



**DEPARTMENT OF HEALTH CARE FINANCE
FY 2027 PERFORMANCE PLAN**

APRIL 14, 2026

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1 INTRODUCTION

This document is the Fiscal Year 2027 Performance Plan for the Department of Health Care Finance.

This Performance Plan is the first of two agency performance documents published each year. The Performance Plan is published twice annually – preliminarily when the Mayor’s budget proposal is delivered, and again at the start of the fiscal year when budget decisions have been finalized. A companion document, the Performance Accountability Report (PAR), is published annually in January following the end of the fiscal year. Each PAR assesses agency performance relative to its annual Performance Plan.

Performance Plan Structure: Performance plans are composed of agency Objectives, Administrative Structures (such as Divisions, Administrations, and Offices), Activities, Projects and related performance measures. The following describes these plan components, and the types of performance measures agencies use to assess their performance.

Objectives: Objectives are statements of the desired benefits that are expected from the performance of an agency’s mission. They describe the goals of the agency.

Administrative Structures: Administrative Structures represent the organizational units of an agency, such as Departments, Divisions, or Offices.

Activities: Activities represent the programs and services an agency provides. They reflect what an agency does on a regular basis (e.g., processing permits).

Projects: Projects are planned efforts that end once a particular outcome or goal is achieved.

Measures: Performance Measures may be associated with any plan component, or with the agency overall. Performance Measures can answer broad questions about an agency’s overall performance or the performance of an organizational unit, a program or service, or the implementation of a major project. Measures can answer questions like “How much did we do?”, “How well did we do it?”, “How quickly did we do it?”, and “Is anyone better off?” as described in the table below.

Measures are printed in the Performance Plan along with the Objective, Administrative Structure, Activity, or Project that they measure.

Measure Type	Measure Description	Example
Quantity	Quantity measures assess the volume of work an agency performs. These measures can describe the inputs (e.g., requests or cases) that an agency receives or the work that an agency completes (e.g., licenses issued or cases closed). Quantity measures often start with the phrase “Number of...”.	“Number of public art projects completed”
Quality	Quality measures assess how well an agency’s work meets standards, specifications, resident needs, or resident expectations. These measures can directly describe the quality of decisions or products or they can assess resident feelings, like satisfaction.	“Percent of citations issued that were appealed”
Efficiency	Efficiency measures assess the resources an agency used to perform its work and the speed with which that work was performed. Efficiency measures can assess the unit cost to deliver a product or service, but typically these measures assess describe completion rates, processing times, and backlog.	“Percent of claims processed within 10 business days”

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Measure Type	Measure Description	Example
Outcome	Outcome measures assess the results or impact of an agency's work. These measures describe the intended ultimate benefits associated with a program or service.	"Percent of families returning to homelessness within 6-12 months"
Context	Context measures describe the circumstances or environment that the agency operates in. These measures are typically outside of the agency's direct control.	"Recidivism rate for 18-24 year-olds"
District-wide Indicators	District-wide indicators describe demographic, economic, and environmental trends in the District of Columbia that are relevant to the agency's work, but are not in the control of a single agency.	"Area median income"

Targets: Agencies set targets for most performance measures before the start of the fiscal year. Targets may represent goals, requirements, or national standards for a performance measure. Agencies strive to achieve targets each year, and agencies provide explanations for targets that are not met at the end of the fiscal year in the subsequent Performance Accountability Report.

Not all measures are associated with a target. Newly added measures do not require targets for the first year, as agencies determine a data-informed benchmark. Changes in some measures may not indicate better or worse performance. They may be "neutral" measures of demand or input or outside of the agency's direct control. In some cases, the relative improvement of a measure over a prior period is a more meaningful indicator than meeting or exceeding a particular numerical goal, so a target is not set.

2 DEPARTMENT OF HEALTH CARE FINANCE OVERVIEW

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.

