



## **DEPARTMENT OF HEALTH CARE FINANCE FY 2024 PERFORMANCE PLAN**

**DECEMBER 5, 2023**

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# 1 DEPARTMENT OF HEALTH CARE FINANCE

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*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 DHCFs Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible.

## 2 2024 OBJECTIVES

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### Strategic Objective

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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.

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### 3 2024 OPERATIONS

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

(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 2024 STRATEGIC INITIATIVES

Title	Description	Proposed Completion Date
Behavioral Health Integration with Medicaid Managed Care Contracts	Continuing from FY23 progress, 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.	4/30/2024
Hospital and Health Care System in Anacostia/East of the River	Continuing progress from FY23, DHCF will increase access to health care for residents who reside in the portion of the District of Columbia that is east of the Potomac River. The agency will accomplish the increase by providing oversight of the implementation of both the construction and/or development of a new hospital and health care system in Anacostia. The construction includes the new Cedar Hill GW Health Regional Medical Center and two urgent care facilities.	12/31/2024
Designated DC Health Information Exchange (CRISP) Enhancements	Continuing from FY23 progress on several DC Health Information Exchange (HIE) projects with the District's Designated HIE Partner, *CRISP, DHCF will substantially enhance provider use of the DC HIE. DHCF will complete the implementation of 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 to submit relevant patient data and identify programs to support care coordination. The timeline for this project aligns with the term of the current Memorandum of Agreement with the District's competitively selected DC HIE Designated HIE Partner, CRISP. (*CRISP = Chesapeake Regional Information System for our Patients, Inc.)	9/30/2024
Exchange of Electronic Advance Directives via the Health Information Exchange	Continuing FY 2023 progress in collaborations with sister agencies (DOH, DBH, DDS) and community partners (DCPCA, DCMS, DCHA), DHCF will design, develop, and implement 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's Commission on Health Care Systems Transformation.	4/30/2024

Medicaid Re-Enrollment/Restart	In FY24, DHCF will continue working with sister agencies to successfully initiate Medicaid renewals for over 80,000 Medicaid beneficiaries who have yet to receive their annual Medicaid recertification. In FY23, to ensure residents were prepared for the restart of annual Medicaid renewals at the conclusion of the Public Health Emergency, DHCF launched a vast public awareness and outreach campaign that included automated calls and/or texts, bi-weekly community meetings, and advertisements on buses, radio, and television. DHCF also coordinated closely with other District agencies; i.e., Department of Aging and Community Living, Department of Human Services, and Department of Disability Services, to ensure the agency was prepared operationally for the resumption of annual renewals.	9/30/2024
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## 5 2024 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

### Key Performance Indicators

Measure	Directionality	FY 2021	FY 2022	FY 2023	FY 2024 Target
<b>Provide access to comprehensive healthcare services for District residents.</b>					
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	100%	100%	91.3%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	95.6%	95.6%	Not Yet Available	95%
Percent of District residents covered by Medicaid	Up is Better	37.5%	43%	Not Yet Available	35%
Number of households served by Produce RX *	Up is Better	New in 2023	New in 2023	1,358	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	43.7%	42.3%	Not Yet Available	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	54.4%	53%	Not Yet Available	72%
<b>Ensure the delivery of high quality healthcare services to District residents.</b>					
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	92.9%	88.9%	92%	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	91.6%	91%	92.3%	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	86.3%	93.9%	92.8%	86%

Key Performance Indicators (*continued*)

Measure	Directionality	FY 2021	FY 2022	FY 2023	FY 2024 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	82.8%	82.3%	79.5%	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 Available	Not Yet Available	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 Available	Not Yet Available	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 Available	Not Yet Available	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	87.8%	91.5%	94.3%	86%
<b>Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.</b>					
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Up is Better	15	11	7	14
<b>Create and maintain a highly efficient, transparent, and responsive District government.</b>					
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	99.8%	99.8%	99.3%	98%

## Workload Measures

Measure	FY 2021	FY 2022	FY 2023
<b>Benefits</b>			
Percent of District residents insured	96.5%	96.3%	97.1%
Number of District residents covered by Alliance (Year End)	17,693	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	3
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	9,264	10,077	9,401
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	4,613	5,526	6,439
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	14	51	55
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	36	81	61
Number of District residents enrolled in Adult Day Health Program	186	754	648
Total number of District residents enrolled in Medicaid Assisted Living services	33	Not Available	240
Number of District residents covered by Medicaid (Year End)	269,660	287,889	302,490
<b>Eligibility</b>			
Number of policy training sessions conducted with sister agencies and other external stakeholders on eligibility related policies and procedures	21	Not Available	15
<b>Claims Processing</b>			

Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023
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%	30%
<b>Provider Enrollment and Screening</b>			
Number of newly enrolled providers	1,271	2,162	7,893
Number of re-enrolled providers	811	1,310	4,368
<b>Program Integrity</b>			
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	150,055	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	43	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	99	29	305
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	60	16	73
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	205	187	223