



FY09 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 healthcare services for residents of the District of Columbia.

SUMMARY OF SERVICES

The Department of Health Care Finance (DHCF), a newly created agency in FY09, provides health care services to low-income children, adults, the elderly and persons with disabilities. Over 200,000 District of Columbia residents (nearly one third of all residents) receive healthcare services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost effective settings possible.

OBJECTIVE 1: Provide access to a broad range of high-quality healthcare services through a network of providers to meet the needs of eligible beneficiaries.

INITIATIVE 1.1: Increase access to home and community-based services to support the elderly and persons with disabilities to live in their homes and communities, rather than institutional settings.

In FY08, efforts undertaken by DHCF to improve the eligibility process for Medicaid waivers focused on educating those who were denied waiver eligibility about their appeal rights. In FY09, DHCF will increase participation in home and community-based care through programs such as the Elderly and Physically Disabled (EPD) waiver by improving the eligibility determination process. Efforts will focus on reducing the wait time for DHCF's determination of waiver eligibility. The transition of a large part of the EPD waiver prior authorization and medical review functions to the Delmarva Foundation (the Quality Improvement Organization for the District of Columbia) should reduce the average wait time, as more staff will be dedicated to this process. In addition, DHCF will work with its partners in DC government—particularly the Income Maintenance Administration—to reduce the time required to complete the waiver application.

INITIATIVE 1.2: Increase transparency and effectiveness of the non-emergency transportation broker by expanding and monitoring the program's preferred provider program.

DHCF will work with Medical Transportation Management (MTM), its transportation broker, to expand its preferred provider list of transportation options for beneficiaries. Working with day treatment facilities, MTM will determine high-quality providers based on past performance (for instance, by examining beneficiary complaints, missed trips and other data provided by monthly reports). DHCF will monitor the preferred provider list by periodically examining the performance of participating providers, with the option of implementing sanctions for low-performing providers.

In addition, DHCF will train beneficiaries about other transportation options as appropriate (such as Metrobus, Metrorail and MetroAccess), as well as explore options for reimbursing beneficiaries who arrange their own transportation for day treatment. Through these efforts, DHCF will reduce costs associated with these services and facilitate more timely transportation of Medicaid beneficiaries.



INITIATIVE 1.3: Improve access to and use of dental services for children and adults by recruiting new providers and expanding outreach efforts.

Provider outreach has been a major component of past efforts to improve dental access. For children's dental services, in FY09, DHCF will bring a new children's dental clinic into the District. For adult dental services, DHCF will work to maintain its current level of providers and recruit new providers to participate. Two new contracts with dental networks (as of August and September 2008) have brought more than 100 new providers to the program. As part of these agreements, the dental networks must do outreach to current members, recruit new providers (focused on Wards 7 and 8) and conduct at least four community outreach efforts to reach individuals. These activities will take place in FY09.

In addition, a Continuing Medical Education program planned for spring 2009 will bring together dental providers, nurses and school-based providers to formulate strategies to increase utilization of dental services. Other continuing outreach efforts include the Dental Helpline, a tool that assists beneficiaries with finding dentists and making appointments and school-based oral health programs.

INITIATIVE 1.4: Improve access to children's preventive health services.

To improve reporting on provision of basic services provided by the Early Periodic Screening Diagnosis and Treatment (EPSDT) program, DHCF will expand its provider quality reporting, training and monitoring. DHCF will continue to use the Standard Medical Record Form (SMRF), which provides documentation of EPSDT and other preventive services. Providers are encouraged to participate through receiving a quarterly "pay-for-performance" payment for each complete form submitted. DHCF will conduct provider education on the SMRF form and the related DC HealthCheck registry. The department will also monitor Medicaid managed care organizations (MCOs) on their encounter data for EDPST services provided and implement individualized quality improvement plans for MCOs with performance levels below standards.

INITIATIVE 1.5: Create a Consumer Report Card on Medicaid and Alliance managed care plans.

Using currently available performance and quality measures, DHCF will create a user-friendly tool for current and prospective Medicaid and Alliance members to assess their options for coverage. Information will also be used by DHCF to evaluate health plan quality. The performance measures to be included in the Consumer Report Card include: care coordination, health plan accreditation findings, plan information systems, individual structural measures and selected measures of health care delivery including immunization and prenatal care measures.

INITIATIVE 1.6: Increase provider participation in Medicaid and Alliance programs to ensure adequate access to health care services.

In FY09, the DHCF will propose to increase rates to match the Medicare rates in its fee-for-service contracts. DHCF will conduct a needs assessment of providers to determine additional non-payment barriers to participation in the Medicaid and Alliance programs. DHCF will also review the adequacy of its managed care networks to ensure they are broad enough to serve beneficiaries. Finally, DHCF will reform the provider application enrollment process to facilitate provider participation. DHCF will streamline the internal enrollment process to reduce the time between provider application and approval.

