



Department of Health Care Finance

DHCF (HT)

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

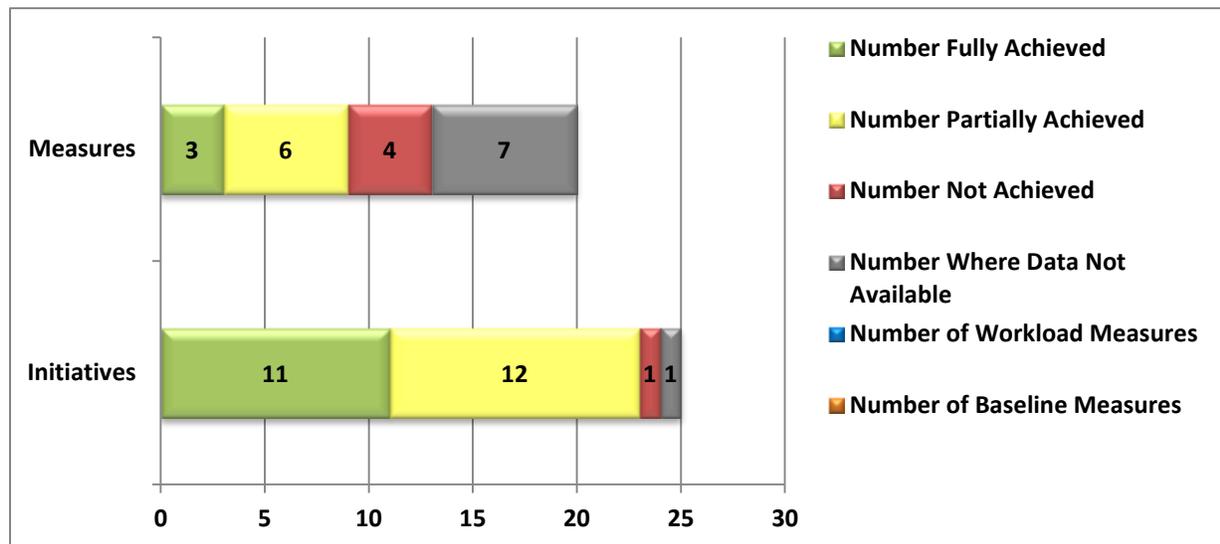
ACCOMPLISHMENTS

- ✓ Developed a new reimbursement methodology for ICF/DD facilities – DHCF developed and implemented a new acuity-based reimbursement model for ICF/DDs, the first major overhaul to the reimbursement methodology in twenty years.
- ✓ Implemented a new managed care program – DHCF solicited and awarded contracts to three managed care organizations (MCOs) to provide manage and coordinate care for over 160,000 Medicaid and Alliance beneficiaries. The new MCO program focuses on a commitment to managing the cost effective delivery of care to beneficiaries with the overarching goal of improving patient outcomes.
- ✓ Expanded the Alliance Pharmacy Benefit – DHCF transitioned the Alliance pharmacy network to the District of Columbia Pharmacy Provider Network (DCPPN) and expanded access to over 20 pharmacies in all wards of the District.

