

(HT0) Department of Health Care Finance FY 2017 Draft Annual Performance Plan*

Department of Health Care Finance has the following strategic objectives for FY 2017:

Strategic Objectives

Strategic Objectives describe what the agency will do, at a high level, to achieve its Mission. These are action- based sentences that define what an agency does for its customers, whether the customers are residents or other District agencies, and how that improves the District.

Objective Number	Strategic Objective
1	Provide access to comprehensive healthcare services for District residents.
2	Ensure the delivery of high quality healthcare services to District residents.
3	Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.
4	Create and maintain a highly efficient, transparent and responsive District government.**

Activities

Activities include the work that happens on a daily basis to help achieve the Strategic Objectives. Activity names come from the Budget linen items. This is further divided into Daily Services, (ex. sanitation disposal), and long- term Key Projects that are high profile, one-time and span several years, (ex. redevelopment of Walter Reed Army Medical Center). Many agencies will mostly have Daily Services, whereas some agencies that are more capital-based will have several Key Projects.

Activity Header	Activity Title	Type of Activity
1 - Provide access to comprehensive healthcare services for District residents. (2 Activities)		
Health Care Policy and Planning Support	Medicaid State Plan Amendments (SPAs)	Daily Service
Health Care Delivery Management Support Services	Implementation of Access Performance Measures	Daily Service
2 - Ensure the delivery of high quality healthcare services to District residents. (2 Activities)		
Health Care Delivery Management Support Services	Implementation of Clinical and Non-Clinical Performance Measures	Daily Service
Health Care Delivery Management Support Services	Health Home and Federally Qualified Health Center Performance	Daily Service
3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (4 Activities)		
Health Care Operations Support	Program Integrity	Daily Service
Health Care Operations Support	Conduct SURS Audits	Daily Service
Health Care Operations Support	Investigations	Daily Service
Health Care Operations Support	Program Integrity Training	Daily Service

Key Performance Indicators***

Key Performance Indicators measure how well an agency is achieving its Strategic Objectives. They are outcome oriented and should be used to answer the question, “What does the agency need to measure to determine success?”

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
1 - Provide access to comprehensive healthcare services for District residents. (5 Measures)						
A minimum of three (3) policy training sessions conducted per quarter for DHCF, sister agencies and other external stakeholders on eligibility related policies and procedures to ensure staff and community partners receive the training needed to accurately determine eligibility for Medicaid, and the District’s locally funded health care programs.	X	Not available				
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.		53%	53%	Not available	56%	58%
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.		63%	63%	Not available	65%	68%
Number of non- commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)		7712	8000	8241	8200	8500

Percent of closed/resolved cases among non-commercial consumers served by the Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)		95%	95%	95.89%	95%	95%
2 - Ensure the delivery of high quality healthcare services to District residents. (12 Measures)						
Average time to process Medicaid “low risk provider” application		Not available	42	30	30	30
Average time to process Medicaid “moderate” risk provider application		Not available	11	60	60	60
Percentage of hospital admissions due to health conditions that may have been prevented through appropriate outpatient care.	X	Not available				
Reported complaints on transportation broker services per 1,000 trips (incl. missed/late trips) within the Medicaid Fee For Service Population		Not available	2.1	2.1	2.1	1.8
Number of Elderly & Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	X	Not available	Not available	Not available	15	35
Number of beneficiaries receiving a conflict free Assessment for long- term care services and supports.	X	Not available				
Number of days from the submission of a complete application to receipt of services (service initiation) for EPDW.	X	Not available				
Percent of Medicaid beneficiaries with hospital discharges that were followed by a readmission for any diagnosis within 30 days.	X	Not available				

Percent of hospital inpatient admissions for Medicaid beneficiaries that could have been avoided through high-quality outpatient care and not warrant an inpatient level of care.	X	Not available				
Management of Pediatric Asthma 0-20 years of age: Asthma Medication Management – Remain on Asthma Controller 50% of Treatment Period		Not available	63.29%	61.68%	65.29%	67.29%
Percent of potentially preventable Emergency Department visits by Medicaid beneficiaries that may have been avoided or appropriately treated at a lower level of care.	X	Not available				
Management of Pediatric Asthma 0-20 years of age: Asthma Medication Management – Remain on Asthma Controller 75% of Treatment Period		Not available	36.27%	34.27%	38.27%	40.27%
3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (3 Measures)						
Complete provider education sessions focused on fraud, waste and abuse.	X	Not available	Not available	Not available	20	22
Complete Surveillance and Utilization Review Section (SURS) audits	X	40	18	Not available	25	30
Investigations Completed	X	21	8	Not available	15	20
4 - Create and maintain a highly efficient, transparent and responsive District government.** (9 Measures)						
Contracts/Procurement-Expendable Budget spent on Certified Business Enterprises	X	Forthcoming October 2016				
Contracts/Procurement-Contracts lapsed into retroactive status	X	Forthcoming October 2016				

Budget- Local funds unspent	X	Forthcoming October 2016				
Budget- Federal Funds returned	X	Forthcoming October 2016				
Customer Service-Meeting Service Level Agreements	X	Forthcoming October 2016				
Human Resources-Vacancy Rate	X	Forthcoming October 2016				
Human Resources-Employee District residency	X	Forthcoming October 2016				
Human Resources-Employee Onboard Time	X	Forthcoming October 2016				
Performance Management-Employee Performance Plan Completion	X	Forthcoming October 2016				

Performance Plan End Notes:

*For more information about the new structure and components of FY 2017 draft performance plans, please see the FY 2017 Proposed Budget and Financial Plan, Volume 1, Appendix E

**"Create and maintain a highly efficient, transparent and responsive District government" is a new Strategic Objective this year required for all agencies.

***Key Performance Indicators that are new may not have historical data and may only have FY 2017 targets.