

DEPARTMENT OF HEALTH CARE FINANCE

Q1: Please provide a current organizational chart for DHCF, and include:

- a) The number of full time equivalents (FTEs) at each organizational level;**
- b) A list of all FY15 FTEs broken down by program and activity;**
- c) The employee responsible for the management of each program and activity; and**
- d) A narrative explanation of any organizational changes made during FY15 or to date in FY16.**

Response:

Please see Attachment 1 to Q1 DHCF Response FY15 – Org Chart for the current organizational chart along with the number of full time equivalents (FTEs) at each organizational level.

Please see Attachment 2 to Q1 DHCF Response FY15 – FTEs at each organizational level, FTEs broken down by program and activity along with the employee responsible for the management of each program/activity.

In FY15, the DHCF received approval from the Deputy Mayor, the Office of the City Administrator and the Department of Human Resources to realign the Long Term Care Administration (LTCA) and the Division of Program Integrity. The purpose of the realignment for the LTCA was to appropriately align critical functions of the administration to better service the District's most vulnerable population and to increase the effectiveness and efficiency of LTCA programs. This Administration provides oversight and monitoring of programs targeted to elders, persons with physical disabilities, and persons with intellectual and developmental disabilities. Through program development and day-to-day operations, the LTCA 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 organizational change for the LTCA was approved on June 17, 2015. Implementation of the new structure will occur no later than the third quarter of FY16.

The purpose of the realignment for the Division of Program Integrity was to realign the unit to report directly to the Senior Deputy/Medicaid Director. This Division prevents, detects and eliminates fraud, abuse and waste by persons who provide and receive DHCF services; monitors utilization including appropriateness of health care services, to ensure that appropriate care is provided to beneficiaries; and to identify and investigate suspected abuse by both enrollees and providers.

The organizational change for the Division of Program Integrity was approved on October 6, 2014 and made effective for the Agency on December 8, 2014.

The realignments have the following impact:

- No reduction in force of any DHCF employee; and
- Increases effectiveness and efficiency in operations to better provide services to District residents/beneficiaries.

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Q2. For each vacancy posted during FY15 and to date in FY16, please state:

- a. The date that each position became vacant;**
- b. Why the position became vacant;**
- c. Steps that were taken to fill the position; and**
- d. The date the position was filled.**

Response:

The Department of Health Care Finance (DHCF) had a total of 63 vacant positions that were posted in FY15; to date 16 vacant positions have been posted for FY16. In FY15, positions were vacant due to competitive promotions, reassignments, resignations, terminations, retirements and additional approved FTE authority. DHCF has initiated the recruitment process to attract highly qualified candidates based on knowledge, skills and abilities relative to the vacant positions. DHCF has utilized job fairs, executive search firm, external entities and advertising on professional organization's websites, such as the National Association of Medicaid Directors, to recruit highly qualified candidates.

Currently in FY16, DHCF has a 19% vacancy rate with the Office of the City Administrator's approval to proceed with filling current vacancies.

Please see Attachment 1 to Q2 for FY15 Vacancies and Attachment 2 to Q2 for FY16 Vacancies.

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Q3: Please provide the Committee with the following for FY15 and to date in FY16:

- a. A list of all employees who receive cell phones, personal digital assistants, or similar communication devices at agency expense;**
- b. A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY15 and to date in FY16 and the amount;**
- c. A list of travel expenses for FY15 and to date in FY16, arranged by employee; and**
- d. A list of all employees with a salary over \$100,000.**

Response:

- a. Please see Attachment 1 to Q3 DHCF Response FY15 for a list of all employees who receive cell phones, personal digital assistants, or similar communication devices at agency expense.
- b. Please see Attachment 2 to Q3 DHCF for a list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY15 and to date in FY16 and the amount.
- c. Please see Attachment 3 to Q3 DHCF Response FY15 – Travel FY15.
Please see Attachment 4 to Q3 DHCF Response FY16 – Travel FY16.
- d. Please see Attachment 5 to Q3 DHCF Response FY15 for a list of all employees with a salary over \$100,000.

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Q4. Please provide the amount budgeted and actually spent in FY15 and to date in FY16 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.

Response:

Please see Attachment 1 to Q4 DHCF Response FY 2015.

