



Department of Health Care Finance (DHCF) – HT0

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Central Purpose

To improve health outcomes by providing access to comprehensive to improve health outcomes by providing access to comprehensive, cost effective, and quality health care services for residents of the District of Columbia. This is accomplished through the administration of the District's Medicaid, CHIP, Immigrant Children's, and Alliance Health Care programs.

Key Facts

- DHCF was established as an executive level department in 2008
- DHCF's budget is the largest District agency budget
- There are nearly 250,000 District residents receiving health care coverage through one of DHCFs programs
 - There are approximately 235,000 Medicaid beneficiaries
 - 93,000 children in the District of Columbia are enrolled in Medicaid
- Nearly 70% of beneficiaries are in one of four Managed Care Organizations (MCO)
 - AmeriHealth DC (AmeriHealth)
 - MedStar Family Choice (MedStar)
 - Trusted Health Plan (Trusted)
 - Health Services for Children With Special Needs

Goals/Performance Measures

- Improve patient outcomes
- Strengthen DHCF's program integrity operations
- Resolve Medicaid billing issues with our partner agencies
- Successfully implement health care reform

Programs/Services

- Medicaid and the Children's Health Insurance Program (CHIP)
- Alliance Health Care Program
- Immigrant Children's Program
- Qualified Medicare Beneficiaries (QMB) Program
- Health Care Ombudsman / Bill of Rights

First Quarter CY2015 Hot Button Issue(s)

- Finalize FY16 budget proposal
- Finalize MCO rates
- Implement New Long Term financial eligibility policy
- Launch Medicaid eligibility renewals through DCAS
- Alliance program recertification process

Organization Chart



Boards and Commissions relevant to the agency (if any)

Board Name	Name of Chairperson	No. of Members
DC Health Information Exchange (HIE Advisory Board)	Shelly Ten Napel and Dr. Victor Freeman	21
Medical Care Advisory Committee (MCAC)	Wes Rivers	20
Health Benefits Exchange Board	Diane Lewis	9

Budget FY2015

Total Budget (approved)	\$2,910,506,635.99
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No. of Employees

Current No. of FTEs (approved)	228
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Union Representation

Union(s)	Union Representative	No. of Members
American Federation of Government Employees (AFGE)		5
American Federation of State, County & Municipal Employees (AFSCME)		90
DC Nurses Association		6
Service Employee International Union (SEIU)		2

Facility Location(s)

Facility Name / ID	Address	Zip Code	Ward	Main Phone No.
Department of Health Care Finance (DHCF)	441 4 th Street NW WDC 9 th and 10 th floor	20001	1	(202) 442- 5988

Key Projects/Initiatives

Project/Initiative Name	Brief Description	Delivery Date
Medicaid Eligibility Renewals for Beneficiaries	Medicaid eligibility Renewals will occur on a rolling basis throughout the calendar year. Approximately 170,000 beneficiaries will be impacted by this process.	January 2015 (start date)
Complete MCO Rate Setting Process	Medicaid federal regulations impose specific requirements to govern rate-setting for managed care organizations (MCOs), including: rates must be actuarially sound, developed by a credentialed actuary and certified by CMS; rates must be appropriate for covered populations and benefit package; uncertified rates are not eligible for federal match. The rate-setting process is generally 3-4 months long and meets the requirements set forth by the federal government. The MCO budget is over \$900 million.	February 2015
Complete Personal Care Aide (PCA) Services Assessments	On November 20, 2013, DHCF implemented a conflict-free assessment process for individuals requesting personal care aide (PCA) services under the State Plan and the Elderly and Persons	February 28, 2015

