

# Department of Health Care Finance

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Table HT0-1

Description	FY 2015 Actual	FY 2016 Approved	FY 2017 Proposed	% Change from FY 2016
OPERATING BUDGET	\$2,764,826,309	\$3,005,453,737	\$3,071,090,837	2.2
FTEs	216.7	251.0	250.0	-0.4

The mission of the Department of Health Care Finance (DHCF) 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, the elderly, and persons with disabilities. Over 250,000 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.

The agency's FY 2017 proposed budget is presented in the following tables:

## FY 2017 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table HT0-2 contains the proposed FY 2017 budget by revenue type compared to the FY 2016 approved budget. It also provides FY 2015 actual data.

Table HT0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change
<b>GENERAL FUND</b>										
LOCAL FUNDS	739,256	700,011	705,606	5,595	0.8	83.3	103.9	104.4	0.4	0.4
DEDICATED TAXES	62,779	71,345	81,907	10,562	14.8	4.4	6.0	5.5	-0.6	-9.1
SPECIAL PURPOSE REVENUE FUNDS	3,261	2,605	3,493	888	34.1	8.5	10.4	10.9	0.6	5.3
<b>TOTAL FOR GENERAL FUND</b>	<b>805,296</b>	<b>773,961</b>	<b>791,005</b>	<b>17,045</b>	<b>2.2</b>	<b>96.2</b>	<b>120.3</b>	<b>120.8</b>	<b>0.4</b>	<b>0.4</b>

**Table HT0-2**

(dollars in thousands)

Dollars in Thousands						Full-Time Equivalents				
Appropriated Fund	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change		Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change	
				from FY 2016	Percentage Change*				from FY 2016	Percentage Change
<b>FEDERAL RESOURCES</b>										
FEDERAL GRANT FUNDS	19,537	1,000	2,916	1,916	191.6	11.5	2.0	0.0	-2.0	-100.0
FEDERAL MEDICAID PAYMENTS	1,839,759	2,146,166	2,188,106	41,941	2.0	108.9	128.7	129.3	0.6	0.4
<b>TOTAL FOR FEDERAL RESOURCES</b>	<b>1,859,296</b>	<b>2,147,166</b>	<b>2,191,023</b>	<b>43,857</b>	<b>2.0</b>	<b>120.4</b>	<b>130.7</b>	<b>129.3</b>	<b>-1.4</b>	<b>-1.1</b>
<b>INTRA-DISTRICT FUNDS</b>										
INTRA-DISTRICT FUNDS	100,234	84,327	89,063	4,736	5.6	0.0	0.0	0.0	0.0	N/A
<b>TOTAL FOR INTRA-DISTRICT FUNDS</b>	<b>100,234</b>	<b>84,327</b>	<b>89,063</b>	<b>4,736</b>	<b>5.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>N/A</b>
<b>GROSS FUNDS</b>	<b>2,764,826</b>	<b>3,005,454</b>	<b>3,071,091</b>	<b>65,637</b>	<b>2.2</b>	<b>216.7</b>	<b>251.0</b>	<b>250.0</b>	<b>-1.0</b>	<b>-0.4</b>

\*Percent change is based on whole dollars.

**Note:** If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website.

## FY 2017 Proposed Operating Budget, by Comptroller Source Group

Table HT0-3 contains the proposed FY 2017 budget at the Comptroller Source Group (object class) level compared to the FY 2016 approved budget. It also provides FY 2014 and FY 2015 actual expenditures.

**Table HT0-3**

(dollars in thousands)

Comptroller Source Group	Actual FY 2014	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*
11 - REGULAR PAY - CONTINUING FULL TIME	14,248	15,534	20,355	18,831	-1,524	-7.5
12 - REGULAR PAY - OTHER	689	1,064	1,243	1,477	234	18.8
13 - ADDITIONAL GROSS PAY	44	280	0	0	0	N/A
14 - FRINGE BENEFITS - CURRENT PERSONNEL	2,853	3,248	4,356	4,335	-21	-0.5
15 - OVERTIME PAY	167	36	0	0	0	N/A
<b>SUBTOTAL PERSONAL SERVICES (PS)</b>	<b>18,000</b>	<b>20,161</b>	<b>25,955</b>	<b>24,643</b>	<b>-1,312</b>	<b>-5.1</b>
20 - SUPPLIES AND MATERIALS	105	59	183	183	0	0.0
30 - ENERGY, COMMUNICATION AND BUILDING RENTALS	218	199	200	263	63	31.5
31 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC.	192	183	186	186	0	0.0
34 - SECURITY SERVICES	160	116	111	189	78	69.9
35 - OCCUPANCY FIXED COSTS	359	331	259	340	82	31.6
40 - OTHER SERVICES AND CHARGES	1,140	1,502	1,545	2,143	598	38.7
41 - CONTRACTUAL SERVICES - OTHER	69,124	87,233	71,478	79,439	7,961	11.1
50 - SUBSIDIES AND TRANSFERS	2,536,324	2,654,767	2,905,205	2,962,827	57,623	2.0
70 - EQUIPMENT AND EQUIPMENT RENTAL	126	275	333	878	545	164.0
91 - EXPENSE NOT BUDGETED OTHERS	0	0	0	0	0	N/A
<b>SUBTOTAL NONPERSONAL SERVICES (NPS)</b>	<b>2,607,747</b>	<b>2,744,665</b>	<b>2,979,499</b>	<b>3,046,448</b>	<b>66,949</b>	<b>2.2</b>
<b>GROSS FUNDS</b>	<b>2,625,747</b>	<b>2,764,826</b>	<b>3,005,454</b>	<b>3,071,091</b>	<b>65,637</b>	<b>2.2</b>

\*Percent change is based on whole dollars.

