FY 2014 PERFORMANCE PLAN
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.

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.

PERFORMANCE PLAN DIVISIONS
- Office of the Director
- Health Care Finance[1]
- Health Care Policy and Research Administration
- Health Care Delivery Management Administration
- Health Care Operations Administration
- Health Care Reform and Innovation Administration

AGENCY WORKLOAD MEASURES

Measures	FY 2011 Actual	FY 2012 Actual	FY 2013 YTD
Number of District residents covered by Medicaid (Year End)	212,935	218,968	225,284
Number of District residents covered by Alliance (Year End)	23,931	17,289	14,822
Percentage of District residents insured	93.8%	92.1%	Data not available until October 2014

[1] Health Care Finance represents the agency's provider payments. Objectives and initiatives related to Health Care Finance are integrated throughout each Administration's objectives and initiatives.

Office of the Director

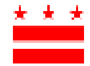
SUMMARY OF SERVICES

The Office of the Director provides executive management, policy direction, strategic and financial planning, public relations, and resource management. It controls and disseminates work assignments and coordinates agency operations to ensure the attainment of the agency's goals and objectives. Additionally, this division includes the Office of the Health Care Ombudsman and Bill of Rights, which ensures the safety and well-being of District residents and their health care services through advocacy, education and community outreach.

OBJECTIVE 1: Increase access to health care for District residents.

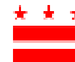
INITIATIVE 1.1: Increase public awareness of services offered by the Ombudsman's Office within the non-English speaking community.
The Office of Health Care Ombudsman and Bill of Rights will continue to expand its efforts to market its services and the Consumer Assistance Program to the public by supplementing the current contract to include a culturally specific three to five month marketing and media campaign that will target non-English speaking communities; translate materials that support the marketing and media plan; and conduct a minimum of six informational sessions. The Office of the Health Care Ombudsman and Bill of Rights will work collaboratively with the DC Health Care Exchange on sharing information regarding the purchasing of health insurance through the exchange.
Completion Date: September, 2014.

INITIATIVE 1.2: Establish the Office of Rates, Reimbursement, and Financial Analysis
A strong and substantial provider network is key to ensuring access to care. Developing and administering comprehensive rate and reimbursement methodologies encourages providers to participate in the Medicaid and Alliance programs. In FY14, DHCF will establish the Office of Rates, Reimbursement, and Financial Analysis (ORRFA), which will be responsible for rate setting and reimbursement for many acute and long-term care providers. ORRFA will also review and perform financial analysis on the reimbursement rates developed for the MCOs. Prior to the establishment of ORRFA, the agency has lacked a central, go-to, office for these issues. The ORRFA will enable the agency to have a concentrated office with staff allocated to analyze, develop, implement, and monitor provider reimbursement models. The agency was allocated 10 new FTEs in the FY14 budget for this purpose. **Completion Date: September, 2014**.



KEY PERFORMANCE INDICATORS – Office of the Director

Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of consumers served by Ombudsman	3,960	3,600	3,528	3,700	3,700	3,800
Percentage of closed/resolved cases among Office of the Health Care Ombudsman Bill of Rights' consumers	98.37%	90%	94%	95%	95%	95%
Percentage of commercial cases overturned	77%	78%	68%	80%	80%	80%



Health Care Policy and Research Administration

SUMMARY OF SERVICES

The Health Care Policy and Research Administration (HCPRA) maintains the Medicaid and Children's Health Insurance Program (CHIP) state plans that govern eligibility, scope of benefits, reimbursement and program integrity policies; develops policies for the DC Healthcare Alliance and other publicly funded health care programs administered or monitored by DHCF. HCPRA uses sound analysis of local and national policies and strategies related to health care and reimbursement; and it ensures coordination and consistency among health care and reimbursement policies developed by the various administrations within DHCF. The Administration also conducts research and preliminary evaluations of health care programs.

OBJECTIVE 1: Develop policies, plans, and data to enable effective program administration and utilization of resources.