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Q5: Have any spending pressures been identified for FY16? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.

Response:

At this time, DHCF has not identified any FY 2016 spending pressures.

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Q6: Please provide an update on all the cost-savings initiatives included in DHCF’s FY16 budget, including projections of savings and their impact on Alliance and Medicaid populations.

Response:

<u>Status of Local Fund Savings in FY 2016 Budget</u>				
Savings in the Mayor's Budget Submission				
Service Code Title	Amount	Explanation	Status	Impact on Alliance and Medicaid Populations
INPATIENT IN STATE	(\$14,765,123)	Reduce hospital fee-for-service inpatient rates to 86% of cost and revise specialty hospitals projected spending to correct for double counting	Implemented	No impact
ICF/MR PRIVATE	(\$3,900,000)	Reduce ICF/DD reimbursement rate to be line with newly calculated federal payment limit	Implemented	No impact
MANAGED CARE ORGANIZATIONS (MCO)	(\$6,359,260)	Savings identified during rate setting for MCO programs (86% cost)	Implemented	No impact
CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	(\$4,146,001)	Starting October 2015, DC will receive a 100 percent federal match for the CHIP	Implemented	No impact
PERSONAL CARE SERVICES	(\$9,293,569)	Reduce planned increases to home health rates to better align with actual costs reported by home health care providers.	Implemented	No impact

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EPD WAIVER	(\$2,873,180)	Set EPD waiver enrollment based on projected enrollment	Implemented	No impact
Total Savings	(\$41,337,133)			
Additional Savings in the District's Approved Budget				
MANAGED CARE ORGANIZATIONS (MCO)	(\$196,738)	Increase in dedicated taxes to match certified resources resulted in available recurring local funds.	Implemented	No impact
NURSING FACILITY IN STATE	(\$1,155,378)	Local funds were reduced as a result of budgeting dedicated tax revenue from the Nursing Home Quality of Care Fund at the amount certified by the OCFO.	Implemented	No impact
PERSONAL CARE SERVICES	(\$1,000,000)	Savings identified within Personal Care Services due to lower than expected utilization.	Monitoring	No impact
FEDERALLY-QUALIFIED HEALTH CENTER	(\$1,000,000)	Reduce planned increases to FQHC rates to better align with actual costs.	In process	No impact
Total Savings	(\$3,352,116)			
Total FY 2016 Savings	(\$44,689,249)			

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Q7: Please identify any reprogrammings received by or transferred from DHCF during FY15 and to date in FY16, and include a description of the purpose of the transfer and which DHCF programs, activities, and services were affected.

Response:

Please see Attachment 1 to Q7 DHCF Response FY 2015.

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Q8: Please identify any intra-district transfers received by or transferred from DHCF during FY15 and to date in FY16, and include description as to the purpose of the transfer and which DHCF programs, activities, and services were affected.

Response:

Please see Attachment 1 to Q8 DHCF Response FY 2015.

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- Q9. **Provide a complete accounting of all DHCF's Special Purpose Revenue Funds for FY15 and to date in FY16. Please include the following:**
- a. **Revenue source name and code;**
 - b. **Description of the program that generates the funds;**
 - c. **Activity that the revenue in each special purpose revenue fund supports;**
 - d. **Total amount of funds generated by each source or program in FY15 and to date in FY16; and**
 - e. **FY15 and to date FY16 expenditure of funds, including purpose of expenditure.**

Response:

Please see Attachment 1 to Q9 DHCF Response FY15.

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Q10. Please provide the following information for all grants awarded to DHCF during FY15 and to date in FY16:

- a. Grant Number/Title;**
- b. Approved Budget Authority;**
- c. Expenditures;**
- d. Purpose of the grant;**
- e. Grant deliverables;**
- f. Grant outcomes, including grantee performance;**
- g. Any corrective actions taken or technical assistance provided;**
- h. Funding source;**
- i. Is the grant a result of federal health care reform;**
- j. DHCF program and activity supported by the grant; and**
- k. DHCF employee responsible for grant deliverables.**

Response:

Please see attachment 1 to Q10 DHCF Response FY15.

