

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser



Office of the City Administrator

January 15, 2021

Fiscal Year (FY) 2020 was an unprecedented year for all DC residents, businesses and the District Government. In March 2020—the second quarter of the fiscal year—Mayor Bowser declared a public health emergency and District government quickly pivoted to respond to the COVID-19 global health pandemic. To align with recommended social distancing and public safety guidelines, in just one day, over 60 percent of District government employees transitioned to a telework posture. In addition, many District agencies limited or temporarily ceased most in-person activities and services.

The global health emergency required the District to significantly reallocate financial and personnel resources to respond to the pandemic. With the change in operations and a substantial decrease in revenues, the District's response required all agencies to determine how to best provide services to District residents, visitors and employees, while maintaining the necessary protocols to help slow the spread of COVID-19.

As such, the global health pandemic greatly impacted some agencies' abilities to meet their FY20 key performance indicators (KPIs) and strategic initiatives established prior to its onset as agencies shifted resources to respond to COVID-19. Therefore, outcomes for KPIs and strategic initiatives reflect a shift in District priorities and efforts during this crisis. While we continue to believe strongly in performance tracking to improve District services, the data for FY20 is not fully indicative of agencies' performance and should be reviewed factoring in the unprecedented challenges encountered in FY 2020.

Sincerely,

A handwritten signature in black ink that reads 'Kevin Donahue'.

Kevin Donahue
Interim City Administrator



Department of Health Care Finance FY2020

Agency Department of Health Care Finance

Agency Code HTO

Fiscal Year 2020

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.

2020 Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Fee-for-Service (FFS) to Managed Care Transition: DHCF transitioned nearly 19,000 individuals currently in the FFS program to the Medicaid managed care program.	This change represents the first step in DHCF's ambitious plan to transform the Medicaid delivery system to improve health outcomes. Over the next five years, DHCF will move towards a fully managed Medicaid program in order to transform the managed care program into a more organized, accountable, and person-centered system that best supports the District's Medicaid beneficiaries in managing and improving their health.	This change will help expand access to care and improve health outcomes for District residents. The FFS population has high morbidity rates and on a per-beneficiary basis, their health care costs roughly four times more than their peers in managed care. Moving the population to managed care will give them access to care coordination and case management services not provided in the FFS program. This should improve health outcomes for the population and reduce health care costs.
Implementation of the Behavioral Health Waiver: The District's first-in-the-national Behavioral Health Transformation Demonstration waiver will allow District Medicaid to pay for certain services provided by an institution for mental disease to Medicaid-eligible adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD), and will add new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient, and residential treatment.	The demonstration is part of a broader effort outlined in the District's Opioid Strategic Plan, Live.Long.DC— with goals to reduce opioid use, misuse and related deaths. The demonstration will expand the range of services offered, improve data collection and transitions, and create a new focus on improving community service delivery for both mental health and Substance Use Disorder (SUD) services. This is a first step in transforming Medicaid's delivery of behavioral health services toward a more person-centered model focused on treatment, recovery, and whole person care.	This waiver is expected to provide services for more than 80,000 District residents who are enrolled in Medicaid and have a behavioral health diagnosis. Through this waiver, the District is transforming behavioral health services by expanding the array of evidence-based services to treat District residents with a serious mental illness or substance use disorder.
Implementation of Changes Related to the Public Health Emergency: During the Public Health Emergency (PHE), DHCF worked to ensure access to coronavirus testing and treatment for beneficiaries; ongoing access to care for beneficiaries in the event of an emergency; and support for Medicaid providers in providing testing and treatment for coronavirus, and in continuing ongoing care delivery operations. To accomplish this, DHCF implemented a number of actions during the PHE, including automatically extending eligibility and waiving requirements to report changes for current enrollees in the Medicaid, Alliance, and the Immigrant Children's Program; conducting outreach to approximately 108,000 beneficiaries identified as high-risk for COVID-19; expanding access to telemedicine; and enhancing flexibility and financial support for providers.	These changes demonstrated DHCF's ability to be nimble and responsive during the ongoing PHE.	The changes implemented by DHCF during the PHE helped ensure that beneficiaries could maintain their insurance coverage, received information and education on COVID-19, and could continue to access needed healthcare. Further, the enhanced flexibility and financial support for providers helped ensure that they were able to continue to provide the care that residents need during and after the PHE.