Initiative 1.1: Streamline and improve eligibility policy and operations.
During FY14, DHCF will continue its collaboration with the Economic Security Administration (ESA) at the Department of Human Services (DHS) to implement Medicaid eligibility changes as mandated by the Affordable Care Act (ACA). DHCF will develop Medicaid's first Eligibility Manual for use by District personnel who work in areas related to eligibility policy. DHCF will also promulgate implementing regulations for ACA-mandated changes to eligibility categories and income criteria, and to give relevant portions of the Eligibility Manual the force of law.
Completion Date: September, 2014.

Initiative 1.2: Complete State Plan Amendments and MOUs needed to implement Medicaid eligibility changes as mandated by the ACA.
DHCF shall complete and submit to the Centers for Medicare and Medicaid Services 43 State Plan Amendment templates to establish authority to implement ACA-mandated Medicaid eligibility changes. In addition, DHCF shall draft and execute Agreements with the DC Health Benefits Exchange, the Department of Human Services and the Office of Hearing and Appeals establishing the respective responsibilities of these agencies to implement and administer the new streamlined, automated and integrated Medicaid eligibility system. **Completion Date: September, 2014**.

Initiative 1.3: Conduct policy and regulatory work necessary to authorize and implement new reimbursement methodologies for all hospital services, both inpatient and outpatient.
DHCF is in the midst of a multi-year, multi-phase initiative to revise and update hospital payment rates. In FY13, DHCF implemented significant reforms to its payment rate methodology for inpatient hospital services. During FY14, HCPRA personnel will develop a minimum of three State Plan Amendments and internal data analyses necessary to authorize and implement updated reimbursement methodologies for inpatient and outpatient hospital services. **Completion Date: September, 2014.**

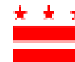
Initiative 1.4: Increase sister agency personnel and public awareness of Medicaid's regulatory obligations, services, utilization, costs and changes related to the Affordable Care Act.
In FY14, DHCF will increase public awareness of the Medicaid program by producing "snapshots" that will focus on key program elements, services, and cost-drivers. DHCF will produce six snapshots in FY14 to highlight program enrollment and demographics, hospital utilization and costs, and behavioral health services. DHCF will also participate in eight (8) town hall or community meetings to inform the public about changes to Medicaid under the Affordable Care Act. **Completion Date: September, 2014.**

Initiative 1.5: Implement the 1115 Childless Adults Waiver Renewal Application
In 2010, DHCF received approval from CMS to expand Medicaid to childless adults with incomes from 134% up to 200% of the federal poverty level. The waiver expires in December 2013. DHCF submitted a renewal application in FY 2013 to ensure continued health care coverage for the childless adult population. Upon CMS approval, DHCF will implement the renewal application to ensure continued access to care.
Completion Date: December, 2013.

KEY PERFORMANCE INDICATORS – Health Care Policy and Research Administration

Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of adults in 1115 Childless Adults Waiver	3,725	4,167	4,716	5,453	6,190	0[2]
Number of adults enrolled in the Medicaid Emergency Psychiatric Demonstration	N/A	N/A	N/A	235	235	0 [3]

[2] The 1115 Childless Adults Waiver is scheduled to end in FY16
[3] Three-year demonstration project scheduled to end FY15



Health Care Delivery Management Administration

SUMMARY OF SERVICES

The Health Care Delivery Management Administration (HCDMA) ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served by the District's Medicaid, CHIP and Alliance programs. HCDMA accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF's managed care contractors and institutional and ambulatory fee-for-service providers.

OBJECTIVE 1: Improve access to high quality services and improve resource management.

INITIATIVE 1.1: Increase collaboration between Primary Care Providers (PCPs) and Dentists on oral health care for young children.

Pediatric primary care providers are in an optimal position to make referrals to dentists, especially when oral health concerns are identified in well-child visits. Similarly, dentists should work with PCPs so that the referral process between PCP and dentist is as seamless as possible and so that PCPs are able to provide optimal oral health care within their scope of practice and consistent with anticipatory guidance. DHCF will ensure three avenues for FY14 to ensure appropriate coordination between primary care and dental providers: 1) Implement Fluoride Varnish training as of October 2013; 2) establish PCP training to provide fluoride varnish and appropriate oral health assessments and education in well-child visits; 3) maintain the Dental HelpLine to facilitate PCP referrals to dental providers; and 4) convene an annual meeting for dentists and PCPs to enhance collaboration and ensure that dentists and PCPs are aware of available resources. **Completion Date: September, 2014**.