## FY 2017 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table HT0-4 contains the proposed FY 2017 budget by division/program and activity compared to the FY 2016 approved budget. It also provides FY 2015 actual data. For a more comprehensive explanation of divisions/programs and activities, please see the Division/Program Description section, which follows the table.

**Table HT0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
<b>(0900) UMC OPERATING SUPPORT</b>								
(0910) UMC OPERATING SUPPORT	9,367	0	0	0	0.0	0.0	0.0	0.0
<b>SUBTOTAL (0900) UMC OPERATING SUPPORT</b>	<b>9,367</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(1000) AGENCY MANAGEMENT</b>								
(1010) PERSONNEL	503	838	1,049	211	5.7	11.0	14.0	3.0
(1015) TRAINING AND DEVELOPMENT	6	69	69	0	0.0	0.0	0.0	0.0
(1020) CONTRACTING AND PROCUREMENT	1,407	1,544	1,969	426	4.6	3.0	3.0	0.0
(1030) PROPERTY MANAGEMENT	1,702	1,794	2,792	998	4.5	7.0	5.0	-2.0
(1040) INFORMATION TECHNOLOGY	1,020	2,672	3,253	581	4.5	7.0	8.0	1.0
(1060) LEGAL	680	948	1,044	96	0.0	8.0	8.0	0.0
(1070) FLEET MANAGEMENT	31	5	5	0	0.0	0.0	0.0	0.0
(1080) COMMUNICATIONS	166	568	325	-242	1.8	2.0	1.0	-1.0
(1085) CUSTOMER SERVICE	1,741	1,778	2,117	339	12.8	17.0	17.0	0.0
(1087) LANGUAGE ACCESS	0	2	2	0	0.0	0.0	0.0	0.0
(1090) PERFORMANCE MANAGEMENT	6,081	8,749	6,925	-1,824	21.6	45.0	45.0	0.0
<b>SUBTOTAL (1000) AGENCY MANAGEMENT</b>	<b>13,338</b>	<b>18,967</b>	<b>19,551</b>	<b>584</b>	<b>55.5</b>	<b>100.0</b>	<b>101.0</b>	<b>1.0</b>
<b>(100F) AGENCY FINANCIAL OPERATIONS</b>								
(110F) BUDGETING OPERATIONS	519	692	704	12	3.7	6.0	6.0	0.0
(120F) ACCOUNTING OPERATIONS	3,652	5,547	5,624	77	8.4	7.0	7.0	0.0
(140F) AGENCY FISCAL OFFICER	279	298	310	12	1.8	2.0	2.0	0.0
<b>SUBTOTAL (100F) AGENCY FINANCIAL OPERATIONS</b>	<b>4,450</b>	<b>6,537</b>	<b>6,638</b>	<b>101</b>	<b>13.9</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>
<b>(2000) HEALTHCARE DELIVERY MANAGEMENT</b>								
(2001) CHRONIC AND LONG-TERM CARE	-1	0	0	0	0.0	0.0	0.0	0.0
(2002) MANAGED CARE MGMT	4,145	3,601	5,529	1,928	9.8	10.0	10.0	0.0
(2003) PREVENTIVE AND ACUTE CARE	1,171	1,314	1,605	291	4.9	4.5	4.5	0.0
(2004) DIV OF QUALITY AND HEALTH OUTCOMES	1,028	1,418	2,232	814	3.6	8.0	5.0	-3.0
(2007) CLINICIANS, RX AND ACUTE PROVIDER SVCS	6,577	8,067	8,409	343	5.0	6.5	8.5	2.0
(2010) HEALTH CARE DELIVERY MGMT SUPPORT SVCS	1,444	304	440	135	1.8	2.0	3.0	1.0
NO ACTIVITY ASSIGNED	0	0	0	0	7.3	0.0	0.0	0.0
<b>SUBTOTAL (2000) HEALTHCARE DELIVERY MANAGEMENT</b>	<b>14,363</b>	<b>14,704</b>	<b>18,215</b>	<b>3,511</b>	<b>32.6</b>	<b>31.0</b>	<b>31.0</b>	<b>0.0</b>

