DEPARTMENT OF HEALTH CARE FINANCE

FY 2022 PERFORMANCE AND ACCOUNTABILITY REPORT

JANUARY 15, 2023

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

CONTENTS

1 DEPARTMENT OF HEALTH CARE FINANCE

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.

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.

2   2022 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
1. We continue to provide and manage Medicaid under the COVID-19 Public Health Emergency	This is the agencies core function - ensuring residents eligible for medicaid have access to healthcare.	Residents maintained access to healthcare services.
2. Advances in maternal health: extended postpartum coverage from 60 days to 12 months and expanded related maternal health services including developing doula services for beneficiaries	NA	Expanded postpartum coverage for district residents.
3. Cedar Hill Regional Medical Center, GW Health broke ground in February and announced private funding to build a larger facility. The hospital is now under construction and expected to open early 2025.	NA	Opening a new hospital east of the river will greatly expand access to high quality health services.

3   2022 OBJECTIVES

Strategic Objective	Number of Measures	Number of Operations
Provide access to comprehensive healthcare services for District residents.	5	4
Ensure the delivery of high quality healthcare services to District residents.	8	2
Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.	1	1
Create and maintain a highly efficient, transparent, and responsive District government.	12	0

4   2022 OPERATIONS

Operation Title	Operation Description	Type of Operation
Provide access to comprehensive healthcare services for District residents.		
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
Ensure the delivery of high quality healthcare services to District residents.		
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
Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.		

Operation Title	Operation Description	Type of Operation
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

5 2022 STRATEGIC INITIATIVES

In FY 2022, Department of Health Care Finance had 7 Strategic Initiatives and completed 85.71%.

Title	Description	Completion to Date	Update	Explanation for Incomplete Initiative
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.	Complete	DHCF successfully awarded the Produce Rx grant to DC Greens. In the base year, DC Greens met the goal to enhance and expand the Produce Rx program to more than 1,000 DC residents.	
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.	0-24%	Behavioral Health Integration is now scheduled with an effective date of October 1, 2023. To-date DHCF has a) updated and recompeted the Managed Care Contracts to include the full set of BH services, b) executed a comprehensive rate study that will enhance rates, add new services, and change payment models for team-based care, and c) planned for Alliance Beneficiaries to receive the full set of BH services in equity to Medicaid Beneficiaries.	Postponing the effective date of BH Integration provided the additional time required to ensure a safe and effective transition, and continuous provision of care by the BH Provider Network to Beneficiaries.

Enhanced Managed Care Pro-grammatic 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" 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 "Encounter Dashboard," which will monitor and track MCOs' payment of 90% of all Clean Claims within 30 days of receipt, and the "MCO Performance Dashboard," which will track and trend MCO performance within specific categories/service Grievances and Appeals (G&A).	Complete	We have been able to successfully ingest historical MCO Denied claims data from Jan 2018 – December 2021 into DHCFs MDW. We are currently preparing batch files to ingest Q1 and Q2 2022 data. Implementing a denial data receipt process and having the information accessible to internal stakeholders is a milestone that we have completed. This project is forever ongoing as we develop new and more accurate processes for receiving and reviewing the data. The Encounter Team has been able to collect MCO Paid Date and Received Date data on Encounters since January 1, 2021. We are in the final testing stages of the dashboard that gives a snapshot into MCO timeliness of claims payments at a given point in time. It will be moving into production by the end of the year.
Alliance Program Recertifica-tion Simplifica-tion 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.	Complete	DC Council approved the FY22 Alliance Eligibility Rule and DHCF published the final rule on May 6, 2022. The rule updated 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, eliminate the interview requirement, and make other changes needed to support automation of the program into DCAS. DHCF restarted Alliance program eligibility on July 1 and has been in constant discussions with stakeholders to inform the public about the eligibility policies. - A new FY 23 rule is currently under EOM review, which would change the certification period to 12 months and further align the MAGI methodology with recent Medicaid policy changes.

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.	Complete	Ongoing technical assistance and infrastructure work is informed by needs assessment and focused on ensuring that Medicaid providers are able to provide high quality whole-person care to Medicaid beneficiaries. HIE consent tool will facilitate sharing of clinical data to enable collaborative care and population health management of beneficiaries with SUD through the HIE. The new parsing strategy will enable integration of FQHC SUD data to the HIE.
Designated DC HIE (CRISP) enhance-ments	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.	Complete	DHCF worked with its DC HIE partners to implement the prioritized initial set of reports to be rolled out through DC CRS platform. Several major functionalities were deployed: 1) identify patients for care coordination; 2) monitor progress in quality measures reporting; and 3) understand utilization patterns and monitor trends over time. The team deployed 10 reports in FY22 summarizing demographics, health utilization, and costs for patients in a panel. Reports provide insights on high utilizers. A feature called population navigator was also deployed enabling users to define and/or compare populations. DHCF and CRISP have shifted some enhancements to FY23. DHCF and its partners also engaged in FY23 planning activities for further enhancements to population health analytics in the HIE.