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- Q11: For each grant lapse that occurred in FY 2015, please provide:**
- a. A detailed statement on why the lapse occurred;**
 - b. Any corrective action taken by DHCF; and**
 - c. Whether the funds were carried over into FY16.**

Response:

Please see Attachment 1 to Q11 DHCF Response FY 2015.

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Q12. Please provide DHCF's capital budgets for FY15 and FY16 and include the following information:

- a. The amount budgeted and actually spent;**
- b. Impact on operating budget; and**
- c. Programs funded by the capital budget.**

Response:

Please see Attachment 1 to Q12 DHCF Response FY15.

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- Q13. If the agency uses purchase orders and purchase cards to acquire supplies or services, identify:**
- a. Any changes to the safeguards has your agency put in place to prevent waste, fraud, and abuse;**
 - b. Number of purchase cards that were issued in FY15 and to date in FY16;**
 - c. Maximum amount that can be purchased with a card;**
 - d. Limitations on items purchased.**

Response:

- a. DHCF has an Agency Program Coordinator (APC), who serves as the agency liaison between the Program Management Office (PMO) and the Bank Partner. This person ensures the Authorizing Official and cardholders maintain accurate accounting and balances of card purchases. This process ensures that credit limits and budget limits are maintained and not overspent, as well as monitoring of expenditures occurs to prevent waste, fraud, and abuse. Finally, monthly Agency Review Team (ART) meetings are held with the APC and Designated Billing Official (DBO) to review PaymentNet Reports of purchase card activity for the agency. This ensures a complete and accurate documentation for all purchase card transactions exists, including standardized PaymentNet reports and cardholder original receipts.
- b. DHCF increased the number of credit cards issued in FY15 by 2 resulting in a total of 10 cards issued. To date in FY16, DHCF currently has 10 credit cards.
- c. In accordance with the Office of Contracts and Procurement Purchase Card Program Policy and Procedures effective 9/2/2014, credit cards issued at DHCF have a maximum expenditure of \$5,000 for a single transaction, with a monthly maximum amount of \$20,000 per card.
- d. DHCF has developed a Purchase Request Form (PRF) to provide checks and balances in the purchasing process, by requiring all employees to obtain proper program and financial approvals for all DHCF financial transactions. Both purchase orders and credit card purchases are subject to the PRF process, which ensures proper approval are in place prior to purchasing all goods and services, and limiting the purchase of these goods and services to only those items essential to the duties of the agency.

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Q14. Please provide a current list of all properties supported by the DHCF budget. Please indicate whether the property is owned by the District or leased and which DHCF program utilizes the space.

Response:

Program Utilizing Space	Address	Owned/Leased	SF
Agency Management Program-1000 Health Care Delivery Management-2000 Long Term Care Administration-200L Health Care Policy & Planning-3000 Health Care Operations-6000 Health Care Reform & Innovation-8000 Office of Chief Financial Officer-100F	441 4 th Street, NW, OJS Building, Washington, DC 20001	District Owned	42,068

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Q16: Please provide the following information for all contracts awarded by DHCF during FY15 and to date in FY16, broken down by DHCF program and activity:

- a. Contract number;**
- b. Approved Budget Authority;**
- c. Funding source;**
- d. Whether it was competitively bid or sole sourced;**
- e. Expenditures (including encumbrances and pre-encumbrances);**
- f. Name of the vendor;**
- g. Contract deliverables;**
- h. Contract outcomes;**
- i. Date of contract expiration after option years;**
- j. Any corrective actions taken or technical assistance provided;**
- k. DHCF employee/s responsible for overseeing the contract; and**
- l. Copy of the latest contractor performance evaluation.**

Response:

Please see Attachment 1 to Q16 DHCF Response FY15 for responses to Q16 a-f, i-k.
Please see Attachment 2 to Q16 DHCF Response FY15 for responses Q16g-h.
Please see Attachment 3 to Q16 DHCF Response FY15 for Q16 l.

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Q36: Please provide a list of Durable Medical Equipment (DME) items billed to Medicaid by volume, type of item, and the cumulative cost for each type of item purchased.

Response:

Attachment#1 for Q36 illustrates a list of all Durable Medical Equipment (DME) by procedure codes, type of item, items billed to Medicaid by volume, and the cumulative cost for each type of item purchased. The data reflects utilization for both the date of service and the date of purchase (from 10/01/2014 to 09/30/2015).