Project/Initiative Name	Brief Description	Delivery Date
	with Disabilities Waiver (EPD Waiver). Every beneficiary receiving PCA services will be assessed at least once under the new process.	
Develop State Plan Amendment (SPA) for a New Reimbursement Methodology for Personal Care Aide (PCA) services and Other PCA program Changes	Design and implement a new reimbursement methodology and rates for Personal Care Aide (PCA) services. Additionally, changes to the prior authorization requirements and other programmatic changes will be made.	December 31, 2014 (SPA submittal date) October 1, 2015 (rate methodology implementation)
Implement Health Homes Project	DHCF received a health home strategic planning grant to design health homes tailored to the needs of chronically ill Medicaid beneficiaries who through better care management and coordination would most likely experience improved health outcomes and reductions in ER visits and avoidable hospital admissions. DHCF is partnering with DBH on this project.	October 2015
DHCF-Home Health Agency (DHCF-HHA) Transition and Close-out	In the spring of FY 2014, DHCF established an HHA to meet the urgent care needs of Medicaid beneficiaries affected by the crisis in the District's Personal Care Aide industry. The process was a temporary resolution to ensure continuity of care. The current plan is to continue the temporary HHA until DOH has approved the next set of HHA applicants (through SHPDA). Once the new HHA's are up and running, the DHCF-HHA will transfer all beneficiaries to fully functioning HHA's.	Transfer of beneficiaries: August 1, 2015 Close Out of DHCF-HHA: September 30, 2015
Program Integrity Organizational Reform	<p>In July 2014, DHCF conducted an organizational review of the Division of Program Integrity through which a number of issues were identified. In order to ameliorate the issues, DHCF moved forward on the following actions:</p> <ul style="list-style-type: none"> • Organizational changes, including new reporting structure and additional FTEs • Create a Chief Compliance Officer (CCO) position to continually assess regulatory compliance and minimize litigation risk • Conduct an independent operational review that focuses on policies and procedures; staffing assessment; operational workflow and data mining assessment; and staff evaluation. <p>The realignment will be effective prior to the end of CY2014. The agency expects the recruitment process for new positions to be in process by 2015. The agency also expects the independent operational review to be complete and to be moving forward with recommendations.</p>	On-going

Project/Initiative Name	Brief Description	Delivery Date
Long-Term Care Administration Organizational Reform	In September – October 2014, DHCF conducted an organizational review of the Long-Term Care Administration (LTCA) to identify systemic administrative (and potentially programmatic) issues preventing the implementation of necessary programmatic reforms; and to identify an organizational structure that best supports the mission of the LTCA. The report will be finalized and implementation of recommendations will begin prior to the end of CY2015.	On-going

Capital Program(s)

Project Name	Budget ID	Funding Source	Project Budget	Current Balance	Delivery Date
Medicaid MMIS Upgrade	MPM03C	Capital Go Bond/Master Lease and Medicaid	\$ 60 million	\$ 55,685,000	September, 2019
Medicaid Data Warehouse	MPM05C	Capital Go Bond/Medicaid	\$ 10 million	\$ 7,799,220	September, 2015
Predictive Analysis	AP101C	Capital Go Bond/Medicaid	\$ 600,000	\$ 600,000	September, 2016
Case Mgmt. System Replacement	CM102C	Capital Go Bond/Medicaid	\$ 600,000	\$ 600,000	September, 2016
District Operated Health Information/EFADS replacement	HI101C	Capital Go Bond/Medicaid	\$3,145,040	\$3,145,040	September, 2015
United Medical Center Replacement Facility	UMC01C	Capital Go Bond	\$155 million	\$0	FY 2019

Important/Significant Dates

Event	Brief Description	Delivery Date
Long-Term Care Financial Eligibility	Implement new long-term care financial eligibility policy.	January 2015 (tentative)
Medicaid Beneficiary Eligibility Renewal	Launch of Converted MAGI renewals for non-disabled Pregnant Women, Children, Childless Adults, and parents whose eligibility was determined using pre-ACA rules.	January 2015
MEPD Quarterly Report Due to CMS	In February, 2012, DHCF was selected by CMS to participate in the Medicaid Emergency Psychiatric Demonstration (MEPD), a three year demonstration established under the Affordable Care Act. DHCF has partnered with DBH to expand treatment resources for Medicaid individuals between the ages of 22 and 64 and to reduce	January 2015