**Table HT0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
<b>(200L) LONG-TERM CARE PROGRAM</b>								
(201L) LONG-TERM CARE SUPPORT SERVICES	35,842	9,654	13,235	3,581	9.7	5.0	5.0	0.0
(202L) ELDERS AND PERSONS W/PHYSICAL DISABILITY	1,267	2,036	1,624	-412	20.3	23.5	23.5	0.0
(203L) DIVISION OF SPECIAL NEEDS POPULATION	783	787	835	47	7.7	8.5	8.5	0.0
NO ACTIVITY ASSIGNED	0	0	0	0	9.7	0.0	0.0	0.0
<b>SUBTOTAL (200L) LONG-TERM CARE PROGRAM</b>	<b>37,891</b>	<b>12,477</b>	<b>15,694</b>	<b>3,216</b>	<b>47.4</b>	<b>37.0</b>	<b>37.0</b>	<b>0.0</b>
<b>(3000) HEALTHCARE POLICY AND PLANNING</b>								
(3001) POLICY UNIT MANAGEMENT	566	639	480	-159	6.3	6.0	6.0	0.0
(3003) DATA ANALYSIS	383	509	553	44	4.5	5.0	5.0	0.0
(3004) MEMBER MANAGEMENT	556	1,124	1,052	-71	3.6	11.0	11.0	0.0
(3010) HEALTH CARE POLICY AND PLANNING SUPPORT	769	926	1,469	543	2.7	4.0	4.0	0.0
<b>SUBTOTAL (3000) HEALTHCARE POLICY AND PLANNING</b>	<b>2,273</b>	<b>3,198</b>	<b>3,554</b>	<b>356</b>	<b>17.0</b>	<b>26.0</b>	<b>26.0</b>	<b>0.0</b>
<b>(5000) HEALTH CARE FINANCE</b>								
(5001) MEDICAID PROVIDER PAYMENT	2,540,024	2,833,680	2,887,565	53,885	0.0	0.0	0.0	0.0
(5002) MEDICAID PUBLIC PROVIDER PAYMENTS	33,917	16,215	18,389	2,174	0.0	0.0	0.0	0.0
(5003) ALLIANCE PROVIDER PAYMENTS	52,314	51,150	57,977	6,827	0.0	0.0	0.0	0.0
<b>SUBTOTAL (5000) HEALTH CARE FINANCE</b>	<b>2,626,255</b>	<b>2,901,045</b>	<b>2,963,931</b>	<b>62,886</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(6000) HEALTH CARE OPERATIONS</b>								
(6001) MEDICAID INFORMATION SYSTEMS	27,837	35,572	34,766	-806	15.4	17.0	17.0	0.0
(6005) DIV OF PROGRAM INTEGRITY (PI/UM/FRAUD)	385	0	0	0	14.4	0.0	0.0	0.0
(6006) DIV. OF PUBLIC AND PRIVATE PROVIDER SVCS	1,584	1,935	1,736	-199	9.8	11.0	11.0	0.0
(6010) HEALTH CARE OPERATIONS SUPPORT	2,305	431	449	18	2.7	3.0	3.0	0.0
<b>SUBTOTAL (6000) HEALTH CARE OPERATIONS</b>	<b>32,111</b>	<b>37,938</b>	<b>36,952</b>	<b>-986</b>	<b>42.4</b>	<b>31.0</b>	<b>31.0</b>	<b>0.0</b>
<b>(8000) HEALTH CARE REFORM AND INNOVATION</b>								
(8001) HEALTH INSURANCE EXCHANGE	16,864	0	0	0	0.0	0.0	0.0	0.0
(8002) AFFORDABLE CARE REFORM AND GRANTS DEV.	7,709	4,067	6,328	2,261	7.1	10.0	8.0	-2.0
(8010) HC REFORM AND INNOVATIVE SUPPORT SVCS	204	6,521	228	-6,293	0.9	1.0	1.0	0.0
<b>SUBTOTAL (8000) HEALTH CARE REFORM AND INNOVATION</b>	<b>24,778</b>	<b>10,588</b>	<b>6,556</b>	<b>-4,032</b>	<b>7.9</b>	<b>11.0</b>	<b>9.0</b>	<b>-2.0</b>
<b>TOTAL PROPOSED OPERATING BUDGET</b>	<b>2,764,826</b>	<b>3,005,454</b>	<b>3,071,091</b>	<b>65,637</b>	<b>216.7</b>	<b>251.0</b>	<b>250.0</b>	<b>-1.0</b>

(Change is calculated by whole numbers and numbers may not add up due to rounding)

**Note:** For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website. "No Activity Assigned" indicates budget or actuals that are recorded at the division/program level.

## Division Description

The Department of Health Care Finance operates through the following 8 divisions:

**Health Care Delivery Management (HCDM)** – ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served by the District’s Medicaid, Children’s Health Insurance Program (CHIP), and Alliance programs. HCDM accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF’s managed care contractors and institutional and ambulatory fee-for-service providers.

This division contains the following 5 activities:

- **Managed Care Management** – provides oversight, evaluation, and enforcement of contracts with organizations managing the care and service delivery of Medicaid and Alliance beneficiaries, along with providing oversight and enrollment of eligible beneficiaries;
- **Preventive and Acute Care (Children’s Health Services)** – develops, implements, and monitors policies, benefits and practices for children’s health care services, including HealthCheck/EPSTD, CHIP, and the Immigrant Children’s Program;
- **Division of Quality and Health Outcomes** – continuously improves the quality (safe, effective, patient-centered, timely, efficient, and equitable services) of health care delivered by programs administered by DHCF; and ensures that quality and performance improvement principles and practices pervade all the components and activities that impact the delivery and outcomes of health care services to patients served by the District’s Medicaid, CHIP, and Alliance programs;
- **Division of Clinicians, Pharmacy and Acute Provider Services** – develops, implements, and oversees the programming for primary and specialty providers, hospitals, and other acute and preventive care services; and manages the non-emergency transportation contract; and
- **Health Care Delivery Management Support Services** – provides administrative support functions to the Health Care Delivery Management division.

**Long-Term Care Administration (LTCA)** – provides oversight and monitoring of programs targeted to the elderly, persons with physical disabilities, and persons with intellectual and developmental disabilities. Through program development and day-to-day operations, the LTCA also ensures access to needed cost-effective, high-quality extended and long-term care services for Medicaid beneficiaries residing in home and community-based or institutional settings. The office also provides contract management of the long-term care supports and services contract.