OBJECTIVE 2: Maximize healthcare coverage to reduce the number of uninsured and underinsured in the District of Columbia.



INITIATIVE 2.1: Expand health insurance to District residents currently ineligible for other public programs by developing a proposal to implement the Healthy DC program.

Healthy DC will serve uninsured DC residents with incomes too high to qualify for Medicaid or other public programs. In preparation, DHCF will first conduct a citywide uninsured survey. Based on those results and other analysis, DHCF will develop a program to increase access to health insurance for the uninsured. The program will be implemented in July 2009.

INITIATIVE 2.2: Inform District residents about opportunities for healthcare coverage and benefits under Medicaid and the Alliance program.

In the past year, efforts have been undertaken to inform current Medicaid and Alliance participants about changes to their plan options under DHCF programs. In the coming year, DHCF will expand efforts to educate District residents about insurance options, in particular through developing internally-based outreach efforts through the new public relations staff at DHCF. These activities will complement current efforts undertaken by DHCF's outreach and enrollment brokers, such as efforts to increase the network of community-based providers that assist residents in navigating the health care system; a citywide campaign that provides program and eligibility information in public areas.

OBJECTIVE 3: Provide care more efficiently, through ensuring program and fiscal integrity, while maximizing federal resources.

INITIATIVE 3.1: Expand utilization management activities to ensure proper utilization of services and to recover funds.

DHCF will continue to examine spending by service and facility, to recover funds where appropriate, and to increase fraud and abuse efforts. In FY09, utilization management will increase, in part due to the filling of previously vacant positions, resulting in two additional auditors. FY09 efforts will include: prescription drug management, examining hospice services for compliance with billing codes and options for other non-Medicaid sources of insurance coverage, and examination of independent laboratory services. DHCF will work with school-based providers to provide continuous monitoring, education and pre- and post-payment review to ensure the integrity of schools' claims for Medicaid reimbursement. Finally, DHCF will target individual physicians with high levels of ordering of controlled substances—particularly Schedule II narcotics—to determine any fraud or abuse issues. FY 08 year-to-date recoveries total more than \$1.1 million, recovered through 22 total audits. Recoveries will increase in FY09, with a target of \$2 million recovered through approximately 30 audits.

INITIATIVE 3.2: Increase DHCF savings through operation of a preferred drug list and supplemental rebate program to promote the clinically appropriate utilization of pharmaceuticals in a cost-effective manner.

DHCF will continue to more aggressively promote the use of less costly generic drugs in its Medicaid and Alliance programs, for savings between \$10 and \$12 million annually. DHCF will also conduct reviews of its drug list and participate in a multi-state consortium to obtain drug rebates from pharmaceutical manufacturers.

INITIATIVE 3.3: Develop and expand provider training program on fraud and abuse issues.

DHCF's provider fraud and abuse training program was recently disbanded due to a staff member departure, with approximately three to four provider trainings held in FY08. In FY09, DHCF will renew and expand training of Medicaid and Alliance providers on fraud and abuse issues. These efforts will coincide with requirements under the False Claims Act to review all providers with claims in excess of \$5 million. The training will continue to cover the following key issues:



review of what constitutes fraud and abuse; types of billing and claims errors; and ways to report suspected fraud. The major change in FY09 will be an expansion of the training to reach more providers.

INITIATIVE 3.4: Implement the Medicaid Transformation Grant, an initiative to integrate patient data across DHCF and other agencies' programs.

DHCF received a \$9.8 million Medicaid Transformation Grant from the federal Centers for Medicare and Medicaid Services (CMS) to create a new database that consolidates Medicaid data from various DC government systems. The location of all beneficiary data in one place will improve quality of care and reduce duplication of services for beneficiaries. The initiative will also improve DHCF's ability to perform analysis on services provided by the Department and by sister District agencies. A vendor for this project will be selected in mid-October 2008 and completion of the initiative will take slightly more than one year.

OBJECTIVE 4: Strengthen the partnership between DHCF and a broad network of quality providers, as well as with other government agencies, to expand healthcare services.

INITIATIVE 4.1: Create a single Administrative Services Administration (ASO) to improve care and consolidate Medicaid billing and claims processing from District agencies.

Improving Medicaid claims and billing will ensure the District receives the maximum federal reimbursement for the healthcare services it provides and reduce delays in provider payment--increasing provider participation. The consolidated ASO will handle Medicaid claims and billing across all District agencies and offices that work with Medicaid. Streamlining these operations will also improve oversight ability, generate greater consistency across programs and ensure better utilization of both District and federal funding. Related efforts will include educating providers on appropriate billing procedures and claims submissions and collaborating with public provider agencies to ensure accuracy in documentation and billing.