INITIATIVE 1.2: Develop utilization and cost reports of managed care activity and performance.

The District's Medicaid and Alliance managed care organizations (MCOs) serve over 150,000 residents at a cost of approximately $600 million. In FY14, DHCF will release quarterly assessments of the MCOs that will provide an overview of finance; expenditures; enrollment; network adequacy and access; utilization of low acuity non-emergent (LANE) visits and potentially preventable admissions (PPAs). The objective is to produce a legitimate tool for measuring MCO performance that will help measure the effectiveness of the program, delivery and spending trends and potential differences in membership acuity. Additionally, these outcomes will provide the basis for the development of quality improvement initiatives that will be geared toward achieving improved and sustained health outcomes. DHCF will share the quarterly report cards with stakeholders and other interested parties. **Completion Date: January, 2014.**

INITIATIVE 1.3: Establish a Managed Care Advisory Council.
In FY14, the DHCF will implement an advisory council that will function as a liaison between DHCF's Division of Managed Care and the provider community. Invitations will be disseminated to various provider types (i.e., Pediatricians, Behavioral Health, Dental, OB/GYN, etc.) requesting participation in the quarterly meetings. Subcommittees will be established to address various issues identified within the managed care program. The development of a mission statement and charter will be the responsibility of the clinical group, offering the DHCF support and awareness of challenges and barriers to the delivery of Medicaid covered services.
Completion Date: January, 2014.

INITIATIVE 1.4: Increase Medicaid providers' knowledge of EPSDT services.
The District's HealthCheck Provider Education System is a web-based provider training program created by Georgetown University in conjunction with DHCF and Medicaid MCOs for all physicians providing the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to Medicaid-enrolled children. It is the only EPSDT provider training program in use by the District to fulfill the EPSDT provider training requirements as required under the Salazar Court Order and federal Medicaid law. Currently, about half of the EPSDT providers have completed the required training. For FY 14, the District and MCOs are reaching out to targeted high-service providers who serve Medicaid beneficiaries under 21 and will also select "Community Champions" to promote EPSDT training requirements to increase the number of providers meeting their training requirement. The District hopes to yield more effective results in provider education efforts and compliance and reach up to 70% of EPSDT providers completing their requirements. **Completion Date: June, 2014.**

INITIATIVE 1.5: Implement Conflict Free Assessment for PCA Services.
In FY13, DHCF awarded a contract to a vendor for Medicaid Personal Care Aide (PCA) services to perform independent assessments of need for and authorization of, State Plan and EPD Waiver PCA services provided to approximately 12,000 beneficiaries annually. These services include assistance with bathing, dressing, eating, mobility, and other activities of daily living. An independent vendor will allow DHCF to: a) eliminate conflicts of interest that may exist when an agency that is assessing the need for and authorizing service is the same agency that will receive financial compensation for delivering the services; b) reduce costly fraud, waste, and abuse; c) increase appropriate utilization of PCA services; and c) produce significant cost savings.
Completion Date: September, 2014

INITIATIVE 1.6: Improve Elderly and Persons with Physical Disabilities (EPD) Waiver provider quality.
DHCF developed and implemented a Provider Readiness process for all prospective, new and existing EPD Waiver providers. The process includes a protocol for reviewing provider applicants and existing providers with surety that providers demonstrate capability to effectively serve individuals in the EPD Waiver program. Based on the development of a new assessment tool for this long term care target group and other LTC reform activities underway, the Provider Readiness process will be modified to

accommodate these new enhancements in addition to including an annual face-to-face Performance Review Conference with providers to discuss overall performance as a "qualified provider," consistent with this CMS Assurance. **Completion Date: June, 2014.**