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.	Complete	DHCF and its partners at CRISP DC and AD Vault successfully deployed digitized eMOST, POLST, and psychiatric advance directive forms in a cloud-based platform. DC HIE users are able to directly access AD Vault's platform in the DC HIE without a separate log-in, thereby streamlining provider workflows and ensuring patients' wishes are documented and accessible by care partners. With these features developed and deployed, the team began planning outreach and education activities for FY23 to identify priority groups of providers to engage, including hospitals and primary care providers, as well as working closely with DC Health and DBH to promote, raise awareness, and provide technical assistance to support the use of the advance care planning tool in the DC HIE.

6 2022 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

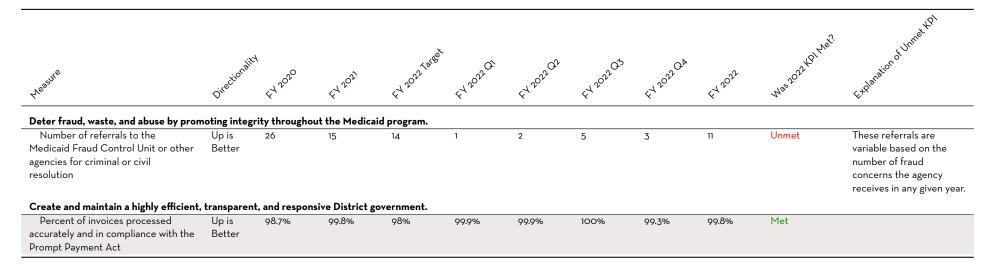## Key Performance Indicators

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Provide access to comprehensive healthcare services for District residents.											
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	91.8%	100%	70%	100%	100%	100%	100%	100%	Met	
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	95.6%	Met	
Percent of District residents covered by Medicaid	Up is Better	37.3%	37.5%	35%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	42.97%	Met	
Ensure the delivery of high quality healthcare services to District residents.											
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%	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	Down is Better	Not Available	Not Available	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
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%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data		
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%	87.9%	94.6%	89%	84%	88.9%	Met	
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%	92.1%	84.5%	95.2%	94%	91.5%	Met	
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%	95.5%	94.6%	94%	80%	91%	Met	
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%	93.9%	94.6%	90%	97%	93.9%	Met	
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%	83.3%	80%	80%	82.3%	Nearly Met	Incidents of this nature can be complex, which extends the time to implement recommendations. DHCF will watch this measure closely to determine if any changes are needed.

Key Performance Indicators *(continued)*

Measure	Directionality	FY 2020	FY 2021	FY 2022 Target	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022	Was 2022 KPI Met?	Explanation of Unmet KPI
Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.											
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Up is Better	26	15	14	1	2	5	3	11	Unmet	These referrals are variable based on the number of fraud concerns the agency receives in any given year.
Create and maintain a highly efficient, transparent, and responsive District government.											
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	98.7%	99.8%	98%	99.9%	99.9%	100%	99.3%	99.8%	Met	

Workload Measures

Benefits

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Percent of District residents insured	96.5%	96.5%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.3%
Number of District residents covered by Alliance (Year End)	15,836	17,693	Annual Measure	Annual Measure	Annual Measure	Annual Measure	22,040
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	3	3	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of District residents covered by Medicaid (Year End)	263,386	269,660	Annual Measure	Annual Measure	Annual Measure	Annual Measure	287,889
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	10,753	9264	2162	2635	5210	2232	10,077
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	3969	4613	1330	1327	1413	1456	5526
Total number of District residents enrolled in Medicaid Assisted Living services	New in 2021	33	Annual Measure	Annual Measure	Annual Measure	Annual Measure	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	14	16	9	12	14	51
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	New in 2021	36	9	14	27	31	81
Number of District residents enrolled in Adult Day Health Program	New in 2021	186	190	193	200	171	754

Eligibility

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
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	3	4	3	Waiting on Data	Waiting on Data
Claims Processing							
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	Waiting on Data
Provider Enrollment and Screening							
Number of newly enrolled providers	1153	1271	76	623	621	842	2162
Number of re-enrolled providers	762	811	30	386	483	411	1310
Program Integrity							
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,650	150,055	Annual Measure	Annual Measure	Annual Measure	Annual Measure	13,882
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	89	43	7	3	11	7	7
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	7	18	20	29	29
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	138	60	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	16

Workload Measures *(continued)*

Measure	FY 2020	FY 2021	FY 2022 Q1	FY 2022 Q2	FY 2022 Q3	FY 2022 Q4	FY 2022
Number of adjusted/overturned/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	157	205	Annual Measure	Annual Measure	Annual Measure	Annual Measure	187