INITIATIVE 4.2: Enhance the current information system for claims to better communicate with providers and improve billing and claims accuracy.

DHCF is currently improving its existing management information system for claims. These enhancements will allow online submission of claims, billing information and communications. The system is currently in development and testing, with full implementation expected near the beginning of FY11. As part of this effort, DHCF will train providers on use of the new system. The initiative will improve accuracy of payments and should improve provider satisfaction with participation in DHCF programs.

INITIATIVE 4.3: Enhance DHCF's website to facilitate information exchange, with the aim of providing coordinated information to beneficiaries and existing/potential DHCF providers.

The two major components of changes to the DHCF website are: 1) development of the new Medicaid Management Information System (MMIS) web portal and 2) creation of a stand-alone website for DHCF, apart from its current location within the Department of Health (DOH) website.

Phase 1 of the web portal (www.dc-medicaid.com) went live in August 2008, and focuses on static DC Medicaid information, such as provider bulletins, billing tips, and usage policy. Phase 2 (starting in January 2009) will focus on provider enrollment--providing a nearly paperless alternative for providers to re-enroll in the Medicaid program. Corresponding with these efforts will be provider training sessions, in collaboration with the District of Columbia Primary Care Association (DCPCA) and the District of Columbia Hospital Association (DCHA). The final



phase of the portal (at the beginning of FY10 and corresponding with DHCF's new information system) will implement the remaining functions, including online beneficiary verification, information on participating providers, claims submission and submission of prior authorization. DHCF will also work to expand opportunities for feedback on the website and portal from providers and the public to further improve the department's communication efforts.

INITIATIVE 4.4: Implement quality improvement initiatives.

In FY09, DHCF will implement a collaborative quality improvement initiative for beneficiaries in the Medicaid program, focused on two clinical areas. This will enable DHCF to better monitor the quality of healthcare services in the District. These clinical areas are to be finalized, but will be selected based on the needs of the target population (Medicaid beneficiaries), the ability to improve health in these areas and the ease of data collection. The clinical areas will be finalized by November 1, 2009, and participating health plans will begin the initiatives January 1, 2009.

INITIATIVE 4.5: Increase funding for services paid for by Medicaid and provided in District of Columbia Public Schools.

In FY09, the Department of Health will explore and develop options to cover additional school-based services through the Medicaid program. DHCF will also analyze options for service provision in schools, working the department's provider liaison unit, the District of Columbia Public Schools (DCPS) and the Office of the State Superintendent of Education (OSSE).



PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY07 Actual	FY08 Target	FY08 YE Actual	FY09 Projection	FY10 Projection	FY11 Projection
Objective 1						
Number of participants in the Elderly and Physically Disabled Home and Community Based services waiver	1,603	1,700	1,953	2,050	2,150	2,250
Average wait time between receipt of complete EPD waiver application and approval/denial of application	N/A	N/A	Greater than 60 days	45 days	30 days	30 days
Reported complaints (including missed/late trips) on transportation broker services, per 1000 trips	N/A	N/A	4.5 trips per 1000	3 trips per 1000	2.5 trips per 1000	2.5 trips per 1000
# dental visits for children in Medicaid (unduplicated count)	TBD	TBD	TBD	TBD	TBD	TBD
# dental visits for adults in Medicaid (unduplicated count)	TBD	TBD	TBD	TBD	TBD	TBD
Immunization rates for two year old children	78%	N/A	TBD	80%	83%	85%
Timeliness of prenatal care	70%	N/A	TBD	75%	78%	80%
Adults' use of preventive/ambulatory care services (ages 20-44)	76%	N/A	TBD	80%	83%	85%
Objective 2						
% of Medicaid applications processed within 45 days (average of monthly data)	N/A	N/A	90% (August 2008)	91%	93%	95%
% of Alliance applications processed within 45 days (average of monthly data)	TBD	TBD	TBD	TBD	TBD	TBD
Percent DC residents uninsured	N/A	N/A	6% (estimate)	6%	5%	4%
Percent DC residents insured through Medicaid & Alliance	TBD	TBD	TBD	TBD	TBD	TBD
# of grievances and appeals filed	TBD	TBD	TBD	TBD	TBD	TBD
Objective 3						
Total recovered from provider audits	N/A	N/A	\$1.1 million	\$1.5 million	\$1.75 million	\$2 million
% generic drug utilization in Medicaid (FFS only)	N/A	N/A	56%	58%	60%	62%
# providers trained annually in Fraud and Abuse training program	N/A	N/A	N/A	75	100	100
Objective 4						
Quality Improvement Initiative 1 (measure still to be finalized)	N/A	N/A	N/A	TBD	TBD	TBD
Quality Improvement Initiative 2 (measure still to be finalized)	N/A	N/A	N/A	TBD	TBD	TBD