INITIATIVE 1.7: Implement a new 1915(i) State Plan Adult Day Healthcare Program.
In FY13, DHCF restructured the way DC Medicaid Day Treatment services are offered to better align with current regulations. Throughout FY13, DHCF has worked with sister agencies and providers to identify affected beneficiary populations and develop transition processes that their needs would be met as the program made the required changes. As part of meeting federal compliance, DHCF is developing a 1915(i) State Plan Adult Day program to serve those beneficiaries whose needs cannot be appropriately served in existing alternate day programs. The SPA will be submitted to CMS for approval in FY2013 and will be implemented, upon CMS approval, in FY2014.
Completion Date: January, 2014.

OBJECTIVE 2: Improve health outcomes for District residents.

INITIATIVE 2.1: Improve the quality of services provided by District nursing facilities.
In FY 14, DHCF will undertake two initiatives to measure and improve the quality of nursing home care. First, DHCF will provide direct payments to eligible nursing facilities for quality improvement initiatives undertaken in accord with quality improvement plans submitted by individual nursing facilities and approved by DHCF. Secondly, DHCF will collect and report information on comparative quality of care measures for individual nursing homes. This will enable better consumer choice of a nursing home and stimulate greater efforts in quality improvement.
Completion Date: September, 2014.

INITIATIVE 2.2: Implement a risk-adjusted rate model for the Medicaid managed care program.
DHCF will develop and implement a risk-adjusted rate model for the Medicaid and Alliance managed care program which will compensate the managed care plans based on the relative risk of their member's health needs and health outcomes. Under a risk-adjusted model, MCOs receive rates based on the overall health status of its members. In the past, the District established rates for the MCOs that are applied uniformly across all participating MCOs. **Completion Date: June, 2014.**

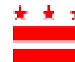
INITIATIVE 2.3: Assist Medicaid beneficiaries moving from institutions to the community.
The Money Follows the Person (MFP) Rebalancing Demonstration provides for independent living among beneficiaries with intellectual and developmental disabilities, physical disabilities and the elderly who currently live in nursing facilities. The project is designed to shift long-term Medicaid spending from a facility based system to a home and community based setting. DHCF will continue to assist DC residents and aims to

move 60 individuals from long-term care institutions to the community in FY14. Collaboration with the Office on Aging/Aging and Disability Resource Center (DCOA/ADRC) will strengthen in FY 14 when the Demonstration transfers responsibility for transition coordination services from DHCF to the ADRC. In keeping with the current Memorandum of Understanding, DHCF plans to enhance its oversight and monitoring role accordingly. Also in FY14, it is anticipated that regulations for the MFP Demonstration including the new services Peer Counseling and Enhanced Primary Care Coordination will be implemented. **Completion Date: September, 2014.**

KEY PERFORMANCE INDICATORS – Health Care Delivery Management Administration

Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD[4]	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of Medicaid beneficiaries satisfied with their health plan	74.2%	80%	TBD	81%	82%	83%
Percent of children (age 3+) receiving preventive dental services	52%	58%	TBD	60%	62%	64%
Reported complaints on transportation broker services per 1,000 trips (incl. missed/late trips)	2.1/1,000 trips	1.7/1,000 trips	TBD	2.0/1,000 trips	1.9/1,000 trips	1.8/1,000 trips
(Quality Improvement Initiative) Adverse Perinatal Outcomes per 1,000 pregnancies and infants	180	<200	TBD	<195	<190	<185
(Quality Improvement Initiative) Adverse Chronic Disease Outcomes per 1,000 people with asthma, diabetes, hypertension, congestive heart failure	3,678	<342	TBD	<340	<335	<330
Healthcare Effectiveness Data and Information Set measures for childhood immunization	79.82%	87%	TBD	88%	89%	90%
Healthcare Effectiveness Data and Information Set measures for timeliness of prenatal care	68.12%	82%	TBD	83%	84%	85%
Adult access to preventive, ambulatory care services (adults 20-44, enrolled in health plans)	72.93%	88%	TBD	89%	90%	91%
Number of individuals moved from institutions into the community (Money Follows the Person Program)	24	60	24	60	60	60

[4] Year-to-date data is not available until the October of 2014.