This division contains the following 3 activities:

- **Long-Term Care Support Services** – provides administrative support functions to the Long-Term Care division;
- **Division of Elders and Persons with Physical Disabilities** – develops, implements, and oversees all components of the Elderly and Physically Disabled (EPD) waiver program; oversees the personal care state plan option; and provides oversight and service delivery and reimbursement determinations for nursing home facilities; and
- **Division of Special Needs Population** – provides oversight, evaluation, and enforcement of the Individuals with Developmental Disabilities (ID/DD) waiver program; and provides oversight, service delivery, and reimbursement determinations for intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

**Health Care Policy and Planning** – maintains the Medicaid and CHIP state plans that govern eligibility, scope of benefits, and reimbursement policies for the District's Medicaid and CHIP programs; develops policy for the Health Care Alliance program and other publicly funded health care programs that are administered or monitored by DHCF based on sound analysis of local and national health care and reimbursement policies and strategies; and ensures coordination and consistency among health care and reimbursement policies developed by the various divisions within DHCF. The division also designs and conducts research and evaluations of health care programs.

This division contains the following 4 activities:

- **Policy Unit Management (Regulation and Policy Management)** – maintains the Medicaid State Plan, which governs the eligibility, scope of benefits, and reimbursement policies of the Medicaid and CHIP programs; creates State Plan Amendments, waivers, and regulations that form the foundation of Medicaid policy and programs administered or monitored by DHCF; and ensures the coordination and consistency of health care and reimbursement policies developed by various divisions within DHCF;
- **Data Analysis (Division of Analytics and Policy Research)** – gathers information, analyzes data, and evaluates all activities related to multiple District-wide components of Medicaid, CHIP, the Alliance, and future healthcare delivery systems, including data collection systems; sets rates and develops payment methodologies for various provider types; and designs and conducts research and evaluation of health care programs, studying their impacts on beneficiaries, providers, plans, and other partners and customers, designing and assessing potential improvements, and developing new measurement tools;
- **Member Management (Eligibility Policy)** – serves as liaison to District and federal agencies regarding eligibility-related matters; ensures collaboration and coordination between the agencies and facilitates compliance by the Department of Human Services' Economic Security Administration with DHCF eligibility policy; interprets federal and state eligibility rules and regulation; establishes eligibility policies and criteria for the Medicaid and CHIP programs, as well as the Health Care Alliance and the Immigrant Children's Program; interprets and helps draft legislative changes, rules and regulations for the District regarding eligibility requirements; and manages the Optional State Supplement Payment Program for eligible District of Columbia residents residing in an adult foster care home; and
- **Health Care Policy and Planning Support (Health Care Policy and Research Support)** – provides administrative support functions to the Health Care Policy and Planning Administration.

**Health Care Finance** – provides provider payments for the following provider types: Medicaid providers, public providers, and Health Care Alliance providers.

This division contains the following 3 activities:

- **Medicaid Provider Payment** – provides payment to Medicaid providers;
- **Medicaid Public Provider Payment** – provides payment to Medicaid public providers; and
- **Alliance Provider Payment** – provides payment to Alliance providers.

**Health Care Operations** – ensures the division of programs that pertain to the payment of claims and manages the fiscal agent contract, the administrative contracts, systems, and provider enrollment and requirements. The office provides contract management of the Pharmacy Benefits Manager, the Quality Improvement Organization contract, and the Medicaid Management Information System (MMIS) Fiscal Intermediary contract as well as additional administrative contracts.



This division contains the following 3 activities:

- **Medicaid Information Systems (Claims Management)** – oversees MMIS operations; systems requests; member services, including member out-of-pocket reimbursements; Consolidated Omnibus Budget Reconciliation Act (COBRA) payments; third-party liability processing; and processing of financial transactions. The division also manages all internal and external data requests and data involving agency audits (local and federal), as well as MMIS training for all DHCF employees and system security;
- **Division of Public and Private Provider Services** – manages the Administrative Services Organization contract, provider enrollment and recruitment, and internal and external provider services and inquiries. The office also maintains positive ongoing coordination and continuity with all public provider agencies of the District of Columbia government to enhance each agency's understanding of Medicaid reimbursement policies; is the accountable office within DHCF for implementation of policy that directly impacts other District agencies that serve as Medicaid providers; identifies opportunities to improve the reimbursement procedures of each agency; and works closely with these agencies to review federal policy to ensure that federal reimbursement is being maximized and compliance assured through claims processing and through program development; and
- **Health Care Operations Support (Health Care Operations Support Services)** – provides administrative support functions to the Health Care Operations division.

**Health Care Reform and Innovation (HCRIA)** – identifies, validates, and disseminates information about new health care models and payment approaches to serve Medicaid beneficiaries seeking to enhance the quality of health and health care and reduce cost through improvement. The division creates and tests new models in clinical care, integrated care, and community health, and creates and tests innovative payment and service delivery models, building collaborative learning networks to facilitate the collection and analysis of innovation, implementing effective practices, and developing necessary technology to support this activity.