2020 Key Performance Indicators

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 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	Annually	56%	56%	55%	62%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	

Measure	Frequency	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
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%	63%	72%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
Percent of Medicaid renewals as a result of the passive renewal process	Quarterly	89.1%	72.2%	82.9%	70%	87.6%	86.2%	94.3%	100%	91.8%	Met	
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Annually	96.9%	94.5%	98.3%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.6%	Met	
Percent of District residents covered by Medicaid	Annually	35.5%	37.2%	35.9%	35%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	37.32%	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%	34.6%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	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%	28%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	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%	8%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	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 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Actual	KPI Status	Explanation for Unmet FY 2020 Target
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Quarterly	14	18	15	14	1	14	6	5	26	Met	
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	Quarterly	99.1%	98.4%	97.6%	98%	98.2%	98%	99.6%	99.2%	98.7%	Met	

2020 Workload Measures

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 PAR
1 - Benefits (6 Measures)							
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public	2	2	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	7026	10,037	2232	3036	2974	2511	10,753
Number of District residents covered by Medicaid (Year End)	252,346	252,346	Annual Measure	Annual Measure	Annual Measure	Annual Measure	263,386
Percent of District residents insured	96.2%	96.8%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.5%
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	1410	2980	926	982	1008	1053	3969
Number of District residents covered by Alliance (Year End)	16,240	15,619	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15,836
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	23	17	3	0	4	14	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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-70%
2 - Provider Enrollment and Screening (2 Measures)							
Number of newly enrolled providers	10,034	3864	100	879	110	64	1153
Number of re-enrolled providers	811	1019	31	569	61	101	762
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	188	98	23	29	13	24	89
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	233	173	16	68	40	49	173
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	189	134	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	138
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,004	11,301	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,650
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	126	215	Annual Measure	Annual Measure	Annual Measure	Annual Measure	157

2020 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
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
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
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

2020 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Benefits (5 Strategic initiatives)				
Increase Access to Behavioral Health Services	Increase access to behavioral health services. DHCF, in collaboration with DBH, will expand the continuum of care for individuals with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), or identified as at-risk for an SUD, including treatment of Medicaid-eligible adults in residential and inpatient hospital settings that are considered Institutions for Mental Disease (IMDs).	75-99%	In Q3, the waiver team submitted its draft evaluation design, monitoring protocol, Q1 reporting, and Q2 reporting to CMS. In addition, it provided required public notice for the Post Award Forum scheduled in Q4 and submitted the Rule of the final service to be implemented, Transition Planning, to ODAI.	The Transition Planning Rule and the third DHCF waiver Rule are being published in late October, which will complete the phase-in of services under the waiver. There are no obstacles to full implementation. Going forward, the waiver team needs to ensure providers are using waiver services, complete evaluation and reporting tasks, and transition some waiver services to the SPA.
EPD Waiver Reform	Amend the Elderly and Persons with Physical Disabilities (EPD) Waiver to realign the service array offered therein to more directly meet participants' functional and clinical needs.	50-74%	The EPD waiver amendment was submitted and approved by CMS effective 10/1/2020. Some elements of the waiver amendment will not be implemented immediately due to the PHE, but DHCF continues to prepare for implementation at that future date.	The primary barrier to full implementation is the ongoing PHE, which precludes us from implementing elements of the amendment that may be experienced as adverse actions to beneficiaries' services or actions.
Increase Utilization of Prenatal and Postpartum Care	Increase access to/ utilization of prenatal care within the first trimester and increase access to/ utilization of postpartum care with the recommended post delivery timeframe. DHCF will finalize the baseline measurement and begin to measure access in FY20.	Complete	DHCF established baseline for a Managed Care Organization (MCO) weighted average of timeliness of prenatal care for Medicaid-covered beneficiaries for Medicaid Year (MY) 2018 as 73.64%. The MCO weighted average for Postpartum Care for Medicaid-covered beneficiaries for MY2018 is 53.92%.	
Increase Access to Integrated Care	DHCF will implement the first site for the Program for All-Inclusive Care for the Elderly (PACE) in Ward 7 or 8 in FY20. Through the PACE program a provider organization is responsible for providing program enrollees (55 or older) with all primary, acute and long-term care services through an interdisciplinary team of health professionals based at a designated PACE site.	50-74%	The PACE RFP was published in August 2020 and closed October 8, 2020. The Technical Evaluation Panel is currently reviewing responses. DHCF expects the selected provider to submit a DHCF-endorsed PACE application to CMS by March 31, 2021, and to have the program operational late in 2021.	Barriers experienced this year pertain primarily to the complexity of the RFP (e.g., having to issue an emergency rulemaking to support its release), nuances specific to the PACE implementation process (e.g., the many stages of provider application), and availability of staff.
FFS to MCO	FFS to MCO: [DHCF Placeholder – more information to be provided first week of September]	Complete	Contracts with the new MCOs became effective October 1. Nearly 16,700 beneficiaries transitioned from FFS to managed care. Over 218,000 beneficiaries were re-assigned to be equally distributed among the three MCOs.	