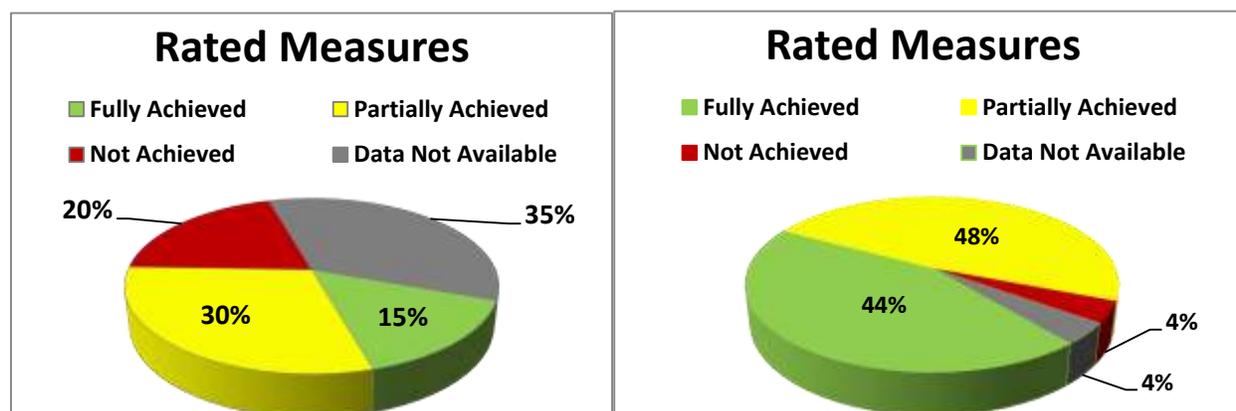


OVERALL OF AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES



RATED MEASURES AND INITIATIVES



Note: Workload and Baseline Measurements are not included

Default KPI Rating:	
$\geq 100\%$	Fully Achieved
75 - 99.99%	Partially Achieved
$< 75\%$	Not Achieved



Performance Initiatives – Assessment Details

Performance Assessment Key:

Fully achieved Partially achieved Not achieved Data not reported

Health Care Delivery Management

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

INITIATIVE 1.1: Improve the needs assessment process for personal care services.

Partially Achieved. DHCF awarded a contract to the Delmarva Foundation for Medical Care, Inc. on 7/16/13 to perform independent assessments of need for, and authorization of, State Plan Personal Care Aide (PCA) services. After a 90-day transition process, the new process was implemented in November 2013. In addition, the PCA State Plan regulations had to be amended to include the conflict-free assessment process. The final rules have now been sent for publication in the November 8, 2013 register with implementation effective 11/20/13. Implementation will begin with new referrals for PCA services followed by a phase-in approach for existing beneficiaries as of 01/01/14. This initiative is being fully implemented in FY14

INITIATIVE 1.2: Implement a new Home and Community-Based Long Term Care Services Waiver for individuals with intellectual and developmental disabilities (ID/DD).

Partially Achieved. DHCF submitted a waiver application to serve individuals with intellectual and developmental disabilities to the federal government in 2012. The waiver was approved by CMS for implementation effective 11/20/12. The waiver is in effect until 11/19/17. Nine of the rules for the 27 services were published in FY13, and the remaining ones are pending. To date, 14 rules have been published.

INITIATIVE 1.3: Improve Elderly and Persons with Disabilities (EPD) Waiver provider quality.

Fully Achieved. The new Provider Readiness process has been completed and is currently being implemented; however, a few of the existing providers still have to go through the process.

INITIATIVE 1.4: Establish new contracts for Managed Care Organizations (MCOs) for Medicaid and Alliance health services.

Fully Achieved. DHCF awarded three contracts to MCOs for the new 5-year Managed Care Program in FY2013. Through the managed care program, health care services will be provided to nearly 160,000 District residents.

INITIATIVE 1.5: Increase public awareness and knowledge about the Medicaid Managed Care program.

Fully Achieved. DHCF staff participated in numerous events to better inform District residents on the covered services for both the Alliance and Medicaid programs. These events included: participating as a guest speaker at the following venues and locations: George Washington Cancer Institute; DC Healthy Start Program's Perinatal and Infant Health Bureau, Outreach and Family Support Services; Ombudsman Advisory Council and Ward 8 Health Council.



INITIATIVE 1.6: Improve cost effectiveness of MCO HIV pharmaceutical delivery.

Fully Achieved. The expansion of the HIV antiretroviral carve-out to include members of the Medicaid Managed Care plans became effective on January 1, 2013. Managed care plan members with prescriptions for HIV antiretroviral medications join Medicaid fee for service beneficiaries in obtaining these medications from the twenty-three pharmacies comprising the current District of Columbia Pharmacy Provider Network (DCPPN). The DCPPN pharmacies providers offer specialized individual counseling and medication therapy management to Medicaid and AIDS Drug Assistance Program (ADAP) patients diagnosed and living with HIV/AIDS in the District.