Event	Brief Description	Delivery Date
	hospital re-admissions for adults with repeated need for psychiatric stabilization.	
Childless Adults SPA Implementation	Implementation of new SPA for childless adults eligibility category for individuals from 133% FPL-210% FPL	January 2015
BSA Quarterly Report Due to Council	The Budget Support Act requires quarterly reporting on PCA services and the MCO program.	January 2015
MCO Quarterly Report Due	The MCO performance review is conducted quarterly by DHCF. This report focuses on the financial health of the MCOs; the demonstrated ability of the MCOs to meet the administrative requirements for plan management; and the trends in MCO medical spending across the various health care service categories	March 2015
Agency Oversight Hearing	Annual agency oversight hearing before the Committee on Health	March 2015
MEPD Quarterly Report Due to CMS	In February, 2012, DHCF was selected by CMS to participate in the Medicaid Emergency Psychiatric Demonstration (MEPD), a three year demonstration established under the Affordable Care Act. DHCF has partnered with DBH to expand treatment resources for Medicaid individuals between the ages of 22 and 64 and to reduce hospital re-admissions for adults with repeated need for psychiatric stabilization.	April 2015
BSA Quarterly Report Due to Council	The Budget Support Act requires quarterly reporting on PCA services and the MCO program.	April 2015
CMS 416/EPSTD annual report Due to CMS	Report on the utilization of health services by children in the Medicaid and CHIP programs	April 2015
Agency Budget Hearing	Agency FY16 budget hearing in front of the Committee on Health	April 2015
DC HIE Policy Board	Terms expire for HIE Board members	June 2015
MEPD Quarterly Report Due to CMS	In February, 2012, DHCF was selected by CMS to participate in the Medicaid Emergency Psychiatric Demonstration (MEPD), a three year demonstration established under the Affordable Care Act. DHCF has partnered with DBH to expand treatment resources for Medicaid individuals between the ages of 22 and 64 and to reduce hospital re-admissions for adults with repeated need for psychiatric stabilization.	July 2015
BSA Quarterly Report Due to Council	The Budget Support Act requires quarterly reporting on PCA services and the MCO program	July 2015
Agency CSFL Development	DHCF makes FY 2017 Current Services Funding Level (CSFL) recommendation for provider payments to Office of Budget and Planning (OBP)	August 2015
MCO Quarterly Report Due	The MCO performance review is conducted quarterly by DHCF. This report focuses on the financial health of the MCOs; the demonstrated ability of the MCOs to meet the administrative requirements for plan management; and the trends in MCO medical spending across the various health care service categories	September 2015

Key Contracts

Project Name	Vendor Name	Total Contract Value	Contract Term
Enrollment Broker Services	Policy Studies, Inc.	\$2,191,050.00	8/14-8/15
Non-Emergency Transportation Services - Extension	Medical Transportation Management	\$6,804,062.25	12/14-3/15
DHCF/Home Health Agency - Temporary Staffing	American Health Care Services, Inc.	\$1,000,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	Integrated Community Services, Inc.	\$1,600,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	Capital Care, Inc.	\$2,000,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	Lifeline, Inc.	\$1,000,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	Family and Health Care Solutions, Inc.	\$1,000,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	MBI Health Services, LLC	\$1,200,000.00	11/14-6/15
DHCF/Home Health Agency - Temporary Staffing	American Health Care Services, Inc.	\$1,000,000.00	8/14-11/14
DHCF/Home Health Agency - Temporary Staffing	Integrated Community Services, Inc.	\$1,500,000.00	8/14-11/14
DHCF/Home Health Agency - Temporary Staffing	Capital Care, Inc.	\$2,000,000.00	8/14-11/14
DHCF/Home Health Agency - Temporary Staffing	Lifeline, Inc.	\$1,000,000.00	8/14-11/14
DHCF/Home Health Agency - Temporary Staffing	Family and Health Care Solutions, Inc.	\$1,000,000.00	8/14-11/14
DHCF/Home Health Agency - Temporary Staffing	MBI Health Services, LLC	\$1,000,000.00	8/14-11/14
Managed Care Organization (MCO)	Trusted Health Plan (District of Columbia) Inc.	\$737,041,491.00*	5/14-4/15