Strategic Initiative Title	Strategic Initiative Description	Completion to Date	Status Update	Explanation for Incomplete Initiative
Claims Processing (1 Strategic Initiative)				
Streamline Behavioral Health Claims Process	In FY20, claims processing for Medicaid reimbursable behavioral health services will transition from DBH to DHCF to streamline the claims process for behavioral health providers.	Complete	The transition of billing from DBH to DHCF was completed on October 6th.	
DC Access System (DCAS) (2 Strategic initiatives)				
DC Access System (DCAS) Migration	DHCF will migrate DCAS from on premise to a cloud solution to strengthen system reliability and redundancy.	0-24%	The Statement of Work has been completed and turned over to the Office of Contracting and Procurements (OCP) for finalization of the procurement. Expected release of the procurement is late spring 2021.	The project has been completely focused on finishing all major development efforts in FY 2021. Therefore, there hasn't been as much focus on migrating the existing project to a new platform structure.
DCAS R3 Non-MAGI Medicaid Casework Portal	DHCF is implementing DCAS functionality to enable eligibility determinations for the Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid population to occur in DCAS. DHCF will implement the R3 Non-MAGI Medicaid Caseworker Portal for service centers	75-99%	Design and Development continue on the Non-MAGI Medicaid release, which is tentatively scheduled for September 2020, with a secondary contingency deployment targeted for March 2021. Long Term Care spend-down functionality is starting to begin design sessions, with a targeted deployment in September 2021.	There are constraints on the need for staff to prioritize working on design and development of the new DCAS system, while simultaneously continuing to process new cases and renewals for the HHS programs. Rightfully, priority has been placed on processing cases, to ensure District citizens have access to safety net programs. However this priority impacts the ability for the DCAS team to complete all design sessions.
Program Integrity (4 Strategic initiatives)				
Develop Automated Cost Reports	DHCF will develop comprehensive and automated cost reports for Medicaid providers and transition away from paper-based processes.	0-24%	DHCF is continuing work on the RFP. The scope of the project has been expanded to include collection of provider data beyond only cost information, in light of the strategic direction of the agency and provider cost changes as a result of COVID-19 PHE.	Changing priorities as a result of agency's strategic direction and, importantly, the reimbursement policy directions.
Managed Care Pay for Performance	DHCF will reinstate the managed care pay for performance program to improve inappropriate emergency department use.	75-99%	FY20 final results will not be available until March 2021. Pay for performance validation and reconciliation process is completed from a Calendar Year view. Final achieved payouts are made in April.	COVID-19 and impact on utilization makes it difficult to fairly track this initiative.
Implement Strategies to Combat Provider and Beneficiary Fraud	In FY20, DHCF will implement a comprehensive strategy aimed to reduce provider and beneficiary fraud. This initiative will help reduce inappropriate and fraudulent utilization.	Complete	DHCF conducted provider risk analysis, including COVID data, and uses analysis to focus resources on most significant entities potentially involved in Medicaid program fraud and abuse. Collaboration was conducted with program integrity partners, including law enforcement (LE) agencies, Managed Care Organizations, DC Agencies, and other administrations to share information and coordinate activities. Activities include work on Beneficiary Fraud DCMR changes, development of the Electronic Visit Validation (EVV) program, provider and beneficiary outreach, and resolution of fraud cases through criminal, civil, and administrative actions. EVV contractor selected and DHCF is establishing program, COVID related audits ongoing, and multiple referred cases to LE and OAG resulting in criminal charges/arrests.	
Strengthen Oversight of Personal Care Services	DHCF will implement, for the first time, Electronic Visit Verification (EVV) for personal care services.	50-74%	We are working with Sandata, the system vendor, to implement the system. System configuration and user acceptance training is done. We are preparing for implementation with training and data loads.	
Provider Enrollment and Screening (2 Strategic initiatives)				
Expand My Health GPS	DHCF will expand the My Health GPS capacity in FY20. The My Health GPS program is offered to District Medicaid beneficiaries with the highest burden of chronic illness. Improved care coordination to reduce utilization of preventable, high-cost services stands to improve overall health and wellness.	Complete	Outreach and education activities occur to recruit providers into the program. Status reports are received monthly from providers that indicate capacity to expand the program. DHCF continues to provide recommendations, opportunities and incentives to foster improvement of enrollment.	
HIE Designation	DHCF will register and designate Health Information Exchange (HIE) entities in the District to expand provider participation to support transitions of care and care coordination programs, including Health Homes.	Complete	HIE Designation was completed in April. Since that time, a series of additional efforts to formalize DC's governance approach and updated to DHCF's notice of privacy practices has been updated to reflect our relationship with the Designated DC HIE, Chesapeake Regional Information System for our Patients (CRISP).	