INITIATIVE 1.7: Reform the Medicaid Day Treatment benefit.

Partially Achieved. Extensive efforts are underway to develop a 1915(i) State Plan Adult Day Health Program to replace current Medical Day Treatment services. A team of LTC staffs and Health Care Policy and Research Administration staffs has been working tirelessly to get the new program underway. The work plan that has been recently updated regarding DHCF's efforts to bring Fee for Service day treatment services into compliance. Substantial progress was made pursuant to a published rulemaking. The proposed clinic services rule was published on March 22, 2013 and staffs are working to get final rules published. Furthermore, new admissions and new provider enrollment to day treatment ended on January 1, 2013. All beneficiaries who could be transitioned to existing services have been transitioned. DHCF is in the final stages of completing the policy and programmatic planning for the submission of a new 1915(i) SPA for adult day health. Programmatic requirements have been drafted along with a newly developed rate methodology. DHCF has also completed validation of its new assessment tool (which will be used across all LTCSS) and establishing levels of care based upon the results. The proposed timeline to submitting the State Plan Amendment (SPA) to CMS is November/December 2013 and will be followed by recruitment of new providers. DHCF anticipates this new program being implemented in early 2014.

INITIATIVE 1.8: Increase physician awareness of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

Partially Achieved. Regarding the Annual Provider Education report that the District submitted to the Federal District Court under the Salazar Consent Decree, DHCF noted that the percentage of providers trained between 2012 and 2013 has doubled (49% v. 22%). The District worked with the DC Chapter of the American Academy of Pediatrics, Children's National Medical Center and other community champions throughout the year to promote www.dchealthcheck.net. DHCF also will incorporate changes through managed care organizations to increase the percentage of providers trained by making compliance with HealthCheck training a credentialing requirement for providers who are credentialing or re-credentialing with the MCOs. This new requirement went into effect under the contracts effective 7/1/13.

OBJECTIVE 2: Improve health outcomes for District residents.

INITIATIVE 2.1: Launch a resource website for case managers and perinatal providers.

Fully Achieved. The resource website will be launched in the first quarter of FY14, and utilization will be monitored to measure its effectiveness.



INITIATIVE 2.2: Improve the quality of services provided by District nursing facilities.

Partially Achieved. This tool will be finalized and available for public reporting during FY 14. Additionally, data collection will begin in FY 14.

INITIATIVE 2.3: Assist Medicaid beneficiaries moving from institutions to the community.

Partially Achieved. FY 12 Transitions = 25 (41.6%)

Four (4) people with Intellectual and Developmental Disabilities (I/DD) transitioned from Intermediate Care Facilities (ICFs) for people with I/DD to I/DD Home and Community-Based Waiver Services; twenty-one (21) nursing home residents transitioned to Elderly and persons with Physical Disabilities Home and Community-Based Waiver Services.

During the year, the implementation of the increased reimbursement rate for ICFs/IDD services decreased provider incentive for transitions to I/DD Waiver Services- an important variable in a service planning process that is heavily influenced by providers that operate both ICF and waiver services. This compounded existing barriers to transitions such as the location of affordable, more independent housing options in less desirable neighborhoods than ICFs, and the resistance of service planning team members, especially decision makers for MFP candidates (guardians, attorneys), to consider independent living options outside of the “family-like” ICFs.

Throughout the year, with the August 2012 approval of the policies and procedures for the selection of nursing home residents for participation in MFP, residents who had homes to return to who also met MFP-eligibility requirements transitioned to the community on an on-going basis. All 21 transitions in the fiscal year were of residents with homes to return to. In March 2013, DHCF held its first lottery to select eligible nursing home residents for 30 Housing Choice Vouchers set aside for MFP, and 10 Public Housing slots for residents meeting the DC Housing Authority’s “Elderly Disabled” criteria (62 and older, using a wheelchair to ambulate). The first group of lottery winners is anticipated to move in November 2013. Locating affordable and physically accessible housing for this group has been a major barrier to transitions.