This division contains the following 2 activities:

- **Affordable Care Reform and Grants Development** – develops, implements, and monitors the provisions of the Affordable Care Act and is responsible for the development of demonstration projects and submission of grant proposals for various reform-related activities; and
- **Health Care Reform and Innovative Support Services** – HCRIA is responsible for the design, development, implementation, and sustainability of Health Information Exchange (HIE) activities. HIE infrastructure provides the technology, processes, and operations needed to facilitate exchange of health information between health stakeholders. HCRIA's Health Information Technology (HIT) program offers incentives, outreach and technical assistance to drive the adoption and use of Certified Electronic Health Records Technology (CEHRT) by District health care providers. The program aligns with CMS's Meaningful Use (MU) framework.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

### **Program Structure Change**

The Department of Health Care Finance has no division structure changes in the FY 2017 proposed budget.

## FY 2016 Approved Budget to FY 2017 Proposed Budget, by Revenue Type

Table HT0-5 itemizes the changes by revenue type between the FY 2016 approved budget and the FY 2017 proposed budget. For a more comprehensive explanation of changes, please see the FY 2017 Proposed Budget Changes section, which follows the table.

**Table HT0-5**

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>LOCAL FUNDS: FY 2016 Approved Budget and FTE</b>		<b>700,011</b>	<b>103.9</b>
Other CSFL Adjustments	Multiple Programs	13,574	0.0
<b>LOCAL FUNDS: FY 2017 Current Services Funding Level (CSFL) Budget</b>		<b>713,584</b>	<b>103.9</b>
Increase: To align resources with operational spending goals	Healthcare Delivery Management	3,002	0.0
Increase: To align resources with operational spending goals	Health Care Reform and Innovation	486	0.0
Increase: To align resources with operational spending goals	Long-Term Care Program	432	0.0
Increase: To align resources with operational spending goals	Agency Management	330	0.0
Increase: To align resources with operational spending goals	Healthcare Policy and Planning	84	0.0
Decrease: To align resources with operational spending goals	Agency Financial Operations	-183	0.0
Decrease: To align personal services and Fringe Benefits with projected costs	Multiple Programs	-863	0.4
Decrease: To align resources with operational spending goals	Health Care Operations	-2,695	0.0
Decrease: To align resources with operational spending goals	Health Care Finance	-22,275	0.0
Technical Adjustment: To cover five percent of the Medicaid reimbursement rate	Health Care Finance	14,520	0.0
<b>LOCAL FUNDS: FY 2017 Agency Budget Submission</b>		<b>706,421</b>	<b>104.4</b>
No Change		0	0.0
<b>LOCAL FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>706,421</b>	<b>104.4</b>
Reduce: Nursing Facilities In-State Savings	Health Care Finance	-122	0.0
Reduce: Salary Lapse Savings	Agency Management	-693	0.0
<b>LOCAL FUNDS: FY 2017 District's Proposed Budget</b>		<b>705,606</b>	<b>104.4</b>
<b>DEDICATED TAXES: FY 2016 Approved Budget and FTE</b>		<b>71,345</b>	<b>6.0</b>
Decrease: To align personal services and Fringe Benefits with projected costs	Multiple Programs	-43	-0.6
Decrease: To align budget with projected revenues	Multiple Programs	-6,505	0.0
<b>DEDICATED TAXES: FY 2017 Agency Budget Submission</b>		<b>64,798</b>	<b>5.5</b>
Enhance: Inpatient and outpatient provider fees	Health Care Finance	17,109	0.0
<b>DEDICATED TAXES: FY 2017 Mayor's Proposed Budget</b>		<b>81,907</b>	<b>5.5</b>
No Change		0	0.0
<b>DEDICATED TAXES: FY 2017 District's Proposed Budget</b>		<b>81,907</b>	<b>5.5</b>
<b>FEDERAL GRANT FUNDS: FY 2016 Approved Budget and FTE</b>		<b>1,000</b>	<b>2.0</b>
Increase: To align budget with projected grant awards	Multiple Programs	2,082	0.0
Decrease: To recognize savings from a reduction in FTEs	Health Care Reform and Innovation	-166	-2.0
<b>FEDERAL GRANT FUNDS: FY 2017 Agency Budget Submission</b>		<b>2,916</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>2,916</b>	<b>0.0</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2017 District's Proposed Budget</b>		<b>2,916</b>	<b>0.0</b>
<b>FEDERAL MEDICAID PAYMENTS: FY 2016 Approved Budget and FTE</b>		<b>2,146,166</b>	<b>128.7</b>
Increase: To align budget with projected federal Medicaid reimbursements	Multiple Programs	2,370	0.6



**Table HT0-5**

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>FEDERAL MEDICAID PAYMENTS: FY 2017 Agency Budget Submission</b>		<b>2,148,535</b>	<b>129.3</b>
Enhance: To align budget with projected federal Medicaid reimbursements	Health Care Finance	39,571	0.0
<b>FEDERAL MEDICAID PAYMENTS: FY 2017 Mayor's Proposed Budget</b>		<b>2,188,106</b>	<b>129.3</b>
No Change		0	0.0
<b>FEDERAL MEDICAID PAYMENTS: FY 2017 District's Proposed Budget</b>		<b>2,188,106</b>	<b>129.3</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Approved Budget and FTE</b>		<b>2,605</b>	<b>10.4</b>
Increase: To align budget with projected revenues	Multiple Programs	714	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	174	0.6
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Agency Budget Submission</b>		<b>3,493</b>	<b>10.9</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>3,493</b>	<b>10.9</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 District's Proposed Budget</b>		<b>3,493</b>	<b>10.9</b>
<b>INTRA-DISTRICT FUNDS: FY 2016 Approved Budget and FTE</b>		<b>84,327</b>	<b>0.0</b>
Increase: To align budget with projected revenues	Health Care Finance	4,736	0.0
<b>INTRA-DISTRICT FUNDS: FY 2017 Agency Budget Submission</b>		<b>89,063</b>	<b>0.0</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2017 Mayor's Proposed Budget</b>		<b>89,063</b>	<b>0.0</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2017 District's Proposed Budget</b>		<b>89,063</b>	<b>0.0</b>
<b>GROSS FOR HT0 - DEPARTMENT OF HEALTH CARE FINANCE</b>		<b>3,071,091</b>	<b>250.0</b>