Health Care Operations Administration

SUMMARY OF SERVICES

The Health Care Operations Administration includes divisions that pertain to the payment of claims; management of the fiscal agent contract; management of several administrative contracts, notably the Pharmacy Benefits Manager and the Medicaid Management Information System Fiscal Intermediary contract; management of the systems; and provider enrollment and requirements.

OBJECTIVE 1: Improve the efficiency of program operations.

INITIATIVE 1.1: Improve provider payment efficiency.
In FY10, DHCF created a Provider Relations Unit to help providers with issues related to claims submission or payment. In addition, the Provider Relations Unit works with other areas within DHCF and DC Government to implement new provider programs. During FY 14, the Unit will continue to assist in facilitating paperless programs, such as electronic remittance advices and payment via electronic funds transfer (EFT). Currently, only 36% of active providers receive their payments electronically but EFT represents approximately 74% of the actual dollars paid. Most of our pharmacies, hospitals, nursing homes and other facility providers are paid electronically. Issuing paper checks can lead to delays in payment, higher processing and staff costs, and lost checks. In FY13, DHCF's goal was to have 75% of active providers paid electronically. In FY14, DHCF's goal is to have 50% of our payments to providers paid electronically which will more accurately capture the number of providers paid electronically. Completion Date: **September, 2014.**

OBJECTIVE 2: Strengthen program integrity.

INITIATIVE 2.1: Strengthen strategies to prevent provider fraud and abuse. As a result of the Patient Protection and Affordable Care Act, DHCF is responsible for enforcing new provider screening and enrollment requirements. These requirements include, but are not limited to, mandatory re-enrollment for all providers; payment of an application fee from institutional providers; assignment of categorical risks for providers - "limited," "moderate" and "high;" unannounced site visits at pre-enrollment and post-enrollment for "moderate" and high" risk providers; and mandatory submission of criminal background checks and fingerprints for "high" risk providers. DHCF will implement the provider re-enrollment process in FY14. DHCF estimates that 1,100 providers will go through the re-enrollment process during FY14. **Completion Date: September, 2014.**

INITIATIVE 2.2: Work with the Division of Managed Care and the Managed Care Organizations (MCOs) to improve compliance with federal and state fraud waste and abuse rules and regulations.

In FY 14, DHCF will continue to work with the Managed Care Organizations (MCOs) to ensure that the MCOs comply with federal and state fraud, waste and abuse rules and regulations. DHCF is responsible for ensuring that all providers comply with federal requirements such as the federal Affordable Care Act provisions. The Division of Program Integrity will meet monthly with the MCOs to discuss issues related to provider fraud such as recently identified schemes, update of fraud investigation and other issues related to fraud, waste and abuse. In FY 14, DHCF's goal is to have no fewer than twenty referrals from our MCOs. **Completion Date: September, 2014.**

KEY PERFORMANCE INDICATORS – Health Care Operations Administration

Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of providers paid electronically	36.87%	45%	38.7%	60%	80%	70%
Avg. time to process Medicaid provider application	40 days	35 days	30.5 days	30 days	30 days	30 days
Number of referrals to the Medicaid Fraud Control Unit	5	20	15	20	20	20
Total dollars recovered from Third Party Liability (in millions)	$6.13M	$6M	$3.5M	$4M	$3M	$2M

Health Care Reform and Innovation Administration

SUMMARY OF SERVICES

The Health Care Reform and Innovation Administration identifies, validates and disseminates information about new health care models and payment approaches to serve Medicaid beneficiaries seeking to enhance the quality of health and health care and reducing cost through improvement. The Administration creates and tests new models in clinical care, integrated care and community health, and creates and tests innovative payment and service delivery models, building collaborative learning networks to facilitate the collection and analysis of innovation, as well as the implementation of effective practices, and developing necessary technology to support this activity.

OBJECTIVE 1: Develop and implement a comprehensive health information technology (HIT) plan.