INITIATIVE 2.4: Increase collaboration between Primary Care Providers (PCP) and Dentists on oral healthcare for young children.

Fully Achieved. DHCF has worked with MCOs, DC Pediatric Oral Health Coalition, pediatric dentists and primary care providers to begin implementation of reimbursement of fluoride varnish applications by primary care providers effective 1/1/14. An agreed upon training module was developed and available on dhealthcheck.net, as well as scheduled in-person trainings. The first in-person training was held on September 12, 2013 at the annual meeting of DC’s American Academy of Pediatrics (AAP) chapter and another is scheduled for November 2013. In addition, DHCF maintained the Dental HelpLine to facilitate PCP referrals to dental providers and in the new contracts with managed care organizations children enrolled in the Medicaid managed care organizations will now be required to have a primary dental provider (with selection and assignment procedures similar to those of primary care providers). The meeting with the DC AAP chapter in September 2013 focused on oral health activities for children and included both PCPs and pediatric dentists; this meeting went through the oral health resources available on dhealthcheck.net.



Health Care Operations

OBJECTIVE 1: Improve the efficiency of program operations.

INITIATIVE 1.1: Improve provider payment efficiency.

- **Not Achieved.** This initiative was not achieved in FY13. For the next fiscal year we will need to develop and implement a more comprehensive outreach plan to encourage or mandate enrollment in the EFT program.

INITIATIVE 1.2: Implement new enrollment screening process for providers.

- **Partially Achieved.** We are still working on the appropriate approvals and rules, inter-agency agreements, policies and procedures and identifying changes required to the MMIS to implement the requirements of the Affordable Care Act.

OBJECTIVE 2: Strengthen program integrity.

INITIATIVE 2.1: Implement Affordable Care Act (ACA) requirements for provider enrollment safeguards.

- **Partially Achieved.** DHCF increased our monitoring of Home Health providers in FY13. We ran reports to analyze the utilization patterns of the home health agencies and the billing by Personal Care Aides (PCAs). We will continue to work with the Division of Long Term Care as they implement the new long term care support contract which will offer conflict free assessments of our beneficiaries who require home health services.

Health Care Policy and Research

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.

- **Fully Achieved.** The District of Columbia was the first jurisdiction in the nation to submit all SPAs needed to implement Medicaid eligibility changes under the Affordable Care Act. These SPAs are currently under review by CMS. CMS also implemented new policies and business processes to streamline eligibility and to eliminate obsolete categories and collapse others into four coverage groups for beneficiaries whose eligibility is determined under the new MAGI standards.

INITIATIVE 1.2: Increase services for individuals with serious mental illness through CMS Medicaid Emergency Psychiatric Demonstration.

- **Fully Achieved.** In partnership with the Department of Behavioral Health (DBH) and the Psychiatric Institute of Washington (PIW), DHCF has established one of the Nation's most successful sites for the Medicaid Emergency Psychiatric Demonstration (MEPD). The District's MEPD averages 35 monthly admissions and prominently features collaborative post-discharge planning. This enhanced focus on follow-up appears to have a positive impact on the mental health system, as evidenced by declining MEPD readmission rates and lengths of stay. Since implementing the MEPD in 2012, the District has provided 259 unique beneficiaries access to inpatient psychiatric hospitalization, far exceeding the established performance indicator for FY 2013. The District's MEPD will operate until June of 2015.



INITIATIVE 1.3: Implement hospital in-patient payment rate changes and continue payment reforms for in-patient and out-patient hospital services.

Fully Achieved. All FY 12 in-patient hospital reimbursement reforms were implemented in FY 13. Further, planning and design has been completed or nearly completed for outpatient payment methodologies and non-DRG hospitals. The methodology changes to in-patient services, outpatient services, and non-diagnosis related group hospitals are underway and implementation is on target for an October 1, 2014 implementation.

INITIATIVE 1.4: Increase public awareness of Medicaid services, utilization and costs.