(Change is calculated by whole numbers and numbers may not add up due to rounding)

## FY 2017 Proposed Budget Changes

The Department of Health Care Finance's (DHCF) proposed FY 2017 gross budget is \$3,071,090,837, which represents a 2.2 percent increase over its FY 2016 approved gross budget of \$3,005,453,737. The budget is comprised of \$705,605,632 in Local funds, \$81,907,017 in Dedicated Taxes, \$2,916,127 in Federal Grant funds, \$2,188,106,393 in Federal Medicaid Payments, \$3,492,739 in Special Purpose Revenue funds, and \$89,062,929 in Intra-District funds.

## Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2016 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current divisions and operations into the following fiscal year. The FY 2017 CSFL adjustments to the FY 2016 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DHCF's FY 2017 CSFL budget is \$713,584,166, which represents a \$13,573,542, or 1.9 percent, increase over the FY 2016 approved Local funds budget of \$700,010,624.

## CSFL Assumptions

The FY 2017 CSFL calculated for DHCF included adjustments that are not described in detail on table 5. These adjustments were made for a net increase of \$387,256 in personal services to account for Fringe Benefit costs based on trend comparative analyses, the impact of cost-of-living adjustments, and approved compensation agreements, and an increase of \$554,221 in nonpersonal services based on the Consumer Price Index factor of 2.3 percent.

DHCF's CSFL funding for the Medicaid Growth Factor reflects adjustments for an increase of \$10,613,860 to account for the District's FY 2017 Medicaid growth rate of 1.6 percent based on the cost of healthcare services in the District projected by the DHCF. The Medicaid growth rate is primarily driven by enrollment forecasts for Medicaid Managed Care and Fee-for-Service. Managed Care coverage includes parents of Medicaid eligible children, pregnant women, children, childless adults with incomes up to 200 percent of Federal Poverty Level (FPL), the Children's Health Insurance Program (CHIP), and Health Services for Children with Special Needs (HSCSN). Other variables impacting the Medicaid Growth Factor include enrollment forecasts for Medicaid waivers, which include the Development Disabilities (DD) and Elderly and Physically Disabled (EPD) waivers. These adjustments also include locally funded programs, such as the Immigrant Children and the D.C. Healthcare Alliance.

Additionally, adjustments were made for increases of \$9,389 for Personal Services Adjustments for the projected impact of new positions requested in the FY 2016 budget, approved union contracts, and corresponding salary and other adjustments; \$108,816 for the Fixed Costs Inflation Factor based on projections provided by the Department of General Services; and \$1,900,000 to reflect the FY 2017 Operating Impact of Capital to account for projected Medicaid Management Information Systems upgrades and the Medicaid Data Warehouse.

### **Agency Budget Submission**

The FY 2017 budget proposal ensures that DHCF will be able to continue to provide health insurance coverage for low-income individuals and families in compliance with federal and District laws without any reduction in eligibility. The budget allows the agency to build upon foundational work begun in 2016 to strengthen care coordination, reduce inappropriate utilization of hospital services, and improve the quality of care by establishing health homes for individuals with chronic conditions including individuals who are homeless. The proposal budget also helps strengthen the Medicaid provider network and improve access by establishing new payment methodologies, rates and performance standards for managed care plans, federally qualified health centers, home health services, and nursing facilities.

Funding in FY 2017 also supports new payment rates for pharmaceuticals including drugs for the treatment of Hepatitis C, and maintains payments for oncology drugs at 100 percent of Medicare. DHCF's budget proposal provides for the continued payment of enhanced rates for primary care services to primary care physicians, psychiatrists, OB/GYNs, and Advance Practice nurses, and supports older adults through the Elderly and Persons with Disabilities Waiver; including Participant-directed Services, personal care assistance services, adult day health, and assistance with transitions from institutional to community-based settings. DHCF proposes the following adjustments in the allocation of available resources, the key elements of which are summarized in the sections below.

**Increase:** The Local funds budget proposal includes an increase of \$3,001,574 in the Health Care Delivery Management division. These funds will be used to satisfy various contract requirements that impact Managed Care and service delivery for Medicaid and the D.C. Healthcare Alliance patients, children's health services, management of primary and specialty providers, hospitals, and acute preventive care services. This division will make adjustments to the Quality Improvement Organizations (QIO) contract; to the actuarial services contract; and to the Quality Review of Managed Care Organizations (MCO) contract.

An increase of \$486,061 to the Health Care Reform and Innovation division is proposed in Local funds to adequately fund the Health Information Technology and Electronic Health Records project management. DHCF's Local funds budget proposal reflects an increase of \$431,685 to the Long-Term Care division. This increase supports higher costs for enrollment broker services, IT services provided by the Office of the Chief Technology Officer (OCTO) through a Memorandum of Understanding (MOU), and a new transitional services contract in support of the Money Follows the Person Grant. An adjustment in funding allocation for the Agency Management division is reflected in an increase of \$330,332 in Local funds. This adjustment primarily covers the agency's cost projections for equipment purchases, and also includes funding redirected to better align the budget with anticipated expenditures for contractual services and Fixed Costs estimates for Energy and Security.