Project Name	Vendor Name	Total Contract Value	Contract Term
Managed Care Organization (MCO)	AmeriHealth District of Columbia, Inc.	\$737,041,491.00*	5/14-4/15
Managed Care Organization (MCO)	MedStar Family Choice	\$737,041,491.00*	5/14-4/15
Pharmacy Benefit Manager	Xerox State Healthcare, LLC	\$3,044,044.67	2/14-2/15
Pharmacy Benefit Manager - Extension	Xerox State Healthcare, LLC	\$1,173,834.88	2/15-6/15
United Medical Center Sustainability	Huron Consulting Services, LLC	\$5,815,073.00	2/13-2/15
Upper Limited Payment	TBD	\$2,279,080.00	To be awarded in FY15 through one year thereafter
Actuarial Services Medicaid and Alliance Medicaid	TBD	\$1,500,000.00	To be awarded in FY15 through one year thereafter
QIO Contract	Qualis	\$3,574,197.47	10/31/14 – 10/30/15
CASSIP	HSCSN	\$171,906,805.68	7/14-7/15
CASSIP	TBD		To be awarded in FY15 through one year thereafter
Maintain MMIS	Xerox State Health Care	\$20,556,102.30	9/14-9/16
PBM Additional Services	TBD	\$3,800,000.00	To be awarded in FY15 through one year thereafter
Long Term Care Support Services	Delmarva Foundation	\$3,480,114.30	7/14-7/15

*This a combined total for all three (3) MCOs

Key Agreement(s) / Memorandum(s) of Understanding

Project Name	Brief Description	Agreement Term
Contracts and Procurement Legal Support (with OCP)	To support the function of legal counsel related to contract agreements (buyer)	October 1, 1014-September 30,2015
HCBR Assessment (with DISB)	To support the cost of DISB completing the annual Health Care Bill of Rights assessment(buyer)	October 1, 1014-September 30,2015
OAG Legal Support	To fund legal support for reimbursement and appeals. The services are outside of the General Counsel funded within the agency's FTE's (buyer)	October 1, 1014-September 30,2015
DOD Pharmacy Purchase and Admin (with DOH)	To support the cost of purchase of drugs for Medicaid, Alliance and MCO beneficiaries; as well as the administrative cost associated with it (buyer)	October 1, 1014-September 30,2015
ADRC and MFP (with DCOA)	To fund the ADCR program and the No Wrong Door initiative and the Money Follows the Person grant transition coordinators. (buyer)	October 1, 1014-September 30,2015

Project Name	Brief Description	Agreement Term
Fixed Cost Assessments (with DGS and OCTO)	To fund all central assessment cost related to fixed cost and OCTO support (buyer)	October 1, 1014-September 30,2015
DD Waiver Provider Pymts (with DDS)	To fund the local share of Medicaid beneficiaries receiving services from the DD Waiver (Seller)	October 1, 1014-September 30,2015
Substance Abuse and MHRS (with DBH)	To fund the local share of adult and child substance abuse programs; as well as Mental Health Rehab Services for Medicaid beneficiaries	October 1, 1014-September 30, 2015

Grant(s) Awarded (or Pending Award) to Agency

Grant Name	Name of Grantor	Total Grant Amount	Current Grant Balance	Grant Expiration
Medicaid Entitlement grant (for Provider Services)	Center for Medicare and Medicaid Services (CMS)	\$1,975,702,652.22	\$0	Annual
Medicaid Entitlement grant (for Administrative Services)	Center for Medicare and Medicaid Services (CMS)	\$45,437,604.19	\$0	Annual
Medicaid: Health Information Technology grant	Center for Medicare and Medicaid Services (CMS)	\$3,129,389	\$493,500	FY16
Children’s Health Insurance Entitlement grant	Center for Medicare and Medicaid Services (CMS)	\$11,454,925	\$ 11,454,925	09/30/2016
Money Follows the Person	Center for Medicare and Medicaid Services (CMS)	\$21,593,213	\$ 776,436.51	03/31/2016
Consumer Assistance Program grant	Center for Medicare and Medicaid Services (CMS)	\$442,863	\$442,863	09/25/2015
State Innovation Model (SIM)	Center for Medicare and Medicaid Services (CMS)	\$3,000,000	Not Yet Awarded	12/31/2015

Active Litigation(s)

Project Name	Brief Description
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Consent Decree(s)

Project Name	Brief Description	Agreement Term
N/A		