Objectives:

1. Comprehensive healthcare services
2. Delivery of high quality healthcare services
3. Deter fraud, waste, and abuse
4. Efficient, Transparent, and Responsive Government

3 PROPOSED OBJECTIVES

3.1 COMPREHENSIVE HEALTHCARE SERVICES

Provide access to comprehensive healthcare services for District residents.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Quantity	Number of children under age 19 in Medicaid and CHIP (with limited exceptions that are provided with 12 months of continuous eligibility	Neutral	New in 2025	Data is pending	Target not required	Target not required
Quantity	Number of households served by Produce RX *	Up is Better	1,612	680	1,000	1,000
Outcome	Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	95.2%	95.6%	95%	95%
Outcome	Percent of District residents covered by Medicaid	Neutral	37%	Data is pending	35%	35%
Outcome	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	63%	Data is pending	62%	62%
Outcome	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	72%	Data is pending	72%	72%
Efficiency	Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	82.8%	78.25%	80%	70%

3.2 DELIVERY OF HIGH QUALITY HEALTHCARE SERVICES

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

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	Percent change in hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Down is Better	10%	Data is pending	10%	10%
Outcome	Percent of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans addressing personal goals	Up is Better	69.25%	93%	90%	91%
Outcome	Percent 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	85.75%	99%	90%	90%
Outcome	Percent 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	62.5%	90.5%	90%	90%
Efficiency	Percent change in hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	Down is Better	80%	Data is pending	100%	10%
Efficiency	Percent change in 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	10%	Data is pending	10%	10%
Efficiency	Percent 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	78%	71.25%	90%	96%

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Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Efficiency	Percent 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	100%	92.75%	86%	86%

3.3 DETER FRAUD, WASTE, AND ABUSE

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

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Up is Better	19	17	14	14

3.4 EFFICIENT, TRANSPARENT, AND RESPONSIVE GOVERNMENT

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

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	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	63.41%	82.61%	Target not required	Target not required
Outcome	Percent of employees that are District residents	Up is Better	39.93%	41.11%	Target not required	Target not required
Outcome	Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	75.46%	99.51%	98%	98%
Outcome	Percent of new hires that are District residents (Peoplesoft)	Up is Better	34.48%	56.25%	Target not required	Target not required

(continued)

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	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 (eRecruit)	Up is Better	13.95%	26.32%	Target not required	Target not required
Outcome	Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	Up is Better	60.71%	64.08%	Target not required	Target not required

4 PROPOSED ACTIVITIES

4.1 PROVIDER ENROLLMENT AND SCREENING

In order to receive payments for services provided to Medicaid 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.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Quantity	Number of newly enrolled providers	Up is Better	8,433	8,244	Target not required	Target not required
Quantity	Number of re-enrolled providers	Up is Better	3,183	3,323	Target not required	Target not required

4.2 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.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	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	Up is Better	30%	30%	Target not required	Target not required

4.3 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.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Quantity	Number of policy training sessions conducted with sister agencies and other external stakeholders on eligibility related policies and procedures	Up is Better	100	24	Target not required	Target not required

4.4 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.

No Related Measures

4.5 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.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Outcome	Number of ad-justed/overtured/upheld/partial payment/resolved/reversed/writl off cases among commercial consumers served by the Ombudsman (appeals and grievances)	Up is Better	257	215	Target not required	Target not required
Quantity	Number of investigations conducted based on complaints, inputs, and other indication of abnormal or suspect claims	Up is Better	19	51	Target not required	Target not required
Quantity	Number of liaison, education, and training conducted with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	Up is Better	44	68	Target not required	Target not required
Quantity	Number of Surveillance and Utilization Review Section (SURS) audits conducted	Up is Better	549	482	Target not required	Target not required

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Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Quantity	Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	Neutral	15,849	15,192	Target not required	Target not required

4.6 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.

Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
District-Wide Indicator	Number of District residents covered by Medicaid (Year End)	Neutral	309,575	272,239	Target not required	Target not required
District-Wide Indicator	Percent of District residents with health insurance coverage	Up is Better	97.5%	Data is pending	Target not required	Target not required
Outcome	Number of data analyses produced and disseminated to share utilization and spending patterns with external stakeholders and the general public	Up is Better	3	51	Target not required	Target not required
Quantity	Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	Up is Better	9,402	8,272	Target not required	Target not required
Quantity	Number of District residents enrolled in Adult Day Health Program	Up is Better	578	578	Target not required	Target not required
Quantity	Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	Neutral	7,096	7,839	Target not required	Target not required
Quantity	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	Up is Better	24	9	Target not required	Target not required

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Measure Type	Measure	Directionality	FY2024	FY2025	FY2026 Target	FY2027 Target
Quantity	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	Neutral	21	7	Target not required	Target not required
Quantity	Total number of District residents enrolled in Medicaid Assisted Living services	Up is Better	271	347	Target not required	Target not required

4.7 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.

No Related Measures