The budget in Local funds for the Health Care Policy and Planning division is proposed for an increase of \$84,181. The increase supports a temporary staffing contract to assist the Economic Security Administration (ESA) within the Department of Human Services. The ESA has the responsibility to determine Medicaid eligibility for DHCF.

The budget proposal in Federal Grant funds includes the Money Follows the Persons (MFP) grant and the Mobile Technology & Integrated Care grant. Projected revenue from grant awards related to these grants account for an increase of \$2,081,925 in nonpersonal services. The Long-Term Care division is expected to utilize the bulk of this funding to provide services to institutionalized beneficiaries moving into the community. These funds will also be used for an Intra-District agreement with the District Office on Aging to assist with the transition of beneficiaries into community settings.

The budget proposal includes an increase of \$2,369,809 and an additional 0.6 FTE in Federal Medicaid Payments. These adjustments, which impact multiple divisions, are based on the anticipated federal match to the District's expenditures of local resources on Medicaid eligible health care services. A net increase of budgetary funding in Special Purpose Revenue (SPR) funds is anticipated in revenue streams from assessments charged to insurance companies as part of the Health Care Bill of Rights (HCBR) program, and for the repayments from insurers and other payers based on the Medicaid program's status as the payer of last resort. DHCF allocates \$713,887 of this increase in SPR funding for physician services, and \$174,047 for projected salary step increases, and Fringe Benefit costs. SPR personal service adjustments include the transfer of 1.1 FTE from the Health Care Operations division to the Agency Management (AM) division, and an additional 0.6 FTE to the AM division to improve customer service. Within the AM Local funds budget, DHCF has allocated \$3.5m (not reflected on table 5) that will be sub-granted to the United Medical Center in support of services to Medicaid-eligible patients.

In Intra-Districts, the budget proposal includes an increase of \$4,735,524 in the Health Care Finance division based on anticipated MOUs with other District agencies. This adjustment aligns funding with projected revenues from an MOU with Department on Disability Services to provide services to Medicaid eligible consumers via the Home and Community Based Services Waiver for Persons with Intellectual and Developmental Disabilities (HCBS/IDD), and another MOU with the Department of Behavioral Health to provide Mental Health Rehabilitation Services for Medicaid-eligible District residents.

**Decrease:** The budget proposal in Local funds includes a decrease of \$182,675 in the Agency Financial Operations division, which is caused primarily by a lower projected cost for the single audit assessment. A net decrease of \$863,449 in Local funds impacts funding for personal services across multiple divisions, to account for adjustments for projected salary and Fringe Benefit costs.

The Health Care Operations division realized Local funds savings due to a combination of factors including the shift of operating activities related to Data Warehouse to the Agency Management Program and cost savings realized from moving to a new Pharmacy Benefit Manager. These savings account for a reduction of \$2,695,375. Likewise, a decrease of \$22,275,256 in Local funds in the Health Care Finance division is based on a combination of factors. \$9,861,183 of spending was shifted from Local funds to Dedicated Tax to align spending with projected Dedicated Tax revenue. \$7,200,000 of savings was achieved by tasking the claims processing vendor with making certain payments to the Federally Qualified Health Centers rather than requiring the Managed Care Organizations (MCOs) to address that need. \$1,509,472 in projected savings is due to an increase in the Living Wage in January 2016 that was less than projected in the CSFL. \$1,888,952 in projected savings is due to curtailing the inflation adjustments for nursing facilities and intermediate care facilities (ICFs). \$1,545,337 in saving is the result of the moratorium on the federally required Health Insurance Provider Fee. The remaining \$270,312 in savings is the net effect of updated projections of service utilization. Provider payments are reviewed regularly based on Medicaid enrollment and utilization data.

In Dedicated Taxes, DHCF proposes a decrease of \$42,717 in personal services costs, which includes the reduction of 0.6 FTE from the Health Care Reform and Innovation division. Additionally, a reduction of \$6,504,672 across multiple divisions in nonpersonal services takes into account the expiration of the DC Provider Fee and Hospital Assessment taxes, both of which are set to expire in FY 2016.

In Federal Grant funds, the budget proposal calls for the elimination of the personal services budget through the reduction of 2.0 FTEs, which will save \$165,797 in the Health Care Reform and Innovation division.

**Technical Adjustment:** The Local funds budget proposal includes an increase of \$14,519,753 in the Health Care Finance division. The increase in funding covers an adjustment to the federal Medicaid reimbursement rate for services to childless adult beneficiaries who became eligible as a result of the Affordable Care Act of 2010. This adjustment accommodates additional local match funding needed when the rate of federal Medicaid reimbursement shifts from 100 percent to 95 percent, effective January 1, 2017. Effectively, the District is responsible for 5 percent of the costs of benefits for a nine-month period in FY 2017.