Partially Achieved. The Division of Research and Rate-Setting Analysis developed and completed four data “snapshots” during FY13 and two others remain in development. Snapshots have covered such topics as demographics and enrollment, children’s coverage levels, the use of claims data to identify and examine services provided to individuals with HIV/AIDS, and the association between age and use of mental health services. The Division has also produced a number of chart packs, presentations and other communications covering an array of research areas, including inpatient hospital readmissions, long-term care reforms, the agency’s piloting of its new assessment tool, trends in PCA use, and nursing facility discharges to the community.

INITIATIVE 1.5: Implement new reimbursement model for ICF/IDDs.

Fully Achieved. In FY 2013, DHCF implemented the first update to ICF/IID rates since the late 1990s. The FY 2013 rate methodology shifted the basis for ICF/IID payments to an acuity based system based on staffing ratios and facility size. Implementation of the model occurred through close collaboration between DHCF, ICF/IID providers, and personnel from the Department of Disability Services. As approved by CMS, the first year of implementation served as the transition period, whereby providers and DHCF could become familiar with the model, assess its efficacy and accurateness, and make adjustments where necessary.

Health Care Reform and Innovation

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

INITIATIVE 1.1: Expand enrollment and utilization of the "Direct" health information exchange solution.

Partially Achieved. DHCF expanded the number of Direct enrollees to 140 in FY13. Direct is meant to be a “starter” service for HIEs to offer prior to the release of more advanced HIE services to which Direct could be connected.

INITIATIVE 1.2: Implement Medicaid Electronic Health Record Incentive Payments Program.

Partially Achieved. The HIT PMO implemented the Medicaid EHR Program on-time and on-budget, but due to delays in procuring a vendor to implement and operate the District’s provider registration and attestation web portal, the number of providers that received incentive payments did not reach 400. The District has issued \$6.6 million in incentive payments since the Program launched in July. Eight of nine eligible hospitals in the District have received an incentive payment. The District has experienced an increase in the number of providers inquiring about the program and calling the Xerox help desk and accessing the DHCF web pages about the Medicaid EHR Program.



OBJECTIVE 2: Implement health care reform.

INITIATIVE 2.1: Implement the DC Access System (HHS IT Solution).

- **Data Not Reported.** Not Applicable to HCRIA as HBX was spun off to a separate enterprise.

Office of the Director

OBJECTIVE 1: Increase access to care for District residents.

INITIATIVE 1.1: Increase public awareness of services offered by the Ombudsman Office within the non-English speaking community.

- **Partially Achieved.** The Office of the Health Care Ombudsman and Bill of Rights partially achieved this initiative. The Office translated various information into several languages including Spanish, Amharic, French, Vietnamese, Chinese and Korean. The materials have been made available at over twenty (20) various outreach events across the District.

OBJECTIVE 2: Decrease commercial appeal cases upheld.

INITIATIVE 2.1: Increase overturned rate of commercial appeal cases.

- **Fully Achieved.** The Office of Health Care Ombudsman and Bill of Rights had 274 commercial cases of which 174 were appeals. Nineteen (19) cases were overturned at the Plan level upon intervention of the Ombudsman's Office providing additional clinical information; seven (7) cases were reversed in the members favor at the external review level and (7) decision were upheld. The balance of the cases distribution are: sixty-nine (69) cases are pending awaiting medical records, additional research and internal review prior to submitting to the external review organization and or back to the plan for reconsideration; thirty-five (35) administratively closed; nineteen (19) referred to Department of Insurance Securities and Banking; fifteen (15) were withdrawn; one (1) referred to the United States Department of Labor; one (1) referred to the United States Office of Personnel Management; one (1) partially overturned; one (1) transferred out of state due to jurisdiction issue.



