District's Current Health Information Exchange | DHCF will extend the existing grant to Chesapeake Regional Information System for our Patients (CRISP)/DC Primary Care Association (DCPCA) to develop four Health Information Exchange (HIE) tools to complete work that began later than expected. In FY19 DHCF will continue to build on the recently developed HIE infrastructure and expand access to HIE tools to a broader set of physician practices, in addition to Fire Department nurses,Federally Qualified Health Centers (FQHCs), behavioral health providers (with DBH) and hospital emergency departments. DCHF will focus on continuously improving the timeliness and accuracy of data transmitted through the HIE. The DC HIE advances health and wellness for all persons in the District by providing actionable health-related information whenever and wherever it is needed. | 75-99% | To strengthen HIE connectivity and interoperability, HCRIA has three multiyear grants in process for FY19: Grant 1 provides support for 5 Core HIE capabilities to District Medicaid providers (Agreement between DHCF and CRISPDC was executed on 4/5/19). Grant 2 provides HIE financial and technical onboarding support and training to "connect" Medicaid providers with HIE Services (Agreement between DHCF and Enlightened was executed on 8/24/19). Enlightened will connect 105 high-volume provider organizations to HIE services in FY19-FY21. Grant 3, "The Community Resource Inventory Grant," will implement a platform for assessing and referring individuals for social support services that is integrated with HIE. This effort has been approved by CMS and responses to the RFA are under review. | None. Achieving interoperability and widespread connectivity to the HIE is a multi-year process. DHCF has made strides and achieved most of the objectives outlined in the measure, there is more work to be done to reach all Medicaid providers. |
| Enhance and Expand the My Health GPS for Individuals with Chronic Physical Health Conditions to Improve Integration of Medical and Behavioral Health Care through a Health Homes Model | In FY19, the My Health GPS program aims to continue to grow, both with respect to increasing enrollment in the program, and enhancing providers' capacity to successfully implement value-based models of care. In addition, we anticipate that the size of the provider network and number of new health home teams will nearly double. DHCF will also implement a technical assistance contract to help support providers efforts to re-design care delivery workflow in order to improve quality. The My Health GPS program is offered to District Medicaid beneficiaries with the highest burden of chronic illness (three or more chronic conditions). Improved care coordination to reduce utilization of preventable, high-cost services stands to improve overall health and wellness for District Medicaid beneficiaries, and is an important building block to promote new models of care within the District. | 75-99% | Based on claims data, the My Health GPS program has enrolled 5,422 beneficiaries as of July 9, 2019. DHCF completed Option year one of a technical assistance contract and nearly all providers are receiving ongoing support to help them re-design care delivery workflow in order to improve quality. These efforts have demonstrated improvement in providers' competencies for practice transformation, specifically care management practices and the use of health IT for panel management. The size of the program has nearly doubled from 2,677 to (end of FY17) to today (n=5,422), as projected in the description. | Given the program reached 97% of the proposed goal to double enrollment, staff are optimistic about reaching the goals and do not foresee barriers to completing. The biggest challenges providers report is the cost of conducting outreach and recruitment of eligible beneficiaries. |
| Implementation of National Recognized Nursing Home Satisfaction Survey | In FY19, the Quality Improvement Organization (QIO) will implement a nationally recognized Nursing Home satisfaction survey with all Medicaid beneficiaries placed in Nursing Homes. DHCF will contract with a certified vendor to conduct a nationally recognized home and community based services (HCBS) satisfaction survey to all beneficiaries in the EPD waiver program. The surveys allow DHCF to compare its performance to other Nursing Home and HCBS programs and identify/implement opportunities for program improvement. | Complete | The Consumer Assessment of Healthcare Providers (CAHPS) Nursing Home satisfaction surveys are complete. The Quality Improvement Organization (QIO) completed 3 surveys. The surveys include: 1) discharge resident survey, 2) long stay resident survey, and 3) family member survey. | |
| Implement the State Medicaid Health IT Plan Roadmap for FY19 | Implement FY19 recommendations included in the DC State Medicaid Health Plan (SMHP) including improving connectivity and enabling basic analytics and reporting capabilities. | Complete | Complete | |
| Access Monitoring Review Plan | Develop triennial Access Monitoring Review Plan for CMS assessing access to FFS services for District Medicaid beneficiaries. Report due to CMS by October 1, 2019. | 0-24% | DHCF did not submit an Access Monitoring Review Plan (AMRP) in FY19 because CMS proposed a Rule on July 15th to rescind the AMRP submission requirement. The District has requested a delayed submission of a report and asked whether a report is still needed given the pending rescission. DHCF has also provided input to the National Association of Medicaid Directors (NAMD) and CMS to develop new access monitoring standards. | See status update above. This project is not expected to be completed given the rescission. |