



**DEPARTMENT OF HEALTH CARE FINANCE
PROPOSED FY 2025 PERFORMANCE PLAN**

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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 PROPOSED 2025 OBJECTIVES

Strategic Objective

Provide access to comprehensive healthcare services for District residents.

Ensure the delivery of high quality healthcare services to District residents.

Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.

Create and maintain a highly efficient, transparent, and responsive District government.

3 PROPOSED 2025 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.		

(continued)

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

4 PROPOSED 2025 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

Key Performance Indicators

Measure	Directionality	FY 2022	FY 2023	FY 2024 Target	FY 2025 Target
Provide access to comprehensive healthcare services for District residents.					
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	100%	91.3%	70%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	95.6%	Not Yet Available	95%	95%
Percent of District residents covered by Medicaid	Up is Better	43%	Not Yet Available	35%	35%
Number of households served by Produce RX *	Up is Better	New in 2023	1,358	1300	1300
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	42.3%	Not Yet Available	62%	62%
Percent of children, ages 1-20 years, enrolled in the Medicaid program (Fee-for-Service and Managed Care) with 90 days of continuous enrollment that received a routine well-child examination during the fiscal year	Up is Better	106%	Not Yet Available	72%	72%
Ensure the delivery of high quality healthcare services to District residents.					
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	88.9%	92%	86%	86%
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	91%	92.3%	86%	86%
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans that address health & safety risks	Up is Better	93.9%	92.8%	86%	86%

Key Performance Indicators (continued)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Target	FY 2025 Target
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	82.3%	79.5%	86%	86%
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 Yet Available	100%	100%
Reduce potentially preventable Emergency Department visits by Medicaid Managed Care enrollees that may have been avoided or appropriately treated at a lower level of care	Down is Better	Not Available	Not Yet Available	10%	10%
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Down is Better	Not Available	Not Yet Available	10%	10%
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	91.5%	94.3%	86%	86%
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	11	7	14	14
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	99.8%	99.3%	98%	98%
Percent of new hires that are District residents	Up is Better	New in 2023	44.1%	No Target Set	No Target Set
Percent of employees that are District residents	Up is Better	New in 2023	40.2%	No Target Set	No Target Set
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time.	Up is Better	New in 2023	52.3%	No Target Set	No Target Set
Percent of new hires that are current District residents and received a high school diploma from a DCPS or a District Public Charter School, or received an equivalent credential from the District of Columbia	Up is Better	New in 2023	19.6%	No Target Set	No Target Set

Key Performance Indicators (*continued*)

Measure	Directionality	FY 2022	FY 2023	FY 2024 Target	FY 2025 Target
Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years.	Up is Better	New in 2023	Not Available	No Target Set	No Target Set

Workload Measures

Measure	FY 2022	FY 2023
Benefits		
Percent of District residents insured	96.3%	97.1%
Number of District residents covered by Alliance (Year End)	22,040	23,813
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	3	3
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	10,077	9,401
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	5,526	6,439
Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home	81	61
Number of District residents enrolled in Adult Day Health Program	754	648
Total number of District residents enrolled in Medicaid Assisted Living services	Not Available	240
Number of District residents covered by Medicaid (Year End)	287,889	302,490
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	51	55
Eligibility		
Number of policy training sessions conducted with sister agencies and other external stakeholders on eligibility related policies and procedures	Not Available	15
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	30%	30%
Provider Enrollment and Screening		
Number of newly enrolled providers	2,162	7,893
Number of re-enrolled providers	1,310	4,368
Program Integrity		

Workload Measures (continued)

Measure	FY 2022	FY 2023
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	13,882	15,436
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	7	31
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	29	305
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	16	73
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	187	223