Key Performance Indicators – Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported
 ● Workload Measure

	KPI	Measure Name	FY 2012 YE Actual	FY 2013 YE Target	FY 2013 YE Revised Target	FY 2013 YE Actual	FY 2013 YE Rating	Budget Program
Office of the Director								
	1.1	Number of consumers served by Ombudsman	3,960	3,600		4,974	138.17%	AGENCY MANAGEMENT PROGRAM
	2.1	Percentage of closed/resolved cases among Ombudsman consumers	95%	90%		90.71%	100.79%	AGENCY MANAGEMENT PROGRAM
	2.2	Percentage of commercial cases overturned	77%	78%		17.71%	22.70%	AGENCY MANAGEMENT PROGRAM
Health Care Policy and Research								
	1.1	Number of adults in 1115 Childless Adults Waiver	3,725	4,716		4,205	89.16%	HEALTHCARE POLICY AND PLANNING
Health Care Delivery Management								
	2.1	Percent of beneficiary satisfaction with their health plan ¹	74.2%	80%		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT
	2.2	Percent of eligible children receiving preventative dental services ²	51%	58%		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT

¹ Supporting data is based on HEDIS reporting, which is not available until October 2014.

² Supporting data is based on HEDIS reporting, which is not available until October 2014.



	KPI	Measure Name	FY 2012 YE Actual	FY 2013 YE Target	FY 2013 YE Revised Target	FY 2013 YE Actual	FY 2013 YE Rating	Budget Program
●	2.3	Number of reported complaints on transportation broker services per 1,000 trips (including missed/late trips)	2.1	1.7		7.55	22.52%	HEALTHCARE DELIVERY MANAGEMENT
●	2.4	Number of beneficiaries moved from institutions into the community through Money Follows the Person Program (MFP)	24	60		24	40%	HEALTHCARE DELIVERY MANAGEMENT
●	2.5	Adverse perinatal outcomes per 1,000 pregnancies and infants. ³	180	200		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT
●	2.6	Adverse chronic disease outcomes per 1,000 people (asthma, diabetes, hypertension, congestive heart failure) ⁴	3678	342		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT
●	2.7	Percent of children received age-appropriate immunizations (HEDIS measure) ⁵	79.82%	87%		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT

³ Supporting data is based on HEDIS reporting, which is not available until October 2014.

⁴ Supporting data is based on HEDIS reporting, which is not available until October 2014.

⁵ Supporting data is based on HEDIS reporting, which is not available until October 2014.



	KPI	Measure Name	FY 2012 YE Actual	FY 2013 YE Target	FY 2013 YE Revised Target	FY 2013 YE Actual	FY 2013 YE Rating	Budget Program
●	2.8	Percent of timeliness of prenatal care ⁶	68.12%	82%		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT
●	2.9	Percent of adults enrolled in health plans who accessed preventive/ambulatory care (age 20-44) ⁷	72.93%	88%		NA	Data Not Reported (Not Rated)	HEALTHCARE DELIVERY MANAGEMENT
Health Care Operations								
●	1.1	Total dollars recovered from Third Party Liability (TPL)	\$6.130M	\$6M		\$4,824,610.22	80.41%	HEALTH CARE OPERATIONS
●	1.2	Percentage of providers paid electronically	37%	45%		37.61%	83.58%	HEALTH CARE OPERATIONS
●	1.3	Average time (days) to process Medicaid provider applications	40	35		34.85	100.42%	HEALTH CARE OPERATIONS
●	2.1	Number of referrals to the Medicaid Fraud Control Unit (MFCU)	5	20		22	90.91%	HEALTH CARE OPERATIONS
Health Care Reform and Innovation								
●	1.1	Total number users enrolled in DIRECT	0	150		128	85.33%	HEALTH CARE REFORM & INNOVATION
●	1.2	Number of active DIRECT users	0	50		39	78%	HEALTH CARE REFORM & INNOVATION
●	1.3	Number of Medicaid providers receiving incentive payments	0	400		5	1.25%	HEALTH CARE REFORM & INNOVATION

⁶ Supporting data is based on HEDIS reporting, which is not available until October 2014.

⁷ Supporting data is based on HEDIS reporting, which is not available until October 2014.