INITIATIVE 1.1: Expand partnerships with other District agencies and external stakeholders to utilize health information technology to deliver better coordinated patient care and cost savings.

In FY14, DHCF will leverage its investments in the following:

- Direct Secure Messaging (Direct) and the ability of providers to meet Meaningful Use provisions through the use of Direct.
- Expansion of DOH's capacity to receive electronically transmitted public health information related to syndromic surveillance, laboratory data, immunizations and cancer registry.
- Issuance of sub grants to District hospitals to connect to a state-designated health information exchange (HIE) for advanced HIE services.

Through these activities, DHCF will be able to measure quality and trends which can lead to innovation and payment reforms that can benefit Medicaid beneficiaries. The sub-grant program will support hospitals to be alerted when their selected patients are admitted, discharged or transferred to/from one of the eight (8) acute care hospitals in the District. The data resulting from ENS will enable DHCF to see where patients are receiving care and for what conditions. DHCF will be able to analyze these data to create detailed geographic maps highlighting areas with poor health status, high health care utilization, and poor outcomes. This tactic is colloquially called "hot spotting" and DHCF as well as DOH could use the data to target resources to areas of need. **Completion Date: February, 2014.**

INITIATIVE 1.2: Implement and Monitor the District's Medicaid Electronic Health Record Incentive Payments Program.

In March 2013, DHCF executed an agreement with a vendor to implement and operate a registration and attestation portal for the District's Medicaid Electronic Health Records Incentive Program. Under the American Recovery and Reinvestment Act, states have

been awarded funds to manage a multi-year program providing incentive payments to Medicaid providers for adoption, implementation, upgrade and meaningful use of CMS-certified electronic health records (EHRs). The Medicaid EHR Incentive Program provides incentive payments to eligible professionals and hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The payments will be phased over multiple years, with an initial payment for adoption, implementation and/or upgrade of an EHR to meet certification requirements. Subsequent payments will be tied to meaningful use of the EHR for functions such as e-prescribing, health information exchange and submission of clinical quality measures. Over six years, eligible providers may receive as much as $63,750 each in incentive payments. Eligible hospitals may receive a minimum payment of $2 million and will have a six year window to meet eligibility criteria. DHCF began making incentive payments in FY13 to a sub-set of providers and will fully implement the program in FY14. DHCF estimates 500 payments by the end of FY14.

After implementation of the registration and attestation portal for the Medicaid EHR Incentive Program, DHCF must manage and monitor the payments being issued to providers. DHCF's HCRIA, Health Care Operations Administration and Office of the Chief Financial Officer will audit the payments issued for appropriateness and will take action in the event any payments were not issued appropriately or when fraud is suspected. **Completion Date: September, 2014.**

OBJECTIVE 2: Implement Health Care Reform and increase the number of District residents with health insurance (One City Action Plan Indicator 3G)

INITIATIVE 2.1: Research, develop or support payment reform models to deliver improved care to Medicaid beneficiaries and cost savings for the program.
DHCF, Department of Health (DOH) and Department of Mental Health (DMH) share a federal grant to develop a Health Home under section 2703 of the Affordable Care Act, and the District is primarily focused on Medicaid beneficiaries with severe mental illness and other chronic conditions. In FY14, DHCF will submit a state plan amendment (SPA) to CMS to allow the implementation and reimbursement of health homes. Upon CMS approval, DHCF, with its sister agency partners, will implement health homes. **Completion Date: September, 2014.**

KEY PERFORMANCE INDICATORS – Health Care Reform and Innovation Administration

Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of direct subscribers	N/A	N/A	150	225	350	400
Number of active direct users	N/A	N/A	50	70	90	110
Number of providers issued Medicaid EHR incentive payments	N/A	N/A	400	450	500	550
Percentage of District residents insured	93.8%	94%	Data not available until October 2014	95%	95%	96%
Number of hospitals connected to HIE	N/A	N/A	N/A	8	8	8
Number of providers transmitting public health data in electronic format to DOH	N/A	N/A	N/A	50	100	150