### **Mayor's Proposed Budget**

**Enhance:** The budget proposal in Dedicated Taxes is increased by a total of \$17,109,025 in the Health Care Finance division. This increase is comprised of \$10,400,000 that supports the matching funding to prevent the proposed reduction in inpatient rates (Hospital Assessment Tax); and \$6,709,025 that supports the match for supplemental payments for outpatient services (DC Provider Fee). Corresponding to this funding adjustment in Dedicated Taxes, the budget proposal also includes a net increase of \$39,571,059 in Federal Medicaid Payments in the Health Care Finance division based on anticipated federal matching to the District's expenditures of local resources on Medicaid-eligible health care services.

### **District's Proposed Budget**

**Reduce:** DHCF's proposed budget in Local funds is decreased by \$122,189 in the Health Care Finance division to reflect the actual nursing facility rate being lower than what was originally forecasted. Additionally, the proposed budget in Local funds decreased by \$693,167 in the Agency Management division to reflect salary lapse savings.

## Agency Performance Plan\*

Department of Health Care Finance (DHCF) 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.

### Objectives

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 line 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.

#### 1. Provide access to comprehensive healthcare services for District residents. (2 Activities)

Activity Title	Activity Description	Type of Activity
SBE/CBE		
Medicaid State Plan Amendments (SPAs)	The creation of Medicaid State Plan Amendments (SPAs) and promulgation of District regulations occur on a daily basis in the Division of Regulation and Policy Analysis (DRPM). The process begins with issue analysis which leads to SPA and rules drafting, editing, and finalization which transitions to federal agency submission for SPAs and promulgation of rules under the authority of the DC Municipal Regulations (DCMR). The final objective of SPA submission is to receive federal approval that can expand health care services in the District for approximately 240,000 District Medicaid beneficiaries and correlating federal funding that finances the delivery of health care for these beneficiaries.	Daily Service
Implementation of access performance measures	Implement access performance measures to monitor Medicaid beneficiaries’ access to comprehensive healthcare services utilizing continuous quality improvement principles to guide performance improvement efforts. Claims, encounter data and MCO reports are reviewed to determine utilization and trend patterns. Upon identification of minimal utilization or provider and or member complaints of challenges with access to services, outreach efforts are implemented to ensure development and implementation of strategies for improved outcomes.	Daily Service

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**2. Ensure the delivery of high quality healthcare services to District residents. (2 Activities)**

Activity Title	Activity Description	Type of Activity
Implementation of clinical and nonclinical performance measures	Implement clinical and nonclinical performance measures and beneficiary experience of care to monitor healthcare services provided to Medicaid beneficiaries utilizing continuous quality improvement principles to guide performance improvements efforts. Review claims; encounter data and MCO reports to assess compliance of preventive screenings and services.	Daily Service
Health Home and Federally Qualified Health Center performance	Calculate Health Home and Federally Qualified Health Center performance against established metrics.	Daily Service

**3. Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (4 Activities)**

Activity Title	Activity Description	Type of Activity
Program Integrity	The Program Integrity division, within 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
Conduct SURS audits	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.	Daily Service
Investigations	Conduct investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims.	Daily Service
Program Integrity Training	Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission.	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?”

### 1. Provide access to comprehensive healthcare services for District residents. (5 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
A minimum of three 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	Not available	Not available	Not available	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%	Not available	53%	56%	58%
Percent of children, ages 120 years, enrolled in the Medicaid program (fee for service and managed care) with 90 days of continuous enrollment that received a routine wellchild examination during the fiscal year		63%	Not available	63%	65%	68%
Number of non-commercial consumers served by ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)		7,712	8,241	8,000	8,200	8,500
Percent of closed/resolved cases among noncommercial consumers served by the ombudsman (to include Medicare, Medicaid, alliance, and DC Health Link)		95%	96%	95%	95%	95%

## 2. Ensure the delivery of high quality healthcare services to District residents. (12 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Average time to process Medicaid “low risk provider” application		Not available	30	42	30	30
Average time to process Medicaid “moderate” risk provider application		Not available	60	11	60	60
Percent of hospital admissions due to health conditions that may have been prevented through appropriate outpatient care	X	Not available	Not available	Not available	Not available	Not available
Reported complaints on transportation broker services per 1,000 trips (includes missed/late trips) within the Medicaid fee for service population		2.1	2.1	2.1	1.8	1.7
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	Not available	Not available	Not available	Not available
Number of days from the submission of a complete application to receipt of services (service initiation) for EPDW	X	Not available	Not available	Not available	Not available	Not available
Percent of Medicaid beneficiaries with hospital discharges that were followed by a read mission for any diagnosis within 30 days	X	Not available	Not available	Not available	Not available	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	Not available	Not available	Not available	Not available
Management of pediatric asthma 0-20 years of age: Asthma medication management – remain on asthma controller 50 percent of treatment period		Not available	61.68%	63.29%	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	Not available	Not available	Not available	Not available
Management of pediatric asthma 0-20 years of age: Asthma medication management – remain on asthma controller 75 percent of treatment period		Not available	34%	36%	38%	40%

**3. Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (3 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2014 Actual</b>	<b>FY 2015 Actual</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>
Complete provider education sessions focused on fraud, waste and abuse	X	Not available	Not available	Not available	20	22
Complete 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)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2014 Actual</b>	<b>FY 2015 Actual</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>
Contracts/Procurement Expendable Budget spent on Certified Business Enterprises	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Contracts/Procurement Contracts lapsed into retroactive status	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Local funds unspent	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Federal Funds returned	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Customer Service Meeting Service Level Agreements	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Vacancy Rate	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Employee District residency	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Employee Onboard Time	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Performance Management Employee Performance Plan Completion	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	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.